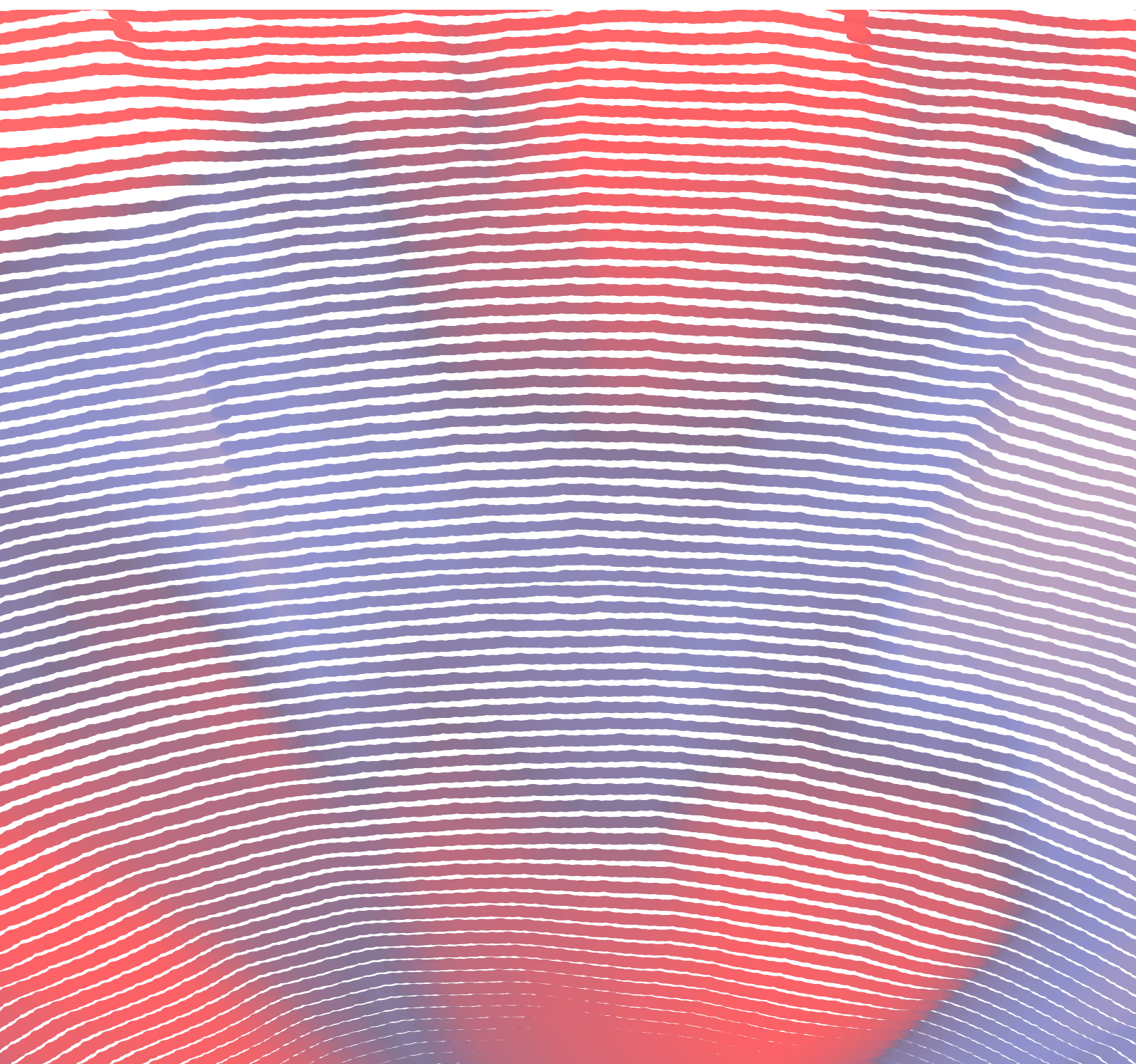


---

# **COVID Scientific Research Compendium**

THE TRUTH With The Science To Support It



A background image showing several coronavirus particles in shades of blue and white against a dark blue background. The particles are spherical with prominent spike proteins extending from their surfaces. One large, detailed particle is centered in the middle, while others are scattered around it, some appearing as smaller, less detailed versions of the same structure.

# THE COVID SCIENTIFIC RESEARCH COMPENDIUM

THE TRUTH  
WITH THE SCIENCE TO SUPPORT IT

TABLE OF CONTENTS

---

**1**

INTRODUCTION

**6**

TESTING

**20**

HOW VACCINES WORK

**40**

FOLLOW THE SCIENCE

**59**

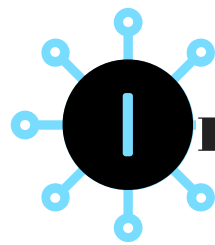
CENSORSHIP & OVERREACHING

**68**

LAW & ETHICS

**85**

WHAT YOU CAN DO



# Introduction

**COVID-19** has defined the year 2020, and continues to impinge on every aspect of life. Work, family, business, and politics have changed. Unprecedented limitations have been imposed on freedom of movement, assembly, and religion. Small businesses have been destroyed. Unemployment abounds. As the nation becomes overtaken by fear, personal identity and autonomy falter. People seek outside solutions from the government, the pharmaceutical industry, politicians, opportunists, and profiteers.

Ralph Waldo Emerson wrote, “Knowledge is the antidote to fear.” Revealed Films is committed to empowering you with knowledge that will turn fear into freedom. We will show you how dubious science, logical fallacies, questionable statistics, political agendas, unbridled greed, and outright lies have brought us to the current situation. You will learn to separate facts from speculation and wishful thinking. Finally, we will provide you with practical strategies to take control of your health, mitigate stress, and increase resilience.

Here is what you will learn:

## **\*Freedom to move about and associate with others**

Until recently, most people took freedom to move about and associate with others for granted. After all, doesn't the Constitution guarantee the right to assemble and move freely? Now the term “social distancing” has been added to our vocabulary.

Today, we are taught to fear human interaction. Don't get too close. Don't shake hands. Hugs? Out of the question!

We are told to "follow the science." What science is there to follow? Is there scientific support for social distancing, or are we to rely on the opinions of persons who are purportedly experts? Are more extreme measures such as lockdowns and curfews supported by science? Do we have evidence that the virus ceases to be infectious at a time chosen by a politician?

### **\*Economic freedom**

Is there solid scientific evidence that you are safer in a liquor store than any other small business? Why are massive retailers permitted to remain open, while small businesses are forced to close or subjected to severe limitations?



### **\*Religious freedom**

Governors, mayors, and unelected bureaucrats have sought to limit the occupancy of religious institutions, with houses of worship being more harshly treated than other institutions. Is there science to support limiting church attendance, while permitting businesses arbitrarily deemed "essential" to admit as many people as they wish?

## **\*Masking**

Wearing masks has changed human expression and identity. Passports, IDs and driver's licenses bear facial photos. We communicate through facial expressions. We feel comforted by a smile, and repelled by a scowl. Our facial expressions allow us to communicate with one another without words. We recognize one another by our faces. Masking has



Masking has changed all that. Some are encouraging double masking. Masks are now mandated on public transportation. What scientific evidence is there to support masking?

## **\*Mental health effects**

The mental health effects of these measures are rarely discussed. According to the CDC, by late June of 2020, 40% of U.S. adults reported struggling with mental health or substance abuse, and 11% reported seriously considering suicide.

## **\*Economic impact**

We have witnessed the shuttering of multi-generational small businesses. There is much more to the story. The numbers border on incomprehensible. The estimated total economic cost of the COVID-19 crisis, as of October 20, 2020 was \$16 trillion. To put this into perspective, if one lived long enough to do so, it would take approximately 300 centuries for a person to count to one trillion.

## **\*How could this happen in America?**

Several laws have been passed which grant extraordinary powers to government officials in times of crisis. Most of you have heard of the PATRIOT Act, passed following the events of 9/11. Fewer people are aware of the PREP Act, or the Model State Emergency Powers Act. We will explain how these laws have been used to limit your freedom, provide government officials with tremendous, unchecked power, and contain provisions to limit legal liability for their actions.

## **\*Fear, public policy, and science**

The fear and hysteria we are experiencing are due to the premise that there are millions of COVID-19 cases, and hundreds of thousands of COVID-19 deaths in the United States. As the numbers fluctuate, so do the limitations imposed on our freedom, the economic costs, and the level of fear. Can we rely on these numbers? Just what is a COVID-19 case, or a COVID-19 death? Join us in Chapter 2 as we explore the numbers and where they come from.



## **\*How to use this guide**

This guide covers the important points you need to know to navigate the COVID-19 landscape. We have taken the most important concepts and broken them down into easy, digestible bits. Our goal is to empower you with a deeper understanding of the issues, science, and politics surrounding COVID-19. For those who want more, links are provided. Finally, you will be empowered with practical strategies to improve your health, manage negative stress, and safeguard your rights. Let's start with an understanding of coronaviruses, and testing.

## **\*Resources**

Mental health effects

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

Economic impact

<https://jamanetwork.com/journals/jama/fullarticle/2771764>



# Testing

## What are coronaviruses?

### \*Viruses

Viruses are small capsules which contain genetic material. They are parasites that cannot reproduce without hijacking the cells in your body. There are several types of viruses. One group of viruses are called coronaviruses.



### \*Common cold

Coronaviruses are not new. The first human coronaviruses were discovered in the 1960s, and are one of the viruses associated with common cold. Coronaviruses are

named for their spikey projections, resembling crowns. Colds are widespread, and in most people, the symptoms are mild and self-limiting. There is no vaccine for the common cold, as there are many cold viruses and they mutate rapidly.

### \*SARS

In 2002, a coronavirus appeared in China which caused severe acute respiratory syndrome (SARS). Sars was both contagious and



sometimes fatal. The virus was named SARS-associated coronavirus (SARS-CoV). A worldwide outbreak during 2003 resulted in a total of 8,098 people becoming ill, and 774 died. Since 2004, SARS disappeared without a vaccine. There have not been any known cases of SARS reported worldwide since 2004.

## **SOURCE**

### **\*MERS**

Middle East Respiratory Syndrome (MERS) is a coronavirus disease first reported in Saudi Arabia in 2012. MERS is more deadly than other coronavirus diseases. 3 or 4 of every 10 MERS patients have died. Since MERS was identified, there have been about 2500 cases worldwide. There were so few cases, no vaccine became available.

### **\*COVID-19**

What about COVID-19? The coronavirus associated with COVID-19 is SARS-CoV-2. It is named because of its genetic similarity to the SARS virus. The origin of the virus is contentious. An early story holds that it originated in a wet market in Wuhan, China. A wet market is where live animals are sold for food. Reports suggested that the virus “jumped” from animals to humans. A problem with this story is that when researchers tested samples from the market’s animals, none of the animals tested positive for the virus.

## **SOURCE**

A new study offers an explanation: SARS-Cov-2 came from a laboratory. The report by Steven Quay, MD, PhD, states that SARS

Cov-2 is not a virus that jumped from animal to human, but is laboratory derived. Dr. Quay wrote, "Like many others, I am concerned about what appear to be significant conflicts of interest between members of the WHO team and scientists and doctors in China and how much this will impede an unbiased examination of the origin of SARS-CoV-2," said Dr. Quay.

"By taking only publicly available, scientific evidence about SARS-CoV-2 and using highly conservative estimates in my analysis, I nonetheless conclude that it is beyond a reasonable doubt that SARS-CoV-2 escaped from a laboratory." Dr. Steven Quay has 360+ published contributions to medicine and has been cited over 10,000 times, placing him in the top 1% of scientists worldwide. He holds 87 US patents and has invented seven FDA-approved pharmaceuticals. He served almost a decade on the faculty of Stanford University School of Medicine.

## **SOURCE**

The 193 page paper is available here:

<https://zenodo.org/record/4477081#>

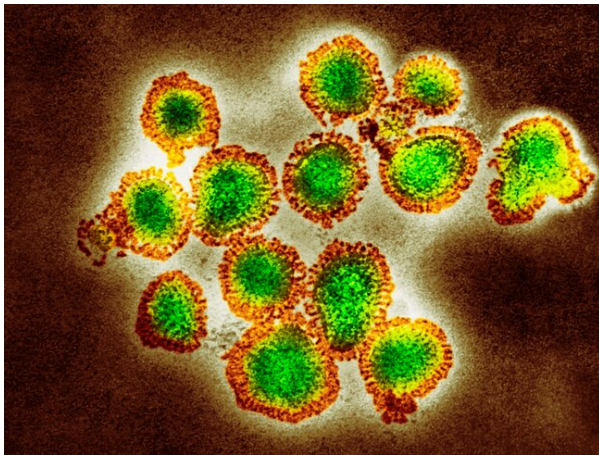
A video explaining the study can be downloaded here:

<https://zenodo.org/record/4477212#>

## **\*Infection vs. disease**

Infection occurs when bacteria, viruses, or other microbes that can cause disease enter your body and multiply. This is not the same as

disease. Disease occurs when cells in your body are damaged by the infection. When enough cells are damaged, you develop the signs and symptoms of an illness. As stated by the Mayo Clinic, “Germs live everywhere. You can find germs (microbes) in the air; on food, plants and animals; in soil and water – and on just about every other surface, including your body.



Most germs won't harm you. Your immune system protects you against infectious agents. However, some germs are difficult enemies because they're constantly mutating to breach your immune system's defenses.”

## SOURCE ▶

When you are exposed to the COVID-19 virus, there are three possibilities:

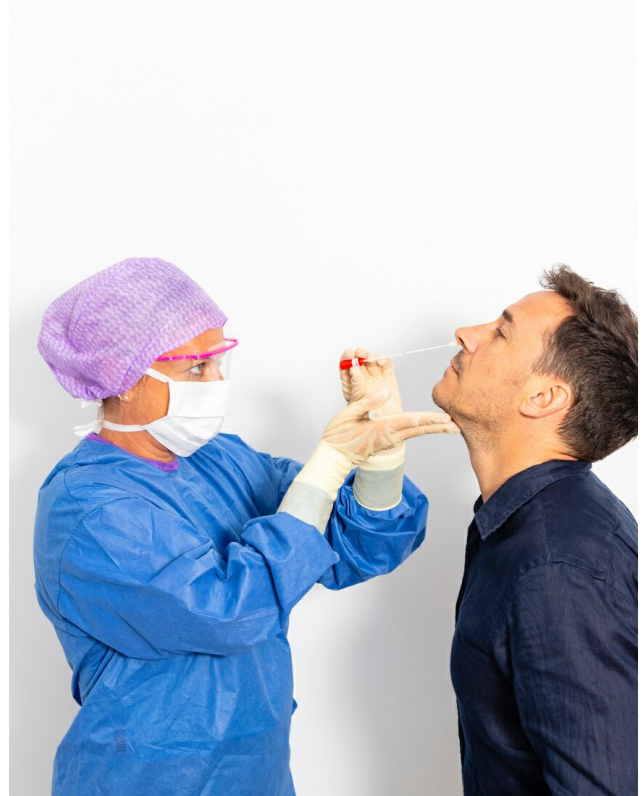
1. The virus can't get in. It is stopped by physical barriers, such as mucous membranes, mucous, and the hairs in your nose.
2. The virus gets in and is defeated by your immune system. You do not develop symptoms, and do not experience symptoms.
3. The virus gets in, and damages enough cells to cause symptoms. The severity of the symptoms depend on how effectively your body responds to the infection, and the extent of the damage. You may experience mild, moderate, or severe symptoms. In severe cases, death may occur.

## \*Can you rely on test results?

Politicians are clamoring for the production of more tests, and allocating billions of dollars to provide them. One question demands an answer. If you take a COVID-19 test, or any medical test, can you rely on the results? All tests are not created equal. Some are much better than others, and there are tests that are worse than no test at all. How can you tell? To be a savvy test consumer, you need to understand few concepts. Note that in a scientific context, the words have somewhat different meanings that they do in casual conversation.

### 1. Reliability.

Reliability is the ability to consistently give the same value upon repeated measurement. It is a measure of reproducibility. A test that is reliable will be consistent. For example: If I take a patient's temperature, do I get the same reading when I take it again? Do you get the same temperature reading I did if you take it?



### 2. Validity.

Does the test measure what it claims to measure? Is the application appropriate for what you are trying to determine? For example, if the purpose of a COVID-19 test is to determine if you can transmit the virus to others, does it do that?

### 3. Sensitivity.

This is the proportion of people with a condition that have a positive test. It is the detection rate. What percentage of people with the disease will test positive? For example, if 99 out of 100 people with the test have a positive test, the sensitivity is 99%. One person with the condition will test negative. This means that one [out of 100 will be missed.

### 4. Specificity.

This is the proportion of people who do not have the condition who test negative. For example, if a test has a specificity of 95%, that means 5 out of 100 people who actually have the condition test negative.

#### [SOURCE](#)

\* If you want to know more about the math and get a more detailed explanation, click below:

#### [SOURCE](#)

Those numbers may sound pretty good, but when you are dealing with millions of people, the number of incorrect tests is large. It is further complicated by a phenomenon known as Bayes' Theorem. We won't get into the math, but it explains what happens when a condition is uncommon. Let's say 1 in 100 people have the condition, the chance of a positive test being correct is about 50%, not 99%. If there are one in a thousand, the results are really dramatic. There are more false positives than true positives. This is a very big deal if you are not allowed to board an airplane, excluded from your

workplace, or are subjected to quarantine. The false positive test may result in a domino effect, where contacts are traced and tested with the same highly questionable test.

If a deeper dive into the math interests you, [CLICK HERE](#)

## **\*What is a “case” of COVID-19?**

As of February 2, 2021, it was reported that the number of COVID-19 cases in the United States is 26,973,143.

What does this mean? Are there nearly 27 million people who have suffered with symptoms of COVID-19 disease? No.

The Centers for Disease Control (CDC) defines a confirmed case as one that “Meets confirmatory laboratory evidence.” All that is needed to be counted as a “case” is a positive test—a test that amplifies. This is one of three types of tests commonly used for COVID-19.



## \*Tests for COVID -19

### PCR test

PCR stands for Polymerase Chain Reaction, invented by Kary Mullis, who was awarded the Nobel Prize in chemistry for this achievement. This tests for the presence of viral genetic material. A nasal or throat swab is used to collect a sample. Some tests use saliva. The test amplifies the virus' genetic material to a point where it can be detected. Tests are usually reported as "positive" or "negative."

The critical information missing is how many cycles of amplification are required for a positive result. This is known as the cycle threshold (Ct). The more cycles of amplification, the more likely the test will be positive. But there's a big problem. Knowing the Ct still doesn't answer the question of whether you can transmit infectious material to others. Are you infectious if you have a positive PCR test result for COVID-19?

"The Centers for Disease Control (CDC) acknowledges the shortcomings of this technique. Although attempts to culture virus from upper respiratory specimens have been largely unsuccessful when Ct values are in high but detectable ranges, Ct values are not a quantitative measure of viral burden. In addition, Ct values are not standardized by RT-PCR platform nor have they been approved by FDA for use in clinical management. CDC does not endorse or recommend use of Ct values to assess when a person is no longer infectious."

**SOURCE** 

Why does the Ct matter? Because when you test people using a high Ct threshold, you get more positives, and positives count as “cases.” The CDC says, Confirmatory laboratory evidence means detection of SARS-CoV-2 RNA in a specimen “using a molecular amplification test.”

## SOURCE ➤

How can you make the number of cases go down? Simple. Lower the Ct threshold. The World Health Organization, on the day of President Biden’s inauguration, issued guidance on the interpretation of PCR tests. WHO stated “disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.” To create panic and compliance, the case numbers had to be high. If you want the number of cases to go down, lowering the Ct will do the trick.

Watch the case numbers drop as the need to “prove the vaccine works” comes into play. Watch the numbers go back up if the case counts need to go up to sell booster shots or second and third generation vaccines.



## SOURCE ➤



It is on this very shaky house of cards that the entire COVID-19 enterprise is based. But it's much worse. The PCR test doesn't tell if you can transmit the virus to others. In Portugal, judges upheld a lower court ruling that found that the forced quarantine of four people, confined to a hotel without their consent, was unlawful. The conclusion of their 34-page ruling included the following: "In view of current scientific evidence, this test shows itself to be unable to determine beyond a reasonable doubt that such positivity corresponds, in fact, to the infection of a person by the SARS-CoV-2 virus."

## SOURCE

Other factors can adversely affect the accuracy of the test include technical errors in amplifying, contamination, and cross reactions. An article in *The Lancet* observed, "false-positive COVID-19 swab test results might be increasingly likely in the current epidemiological climate in the UK, with substantial consequences at the personal, health system, and societal levels." The article listed potential consequences of false-positive COVID-19 swab test result, including:

- Financial loss
- Psychological damage
- Government overspending
- Unnecessary testing
- Business loss
- Overestimating COVID-19 cases
- Lockdowns and school closures
- Depression and domestic violence

## **SOURCE** ▶

### **Other COVID tests**

#### **Antibody tests**

Antibody tests use a blood sample to determine if antibodies are present. If so, it is presumed to mean that a person has been infected with the virus. Antibodies help the body to fight infections. Your body might not develop enough antibodies to be detected by the test for several days or weeks after infection, and may still be detectable in your blood for weeks or months after infection.

## **SOURCE** ▶

This test does not tell you if you have an active COVID-19 infection, or can transmit the virus to other.

A serious problem with this test is that it may detect antibodies from coronaviruses other than the COVID-19 virus, resulting in a false positive.



## Rapid antigen tests

Rapid antigen tests are gaining popularity because results may be available in minutes. PCR and antibody tests often take days for results to be available. Antigen tests look for viral proteins. Sound good? There's a hitch. "While the rapid test can get you results very quickly, the results may not always be accurate...In those who don't have symptoms, the false negative rate – meaning my test is negative but I actually have the disease – can be as high as 50%. This can have tremendous consequences as we try to contain the spread of COVID-19."

### [SOURCE](#) ➤

Not surprisingly, many countries requiring a negative COVID test for entry will not accept a rapid antigen test. They require the more sensitive PCR test, which, as we saw, has more false positives, and cannot tell whether you can infect others.



### **\*Questions to ask if you are getting a COVID-19 test**

1. Is this a PCR, antibody, or rapid antigen test?
2. Is this test FDA approved, or does it just have an Emergency Use Authorization (EUA)?

3. If an Emergency Use Authorization, were the sensitivity and specificity independently confirmed, or do you just rely on the claims of the manufacturer?
4. What is the sensitivity of test?
5. What is the specificity of the test?
6. Given my age, how likely is a false positive?
7. If a PCR test, what cycle threshold is used as the cutoff point?
8. If the test proves to be incorrect, who is liable for any injury I may suffer as a result, such as being denied boarding a plane, going to work, or attending school?

### **\*Emergency use authorizations**

According to the FDA, "During a public health emergency, the FDA can use its Emergency Use Authorization (EUA) authority to allow the use of unapproved medical products, or unapproved uses of approved medical products, to diagnose, treat, or prevent serious or life-threatening diseases when certain criteria are met, including that there are no adequate, approved, and available alternatives."

**SOURCE** 

EUAs have been issued for COVID lab tests and vaccines. They

establish a much lower bar than FDA approval. It is worth noting that drugs which were subsequently withdrawn have gone through the full FDA approval process. It is no longer necessary for COVID tests to even go through the less burdensome EUA process. Why bother? If you have an EUA, you get “liability immunity for activities related to medical countermeasures against COVID-19.” More on EUAs to follow.



# How Vaccines Work

**C**onventional vaccines contain weakened or inactive parts of a particular organism (antigen) that triggers an immune response within the body. Vaccines may also contain adjuvants. These are chemicals added to enhance the immune response. Vaccines may also contain preservatives, antibiotics, and other additives.\*mRNA “vaccines”

The two COVID-19 mRNA “vaccines” produced by Pfizer and Moderna are completely different. They do not contain weakened organisms, or antigen fragments. Some contend that it is not a vaccine at all. A novel technology, never before employed in a licensed human vaccine, commandeers the cell to produce antigens.

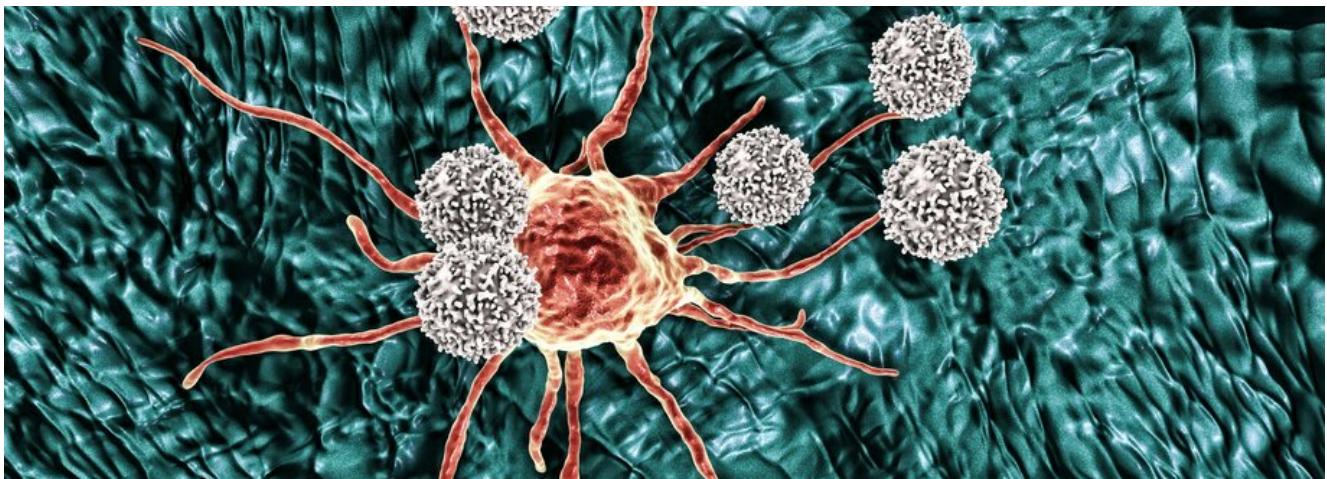


The two COVID-19 mRNA “vaccines” produced by Pfizer and Moderna are completely different. They do not contain weakened organisms, or antigen fragments. Some contend that it is not a vaccine at all. A novel technology, never before employed in a licensed human vaccine, commandeers the cell to produce antigens.

But there's a problem. Moderna states, "We need to get the mRNA into the targeted tissue and cells while evading the immune system. If the immune system is triggered, the resultant response may limit protein production and, thus, limit the therapeutic benefit of mRNA medicines. We also need ribosomes to think the mRNA was produced naturally, so they can accurately read the instructions to produce the right protein. And we need to ensure the cells express enough of the protein to have the desired therapeutic effect."

## [SOURCE](#) ▶

The immune system is the problem! The body must be tricked. The mRNA "operating system" needs to be encased in lipid nanoparticles to protect it. Pfizer and Moderna vaccines use different lipid nanoparticles. That is why the storage temperature requirements for the two vaccines are different. What are the long-term effects? We don't know. What we do know is that the manufacturers wouldn't make the stuff without being provided with immunity from liability.



## [SOURCE](#) ▶

## \*Efficacy and effectiveness

Efficacy and effectiveness are not the same thing. Efficacy is established under laboratory conditions. In clinical trials, the conditions under which subjects take the vaccine or placebo are carefully controlled, and side effects are closely monitored. Participants in a trial may not represent a full range of age gender and ethnicity. Persons with conditions that may affect vaccine reactivity, such as autoimmune disorders, allergies etc, may not be included. Effectiveness is real world performance. Surveillance data is vital to understanding effectiveness.

Effectiveness of a vaccine is measured by observational studies, because participants are not randomly assigned to a treatment versus a placebo. Effectiveness in actual practice may differ significantly from efficacy. Pfizer and Moderna announced vaccine efficacy rates of 95 percent and 94.5 percent, respectively. Does this mean that 95 out of every 100 people vaccinated will be protected from COVID-19? Let's look at how Pfizer's numbers were calculated.

Out of 43,661 volunteers, they waited for 170 people to develop symptoms and get a positive test. Of the 170, 162 had received a placebo, and eight received the actual vaccine. This, however does not mean that 95 out of every 100 people vaccinated will not get COVID-19.

**SOURCE** 





## \*Relative risk vs. absolute risk

If we want to see the real impact of a vaccine, we have to consider the risk of infection. If 328,000,000 people live in the United States, and if all have the same infection risk as those in the placebo group during the study, the infection risk is 0.74%. The infection risk in the vaccine group is 0.04%. The vaccine reduced the infection risk by 0.7 percentage points. This calculation is overly simplified because the risk is not the same across age groups, and for persons with risk factors. For a specific individual, one would need to know their infection risk to determine possible risk reduction.

### SOURCE ▶

It gets even worse when the data is scrutinized. In the prestigious journal *BMJ*, Peter Doshi addressed the “95% effective” claims which had grabbed headlines. “Let’s put this in perspective. First, a relative risk reduction is being reported, not absolute risk reduction,

which appears to be less than 1%. Second, these results refer to the trials' primary endpoint of covid-19 of essentially any severity, and importantly not the vaccine's ability to save lives, nor the ability to prevent infection, nor the efficacy in important subgroups (e.g. frail elderly). Those still remain unknown."

### SOURCE

The FDA report on the Pfizer vaccine noted that there were "3410 total cases of suspected, but unconfirmed covid-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group."

### SOURCE

In a second BMJ post, Doshi wrote, "With 20 times more suspected than confirmed cases, this category of disease cannot be ignored simply because there was no positive PCR test result. Indeed this makes it all the more urgent to understand. A rough estimate of vaccine efficacy against developing covid-19 symptoms, with or without a positive PCR test result, would be a relative risk reduction of 19% (see footnote)—far below the 50% effectiveness threshold for authorization set by regulators. Even after removing cases occurring within 7 days of vaccination (409 on Pfizer's vaccine vs. 287 on placebo), which should include the majority of symptoms due to short-term vaccine reactogenicity, vaccine efficacy remains low: 29% (see footnote)."

### SOURCE

While the vaccine is being promoted as the way out of the pandemic, and recommended for almost everyone, we do not know if it saves lives, prevents infection, or how well it works in various subgroups. Even if this information were available, the absolute risk for each individual would need to be determined.

## **\*Vaccines in development**

A vaccine under consideration claims to be 66% effective at preventing moderate-to-severe COVID-19. Unlike the two mRNA vaccines, the Johnson & Johnson vaccine is given as one dose, not two. Methuselah has nothing on this vaccine. It is said to be “100 % effective against death.” Translation: None of the vaccine recipients in the trial died. J & J wants an Emergency Use Authorization. The company has a \$1.5 billion supply agreement with the federal government to deliver 100 million doses by the end of June.

**SOURCE** ➤

The same issues of relative risk and absolute risk previously discussed are applicable to this and all vaccines.

**SOURCE** ➤

This vaccine, by Johnson & Johnson, uses different technology than the Pfizer and Moderna mRNA vaccines.



It uses double stranded DNA. The gene for the coronavirus spike protein was added to an adenovirus. These viruses cause colds and flu-like symptoms. The vaccine adenovirus has been modified. J & J says the modified adenovirus can enter cells, but cannot replicate once inside, or cause illness.

The patient's cell engulfs the adenovirus. It then enters the cell, and heads for the nucleus. Once there, it injects its DNA into the nucleus. The gene for the coronavirus spike protein is read by the cell and copied. It is copied into messenger RNA (mRNA). The adenovirus "provokes the immune system by switching on the cell's alarm systems." This activates nearby immune cells.

**SOURCE** 

Merck, which had two vaccine candidates has discontinued their development due to immune system responses that were inferior to natural infections and other vaccines.

**SOURCE** 

## **\*Side effects of Pfizer and Moderna vaccines**

Side effects from the vaccine are being re-cast as "immune responses" which indicate that the vaccine is working. Side effects that may be severe enough to keep a person bedridden, unable to work, or perform activities of daily living are so commonplace people are told to expect them. According to Dr. William Schaffner, a preventative medicine professor at Vanderbilt, "We are asking people to take a vaccine that is going to hurt. There are lots of

sore arms and substantial numbers of people who feel crummy, with headaches and muscle pain, for a day or two... There's evidence that suggests that if you frame pain as a proxy of effectiveness, it's helpful," he said.

## SOURCE

Here's how one person described these side effects:

"At about 2 a.m. on Thursday morning, I woke to find my husband shivering beside me. For hours, he had been tossing in bed, exhausted but unable to sleep, nursing chills, a fever, and an agonizingly sore left arm. His teeth chattered. His forehead was freckled with sweat. And as I lay next to him, cinching blanket after blanket around his arms, I felt an immense sense of relief. All this misery was a sign that the immune cells in his body had been riled up by the second shot of a COVID-19 vaccine, and were well on their way to guarding him from future disease."

Here's how one person described the side effects:

## SOURCE

This is how the vaccine is being promoted. Yet, as we have seen, the prevalence of COVID-19 is low, and is dependent on age and risk factors. It is likely that millions of vaccinated individuals will suffer from symptoms that will sideline them for days, who never would have experienced any symptoms due to COVID-19.

Others receiving the vaccine will not be so lucky. Open VAERS (Vaccine Adverse Event Reporting System) provides information

concerning reports of adverse events related to vaccines. As of this date, 501 deaths and 10.748 other injuries have been reported. You can check the latest numbers here:

[SOURCE](#) ➤

Not surprisingly, there are those who deny the link. One news source reports, “No link between COVID-19 vaccines and those who die after receiving them. The CDC hasn’t identified any cases in which a vaccine caused a person’s death.”

[SOURCE](#) ➤

Deaths following vaccination demand thorough investigation. Callous disregard of evidence and cavalier denial serve only vaccine promoters.

### **\*Long term effects unknown**

It is disingenuous to claim that COVID-19 vaccines are “safe and effective” when the long term effects on vaccine recipients is unknown. Amazingly, “safe and effective” has become the mantra for vaccine promotion. Consider the contradiction in this headline: “COVID-19 vaccines safe even without long term data.” If it seems impossible to honestly make such a claim, that is because it is.



The article quotes Raina MacIntyre, professor of Global Biosecurity at the University of New South Wales' Kirby Institute. "With any new vaccine, there is the possibility that rare side effects will be detected post-licensure, because clinical trials may not be large enough to detect rare side effects." Furthermore, the article acknowledges, "There isn't enough data for high-risk groups, such as people who are pregnant, are under 16 or have compromised immune systems. Questions also remain about how long immunity will last and whether the vaccine prevents infection or only stops people from developing symptoms."

[SOURCE](#) 

## **Fertility**

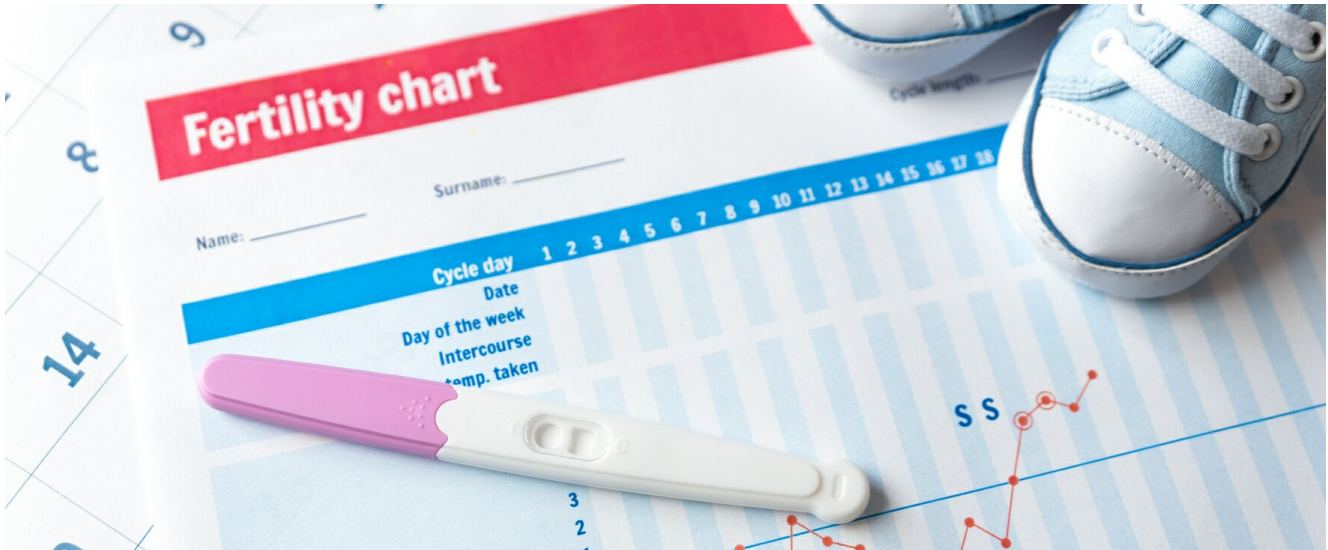
University of Miami Miller School of Medicine researchers were recruiting for a study examining the impact of the COVID-19 vaccine on male fertility. Although the study's principal investigator, Ranjith Ramasamy, M.D., does not expect the vaccine to have an impact on male fertility, the team acknowledges that the COVID-19 virus can affect sperm production inside the testes. "We have shown that long after the infection is gone and when men who have had the virus become asymptomatic, the virus can continue to linger inside the testes," Dr. Ramasamy said. "So, I think the question on how COVID-19 affects fertility remains to be answered and certainly is worthy of exploration in future studies."

[SOURCE](#) 

In a news report describing the study it was stated, "To protect

fertility, some men may want to consider freezing their sperm prior to vaccination.”

[SOURCE](#) ➤



## Epigenetic effects

According to the CDC, “Epigenetics is the study of how your behaviors and environment can cause changes that affect the way your genes work. Unlike genetic changes, epigenetic changes are reversible and do not change your DNA sequence, but they can change how your body reads a DNA sequence. Gene expression refers to how often or when proteins are created from the instructions within your genes. While genetic changes can alter which protein is made, epigenetic changes affect gene expression to turn genes ‘on’ and ‘off.’ Since your environment and behaviors, such as diet and exercise, can result in epigenetic changes, it is easy to see the connection between your genes and your behaviors and environment.”

[SOURCE](#) ➤



Can vaccines affect genetic expression? Germs can. In the above article, the CDC acknowledges that “Germs can change your epigenetics to weaken your immune system. This helps the germ survive.” It is known that coronaviruses have targets which can result in alterations in the host epigenome.

### [SOURCE](#) ➤

Can vaccines induce epigenetic changes? Yes. “New research suggests that the nonspecific effects of vaccines are related to cross-reactivity of the adaptive immune system with unrelated pathogens, and to training of the innate immune system through epigenetic reprogramming.”

### [SOURCE](#) ➤

Epigenetic changes can be favorable or unfavorable. For example, “The interaction over time of genetic, epigenetic and environmental factors (i.e., autoimmune ecology) increases or decreases the liability an individual would have to develop an autoimmune disease (AD)...chemicals, drugs, vaccines, and nutritional factors have been implicated into the development of ADs.”

### [SOURCE](#) ➤

Have there been any investigations to determine what epigenetic changes might be induced by COVID-19 vaccination? No. But hey, aren't they “safe and effective?” Who will fund and conduct research that might cast doubt on vaccine safety? Does anyone care about long-term consequences? That might be bad for business, and the politics of promoting vaccination as a “miracle.”

## Enhancement

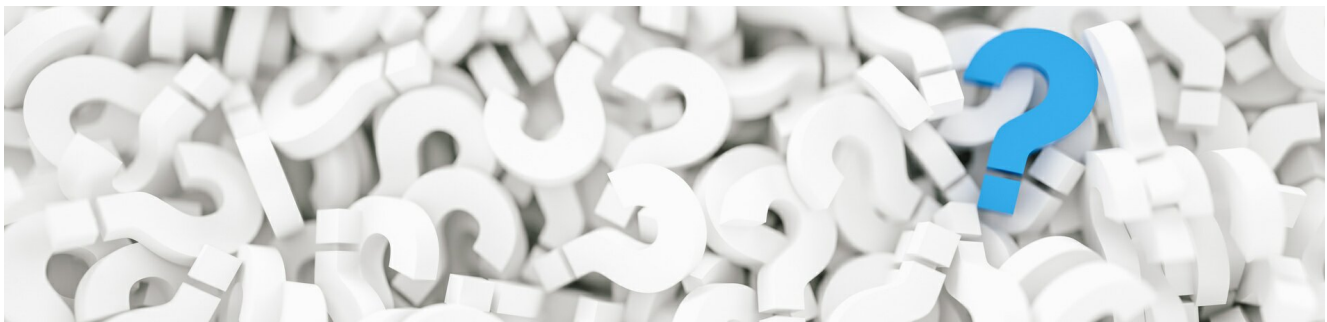
Antibody dependent enhancement (ADE) occurs when antibodies generated during an immune response bind to a pathogen, but are unable to prevent infection. ADE has been observed following vaccinations for Respiratory syncytial virus (RSV) and an early version of measles vaccine. ADC has also been seen following vaccination for Dengue virus. The authors state, "Neither COVID-19 disease nor the new COVID-19 vaccines have shown evidence of causing ADE."

### SOURCE ➤

These effects may not have been observed to date, but caution is needed. Other coronavirus infections have been associated with ADE. "ADE has been observed in SARS, MERS and other human respiratory virus infections including RSV and measles, which suggests a real risk of ADE for SARS-CoV-2 vaccines and antibody-based interventions. However, clinical data has not yet fully established a role for ADE in human COVID-19 pathology."

### SOURCE ➤

***What isn't known about the COVID-19 vaccines is a greater concern than what little information we now have.***





## **Herd immunity**

Vaccine proponents often propose that herd immunity is a goal of widespread vaccination. According to Harvard Health, “Herd immunity occurs when enough people become immune to a disease to make its spread unlikely. As a result, the entire community is protected, even those who are not themselves immune. Herd immunity is usually achieved through vaccination, but it can also occur through natural infection.”

### **SOURCE** ➤

Achieving herd immunity through vaccination has been promoted as a key strategy in the response to COVID-19. Strangely, those who claim to “follow the science” have been inconsistent and disingenuous in promoting the level of herd immunity deemed necessary. The numbers cited by “experts” have been represented as estimates, providing an out for the obvious duplicity.

Consider the statements of Dr. Anthony Fauci, touted as the “nation's top infectious disease expert.” In an article in the New

York Post, Miranda Devine published examples of Fauci's lack of candor. On the issue of herd immunity, "In December, Fauci admitted to the New York Times that he had 'slowly but deliberately been moving the goal posts' on the percentage of the population that needed to be vaccinated before 'herd immunity' against COVID-19 was reached. 'When polls said only about half of all Americans would take a vaccine, I was saying herd immunity would take 70 to 75 percent. Then, when newer surveys said 60 percent or more would take it, I thought, 'I can nudge this up a bit,' so I went to 80, 85, he said. Fauci is not precise with numbers, which is odd for a scientist who professes to care about facts."

[SOURCE](#) ➤

The figures offered by Fauci and others suggest a much higher percentage of herd immunity than what the "science" suggests. People are different. Age and activity must be factored into herd immunity estimates. "Because human populations are far from homogeneous, Britton et al. show that by introducing age and activity heterogeneities into population models for SARS-CoV-2, herd immunity can be achieved at a population-wide infection rate of ~40%, considerably lower than previous estimates. This shift is because transmission and immunity are concentrated among the most active members of a population, who are often younger and less vulnerable." Even 40% may be high. "Other researchers have suggested, controversially, that herd immunity can be achieved at rates of immunity as low as 10 or 20 percent – and that entire countries may already have achieved that goal."

[SOURCE](#) ➤

[SOURCE](#) ➤

[SOURCE](#) ➤

## \*New variants—Eternal revenue

Over time, viruses mutate. Mutated versions of the COVID-19 virus, called variants or strains, have been observed in the United Kingdom, South Africa and Nigeria. At issue is whether a more infectious variant could cause growth in the number of COVID-19 cases. According to the CDC, they do not appear to cause more severe illness or increased death risk.



### [SOURCE](#) ▶

People are concerned that the current mRNA vaccines may not be effective against the new variants. The solution that has been proposed is third dose of vaccine—a booster shot. Both Pfizer and Moderna plan to test whether adding a third shot will help defend against the South African variant. “Every time a new variant comes up we should be able to test whether or not [our vaccine] is effective,” Pfizer CEO Albert Bourla told Bloomberg news. “Once we discover something that is not as effective, we will very, very quickly be able to produce a booster dose that will be a small variation to the current vaccine.”

### [SOURCE](#) ▶

This is a brilliant business model. If you have a US market of several hundred million people, and a global market in the billions, why settle for one shot? Make it two, and double your sales. How about three? What will the market bear? How many shots with unpleasant side effects will people be willing to take? What is the vaccine doesn't wipe out the disease?

Pfizer's CEO is ready. In the above article, "Bourla said the coronavirus will probably not be completely eliminated, but will be reduced through Pharmaceuticals to an illness like the common flu, with people getting an annual shot to defend against new strains." Others have asked, "Will one or two doses (Pfizer and Moderna require two shots a few weeks apart) be enough to last for a lifetime, or at least several years? Or will COVID-19 become the 'new flu shot,' requiring a dose every year?"

## SOURCE ▶

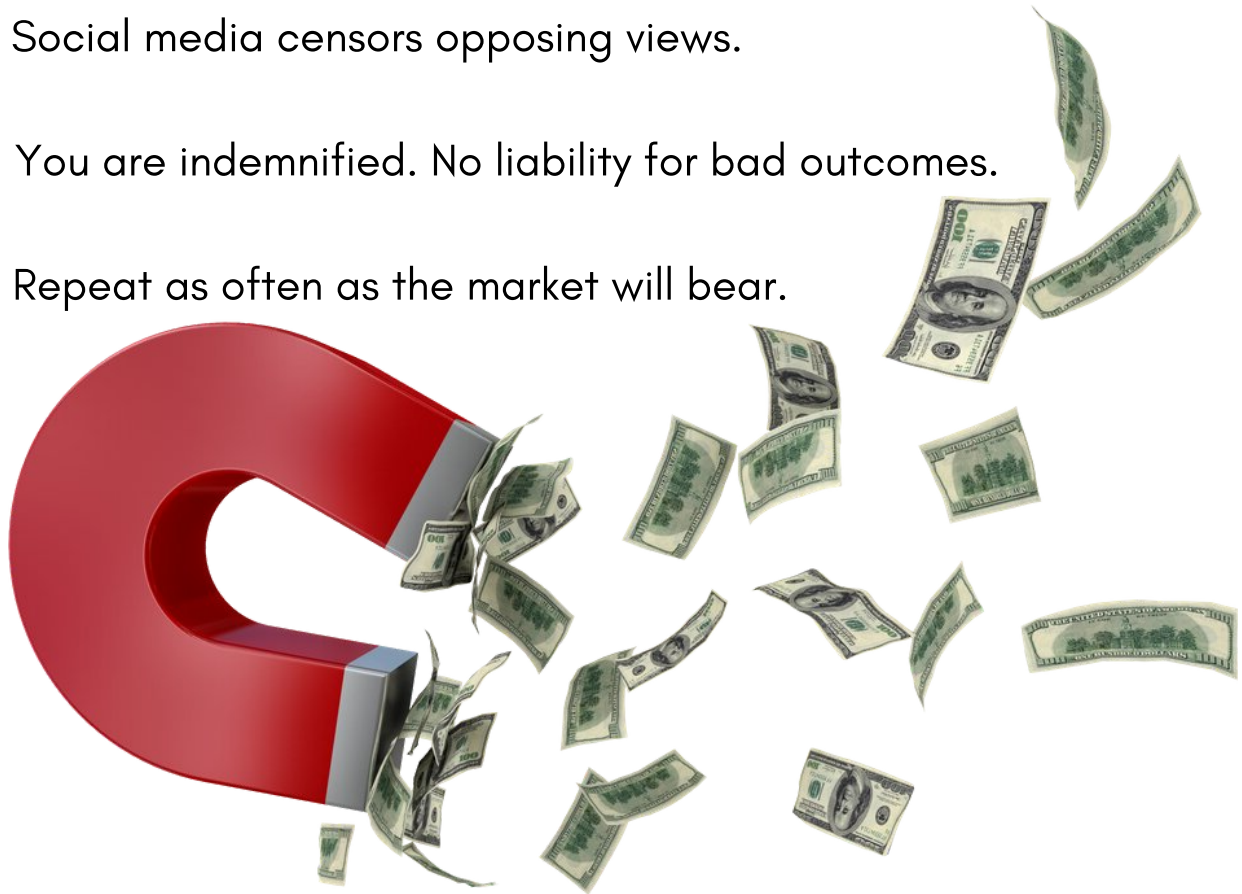
Moderna believes that its vaccine is effective against the mutant strain, but plans on a third booster shot anyway.

## SOURCE ▶



## The business model is ideal:

1. The government pays for the vaccine.
2. The government markets it for you.
3. Social media censors opposing views.
4. You are indemnified. No liability for bad outcomes.
5. Repeat as often as the market will bear.



### **\*Emergency Use Authorizations bypass safeguards**

In 2004, the EUA program was established in 2004 to allow for the use of unapproved medical products or for unapproved use of an existing medical product during a declared public health emergency.

COVID-19 was established as a public health emergency in the U.S. by Secretary of Health and Human Services Alex Azar on January 31, 2020. "When there is a declared

emergency, the FDA can make a judgment that it's worth releasing something for use even without all the evidence that would fully establish its effectiveness and safety," Joshua Sharfstein, a former principal deputy commissioner at the FDA, tells Verywell. Sharfstein is now vice dean for Public Health Practice and Community Engagement at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland.

[SOURCE](#) ➤

[SOURCE](#) ➤

## **\*Can you rely on the word of vaccine manufacturers?**

Pfizer has the dubious distinction of paying the largest healthcare fraud settlement in history to resolve allegations of criminal and civil liability that the company illegally promoted for drugs caused fraudulent claims to be submitted to government-funded healthcare programs. Pfizer will pay a criminal fine of \$1.195 billion, the largest criminal fine ever imposed in the United States for any matter. Despite being a landmark amount, it pales in comparison to the income generated by the company.

[SOURCE](#) ➤

Pfizer has had to recall several of its popular products including Effexor XR and Prempro. The company also had to recall two lots of Relpax and Duavive. Pfizer has faced lawsuits involving some of its more popular drugs. Drugwatch reported that “

In 1996, Pfizer conducted an unapproved clinical trial. It involved children with meningitis in Nigeria, CBS News reported. The trials led to the deaths of 11 children. [Dozens more were left disabled.](#) ➤

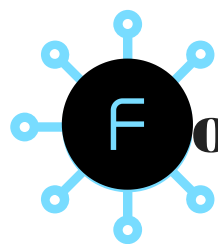


## **\*Questions to ask before taking the vaccine**



1. Is this vaccine FDA approved, or does it just have an Emergency Use Authorization (EUA)?
2. If an Emergency Use Authorization, were the safety and efficacy data independently confirmed, or do you just rely on the claims of the manufacturer?
3. May I see the package insert, list of ingredients, and any instructions for the vaccine?
4. What are your qualifications to administer the vaccine?
5. Are you equipped to effectively treat adverse reactions?
6. Is a physician on site?
7. How likely am I to experience an adverse reaction?
8. If I am injured by the vaccine, who is liable for any injury I may suffer as a result, including temporary or permanent disability, pain and suffering, being denied boarding a plane, going to work, or attending school?
9. Please provide contact information for the responsible party if I am injured.





## Follow the Science

"When people start to realize that 99% of us are going to be fine, it becomes more and more difficult to get people to comply." Dr. Deborah Birx, former White House coronavirus response director states, "When Americans are told, 'We could be living with this virus for years,' their response is often, 'I can't live like this for years.' And they're willing to give up... After five months of restrictions, nerves are fraying."



### [SOURCE](#) ▶

We are now nearly a year into the world of COVID restrictions. Earlier, the mantra was "until we have a vaccine." The promise was that lockdowns, curfew, mask wearing, and social distancing would disappear when a vaccine became available. Now, we are being told that these measures aren't going away, and that we may need to abandon the goal of "Zero COVID" in favor of the more modest objective of "harm reduction." Vaccinated people still need to wear

a mask, or two. Why? Because the vaccine has not been shown to prevent transmission.

**SOURCE** ➤

**SOURCE** ➤

The immune system is the problem! The body must be tricked. The mRNA “operating system” needs to be encased in lipid nanoparticles to protect it. Pfizer and Moderna vaccines use different lipid nanoparticles. That is why the storage temperature requirements for the two vaccines are different. What are the long-term effects? We don’t know. What we do know is that the manufacturers wouldn’t make the stuff without being provided with immunity from liability.

## **Death Rates-Can we trust them?**

To “follow the science,” there has to be science to follow. We need data. We need evidence. Estimates, wishful thinking, speculation, and opinions don’t cut it. People are dying. Every human death is a tragedy. We acknowledge and empathize with those who have lost loved ones whose deaths were attributed to COVID-19. However, we are also committed to truth and veracity. A principal tenet of medical ethics is veracity, or truth-telling. This means full, honest disclosure. Can we trust the reporting of COVID-19 death statistics? Treating physicians and medical examiners have considerable discretion in stating causes of death. There is a big difference between dying from COVID-19 and dying with COVID-19. As stated by the CDC, “For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to

COVID-19, on average, there were 2.9 additional conditions or causes per death. The number of mentions for each condition or cause is shown for all deaths and by age groups.”

## **SOURCE** ➤

ExcessDeaths Would the 2.9 additional conditions alone result in death? Did COVID-19 contribute to death? One thing is certain—combining causes leads to bigger numbers. And bigger numbers lead to more fear. We know Medicare pays more for a COVID diagnosis. If a COVID diagnosis is more lucrative, might it lead to culture where a patient with a positive PCR test might be included in COVID death statistics despite co-morbid conditions? And we know the pitfalls of the PCR test.

## **SOURCE** ➤

### **Conflating flu and pneumonia**

Between October 1 and January 30, just 155 Americans were hospitalized with the flu, compared to 8,633 during roughly the same time frame a year ago. That's a 98% decrease. Labs in the US have collected and tested more than half a million samples for the flu since late September, but just 0.2% of those samples tested positive (1,300 in total), according to the Centers for Disease Control and Prevention.

## **SOURCE** ➤

In 2004, Dr. Glen Nowak, associate director for communications at the CDC's National Immunization Program (NIP) stated that vaccine



manufacturers “were telling us that they weren't receiving a lot of orders for vaccine for use in November or even December...It really did look like we needed to do something to encourage people to get a flu shot.” So what was done? Influenza and pneumonia were combined. Doshi asked the obvious question, “Why are flu and pneumonia bundled together? Is the relationship so strong or unique to warrant characterizing them as a single cause of death?” The answer? “Typically, influenza causes death when the infection leads to severe medical complications...most such cases are never tested for virus infection.”

Doshi wrote, “The much-publicized figure of 36 000 is not an estimate of yearly flu deaths, as widely reported in both the lay and scientific press, but an estimate—generated by a model—of flu-associated death,” and characterized “the CDC assertion that the flu kills 36 000 people a year—a misrepresentation that is yet to be publicly corrected.”

**SOURCE** ▶

COVID vaccine promoters have followed the influenza playbook.

Fear sells vaccines. Big numbers create fear. You get big numbers by combining conditions.

## **Screening temperature checks**

People seeking to enter workplaces and restaurants may be “shot in the head” with a non-contact infrared thermometer. Why?

Protection from COVID. But, according to the New York Times, “Taking temperatures at entry points is nothing more than theater, they say, a gesture that is unlikely to screen out many infected individuals, and one that offers little more than the illusion of safety.”

### **SOURCE**

In addition, only about 30% of the nearly 6,000 patients in the New York area who were admitted to Northwell Health hospitals for COVID actually had fevers when they came in, according to a study that was published in the Journal of the American Medical Association.

### **SOURCE**

As observed in Forbes, “A fever is not a great way to tell if you have a Covid-19 coronavirus infection... A fever can result from many other infections including the flu, hepatitis, malaria, and norovirus as well as inflammatory diseases such as rheumatoid arthritis or Crohn’s disease.” The article continues, “A fever can occur when you are teething, assuming that you are an infant. (First, check if you are an infant. If are not an infant, yet teething, see your dentist as soon as possible.)”



Furthermore, according to the article, "Blood clots, particular medications, a bad sunburn, and food poisoning are other possible culprits. Even if most COVID cases exhibited fevers, forehead temperatures are of questionable accuracy. They simply are not as consistent as rectal temperatures, as used in hospitals."

And, as one author observed, "The further you get from the rectum, the less accurate things become."

[SOURCE](#) ➤

Even Dr. Fauci: has stated that temperature checks often 'notoriously inaccurate.' "We have found at the NIH, that it is much better to just question people when they come in and save the time, because the temperatures are notoriously inaccurate many times," Dr. Fauci said at an event Thursday with the Walter Reed National Military Medical Center.

[SOURCE](#) ➤

## Lockdowns

The most intrusive measure, short of vaccination, is the lockdown. Do they work? Will we ever know? Why are there such disparate results? In an Op-Ed in Medpage Today, Dr. Vinay Pasad summarized the situation:

*"In response to the COVID-19 pandemic, there have been thousands of specific policies instituted around the globe. At times, restrictions have been big and bold. Recently, the city of Perth, Australia, was placed in 'lockdown' after a single case of SARS-CoV-2. Other restrictions have been focused: removing swings from playgrounds, capping the number of dining guests, or limiting the time for meals (90 minutes). One Toronto suburb closed outdoor ice-skating rinks, toboggan hills, and dog parks. The sheer variety of restrictions meant to curb the spread of SARS-CoV-2 raises an important question: which ones work? And how big are their effects?"*

*He continues, "I suspect that for many restrictions -- perhaps even most restrictions -- we will never know. We will never know, for instance, if removing the rim from a basketball hoop or closing a toboggan hill slowed SARS-CoV-2 where these strategies were deployed. For larger interventions -- mandatory business closure and stay at home orders, colloquially called 'lockdowns' -- we may someday have a scientific consensus as to*



*whether and to what degree this practice changes viral spread, but I believe that day is years away."*



Are there any meaningful comparisons that can be made in the United States? An article in Reason takes a look at the two Disneys —one in California and the other in Florida. In California, the park has been closed, and is unlikely to reopen in the near future. Disney provides about 78,000 jobs to the people of Anaheim. Anaheim, “looks like a ghost town.” In contrast, Orlando’s Disney World opened in July 2020. What were the results? According to the article, “While the California and Florida approaches to COVID-19 were vastly different, their outcomes began to look remarkably similar... Neither California's statewide restrictions nor Florida's more laissez-faire approach have proven effective at suppressing the virus.” What was different? The devastating effects that California lockdowns and closures have had on the economy.

## SOURCE ►

The devastating effects of lockdowns cannot be ignored. An article in the Washington Post reported, “*Pope Francis on Monday offered a grim assessment of humanity's response to the pandemic in a lengthy speech that highlighted aspects big and small from a year of 'isolation and despair'.*”

*He talked about domestic violence in homes under pandemic lockdown. He emphasized the job losses predominantly among off-the-books workers, with no safety net on which to rely. He described a generation of children, alone and in front of their computers, enduring the educational catastrophe of school shutdowns or distance learning. The world, Francis said, 'is seriously ill. Not only as a result of the virus,' the pope continued, 'but also in its natural environment, its economic and political processes, and even more in*

*its human relationships.' Whatever politicians ordering lockdowns are following, it isn't "the science."*

**SOURCE** ➤

**SOURCE** ➤

## **Masks**

Dr. Fauci wears a mask as a symbol of what 'you should be doing' amid coronavirus pandemic. What value does a mask have other than as a symbol? Is it a symbol of "what you should be doing," or is it a symbol of anonymity and submission?

As reported in the New England Journal of Medicine, *"We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes).*



*The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic."*

## **SOURCE**

How long? Will the vaccine save us? An article in Stat News opines: *"But it seems as if there is light at the end of the tunnel. As long as we maintain social distancing, keep wearing masks, and washing our hands, it feels to many as though we can hold on until we get vaccinated.*

*I'm sorry to be writing the words that follow, but here they are: We can't vaccinate our way out of this pandemic. And the myopic focus on achieving herd immunity through mass vaccination may even make it tougher for America – and the world – to defeat Covid-19."*

## **SOURCE**

The sentiment that face masks will be around for a long time is echoed in the United Kingdom. "Social distancing, face coverings and hygiene measures will need to be in place for the 'foreseeable future' despite the approval of a Covid-19 vaccine, Wales' chief medical officer has warned."

We can't know yet whether the vaccine will reduce community transmission," Dr. Atherton said. "It would be really foolish for us to say at the moment 'we've got a vaccine, it's back to business as normal'.

“We really have to maintain those measures which will keep us safe over the winter and as we work through that lengthy process of vaccinating and getting hopefully through the whole population.” Dr. Atherton said social distancing, face coverings, and respiratory hygiene measures would have to be maintained “for the foreseeable future”.

### [SOURCE](#) ➤

It's unknown whether people who receive the vaccine can still spread the virus.

### [SOURCE](#) ➤

What about asymptomatic transmission? How real is the risk? A recent study from Wuhan is very interesting. *“Here, we describe a city-wide SARS-CoV-2 nucleic acid screening programme between May 14 and June 1, 2020 in Wuhan. All city residents aged six years or older were eligible and 9,899,828 (92.9%) participated. No new symptomatic cases and 300 asymptomatic cases (detection rate 0.303/10,000, 95% CI 0.270-0.339/10,000) were identified. **There were no positive tests amongst 1,174 close contacts of asymptomatic cases.** 107 of 34,424 previously recovered COVID-19 patients tested positive again (re-positive rate 0.31%, 95% CI 0.423-0.574%). (emphasis added).*

### [SOURCE](#) ➤

Some suggest this is the result of the lockdown. Others believe that it demonstrates that asymptomatic transmission is rare.

## **The Great Barrington Declaration.**

Those who chant “Follow the science” might lead one to believe that the science is settled, we have the data to support the activities of politicians, and that there is little or no controversy among qualified, credentialed scientists. This is not true. A group of distinguished scientists developed the Great Barrington Declaration.

The Declaration outlines strategies at variance with what is currently being promoted by politicians. It advocates allowing individuals to return to normal life. This includes their usual workplaces, socializing and gathering at bars, restaurants, sporting events, etc. It makes no mention of masking, social distancing, and similar strategies. According to the authors, “As immunity builds in the population, the risk of infection to all – including the vulnerable – falls.” For details, [CLICK HERE](#) ➤

## **\*Vaccine hesitancy**

### **Vaccine fundamentalism**

Our society embraces an uncritical idolization of vaccines. We are taught that scourges of the past were eradicated by vaccines. A large majority of parents have their children vaccinated. Yet vaccines vary greatly in safety and efficacy. War metaphors are often employed in reference to diseases. A patient is said to have



“won a battle against cancer.” With COVID, a common perception is that we are at war with an enemy, and the weapon we need to conquer that enemy is a vaccine.

*Doromal wrote, “Ostensibly the public health response escalated over time while new real-life data emerged that contradicted the severity of the Covid-19 forecasts. What was supposed to be a short lockdown response dragged on for months; the American economy faltered and sank in the wake of the response, and American state governors extended their short-term emergency powers to extend the lockdown period.*

*Public health officials themselves disseminate the war mentality with the repeated message: We are at war with an invisible enemy that must be eradicated. War mentality emphasizes the need for self-sacrifice in order to stop Covid-19 spread. And the weapons of war are glorified; public health authorities glorify its chief weapon of vaccination.*

*Like any war, there is collateral damage. The collateral damage here are the bedrocks of medical ethics, informed consent, human rights, civil liberties, and even science itself.”*

**SOURCE** 



Thankfully, a significant number of people are questioning their leaders.

## **Surveys**

According to the CDC, in December a mere 1/2 of people aged 18-64 years reported being "very likely" to receive a COVID-19 vaccination, and that INCLUDED those who were essential workers and people with underlying medical conditions:

*"Among adults in the December surveys who did not intend to get vaccinated, the main reasons most frequently cited were concerns about side effects and safety of the COVID-19 vaccine (29.8%), planning to wait to see if the vaccine is safe and consider receiving it later (14.5%), lack of trust in the government (12.5%), and concern that COVID-19 vaccines were developed too quickly (10.4%)"*

The CDC continued:

*"A larger percentage of the December survey participants than September participants reported safety concerns as a main reason*

*(29.8% versus 23.4%), and a smaller percentage reported concern that vaccines were developed too quickly (10.4% versus 21.6%)."*

**SOURCE** ▶

The government is concerned. A CNBC report identifies "Biden's next fight: Anti-vaxxers jeopardize plans to protect U.S. against Covid."

**SOURCE** ▶

Furthermore, there is hesitancy on the part of many health care workers. "I don't think anyone wants to be a guinea pig," said Dr. Stephen Noble, a 42-year-old cardiothoracic surgeon in Portland, Oregon, who is postponing getting vaccinated. "At the end of the day, as a man of science, I just want to see what the data show. And give me the full data."

**SOURCE** ▶

In the Texas Rio Grande Valley, when hospital workers turned down the vaccine, other people, including a sheriff's deputy and a senator took their doses.

**SOURCE** ▶

Nurses in Coffee County, Kansas have refused to administer vaccines "because they have doubts about the safety."

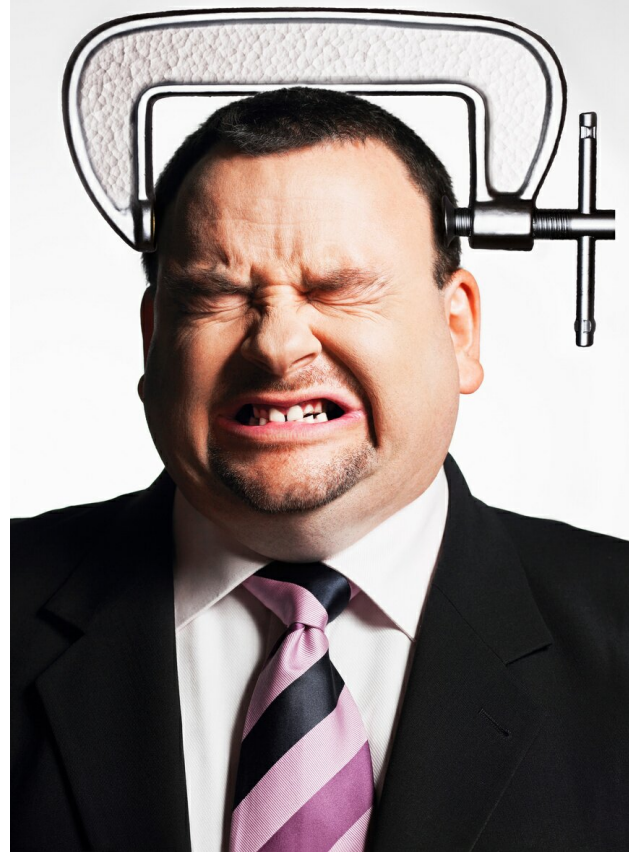
**SOURCE** ▶



## \*Manipulation

### Soft coercion

Some have suggested “soft coercion,” where vaccine recipients are granted perks withheld from people who decline the vaccine. “Vaccine passports” have been suggested, which would allow vaccinated people to access sporting events, concerts, international flights, perhaps even restaurants and stores. According to a New York Times article, “IBM



*has been developing its own Digital Health Pass that would enable individuals to present proof of vaccination or a negative test to gain access to a public location, such as a sports stadium, airplane, university or workplace. The pass, built on IBM’s blockchain technology, can utilize multiple data types, including temperature checks, virus exposure notifications, test results and vaccine status.”*

### [SOURCE](#) ►

CDC is testing the water by allowing fully vaccinated people to skip quarantine if they are exposed: *“Fully vaccinated people don't need to quarantine after COVID exposure The agency maintained that vaccinated people should continue following all other health guidance, including wearing a mask and social distancing when*

possible. **Studies have shown that those who have been inoculated could still hold the virus in their noses and throats and transmit it to those around them.**" (emphasis added).

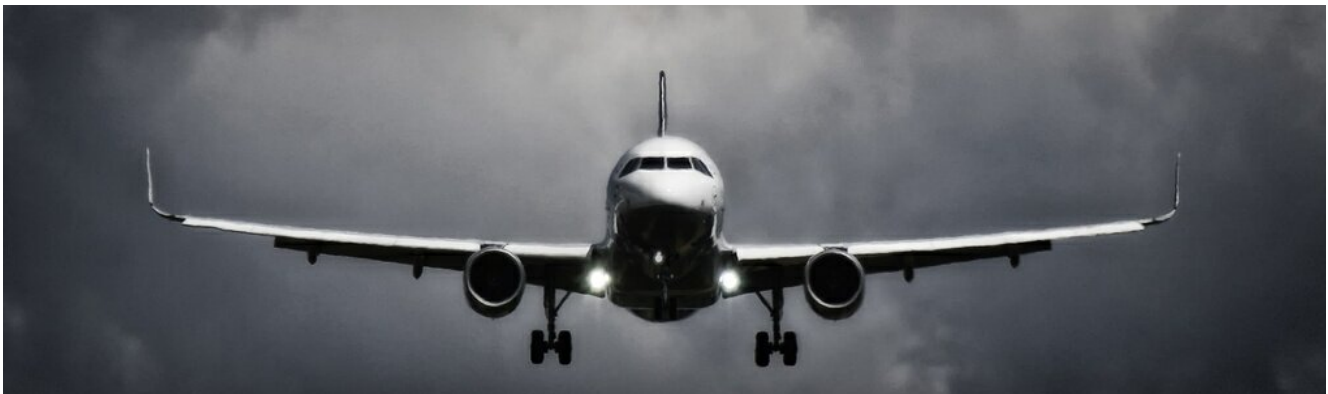
They continue: "At this time, vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following CDC travel guidance, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing."

### SOURCE ►

You read correctly. Even if the vaccine doesn't stop the spread of the virus, those who took the vaccine will be privileged. "Follow the science?" I think not.

### SOURCE ►

The CDC order also allows for airlines to require COVID testing for passengers, who would have to provide a negative test result in order to fly. Similar requirements can be made for other modes of transportation.



The CDC order says airlines and other operators must "at the earliest safe opportunity, disembark any person who refuses to comply."

[SOURCE](#) 

There are other plans to, persuade you: "Biden administration preps sweeping effort to encourage Americans on vaccines." (see source below)

[SOURCE](#) 

## **Yale Study**

One potentially chilling technique would be psychological manipulation. The government website "Clinical Trials" describes in detail a research study at Yale, designed to test what messages would be most effective in getting people to roll up their sleeves. The test messages would be compared to a neutral message. They are clearly designed to manipulate opinions. A few are listed below, and you will be shocked if you follow the link below to read all of them:

### **An attack on freedom:**

Our freedom is being taken away by COVID. Vaccination will return our freedom.

### **The economy:**

Only by mass vaccination will our economy be able to open up.

## **Fear for your life:**

If you don't get the vaccine, you might die from COVID.

## **Guilt:**

If you don't get vaccinated, you might be the cause of someone else's death.

## **Unscientific:**

Anyone who doesn't trust in the vaccine is unscientific, uneducated, and does not understand how vaccines work.



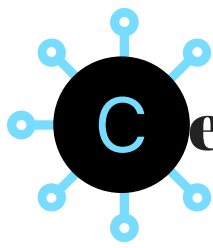
## **Bravery:**

People who don't get the vaccines are cowards.

This is just a sampling of Yale's propaganda plan, you can find more by following the link below:

[\*\*SOURCE\*\* ▶](#)

Are you brave enough to assert your human rights? Sorry, Yale researchers. Plenty of brave people are saying "no."



# Censorship and Overreaching

**O**nce a government is committed to the principle of silencing the voice of opposition, it has only one way to go, and that is down the path of increasingly repressive measures, until it becomes a source of terror to all its citizens and creates a country where everyone lives in fear. -- Harry S. Truman

"Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." —

United Nations, Universal Declaration of Human Rights



**CENSORED**  
**FREE SPEECH**

Censorship is a hallmark of oppression. It is a concept that we have come to associate with dictators and totalitarian regimes. Americans have traditionally cherished, fought and died for, their First Amendment rights. Courts have held that offensive speech is protected. As American Civil Liberties Union (ACLU) Legal Director Steven Shapiro told NPR: "*The First Amendment really was designed*

*to protect a debate at the fringes. You don't need the courts to protect speech that everybody agrees with, because that speech will be tolerated."*

## SOURCE ➤

Banned books are not a thing of the past. The Office for Intellectual Freedom of the American Library Association tracked 377 "banned and challenged books" in 2019. The list includes such titles as *To Kill a Mockingbird*, *The Adventures of Huckleberry Finn*, and *My First Book of Quantum Physics*. Despite this, censorship by social media is expanding.

## SOURCE ➤

There's a big catch that was never anticipated by the authors of the Bill of Rights. First Amendment rights limit government censorship. They do not generally apply to private entities. Social media sites, such as Facebook, Instagram, Twitter, etc. have been censoring posts, individuals, and accounts which they deem contain



“misinformation.” Posters can be suspended or permanently banned from these platforms. The role of social media in the political sphere was brought up during an argument before the United States Supreme Court. “Justice Elena Kagan mentioned Donald Trump’s Twitter feed as an example of how social media has become indispensable in the political sphere.” Despite this, censorship by social media is expanding.

## **SOURCE**

### **\*Social media censorship**

Google-owned YouTube, a video hosting platform, has removed over 500,000 videos that challenged the prevailing COVID narrative. YouTube CEO Susan Wojcicki admitted, “*We’ve updated our policies to remove egregious medical misinformation about COVID-19 to prohibit things like saying the virus is a hoax or promoting medically unsubstantiated cures in place of seeking treatment... We’ve continued to make updates to our COVID-19 policies to stay current with the science, and we’ve removed more than half a million videos under these policies since February.*” But that’s not enough. YouTube will be pushing Big Pharma’s vaccines. “*We want to help people understand the importance of vaccinations by connecting them with timely information to make informed decisions,*” she wrote. Don’t look for information on nutritional supplements. “*Of course, everything that is medically unsubstantiated, so people saying like ‘take Vitamin C’, ‘take turmeric’, those all will cure you. Those are examples of things that would be a violation of policy,*” she explained.



*“Anything that would go against World Health Organization recommendations would be a violation of our policy and so remove is another really important part of our policy,” she added.*

**SOURCE** ➤

Then there is the issue of hosting. Amazon alone controls 40% of the cloud market. If they dislike you, your access to the cloud may be curtailed. Amazon has suspended Parler, described as a “Free speech alternative” to Twitter and Facebook. Unelected employees at Twitter and Facebook recently de-platformed a sitting US president. If “Information is the currency of democracy,” what happens when a few, unelected individuals and companies control the flow? How is a free republic possible in such a situation?

**SOURCE** ➤

**SOURCE** ➤

**SOURCE** ➤



If a President of the United States is banned, even after leaving office, who among us enjoys free expression? TTN reported, *“It’s official. Trump will never return to the popular social media platform Twitter, even if he is elected president once again. During an interview, Twitter CFO Ned Segal confirmed that the company stands by its decision to permanently suspend Trump’s account and that he will never be allowed to return.”*

## SOURCE

One of the latest to be squelched is Robert F. Kennedy, Jr. As reported in the New York Times, *“Instagram took down the account of Robert F. Kennedy Jr., the political scion and prominent anti-vaccine activist, on Wednesday over false information related to the coronavirus. ‘We removed this account for repeatedly sharing debunked claims about the coronavirus or vaccines,’ Facebook, which owns Instagram, said in a statement.”*

## SOURCE

### **\*Fear**

What can you expect to see on Social Media platforms? Fear. One physician suggests, *“Our public messaging about the virus should explain the real costs – in graphic terms – of catching the virus.”* *“Fear appeals can be very effective,”* said Jay Van Bavel, associate professor of psychology at New York University. Here is one suggestion: *“Another message could feature a patient lying in an I.C.U. bed, immobile, tubes in the groin, with a mask delivering 100*

*percent oxygen over the mouth and nose – eyes wide with fear, watching the saturation numbers rise and dip on the monitor over the bed.” Will such fear mongering be considered compliant with community standards of the Social Media giants?*

**SOURCE** ➤

### **\*COVID-19 Economics**

A logical fallacy is used to make a person dismiss information without scrutiny is to label it a “conspiracy theory.” The term is pejorative. Ideas that are not mainstream are often branded conspiracy theories. In the case of COVID-19, no elaborate theory is necessary. One need do little more than follow the money trail.

The husband and wife team of Drs. Sahin and Tureci, whose company, BioNTech developed the mRNA Pfizer vaccine, became billionaires. Last year they sold BioNTech shares to the public and its market value has exceeded \$21 billion, making them among the richest people in Germany. Dr. Sahin joined the list of the world’s 500 richest people. His net worth is \$4.3 billion.



## SOURCE ➤

## SOURCE ➤

The world population is 7.8 billion people. The population of the United States is 330 million. The goal is to vaccinate everyone in the world. Pfizer plans to charge \$19.50 per dose for the first million doses, and two doses (maybe three) are required per patient. The cost of the Moderna vaccine is \$25–\$37 per dose, with two doses required, plus a possible third booster. You do the math. If the COVID-19 shot becomes an annual vaccine, there is a revenue stream with no end in sight. If the vaccine is authorized for children and is added to the vaccination schedule required for school attendance, there is a guaranteed market.

## SOURCE ➤

The COVID crisis has been very good to America's 660 billionaires. Their total wealth is \$4.1 trillion. As reported in The Guardian, *"The richest 660 people in the US have collected a \$1.1tn (£800bn) 'windfall of wealth' since the coronavirus pandemic began, according to a report by a US progressive thinktank, the Institute for Policy Studies. The report found that the collective wealth of America's 660 billionaires has risen by 39% since the World Health Organization declared that Covid-19 was a pandemic virus in March 2020."*

## SOURCE ➤

To keep the money coming, you need to lobby lawmakers. An article in *The Week* reported that Facebook and Amazon lead all other US companies in federal lobbying expenditures. Facebook spent nearly \$20 million in 2020, up nearly 18% from a year earlier. Amazon spent \$18 million, an increase of 11%. Not everyone has done well. A United Nations agency estimated that pandemic restrictions on businesses and public life destroyed 8.8% of all work hours around the world last year. That is equivalent to 255 million full-time jobs, four times the economic impact of the 2008 financial crisis.

[SOURCE](#) 

The estimated total economic cost of the COVID-19 crisis, as of October 20, 2020 was \$16 trillion. To put this into perspective, if one lived long enough to do so, it would take approximately 300 centuries for a person to count to one trillion.

[SOURCE](#) 

### **\*This isn't "the big one"**

The unprecedented, worldwide assault on freedom, health, and economy is *"merely a wake-up call to scenarios that keep infectious-disease experts up at night."*

As quoted in *The Guardian*: *"This pandemic has been very severe, has spread around the world extremely quickly, it has affected every corner of this planet. But this is not necessarily the big one,"* says Mike Ryan, MD, an expert on emerging epidemics and executive director of the Emergencies Program at the World Health Organization (WHO). *"This virus is very transmissible,"* Ryan says.

*"But its current case fatality rate is reasonably low in comparison to other emerging diseases. This is a wake-up call."*

Britt wrote, *"As bad as Covid-19 seems, the world has grown increasingly vulnerable to an even deadlier global outbreak that experts expect is inevitable. It's unclear when and where a more aggressive pathogen will emerge, but scientists say it will almost surely threaten an even worse pandemic than Covid-19."*

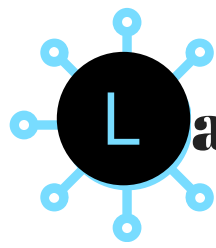
[SOURCE](#) ➤

[SOURCE](#) ➤

How will they deal with it? As stated in The Guardian: "Coronavirus vaccination programs," the W.H.O. said, "would be integral to saving lives and protecting vulnerable people."

Tedros Adhanom Ghebreyesus, the W.H.O.'s Director-General, promised that the organization would "not rest until those in need everywhere, in all countries, have access to vaccines and are protected."





# Law and Ethics

## \*Ethical principles

**E**thics is a branch of philosophy. Its objective is to resolve questions of human morality, and to define right conduct.

**Autonomy** is a basic

ethical principle. It embraces free will and informed consent.

Autonomy allows persons to act as their own agents.

Challenges to autonomy include lack of informed consent, medical paternalism, forced medical treatment, the police powers of the state, and related legal issues.



**SOURCE** ➤

### **The Universal Declaration on Bioethics and Human Rights**

acknowledges “universal principles based on shared ethical values to guide scientific and technological development.” Article 6 addresses consent.

**\*Article 6 of The Declaration - Consent - the article reads in part:**

1. "Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

2. "Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law."



**3.** *"In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent."*

Note that an exception is provided under Section 27.

*"If the application of the principles of this Declaration is to be limited, it should be by law, including laws in the interests of public safety, for the investigation, detection and prosecution of criminal offenses, for the protection of public health or for the protection of the rights and freedoms of others. Any such law needs to be consistent with international human rights law."*

It is the public health exception that is cause for concern today.

**SOURCE** 

### **\*World Medical Association**

The World Medical Association acknowledges the right to self-determination.

*"A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her*





*decisions. The patient should understand clearly what is the purpose of any test or treatment, what the results would imply, and what would be the implications of withholding consent."*

**SOURCE** ►

## **\*Legal issues**

### **Informed consent**

The doctrine of informed consent was articulated by Justice Benjamin Cardozo of the New York Court of Appeals. The case was *Schloendorff v. Society of New York Hospital*. Justice Cordozo stated in the Court's opinion, *"Every human being of adult years and sound mind has a right to determine what shall be done with his own body, and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages..."* 105 N.E. 92, 93 (N.Y. 1914)

SOURCE ➤

SOURCE ➤

## **Medical battery**

Under common law, battery is defined as harmful or offensive touching without privilege or consent. According to Nace, *“Medical battery occurs when the doctor or other medical professional violates your right to decide what kinds of medical treatments you will receive and which you do not wish to receive.”* Under modern law, assault may include placing a person in immediate fear or apprehension of a battery, or an attempt or threat to injure someone.

SOURCE ➤

It is important to realize that “Consent is not effective if it is given under duress.” Furthermore, to be valid, consent also cannot be obtained by trickery or fraud.

SOURCE ➤

SOURCE ➤

What about informed consent and vaccination mandates? Proponents of mandatory vaccination frequently cite the United State Supreme Court case *Jacobson v. Massachusetts* 197 U.S. 11 (1905) to support their position.

## **\*Jacobson v. Massachusetts**

In response to a 1902 outbreak of smallpox, the Cambridge Board of Health voted, in accordance with state law, to mandate the vaccination of all residents. Reverend Henning Jacobson refused to be vaccinated. He was convicted and fined \$5. His conviction was maintained by both the trial courts and the Massachusetts Supreme Judicial Court. In a 7-2 decision, the U.S. Supreme Court affirmed the conviction, under the doctrine of police power of the state.

“Police power” is the power that the state did not surrender to the federal government under the Constitution when it became a member of the Union. The Court held that: *“The liberty secured by the Constitution of the United States ...does not impart an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint. There are manifold restraints to which every person is necessarily subject for the common good.”*

*“Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own, whether in respect of his person or his property, regardless of the injury that may be done to others.”*



*“Upon the principle of self-defense, of paramount necessity, a community has the right to protect itself against an epidemic of disease which threatens the safety of its members.”*

The ruling appears to provide one very limited exception.

*“We are not inclined to hold that the statute establishes the absolute rule that an adult must be vaccinated if it be apparent or can be shown with reasonable certainty that he is not at the time a fit subject of vaccination, or that vaccination, by reason of his then condition, would seriously impair his health, or probably cause his death.”*

**SOURCE** 

## **\*Buck v. Bell 274 U.S. 200 (1927)**

The extent of the police power became apparent in an 8-1 U. S. Supreme Court decision. Carrie Buck was forcibly sterilized under a state eugenics law, which provided for the forced sterilization of persons deemed to be “feeble minded” or “promiscuous.” An estimated 70,000 Americans in thirty states were sterilized under state eugenics laws. Fieldworkers used census data to assist their efforts. They recorded age, height, eye color, temperament, habits, and apparent “defects.” The fieldworkers also contacted local informants who could comment upon the characters or of their fellow neighbors, including financial and sexual activities. Oregon performed the last legal forced sterilization in U.S. history in 1981.

## SOURCE ➤

## SOURCE ➤

Justice Oliver Wendell Holmes delivered the opinion of Court, cited Jacobson . *“It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes.”* Buck v. Bell has not been overturned.

## SOURCE ➤

### **\*Model State Emergency Health Powers Act (MSEHPA)**

The MSEHPA was formulated in response to 9/11 by attorney Lawrence O. Gostin. States have passed various forms of MESHPA legislation. The Act confers tremendous power to state and local officials, notably governors, in the event of a public health emergency. It provides that *“Neither the State, its political subdivisions, nor, except in cases of gross negligence or willful misconduct, the Governor, the public health authority, or any other State or local official referenced in this Act, is liable for the death of or any injury to persons, or damage to property, as a result of complying with or attempting to comply with this Act or any rule or regulations promulgated pursuant to this Act during a state of public health emergency.”*

## SOURCE ➤

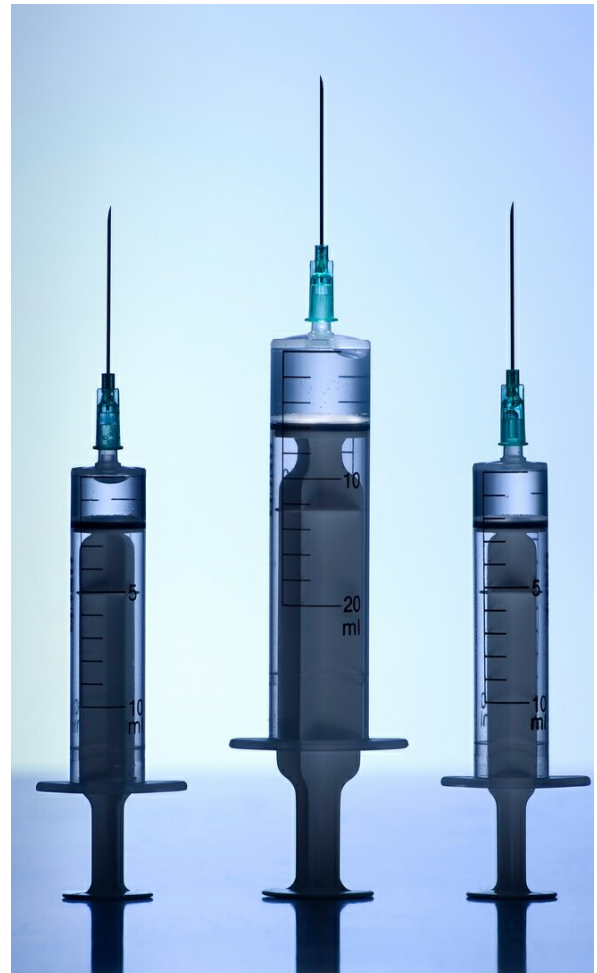
State public health laws may provide for the ability to enact lockdowns, seize property, quarantine, confine, examine, vaccinate and medicate citizens. Violators may be subject to arrest.

## SOURCE ➤

## SOURCE ➤

# **\*Public Readiness and Emergency Preparedness Act (PREP Act)**

The PREP Act was passed by Congress and signed into law in December 2005. Vaccine makers lobbied for passage by stating they would not produce new vaccines unless the Act became law. There was strong opposition. Senator Edward Kennedy introduced a bill to repeal many measures, and limit liability coverage. As noted in a report by the Federation of American Scientists, the PREP Act has “been widely criticized for providing overly zealous liability coverage of



of drug and vaccine companies as well as those delivering countermeasures to patients. In fact, it requires that for any injured person to get around the liability protection, they have to prove that a drug company or medical professional administering the drug or vaccine engaged in “willful misconduct.” This is, of course, next to impossible. Senator Kennedy stated, *“Without a real compensation program, the liability protection ... provides a Christmas present to the drug industry and bag of coal to everyday Americans.”* The Association of Trial Lawyers weighed in, *“At a time when we see the egregious things that are being done by major drug companies, the last thing in the world that the consumer needs is immunity for drug manufacturers to act with impunity.”*

[SOURCE](#) 

[SOURCE](#) 

Unfortunately, the provisions of the PREP Act have been extended. Liability protections cover the manufacture, testing, development, distribution, or use of the designated covered countermeasure absent willful misconduct.

Other features of the PREP Act include:

\*State law is preempted

\*Burden is on plaintiff for proving willful misconduct by clear and convincing evidence.

\*Such willful misconduct must have caused death or serious physical injury.

\*Coverage of a drug or device that is authorized for emergency use is included.



The Act states, “No court in the United States, or of any State, shall have subject matter jurisdiction to review, by mandamus or otherwise, any action by the secretary under this subsection.”

[SOURCE](#) ➤

[SOURCE](#) ➤

[SOURCE](#) ➤

It remains to be seen if state actions such as social distancing, quarantining, or lockdowns, fall outside of the PREP Act.

[SOURCE](#) ➤

Pharmaceutical companies will, to use the late Senator Kennedy’s metaphor, be celebrating Christmas year round, for years to come.



*"Rule one: Never allow a crisis to go to waste. They are opportunities to do big things."*

*-- Rahm Emanuel --NY Times 11/9/08*

## **\*State actions in the era of COVID-19**

State actions such as mask mandates, social distancing, quarantining, and lockdowns have been implemented. Many of these actions are absurd. Large retailers are permitted to open, while small businesses are ordered to close. Places of worship have been singled out in some states. Some states require COVID-19 tests for people arriving from all states, except their neighbors. There are jurisdictions where the virus is expected to tell time, as closures are time delimited. One state requires that TV sets be turned off where outdoor dining is allowed. This isn't parody. We couldn't make these things up.

Fortunately, there has been pushback, and the movement is growing.

The United States Supreme Court says California worship restrictions violate religious rights. As reported in the Washington Post, "*Justice Neil M. Gorsuch, writing for himself and Justices Clarence Thomas and Samuel A. Alito Jr., said the court last fall made it clear that states may not enact looser regulations for businesses and other activities than for houses of worship. But 'once more, we appear to have a state playing favorites during a pandemic, expending considerable effort to protect lucrative industries (casinos in Nevada; movie studios in California) while denying similar largesse to its faithful,' Gorsuch wrote.*"

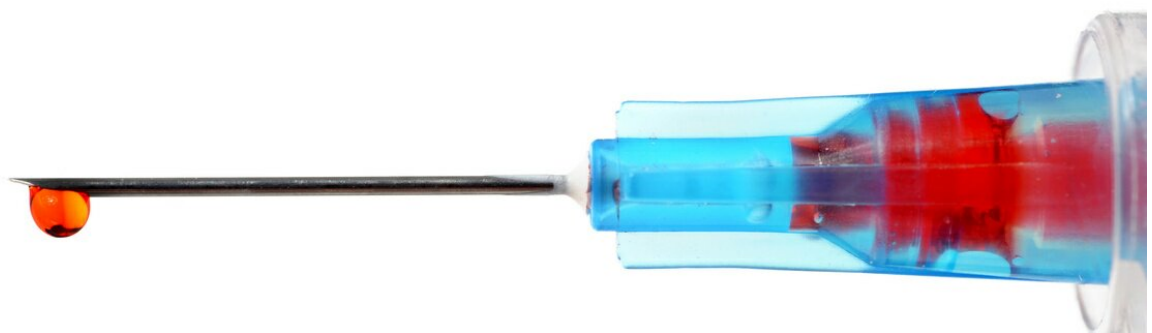
## SOURCE ▶

Citizens in other states are fighting back. *“Lawmakers in more than half the states are moving to curtail emergency powers their governors have used to combat the coronavirus pandemic. More than 150 bills and resolutions limiting a governor’s authority have been introduced in 27 states, according to reporting from The Hill. Most of the measures to curb executive authority have been introduced by Republican legislators, sparking battles in states with Democratic governors. But Republicans have also sought to limit the powers of some of the most conservative governors in the country. In Arizona, legislators said this week they would consider five bills to limit Gov. Doug Ducey’s (R) power, and recently censured him.”*

## SOURCE ▶

### **\*Can the federal government make COVID-19 vaccination mandatory?**

*Jacobson* addressed the power of the state government to enforce mandatory vaccinations. Reverend Jacobson was fined \$5. He was not imprisoned or forcibly vaccinated. *Jacobson* recognized public health authority of the states. Under the 10th





Amendment to the U.S. Constitution, *“The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people..”*

There are, however, ways that the federal government might attempt to effectively mandate vaccination by tying federal funding to state vaccination requirements. For example, the federal government got states to raise the legal drinking age to 21 by withholding federal highway funds from states unwilling to comply. It seems more likely that the federal government will attempt to use persuasion and incentivization.

[SOURCE](#) ➤

[SOURCE](#) ➤

Another strategy is to get employers and private industries to mandate vaccination. For example, airlines could require vaccination as a condition for flying. To reach large numbers,

employers might be persuaded to make COVID-19 vaccination a condition of employment.

## **\*Can my employer require vaccination as a condition of employment?**

There are currently no FDA approved COVID-19 vaccines. The COVID-19 that are available are under the less burdensome standard of Emergency Use Authorization (EUA). The law requires that when a product with an EUA is administered, the individual must be made aware *"of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks."* That said, what if the vaccine has full FDA approval, rather than EUA?

### **SOURCE**

The Occupational Safety and Health Administration (OSHA) requires employers to maintain a safe workplace. OSHA has held that employers may require vaccinations as a condition of employment if there is a "specific and reasonable basis" to believe that the vaccination is necessary to keep the workplace safe. ***There is no evidence that the vaccines currently available under EUA prevent transmission.*** This would make it difficult to argue that vaccination would be necessary to maintain workplace safety.

## **\*Religious Exemption— Title VII**

*"Under Title VII of the Civil Rights Act of 1964 and its applicable state equivalents, an employer must consider an employee's accommodation request based on a sincerely held religious belief, practice, or observance." The law has been inconsistently applied. The law firm Conn Maciel Casey noted: "*In Chenzira v. Cincinnati Children's Hospital Medical Center*, the U.S. District Court for the Southern District of Ohio*

*denied a motion to dismiss the employee's challenge to a mandatory flu vaccination because the court found 'it plausible that [p]laintiff could subscribe to veganism with a sincerity equating that of traditional religious views.'* By comparison, in *Fallon v. Mercy Catholic Medical Center of Southeastern Pennsylvania*, the U.S. Court of Appeals for the Third Circuit affirmed the dismissal of a Title VII claim, finding that an employee's opposition to vaccines was a personal belief that did not 'occupy a place in his life similar to that occupied by a more traditional faith.'"



**SOURCE** ➤

The thought of employers passing on the sincerity of a person's religious beliefs is chilling. This amounts to heresy trials. Furthermore, if the law or policy does not favor one religion over another, it is likely to be upheld.

Some attorneys have suggested that requiring vaccinations can be a legal minefield, and that employers should avoid mandates. How things play out relative to COVID-19 vaccination remains to be seen. In the interim, consider whether you might qualify for exemption on the basis of disability or religious belief.

### **Additional references:**

[SOURCE](#) ➤

[SOURCE](#) ➤

[SOURCE](#) ➤

[SOURCE](#) ➤

Moderna believes that its vaccine is effective against the mutant





# What You Can Do

## \*Pharmaceuticals

There are inexpensive pharmaceutical treatments for COVID-19 which have been associated with favorable clinical outcomes.

A July 2020 study showed that triple therapy, “including the combination of zinc with low dose hydroxychloroquine was associated with significantly fewer hospitalizations and 5 times less all-cause deaths.” Azithromycin was also used. Although further studies are needed, the results reported may be promising.



### SOURCE ➤

Doctors in Brazil have used inexpensive, readily available drugs to treat COVID-19. These include Chloroquine, an antimalarial. Ivermectin, a parasite medication used on livestock and dogs. Azithromycin, an antibiotic. Clexane, an anticoagulant. It is recommended for early treatment. As with other protocols, further studies are needed.

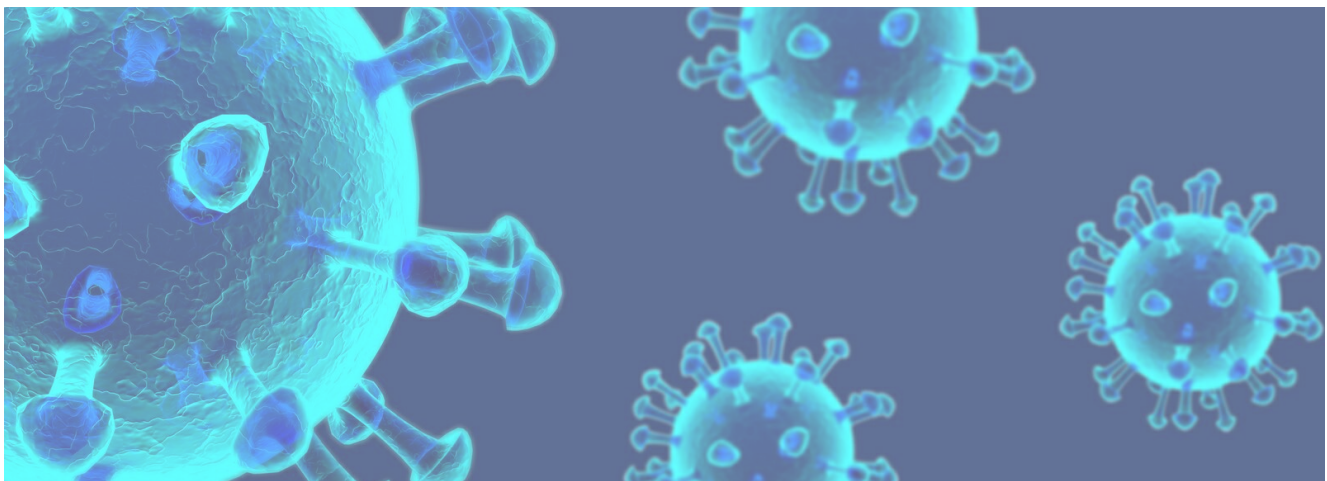
## SOURCE ►

### **\*What you can do**

The response to COVID-19 has focused on the virus. Lockdowns, curfews, social distancing, masks, and vaccines are all claimed to limit the spread of the coronavirus. People feel helpless. They think they are fighting an enemy that is unknowable. What is known, as stated by Dr. Deborah Birx, former White House coronavirus response director, is that "When people start to realize that 99% of us are going to be fine, it becomes more and more difficult to get people to comply."

## SOURCE ►

What is it that causes some to become seriously ill and die? Obviously, it is not the virus. People that are exposed and develop no disease were exposed to the virus. The difference is the



the individual. There are factors under your control, that affect your susceptibility to disease. "Determinants of well-being transcend



health care ... since health care contributes only about 10% toward reducing premature death...Lifestyle choices, not medical and surgical treatments, are the determinants of longevity over which we have control."

## **SOURCE**

### **Exercise**

Obesity is a risk factor for COVID-19. Even if you are not obese, you will benefit from exercise. According to Medpage Today, "*The American Heart Association and CDC recommend 150 minutes of physical activity per week. Physical activity is defined as anything that gets your body moving and increases your heart rate. The most convenient way to fit in 150 minutes is probably to divide the schedule into 30 minutes a day, 5 days a week. Only about one in five adults and teens get enough exercise to maintain good health and it is important to note that some physical activity is better than none.*" Any exercise is better than no exercise.

## **SOURCE**

### **Pets**

Having a pet brings great health benefits. The Animal Health Foundation lists eight health benefits of having pets:

1. *More physical activity.* Dog ownership means taking walks, tossing balls, playing tug, and other games your dog loves. These activities get you outside and get you moving. The fresh air and fun with your furry friend will make you forget you are getting valuable exercise as well.



2. *Less Stress*: Pets come with some stress, thanks to the responsibility of their medical care and times when they get in trouble or make a mess. But the good news is that they more than make up for it by lowering stress overall. One key factor is that pets have been shown to decrease levels of the stress hormone cortisol.

So powerful is this connection that some workplaces and universities are incorporating pets and therapy animals to help those suffering from stress.

3. *Lower Blood Pressure*: Nothing like stress to make your blood pressure shoot up. Some people have to resort to medication for this, but pets have been shown to have a beneficial effect as well.

The good news is that studies show that pets such as cats and dogs have a real and measurable effect leading to the lowering of blood pressure rates.

4. *Lower Risk of Heart Attacks*: Going hand-in-hand with the good news about pets and blood pressure, they may also help to lower the rate of heart attacks. In one study that involved cats, it was

found that people with felines were 40% less likely to have a fatal heart attack. It must be those calming purrs that are doing the trick. The study did not weigh in on dogs or other pets, but any pet that calms you and gives you a daily dose of unconditional love will probably give you similar benefits.

5. *Alleviation of depression:* Our pets seem to understand when we are down, and they don't tire of helping us through whatever is getting us down. Whether you have a depression diagnosis or an occasional case of the blues, your pet can help. The National Institute of Mental Health even uses animal-assisted therapy as a treatment for depression and other mood disorders. Pets are shown to have a positive effect on depression in a number of ways. For one, our pets keep us active and take the edge off of loneliness. Our pets are by our sides, even when we are taking a break from people.

6. *Allergy prevention:* Most of us think of pets making allergies worse, but some studies show otherwise. One study of almost 500 children found that those with pet dogs and cats as babies were half as likely to have allergies and asthma as they grew up than those without pets. Pets will benefit you and your young children.

7. *Low blood sugar detection:* If you have diabetes, you know how dangerous a blood sugar drop is. Some people struggle to stay in control of blood sugar swings. How can dogs help with this condition?



Amazingly, they can smell blood sugar changes and can be trained to help their owners by alerting them when a change is detected, and before the danger point is reached.

8. *Less risk of stroke:* More cardiovascular good news thanks to cats! Studies show that cat owners have a lower risk of stroke. It's like your cat is paying you back for all the love and care you give.

**SOURCE** ▶



## **Body-Mind Practices**

Practices such as yoga and other mindful practices show health benefits. [Johns Hopkins Medicine](#) lists benefits of yoga:

1. *Yoga improves strength, balance, and flexibility.* With deliberate movements and deep breathing, yoga builds gentle strength and sharpens your balance.



2. *Yoga helps relieve back pain.* Ever find your back feels better after a good stretch? Yoga has the same effect. The American College of Physicians includes yoga in its recommendations for back pain sufferers.

3. *Yoga eases arthritis symptoms.* Good news for people with tender or swollen joints - numerous studies show that yoga brings significant relief.

4. *Yoga boosts heart health.* Heart health is tied to inflammation in the body, and yoga has been shown to benefit. Similarly, yoga combats excess weight and high blood pressure, also significant factors in heart disease.

5. *Yoga helps you relax and sleep better.* There is research showing that a nighttime yoga routine can get your mind and body in the right place for a relaxing night of sleep.

6. *Yoga can give you more energy and brighter moods.* It can make you feel more energetic, lift alertness and mood, and lower negative feelings after getting into a regular yoga routine.

7. *Yoga helps to manage stress.* According to the National Institutes of Health, yoga helps you with stress management and overall mental health. Other benefits include mindfulness, improved sleep, and healthier eating habits.



**SOURCE** 

## Sleep

According to the National Heart, Lung and Blood Institute, good sleep leads to good health. Getting the right amount of restful sleep at the right time of day improves your energy, emotional well-being, and boosts your immune system.

[SOURCE](#) ➤



Short afternoon naps may aid cognitive function as we age

[SOURCE](#) ➤

## Meditation

Meditation can help improve physical and emotional health. It also helps cope with negative stress, and relieve anxiety. Regular meditation is best. Apps and online videos are available to guide you through the process.

## SOURCE ➤

### **Religious practice, faith, and spirituality**

Anxiety and fear adversely affect resistance to infection. Religious faith and practice can help individuals maintain spiritual, mental, and physical resilience. Koenig wrote, “Many systematic scientific studies have now reported a positive association between religious involvement and indicators of healthy immune function.”

## SOURCE ➤

### **Nervous system health and adaptability**

Every aspect of the human experience is processed through the nervous system. Anything that interferes with the function of the nervous system could interfere with the body’s ability to adapt to stressful circumstances.

Chiropractic care may help to ease pain, improve function, and enhance quality of life.



## SOURCE ➤

## Nutrition

To maintain health, you should eat healthy, organic, non-GMO foods. It is important to avoid the temptation to eat fast foods. With people increasing sedentary time, and decreasing exercise, weight gain, obesity, and metabolic syndrome may develop.

Specific supplements may be valuable in dealing with the current situation.

**Vitamin C** - Vitamin C has been used as a natural means of supporting immune function. It is an essential nutrient. Intravenous vitamin C has been used as an adjuvant treatment for COVID-19.

[SOURCE](#) 

[SOURCE](#) 

**Vitamin D** - Low vitamin D levels have been associated with more severe cases of COVID-19. *"When deaths were evaluated on the basis of vitamin D deficiency (serum 25-OH-D <20 ng/mL), the fatality rate was 21%, compared to only 3% for those with higher levels. More striking was that vitamin D deficiency was found in 97% of severely ill patients who required ICU admission but in only 33% of asymptomatic cases, suggesting that low levels are a necessary component of severe COVID-19."* This is one of numerous studies this year establishing the correlation of low vitamin D levels with an aggravated course of COVID-19.

[SOURCE](#) 



**Melatonin** - Melatonin has been suggested as having a possible role in the prevention and treatment of COVID-19. *"We identified that melatonin usage (odds ratio [OR] = 0.72, 95% CI 0.56-0.91) is significantly associated with a 28% reduced likelihood of a positive laboratory test result for SARS-CoV-2 confirmed by reverse transcription-polymerase chain reaction assay."*

**SOURCE** ➤



**Zinc** - "Lower zinc levels at admission correlate with higher inflammation in the course of infection and poorer outcome," said a team headed by Dr. Roberto Guerri-Fernandez at the Hospital Del Mar of Barcelona, as reported by WebMD.

Experts in the US agree that this finding makes sense. *"It has long been thought that zinc bolsters the immune system,"* agreed pulmonologist Dr. Len Horovitz, at Lenox Hill Hospital in New York City. He continues, *"A possible explanation in this study is that zinc may have an anti-inflammatory effect that is protective."*

**SOURCE** ➤