ESSENTIAL GUIDE TO COVID

EVERYTHING YOU NEED TO KNOW ABOUT COVID, VACCINES, AND MASKS.

DEDICATION

This book is dedicated to all of us....

To those who lost jobs.
To those who missed seeing loved ones.
To those who lost businesses.
To those who missed school.
To those who fought isolation and loneliness.
To those who couldn't say goodbye to a loved one.
To those who battled with depression and anxiety.
To those who taught their children at home.
To those who were injured by a rushed vaccine.
To those who lost loved ones.
To those who faced illness alone.
To those who had babies during the pandemic.
To those who missed out on weddings, funerals, and special occasions.
To all of us who lived through this pandemic, and especially to those who did not...

And to the great hope that the lessons we've learned will lead to needed change.

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INTRODUCTION

> **“...nothing could have prepared me for what we were going to get into here... nothing could have prepared me for the things that I learned. And I'm really excited to share it with you.”**
>
> **- Dr. Patrick Gentempo**

In January of 2020, the world became abuzz with rumors of a mysterious new virus in China. It was characterized as a new SARS virus, only this time it was not projected to disappear as quickly. Then frightening videos from Wuhan, China began to appear on social media sites of people dying in the streets, doors being welded shut, and hospitals looking like a scene from a pandemic horror movie. In rapid succession, the Chinese built one giant field hospital after another.

The videos on social media ramped up: some purported to show mass graves, and others showed civilians being dragged away. These videos served their purpose: the world was frightened and braced for the worst. Travel and trade with China screeched to a halt, and the markets went into chaos in anticipation of a worldwide cataclysm.

Store shelves emptied as people prepared to be locked down, and a simple commodity like toilet paper became more rare than precious metals. Fear had taken a firm hold of the world, and populations everywhere willingly submitted to overarching government actions in hopes of mitigating the coming disaster. We were told “15 days to flatten the curve”, not realizing that Pandora’s box had been opened, and we’d be compelled to endure far more.It was as if we had been primed for fear in 2018 and 2019, when the news and social media marked the 100th anniversary of the Spanish flu pandemic, reported to have

taken an estimated 25-30 million lives worldwide. Images and accounts from that grim era were disseminated, and a compelling question was posed:

What if it happened again? After all, we were told that experts considered us to be overdue for the next great pandemic. And while medicine had advanced by leaps and bounds over the past century, antibiotics weren't going to cure a similar illness.

In fact, we were warned of the potential of such a pandemic to overwhelm our hospitals and resources. Looking back, it almost appears as if the stage was set for what was to come.

In Vaccines Revealed COVID Edition, we explore the truth behind this pandemic and rely on trusted experts to answer our most salient questions. We explored the origins, treatments, and reactions to this illness, and were rewarded with deep insights and unparalleled expertise.

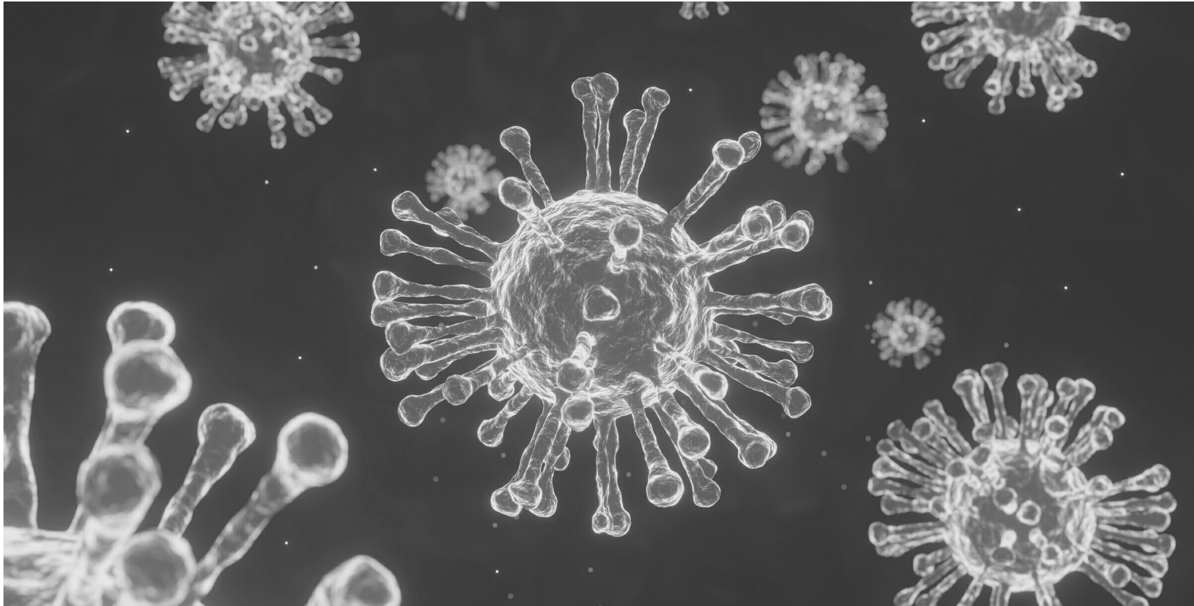
We believe it is crucial that this information gets out to as many people as possible, but we battle censorship daily. It seems that only a controlled narrative is being permitted, and questioning that narrative is not welcomed.

Dr. Gentempo said it well in the introduction to the series:

> **"Now, what I have to tell you is censorship abounds here. I don't know how long we'll be able to actually put this in the world before varying platforms try to take us down, cancel us, et cetera because what we're covering is controversial, but I will stand behind it. Our experts are very well-credentialed. They have direct experience and understanding with the subject matter. And I literally had to pick my jaw up off the ground several times during the creation of this series, because of what I was hearing."**

Now let's consider what those experts have to say…

WHAT IS COVID, & WHERE DID IT COME FROM?



The 30,000-foot view

Dr. Zach Bush offers us what he characterizes as a 30,000 view of COVID and other coronaviruses. The truth is, coronaviruses have been with humankind for over 780 years, he explains. Coronaviruses play a significant role in the family of over 120 viruses that we collectively call common colds. In other words, we have them to thank for congestion, cough, sore throat, and related miseries. There are a few strains of coronavirus that have stood out in recent years as being particularly virulent, the first being SARS in 2001-2002. As humanity reached homeostasis with this virus, it petered out in 18-24 months.

> ***“The general impression that I get is that we're not being talked to honestly, that democracy and good policy in any system of government really depends on getting good information and that one of the key features of this whole phenomenon of this pandemic has been the lack of good information and apparent effort to deceive the public.”***
>
> ***--Robert F. Kennedy Jr.***

SARS was unique in that patients did not present with elevated white blood cell counts, and distinguished itself with the presentation of "blue patients." This term refers to hypoxia, or more simply, low oxygen level.

Strangely, these patients did not respond to the administration of oxygen in the clinical setting, and it was determined that their symptoms stemmed from the bloodstream's inability to carry oxygen adequately.

Approximately 9,000 such "blue patients" were observed clinically and had their disease courses documented. Because contact tracing and disease tracking were not occurring at the time at the rate we see now, it is not known the extent to which SARS disseminated asymptomatically or with only mild symptoms in the larger population.

The next coronavirus of note is MERS, which occurred in 2011-2012. Like SARS, it had limited clinical presentation and faded out after 18-24 months. Finally, in 2020, possibly as early as the fall and early winter of 2019, COVID was upon us. It is also known as SARS-CoV-2 or Covid-19.

Case reports of COVID are far higher than SARS or MERS because we are employing tracking, tracing, and testing on a level that surpasses previous efforts. Deaths are being attributed to COVID, even if COVID is only a possible contributing factor, and numerous comorbidities are present.

Dr. Bush predicts that Covid-19 will likely burn itself out within the same 18-24 months that SARS and MERS did, meaning that by the time a vaccine is developed, it will be moot. The more likely scenario, he opines, is that the virus will mutate, and a new and reformulated vaccine will be pushed upon us every year, much like the flu vaccine.

CHINESE MARKETS OR THE WUHAN LAB - WHERE DID COVID COME FROM?

"We have deep concerns about the way in which the early findings of the COVID-19 investigation were communicated and questions about the process used to reach them," -- National Security Adviser Jake Sullivan

Chinese street markets, sometimes referred to as "wet markets," are the stuff of legend. They are a veritable zoo of foods that most Americans wouldn't dream of eating, from bats to otters, raccoons, and even stranger options. These markets are infamous for their lack of sanitary conditions and the absence of any regulations regarding humane treatment of animals used for food. If you choose to explore this topic further online, be warned, it is not for the faint of heart -- or stomach.

It stands to reason that such a large convergence of the animal kingdom in crowded and unsanitary conditions in a big city could be a recipe for trouble. It made sense that SARS was traced back to such a market and that this would be the first place fingers were pointed when COVID-19 made its appearance.

But the suspicions of many shifted when the nearby Wuhan Institute of Virology Lab was theorized to be a possible source of the virus. Bat viruses were in fact being studied there, and many consider the idea plausible that the virus came from there and not the wet market. Theories ranged from COVID-19 being a bioweapon to it being an accidental release of a strain of coronavirus that contained genomic code added for experimental purposes.

Fueling the Wuhan lab theory, some pointed to reports coming out about poor conditions in the lab going back to 2018 which featured images of a refrigerator for the storage of viral samples that had a broken seal. In fact, in 2018, the US State Department warned of lax and even sloppy safety precautions at this lab. Among the concerns cited were, "a lack of proper safety procedures and concern over its study of coronavirus in animals including bats,"

writes The Daily Mail. In a non-classified but sensitive cable, State Department officials reported that the lab could potentially release another SARS-like pandemic.

It seems that no one can precisely agree on the source of the virus, and predictably The World Health Organization (WHO) has downplayed the possibility of it being from a lab, characterizing it as "extremely unlikely."

Revealed Expert Del Bigtree does believe it escaped from the laboratory, but does not go so far as to say it was deliberately released. He does not believe it is a bio-weapon and relies on the opinions of contacts of his that do bacterial and viral research for a living.

His sources tell him that Coronaviruses and flu viruses are constantly tracked and studied, and it is normal and expected to see them mutate and evolve. They often make gain-of-function changes that allow them to better meet their goals of spreading to new hosts and proliferating more broadly throughout the population at large. Bigtree expounds on this process, saying that the coronavirus did not take a predictable step that the researchers can

identify, but instead seems to have leaped over 3 or 4 massive changes for which there is no track record of occurring in nature.

Robert F. Kennedy is also hesitant to make a definitive statement, but points to data that indicates it was manmade. He asserts that it is important for frank discussion and open investigation to occur so that we get real answers that are transparent to the public.

Dr. James Lyons-Weiler was one of the early researchers in the United States to take a look at the genetic sequence of the virus. Based on the evidence he has seen, he states that it does not appear to him that the virus was created in a lab with recombinant DNA technologies.

But that doesn't mean that it did not escape from a lab, he continues, "I wasn't able to rule out that it might've escaped from the lab. I wasn't able to rule out that it may have been from an animal that was brought in for research purposes and infected someone, nor have I been able to rule out that it may have undergone serial passaging to become more infective in humans.

"The World Health Organization (WHO) did investigate the origins of the virus and whether or not the appearance of this strain of coronavirus could be tied to the Wuhan lab. Their findings are widely questioned because any investigation they purportedly did was managed by Chinese officials, and all the data they looked at was filtered and manipulated.

This led to the WHO dismissing the theory that the virus originated in a lab, but their conclusion generated criticism due to the way in which the investigation was handled. A primary criticism is that the team did not have access to raw data, only the data and analysis given to them by Chinese officials.

"We have deep concerns about the way in which the early findings of the COVID-19 investigation were communicated and questions about the process used to reach them," stated National Security Adviser Jake Sullivan, "It is imperative that this report be independent, with expert findings free from intervention or alteration by the Chinese government."

Sullivan further stated, "To better understand this pandemic and prepare for the next one, China must make available its data from the earliest days of the outbreak."

Why did Covid hit Northern Italy so hard?

As the rash of reported cases of COVID began to leave the bounds of Hubei Province in China, one small region of the world seemed particularly stricken: Northern Italy, specifically the Lombardy province.

Why was this region ravaged with such high case counts and catastrophic death rates? As of this writing, this mid-sized Italian province of some 9,000 square miles has had 554,000 cases, with the case tally continuing to go up by 1,500-2000 per day. The death rate totals nearly 28,000, with 35-40 new deaths added per day, according to Johns Hopkins University.

Northern Italy was impacted early and hard, before it was known that ventilators were not the best course for most of the severe cases, and before therapeutics were identified that would mitigate the more serious symptoms. They were also more honest and forthcoming about their numbers than the Chinese had been, making the rates there all the more shocking to the world at large.

Dr. Tom O'Bryan offered some further compelling insights as to why Lombardy and its neighbors in Northern Italy were considered a COVID epicenter. He points out that Lombardy has some of the highest air pollution of all of Europe. Being a mountainous region, pollution settles and gets trapped in valleys.

Not only does the region boast a vigorous manufacturing sector, pollution carried on wind currents from other areas also gets trapped there. Dr. O'Bryan adds that, "people are breathing in a lot of particulate matter every day and their lungs are not in great shape, which means that their lungs are already vulnerable to a stress that might come in."

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A second compelling reason is that there was a huge construction project in Northern Italy led by a construction company out of Wuhan, China that started in November of 2019. Because of this, hundreds of people from Wuhan, China have been coming to Northern Italy since early in 2019.

Finally, Italians have some of the lowest levels of Vitamin D in all of Europe, despite their sunny climate. In fact, in a phenomenon known as the Scandinavian paradox, in the nations of Sweden, Norway, and Denmark, the populace enjoys much higher levels of immune-fortifying Vitamin D.

Some of this difference comes down to diet, with Scandinavians traditionally eating more foods high in Vitamin D. Out of recognition of the importance of the vitamin combined with the paucity of sunshine for much of the year, their foods are fortified with Vitamin D, while in Italy it is not permitted to add Vitamin D to foods.

What did Sweden do Differently?

> **“The Swedish model is showing you can get very far by voluntary measures"**
>
> **--Dr. Anders Tegnell, epidemiologist**

While the rest of the world shut down and masked up, Sweden chose a different route. They chose not to close businesses or most schools, and masks and social distancing were not mandatory.

Some might say that the Swedes were being careless, even going so far as to say they were Covid deniers. But that is not an accurate picture of what happened there.

Instead, the Swedish government chose to let people make decisions and take precautions based upon their own judgement. Those who needed to stay home were accommodated and provided for. Those who considered themselves or a loved one to be vulnerable took the precautions that they deemed necessary.

The government did make efforts to educate the public on the benefits of hand-washing, physical distancing, and avoiding non-essential travel. The elderly were advised to stay at home, and large gatherings were banned.

Some restrictions changed over time in relation to case numbers; however, the overall burden of responsibility for mitigating the disease was placed upon individuals and businesses.

According to some predictions, Sweden should have looked something akin to the Black Death or the 1918 Spanish Flu pandemic. Not only were they being reckless, they were going to bring an untold disaster on their nation.

The results? Like everything else with this pandemic, it depends upon who you ask. Those who support restrictions and shutdowns call Sweden’s actions a failure, pointing to case numbers and deaths attributed to the virus. Those who oppose heavy restrictions and

lockdowns counter that the Swedish simply shortened the curve of infection rates and deaths into a more compact timeframe, and have more quickly moved to herd immunity.

Remember when the purported objective of lockdowns and restrictions was to prevent hospitals and resources from being overwhelmed? Where did some get the unscientific notion that we had any power to stop a virus from making its way through the population?

Dan Hannan, a contributor at the Washington Examiner noted, “It is true that Sweden has had more coronavirus fatalities than other Nordic states. But remember that the lockdown was only intended to buy time. Infection rates are now rising faster in the rest of Scandinavia as things catch up.”

Hannan further notes that Sweden’s policies contributed to a lighter hit to its GDP, with the nation reporting an 8.3% downturn in the second quarter of 2020. While this was undesirable, it was also arguably unavoidable in light of the global economic downturn that characterized 2020. Meanwhile, Hannan reported, the downturn in GDP for the same timeframe in the U.S. was 9.5%, while steeper slides of 21.7% were recorded in Britain and 22.1% in Spain.

The Scandinavian Paradox

One aspect of Sweden’s journey through COVID that merits consideration is a phenomenon known as the Swedish Paradox. Vitamin D is a vital component in immune defense, and the Swedes and other Scandinavians tend to have much higher levels of it than their Southern European neighbors. Because this vitamin is produced by the skin’s reaction to sunshine, this is precisely the opposite of what one might expect. In fact, not only do Scandinavian countries have less direct sunshine, they have fewer hours of sun per day, especially during the winter.

Some surmise that the key lies in the pale skin and light eye and hair color of most Scandinavians; they may simply be more sensitive and reactive to the sun, causing them to produce more of the vitamin, whereas people tend to have darker skin, hair, and eyes in Southern Europe.

This phenomenon has attracted the attention of researchers, keen to get to the root of why these differences exist. A key feature of the Scandinavian diet appears to be at the crux of this phenomenon: fish. Specifically, the fatty fish varieties that are so prevalent in Scandinavian staples.

Further, out of concern for the lack of sun hours available to people, Vitamin D supplementation of various foods has been a longstanding of government health and nutrition initiatives. Meanwhile, Southern European nations have largely disregarded such initiatives, and in the case of Italy, even prevented them from going forward.

The natural progression of a virus

Sweden provides an interesting case study because of its hesitancy to shut down and impose heavy-handed government mandates. By holding back on these restrictions, they allowed the virus to progress through their population the way an infectious disease is designed to do.

This allows the virus to adapt, as it always will for its own survival. In order to propagate more widely, a virus tends to self-select and evolve favoring strains with lower mortality rates. By allowing the virus more latitude, the Swedish approach encouraged precisely this process.

When a virus causes an infected person to die, it has defeated its own purpose, because its potential to spread has been curtailed. So they become less virulent, less severe, and more prone to spread.

Dr. Brian Hooker explains that "what Sweden allowed to happen was for the virus to go through its population so they could develop a community immunity or a herd immunity much more quickly, and have a population that was actually protected against the virus."

Digging deeper into COVID death rates

> **“If you look at the data, the death rate in 2020 is 0.012% higher than it was in 2019. There has been no massive epidemiologic pandemic. There just hasn't. This has all been made up…”--Dr. Christiane Northrup**

It is only logical that because we are in the midst of a pandemic, death rates have gone up and we are in much greater danger than in a normal year.

We only need to refer to the news and any number of data aggregating websites to see the updated death toll. It’s easy to see how these numbers provoke fear and anxiety in those who follow them.

Given this line of thought, we should see a population decrease and a decrease in births. We would expect heart disease, stroke, cancer, flu, pneumonia, and other maladies to exact their usual toll, and COVID to numbers to be added on top of these figures.

But is that the case?

All-cause mortality hasn’t actually changed, explains Dr. Zach Bush, adding that deaths spiked during flu seasons throughout the world following their typical patterns.

Looking back to 2019, there was a dip in expected respiratory illness mortalities, and the pattern is that after such a year, these deaths will increase the next year.

Put simply, the supply of vulnerable people was shifted from one year to the next, in what might be called a catch-up year. Thus the 2020 death rate from respiratory illness peaked following a predictable pattern.

This pattern played itself out across the world by hemispheres and seasonal patterns, as it always does.

Among the conspiratorially minded, it is speculated that the powers that be would be able to predict this pattern, and that a pandemic scenario would fit in perfectly with the anticipated 2020 spike in deaths. Dr. Brian Hooker adds that the term pandemic is being thrown around as a scare tactic, and that COVID is being overused as the cause of death.

A pandemic, he explains, is an epidemic that is occurring on multiple continents, and an epidemic is a disease frequency that's higher than normal. Because COVID-19 is a new virus, any disease frequency above zero fits the bill for "higher than normal."

Dr. Hooker explains that the CDC guidelines for cause of death were amended in March of 2020 to state that,

"if COVID was a contributing factor, then it is counted as a cause of death. Regardless of whether the person had heart failure, regardless of whether the person had COPD before they contracted COVID, regardless of whether they had diabetes or other types of conditions. Then if the patient died with COVID, then it's being interpreted as they died of COVID."

The CDC guidelines read, in part, "In cases where a definite diagnosis of COVID-19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed.'"

Hooker grants that it could be the cause of death or a contributing factor in some cases, but the data is muddled to the point that it is difficult if not impossible to determine. Further, we need to consider iatrogenic deaths, in other words, deaths caused by the medical treatment itself.

Of special consideration are the deaths of people who were placed on ventilators. Dr. Hooker states bluntly that "I would check myself out of a hospital before they put me on a ventilator. Because it seems like that's the kiss of death. When you look at the statistics, those individuals that are admitted to the hospital get on ventilators are dying at much higher frequency."

Dr. Christiane Northrup also discussed the issue of COVID being overused on death certificates. She brought up the case of Scott Jensen MD, a state Senator in Minnesota who faced investigation after questioning the death certificate situation.

In April of 2020, Dr. Jensen had criticized the CDC guidelines on the classification of

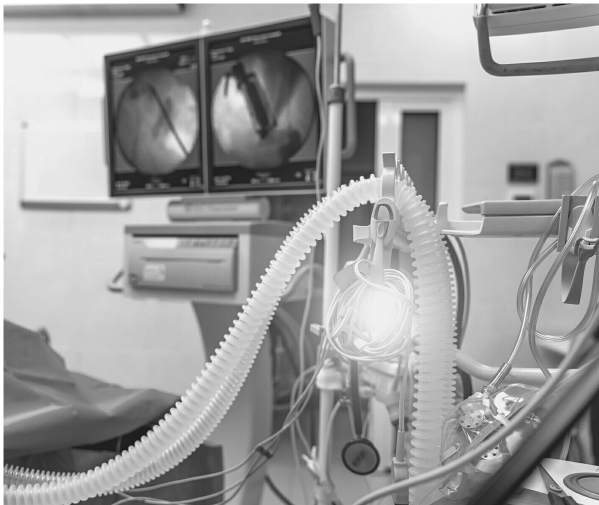
coronavirus deaths, contending that these guidelines would only serve to inflate coronavirus death statistics. He was written up by the State Board of Medical Practice for "spreading misinformation in regards to the completion of death certificates on a news program," and "providing reckless advice."

Taking a slightly different tack, Robert F. Kennedy Jr. questions how death rates have been used to fan fear and serve as a pretext for overreaching policies. He draws a comparison to the swine flu epidemic of 1969 in which schools stayed open and large public events such as Woodstock carried on unimpeded.

The swine flu of 1918 also stands in contrast. There were no mask mandates or lockdowns. Life simply went on, and people were expected to make their own common-sense decisions about safety precautions. Some may argue that those were different times, and that is a valid point. But Kennedy points out that nearly 1.6 million people die per year from tuberculosis, but that has yet to be a catalyst for lockdowns or masking mandates.

In fact, he counters, our response measures may be killing more people than the actual disease, "Unemployment from disruption of food supplies, from suicides, from depression, the child abuse, the spousal abuse, the disruption of supply chains for foods which is going to get worse and worse and worse for medicines."

One death rate that must be considered is the death rate of children in Africa due to starvation because of disruptions in the supply chain and their parents' inability to work to provide for them. Kennedy cites a New York Times article stating that 10,000 children in Africa, where social safety nets are notably lacking, are dying because of hunger due to the shutdowns.



That's 120,000 children per year -- an inexcusable tragedy.

Dr. Andrew Kaufman also brings up the point of higher Medicare reimbursement to hospitals for COVID patients, and the inherent incentive for them to code the patient as having had COVID.

Reimbursements were even higher if that patient was placed on a ventilator.

Kaufman also referenced a report in which funeral home directors stated that they went through periods in which every body that came through their doors was labeled as a COVID death.

Oddly, the rate of autopsies being performed on these bodies to confirm diagnosis was almost nil -- the opposite of previous times of public health crisis in which the number of autopsies goes up as public health officials seek to learn as much as possible about the disease. Dr.Kaufman speculates that the COVID death rates would be quite different if more autopsies had been done.

Dr. James Lyon-Weiler adds that coronavirus has become the predominant default diagnosis. Public officials such as Deborah Birx, he points out, have publicly stated that people who die with coronavirus would be counted as having died from COVID. It's no wonder that COVID numbers in the US are soaring at such high rates.

Trust the Experts

Throughout this COVID journey, we have been encouraged as a nation to trust the experts. Those who do are labeled as caring and team players -- we're all in this together, right?

Those who don't trust the narrative they are hearing are labeled COVID deniers, called heartless, and are accused of being subversive. In their wise efforts to step back, disengage from the fear narrative, and engage in some critical thinking, they are dismissed as granny-killers, deplatformed from social media, and otherwise censored and shut down. It's not so simple as just trusting the so-called experts, Robert F. Kennedy Jr. contends:

> ***"This idea that democrats have adopted and liberals have adopted that we should trust the experts is absolutely antithetical to democracy. We don't trust experts. You listen to the experts, you weigh their opinions. You weigh their assessments. You don't turn democracy over to them. I've brought hundreds and hundreds of cases and I've been involved with many, many, many trials during my lifetime almost all of them involve some kind of scientific controversy."***

In fact, experts can be quite convincing, but you can listen to a credentialed expert and believe one thing, and then just as quickly change your opinion when listening to an expert with an opposing view. The presentation of statistics can be skewed, studies can be cherry-picked, and the real science of a matter can be tremendously complicated.

Kennedy brought up the example of his uncle, the late President John F. Kennedy, and how he went about making decisions during the Cuban Missile Crisis. The President brought in numerous experts to help him make his decisions, but did not turn democracy over to them. He knew it was his job to think critically and consider all aspects of the issue.

One of the wisest things that President Kennedy did with his panel of experts was to ask them a lot of questions. He knew it was his responsibility alone to make the necessary decisions, and would not abdicate his responsibility by simply using the excuse that he was doing what the experts told him to do.

Instead, we are in a situation in which the COVID crisis is amplifying the power and celebrity of unelected bureaucrat experts such as Dr. Fauci. Yet instead of questioning him, too many in the public act like adoring fans.

“He's the J. Edgar Hoover of public health.” Robert Kennedy Jr. quips, “He's lasted there for 50 years because he has good political skills, not because he's a great scientist.”

The people who have staying power in medical bureaucracy are those who are in the tank with pharmaceutical companies and do their bidding, Kennedy continues.

Dr. Andrew Kaufman goes so far as to say that the experts are misinterpreting COVID data, whether purposely or unknowingly, as evidence of a virus. They actually have no idea what it is, Kaufman maintains, and are basing policies with major impacts on our society upon these erroneous findings.

He explains that the evidence for the virus that was originally put forth amounts to RNA strands taken from the lung fluid of just a couple of people. The researchers did not properly separate out the sources of all the RNA they found in order to make a definitive case for their findings.

Kaufman elaborates; *“They say that the full length of a virus genome is about 30,000 bases long, and they're looking at fragments that are just 100 to 200 long. So, a tiny, tiny fraction*

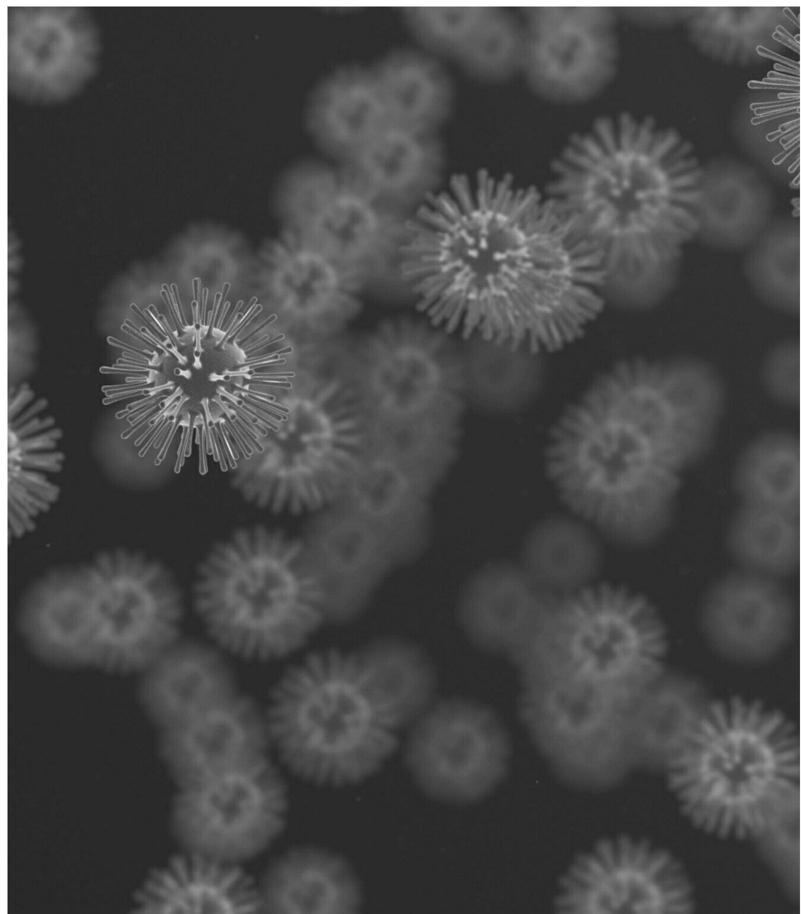
of the overall… you pull out these little fragments of chopped-up RNA, how do you know where they came from? Especially when in this situation we never knew this virus existed; it's brand new. So, you have nothing to identify what it is.”

He adds that there were also not controls performed in the initial research -- in other words, lung fluid from healthy patients was not used as a basis of comparison to determine whether this same RNA can be found naturally in the lungs.

Thus, the methodology of the initial research was seriously flawed. Instead of studying RNA pulled out of an isolated virus, they used lung fluid. The lung fluid of the average person would be expected to have RNA from multiple sources in addition to bacteria and a variety of human cells.

Instead, Kaufman describes, they sequenced some 20,000 fragments and used computer modeling to create a virus model. He describes the work of these experts as a flimsy house of cards, and asserts that what they are saying is not true at all based upon the studies they have done.

Viral Mutations



Viruses mutate constantly -- it is part of their nature. Viral pathogens tend to mutate in the interest of their survival and propagation. Because a dead host would thwart their spread, they will tend to mutate to less virulent strains. As expected, viral mutations of COVID-19 are already being noted and tracked. This feeds into two fear narratives: First, we will need to continually develop vaccines to address this virus, and second, we are a long way from being safe enough to end masking and social distancing.

Left to their own devices, a virus will peak and then peter out in a predictable timeframe. But have we undermined that natural course with masks and social distancing?

Dr. Andrew Wakefield postulates that masking has instead put genetic selection pressure on the virus to mutate into numerous more infectious strains at a level not seen in previous outbreaks.

He adds the caveat that increased transibility does not necessarily indicate increased virulence, but by interfering with the genetic selection process, we are likely prolonging the time we will be dealing with COVID-19.

He also warns that the vaccines will put another selection pressure on the virus, and will likely encourage the emergence of vaccine-resistant strains. Such resistance has been evidenced by other illnesses, such as measles. This will lead to a constant game of catch-up in which new vaccines are deemed necessary on an ongoing basis to combat new strains.

Wakefield cautions us about mutations, “Nature will win, nature will prevail, nature will not ultimately be deceived, you may think in a short-term during that honeymoon period that you've got it beaten, but you haven't.”

He considers Sweden’s approach to have been the correct one. It was not driven by a vaccine-only agenda with commercial underpinnings. Instead, their approach reflected an understanding of the behavior of these kinds of respiratory viruses.

Unlike Sweden, we have opted for a situation that has turned into interminable lockdowns, destruction of the economy, and undermining our children’s education.

IS THE PCR TEST RELIABLE AND ACCURATE?

> **"...we're using a laboratory science tool called PCR, which has never been designed or implemented as a diagnostic tool... it's terrible as a diagnostic tool because it picks up so much noise within the virome."**
> **-- Dr. Zach Bush**

What exactly is the PCR test?

The standard clinical test for diagnosing COVID, even in the absence of actual illness, is the PCR test. PCR is an acronym for polymerase chain reaction, and is a lab technique used to detect the presence of genetic material in a given sample.

As such, it does not specifically detect a virus, but rather fragments of genetic material, including common cold or any other virus that may be floating around in your system.

It was invented by a biochemist named Kary Mullis, who won the Nobel Prize in 1993 for his work. The test has become a central technique in the fields of molecular biology and biochemistry. Importantly, Mullis is on the record as having said that the PCR test is not a diagnostic tool for illness or disease.

According to Dr. Zach Bush, this leads to false positives of anywhere between 30 and 80% This means, he explains, that "it's almost a flip of the coin really as to whether or not the virus is even present in enough concentrations to be even involved in the syndrome that we're looking at."

But my Doctor knows best, right?

People choose medical careers for several reasons. Quite often, they are highly intelligent people with a strong interest in science. Lesser known, and perhaps more anecdotal is that

many had a personal experience of serious illness or loss of a loved one, and that they may come from communities underserved in some way by medical care. In other words, their motives are altruistic.

The money doesn't hurt either, but the truth is that upon embarking on their careers, they are saddled with heavy educational debt, astronomical malpractice insurance rates, and the expenses of getting established in their careers.

Add to that long hours on their feet, high stress, and the daily grind of dealing with people who are ill, injured, and otherwise not generally in the best of moods.

Doctors receive mountains of medical journals in the mail, are inundated by marketing from pharmaceutical companies, and in a position in which they are required to process copious amounts of data in a given day: lab reports, symptoms, side effects, dosages, comorbidities, contraindications… the list goes on and on.

The bottom line is that most doctors, if they are not completely burned out, are generally well-intentioned. But in order to function, they need to compartmentalize and outsource some of the information they depend upon each day.

One way they do this is to fall back on what is considered the standard of care for a given condition. This in many cases is a no-brainer for them, because the standard of care for a condition makes what they believe to be best use of available data to chart a course of treatment for a given illness.

If they are sued, having followed the standard practices is the best way to stand up in court -- after all, they have done precisely what is recommended for their patient. Further, insurance companies can be hesitant to reimburse for treatments that are

outside the bounds of these standard and customary practices. State medical boards are also known to censure doctors for practices and treatments that fall outside of these guidelines.

So it should be no surprise that with the advent of the PCR test, doctors jumped on board. They generally don't have the time to question and investigate, but instead will readily adopt a tool that they are told is effective and fully vetted. Dr. Zach Bush sums this up by saying,

"When Quest labs comes along and says, 'We have a new PCR test to diagnose Coronavirus,' there's no question about that. We don't have anything in our educational background that would trigger a question of *is that valid?* If Quest labs, which is our most trusted source of laboratory stuff in my clinic, or LabCorp or any of these big national labs comes along and says, 'hey, we have this new test,' the physician automatically assumes, *well certainly they did their due diligence to show that this test actually is clinically significant."*

Doctors are under the tent of Big Pharma, Dr. Christiane Northrup contends, and most consumers don't realize it, "Big Pharma hires attractive cheerleaders to be drug reps, and they bring food and you're tired... if you're outside of the mainstream narrative, you will lose your license."

Dr. James Lyons-Weiler also reminds us that the PCR test is being used under Emergency Use Authorization, not FDA approval. It does not have a track record as an effective diagnostic tool, and was not designed to be one.

Because of the perceived emergency time crunch, the FDA did not require measurement of specificity for the test. Lyons-Weiler warns that this lack of specificity skews in favor of false positives and will obscure any efforts to understand and have meaningful data in regards to transmission dynamics.

Dr. Christiane Northrup adds that the false positive rate for the test is around 30%, and false-negative 20%. Widespread testing is being heavily pushed, and we are therefore in a scenario where policies are being created from an erroneous foundation.

She characterizes the current situation as a casedemic, in which the over-amplification of pieces of nucleotides inflates case numbers, and statistics are inflated by the inclusion of healthy people.

Creating a casedemic, Northrup continues, fuels the agenda of fear. This fear is driven

home by media reports of overcrowded hospitals -- a situation that occurs during flu season in busy hospitals every year, “But during flu season, there's always a time when there are beds in the hall. This is just very common…”

How does the PCR test work?

PCR stands for Polymerase Chain Reaction, and is a methodology that was developed in genomics to amplify miniscule pieces of genetic information, even on the mitochondrial level.

The process involves running an assay that isolates and amplifies genetic information. Dr. Zach Bush explains that this allows researchers to home in on the “genetic decisions” that a cell is making.

This test is so powerful that it can even isolate information that cells carry from the past, such as a fragment of genetic information that may have been circulating in your mother’s womb, a bacteria you breathed in a week ago, or if you were exposed to a virus at the grocery store.In other words, your body may have been exposed to and even reacted on a cellular level to a microbe, but that doesn’t mean you actively have or have had the disease. Taking this to a more practical level, we can see that it is possible to be exposed to someone who has COVID, or has merely been exposed to someone else with COVID, and show a positive result for genetic material associated with COVID, while not having any clinical symptoms.

The immune process of being exposed to a virus or other pathogen, mounting an immune response on a cellular level, and not getting sick, happens in our bodies daily -- likely multiple times per day. If everything we encountered made us sick, we’d never be well.

In fact, actually getting sick is the exception to the rule when viewed from this perspective.

If the PCR test was used every flu season as a diagnostic tool, our flu diagnoses would likely jump, as we apply the label to those who were exposed but never actually became ill. This presence of a flu diagnosis would be considered a contributing factor to more death and adverse outcomes, causing mortality and morbidity figures to jump as well.

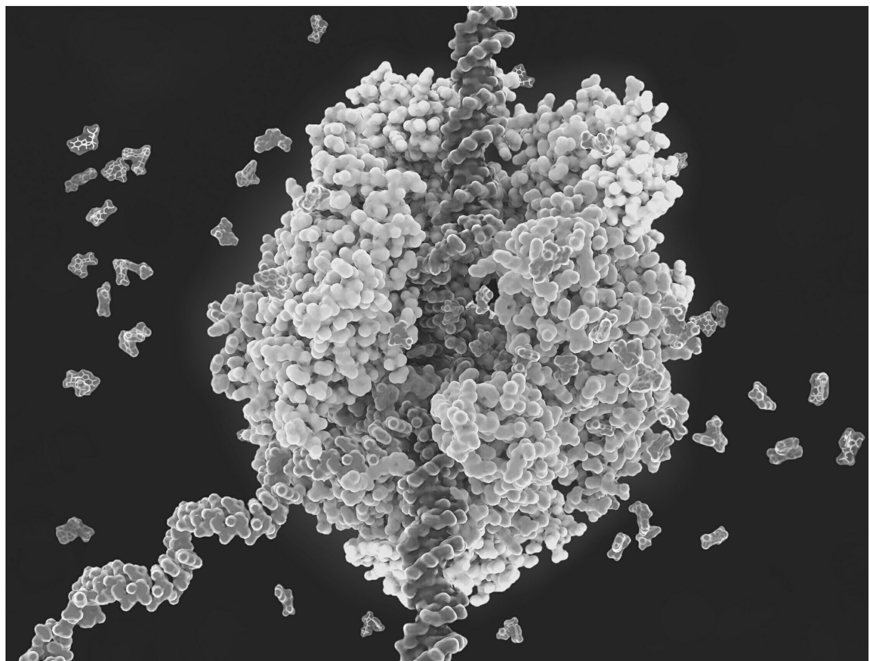
Therefore, we have high rates of false-positive results from COVID testing because the genetic information picked up in the test is being amplified far beyond clinical relevance, and State Governors and other public officials have been pushed into making drastic public health emergency decisions based upon this faulty data. These decisions then impact our civil liberties, economic viability, and educational systems, among other things.

What is happening on a cellular level that the PCR test is really picking up?

While viruses are organic material, they don't fully fit the current definition of life. Unlike living organisms, they do not contain full DNA strands, but do carry RNA, which are snippets of genetic information.

When this viral RNA enters a cell, it interacts with the DNA that is present and sends the message to create more of the viral RNA strands and proteins introduced by the virus.

Sometimes the body mounts an immune defense to the virus, either sending it on its way without our being aware, or causing us to experience symptoms of illness. But just as our body hosts a microbiome that works largely for our benefit, we regularly interact with a beneficial virome that helps our body adapt to new threats and changes in our environment.



These beneficial viruses are adapted into our genetic information, and the proteins gained benefit us in countless ways that researchers continue to discover.

Dr. Zach Bush shares a stunning fact about this, "Over 50% of the genes that we've now mapped in the human genome are able to be directly demonstrated to have been inserted by a virus sometime in the last billion years…

We have 12,800 new genetic updates since 1976, in the last 40 years, and some of those we've taken up and others we've rejected from the human DNA."

He characterizes this system as a process of gain-of-function viral updates that allow us to adapt and experience necessary biodiversity for life to continue.

The current proliferation of coronavirus is following the predictable pattern of viruses that have preceded it, and while a large number of people interact with it without illness, it has presented itself as a notable cause of respiratory illness at this time.

At some point, our genome will adapt to it, either accepting or rejecting the viral information it is offering.

The PCR test, with all its power to offer us a peek at what is happening at the cellular and genomic level, is being misused as a diagnostic tool of an illness that is not always present, regardless of its proteins being present in the cells.

It is believed by many that vaccines interfere with this process. By forcing the body to focus on certain viral strains, vaccines preclude the natural viral interactions that the cells would otherwise be experiencing.

The vaccine acts as a distraction, so to speak. It is actually possible that a round of flu can serve to inoculate an individual to future exposures of certain viruses. That's not to say that you won't get the flu twice, because there is a lengthy list of viruses that cause it.

But exposure to one year's flu teaches your body to recognize it and more directly fight it. Making the immune system stronger through regular exposure to environmental microbes changes the immune system's future reaction to those very microbes.

Is the PCR test affecting clinical decisions?

Imagine you are an emergency room doctor, and a patient comes to you with chest pain. You immediately enter into a decision-making process known as differential diagnosis.

First, you want to identify and either address or eliminate the most life-threatening of possibilities. For chest pain, as you have already guessed, one of the top priorities is to quickly identify if this means a heart attack or other cardiovascular event, and begin appropriate treatments.

If that possibility is ruled out, the decision process begins to look at and take diagnostic steps to identify and treat any number of other possibilities that may be causing the chest pain: does this patient have pneumonia? Severe GI reflux? Is the patient in the midst of a panic attack?

Doctors are trained to engage in just such decision-making processes again and again, multiple times per day. In fact, it is arguably the most important thing they do. Tests, treatments, and prescriptions that they choose all stem from these initial decisions.

Now consider a scenario in which a patient presents with cough, congestion, fever, and diminished oxygen levels. This may be due to one of many causes, but in this case, our patient has had a PCR test, and carries the label of being positive for COVID.

But what if the patient actually has bacterial pneumonia, and this critical diagnosis is missed because the treatment protocol for COVID is pursued?

In some cases, the COVID label is truncating the decision-making process and causing medical professionals to miss other critical possibilities.

Dr. Zach Bush maintains that this is not just possible, but common. Clinicians are misled to think that a hospital is full of COVID patients, when a significant portion of them are suffering from influenza, pneumonia, heart problems, cancer, or other diagnoses that have been missed because the medical world is so focused on COVID.

"It's led to tragic mistakes at the clinical level over and over again," Dr. Bush explains, sharing the poignant story of a 34-year old patient who was misdiagnosed with COVID-19:

> *"Everybody has to gown up... now nobody can touch her, nobody can go in the room, nobody is now talking to the woman because they're all thinking COVID-19.*
>
> *So nobody's taking a good clinical history, which is the only place you ever make an accurate diagnostic decision to treat is talk to the freakin patient…By the time she died, two weeks later, they had run 12 COVID-19 screening tests. All of them were negative, but they couldn't break themselves out of the mindset of this is a patient dying from Coronavirus.*
>
> *On autopsy, it turned out she had an acute leukemia that should have easily been caught by any hematologist, had a hematologist been asked to get involved in the case. No hematologist was ever called because they thought it was an infectious disease, Coronavirus...*
>
> *So these are the ways in which the narrative of a public pandemic can really screw up our clinical accuracy and acuity...*
>
> *These are not physicians that are careless, but the narrative can be so baked into our experience that we're trying to make the square peg fit in the round hole over and over and over again, because it's the only thing that is top of mind for all of us.*
>
> *I think we mistook the curves. We mistook all kinds of things for this PCR phenomenon happening to misdiagnose, over-diagnose, or misunderstand the real pandemic that was put. Did a pandemic occur?. Yes, 12,800 pandemics have occurred since 1976."*

How many tragic cases such as this have occured? Even more chilling, how many were never identified because of the mental trap that our health care professionals are backed into?

This is not to say that the Coronavirus is not real, in fact, it is surprisingly normal. Given that the term pandemic refers to worldwide spread, it should be noted that many viruses go pandemic every year -- we can count on it.

This global proliferation of predictable viral patterns combined with the widespread use of the PCR test has led to the cherry-picking of data, and a diagnosis being too widely applied.

Dr. James Lyons-Weiler also makes an interesting point worth considering: The presence of a virus is insufficient evidence that someone actually has the disease.

It stands to reason, as HIV+ patients do not necessarily have AIDS. Likewise, our bodies are full of countless viruses, but that does not mean that every one of us is suffering from multiple diseases.

Disease is determined by how your body responds to a virus or other pathogen. Even a relatively brief illness, such as a cold, is not considered a disease state, even though your body is engaging in an unpleasant battle with a virus.

Only COVID cases of clinical significance, Lyons-Weiler maintains, should be counted as instances of disease.

A lack of high-quality data

Dr. Brian Hooker contends that the PCR test is a poor basis for a medical diagnosis. He explains, “You cannot differentiate between a hunk of DNA or a hunk of RNA and a live virus using PCR.”

He points out that even the inventor of the PCR, Dr. Kary Mullis, pushes back on the use of the PCR as a diagnostic tool. As it was designed to amplify segments of DNA or RNA, its findings are not necessarily indicative of live infection.

Residual bits of DNA and RNA that are found may predate an current illness, or be present due to a brief exposure. Because the samples taken are being amplified to such a high degree, what is found does not always reflect what is actually happening in the patient’s body.

Because of this, Dr. Hooker surmises that the cases numbers and statistics are vastly overstated:

> *"I stopped tracking it because I'm so frustrated with the lack of good information and the lack of good medical diagnoses. Practitioners are not involved in these diagnoses. These are drive-up clinics where people are getting nasal swabs regardless of their symptom profile. And then, if they test positive for COVID, they check a box. And I'll tell you that's a really, really flimsy basis. And we're overestimating the infectivity of this particular virus because of that. Not even getting into then talking about what constitutes a death or what's the mortality rate for COVID."*

He speculates that the PCR test has become so popular because it's quick and easy, and can be run inexpensively. It's not as unpleasant as the nasal swabs, and can be easily administered in drive-up clinics.

In these situations, clinicians are not present to take the time to truly evaluate a patient and to consider their history or symptom profile. The most medically sound approach to diagnosing COVID and determining whether a patient may have something else is simply too slow of a process and not practical for mass implementation.

Instead, we are opting for the "rush to judgement" approach.

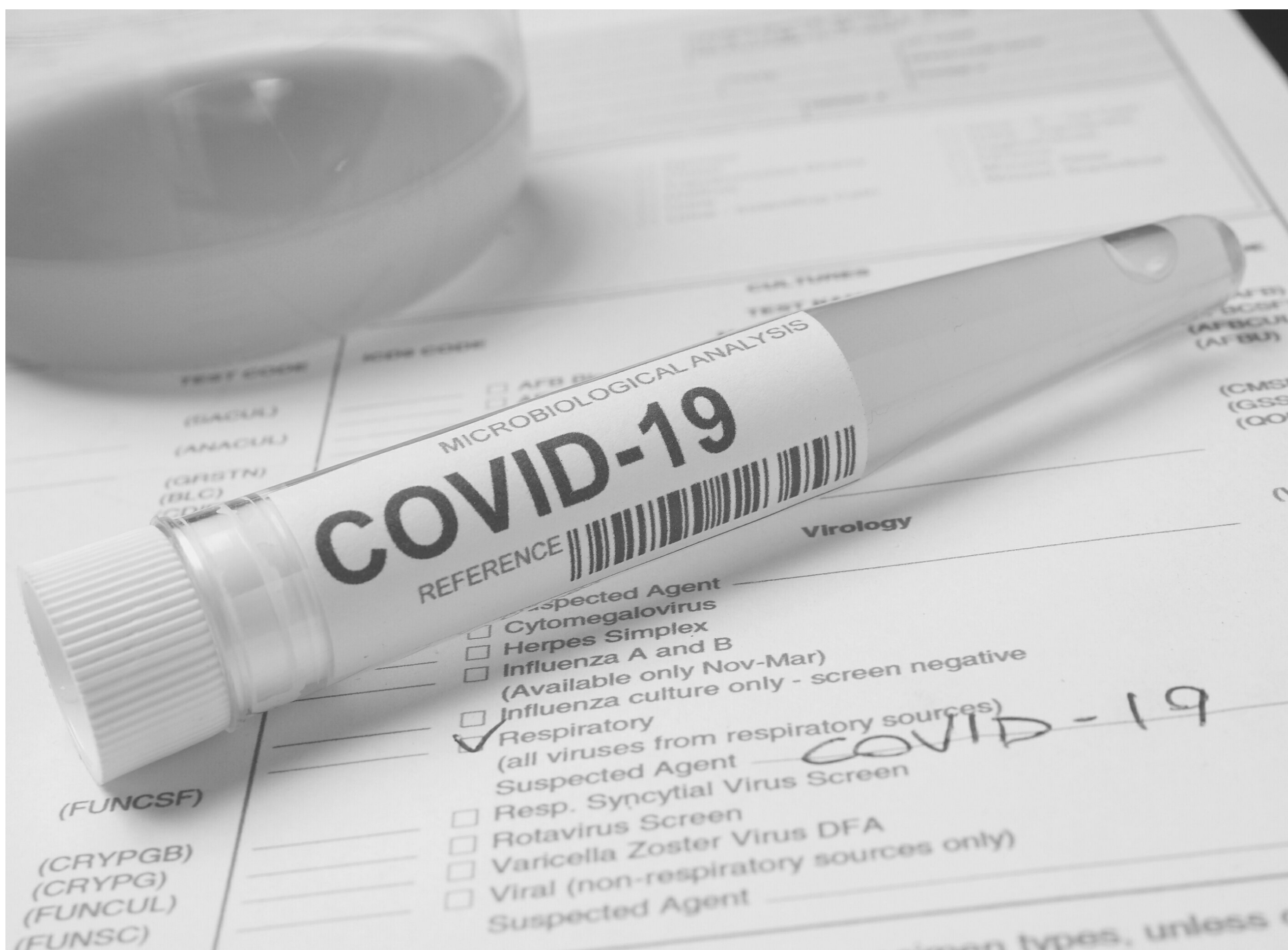
There is also a lack of high-quality data showing the accuracy of the test, points out Dr. Andrew Kaufman. He referenced a study in Italy in which tests were given daily to a group of hospitalized patients. Oddly, the results changed from day to day, "They had patients where it was negative on day one, positive on day two, and then negative again on day

three. They did a sample with a piece of fruit. It came back positive. Someone did a sample where they didn't touch the swab to anything. Someone did one with a puddle after a rainstorm. They came back positive…"

Kaufman's chief concern about the test is that there is not enough "gold standard" control group data to show that the test has accurate specificity and sensitivity. The true false positive or false negative rate can't actually be calculated because there is no control data to compare it to.

False negatives have become such an accepted narrative that people are deemed to have COVID if they have any respiratory symptoms but test negative. In fact, the list of possible COVID symptoms has continued to grow and contains most anything that would be associated with seasonal and respiratory illnesses.

Take the loss of smell or taste for example, a phenomenon that occurs in 20% of people who have a cold or other seasonal viral illness. The narrative has lent to the belief that these symptoms are unique to COVID, and people have been primed to link the symptoms uniquely with COVID.



DO MASKS REALLY STOP THE SPREAD?

> **"Wearing a mask outside health care facilities offers little, if any, protection from infection... In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic."**
> **-- The New England Journal of Medicine**

Staying safe in a pandemic largely comes down to wearing masks, right? Any mask will do -- an ill-fitting N95, a surgical mask, a neck gator, a bandana, a cloth mask, or something improvised from a t-shirt…

That seems to be the message, but a critical look at the issue of masking brings to light numerous serious doubts. One of the most eye-opening deep dives into this topic was Dr. Patrick Gentempo's interview with Kristen Meghan and Tammy Clark in Vaccines Revealed - COVID Edition.

With nearly 40 years of combined experience in both the public and private sectors, Ms. Meghan and Ms. Clark are uniquely qualified to speak out about industrial hygiene as well as occupational and environmental health, safety, and compliance.

Both bore the responsibility to anticipate, recognize, evaluate, and control health hazards in the workplace, and then determine the type of controls that need to be in place to protect personnel from those hazards.

Environmental toxicology and infection control are areas that they are uniquely qualified to speak on. Both are credentialed in understanding what kind of personal protective equipment (PPE) is appropriate for a given situation, and how it is best employed.

The one-size-fits-all approach of mask policies

Ms. Meghan and Ms. Clark both made a commonsense point right from the start: there is no

one-size-fits-all approach to the use of PPE. Having our officials tell us to just wear a mask, and that this simple step will make a difference is irresponsible in their view.

First, there is a stark difference between standard cloth, DIY, and surgical masks as compared to respirator masks such as N95s and others in this category. Each mask has a specific purpose, and as professionals they would face job loss, fines, and potentially jail time for making improper masking recommendations -- that's how serious the issue is.

Tammy characterizes current mask mandates and policies by saying that they go against everything she and Kristen have been trained and educated on. She continues:

> *"It just flies in the face of everything that has to do with industrial hygiene, hazard and risk exposure, and control, pathogen protection and control. And we never, ever take a blanket one size fits all approach to PPE. And here's the thing. OSHA is claiming that this is not PPE, but they're doing that for a reason because that's how they're getting away with it. They are guilty of revisionism in the worst way. They're violating their own historical standards and regulations that the entire Respiratory Protection Program is built on."*

She is referring to the fact that OSHA, the Occupational Safety and Health Administration, is now saying that face masks are not PPE. Clark counters that any time there is a known hazard and people are told to put something on to protect from it, that is PPE, and it is strictly regulated by a hierarchy of safety and controls.

"PPE is always the last resort," Kristen explains, detailing other steps that are taken to insure safety in the face of a potential hazard. Other means taken include positive or negative pressure in a room, ventilation, air filters, and even plexiglass.

Most important of all is the process of training personnel in the use of whatever is the appropriate PPE for a given situation. This training involves making them aware of the limitations of the equipment they are using, as well as proper donning and doffing procedures to avoid contamination or injury.

OSHA law 29 CFR, 1910.134, appendix C

What is this law and why should you care? It applies directly to medical personnel in situations where there is potential exposure to a contagion, such as a respiratory illness

such as tuberculosis (TB). Medical personnel charged with the care of a TB patient may be told that they need to wear an N95 mask to safely care for this patient. One of the first steps in this process is to have the caregiver fill out a medical questionnaire due to exemptions that exist to a mandate to wear such a mask.

Exceptions include: PTSD, claustrophobia, anxiety, history of a stroke, cancer, diabetes, asthma. There are many more, but the point of the questionnaire is to point out red flags that merit consultation with an occupational health doctor before this person is put in a position of working while wearing an N95 or similar respirator.

This doctor will decide if the employee can go forward with masking or can determine that they are not a good candidate for wearing a respirator. This decision will be based in part on exactly the work they will be doing, which could be anything from popping in to drop off meals, to hours of direct patient care.

“My point is there's so many variants,” Kristen explains, “nothing is one size fits all and it's dangerous and unethical to ever push any type of mandate covering your nose and your mouth, not understanding health histories and what you're going to be doing when you're wearing the mask.”

What about surgical masks?

Masks such as cloth masks, surgical masks and the like do fall under the category of PPE, and they have their specific roles. It is important to note that they are *not respiratory*

protection PPE. Take for example a mask that hospital personnel would wear in surgery or other procedures. This kind of mask does not require medical clearance like a respirator does, but it does require training.

Donning and doffing -- the process of putting these masks on and taking them off again -- must be done in a specific way to prevent cross-contamination and assure that the masks are being worn properly.

Kristen emphasizes that surgical masks “only exist to keep open wounds from having bacterial exposure from possible sneezing or coughing from the surgeon and all the other people that are in the room. It's only designed to stop large droplets. And if a surgeon sneezes in the mask, they have to change it out.”

Masks such as surgical and cloth masks are sometimes referred to as nuisance masks designed to keep large particles and even sawdust out of the wearer’s respiratory tract. It should in no way be confused with respiratory protection PPE and is not rated for serious health hazards.

In other words, the surgical masks are not being worn for the protection of the staff, but the patient who is in a vulnerable state. Even the mask boxes warn of minimal protection for the wearer.

Extensive studies have been done on surgical masks as well as cloth varieties. Such studies are required in order for them to be in standard usage in hospitals and industrial settings.

In regard to this testing, Tammy Clark points out that “there have been a lot of tests done and studies done that prove a surgical mask will not stop virus transmission.”

An interesting case in point is to consider flu season. It comes around every year, and tens of thousands of people die. Using the current narrative that surgical and cloth masks protect from viruses, one might surmise that hospital personnel are spared during flu season. After all, they are some of the most protected people of all.

But the truth does not bear this out. Hospital personnel who spend the better part of their day in masks get the flu at the same rate as the general public, and spread can be tracked through hospitals. Viral particles are so minute that they easily pass through these masks as if nothing is there.

Many proponents of widespread use of these masks propagate the droplet theory. In other words, these masks catch droplets, and the droplets contain bacteria and viruses. True enough, however, studies show that this still does not stop virus transmission.

So what is used in the hospital that is actually rated for protection against viruses? In this case, more than a mask is used, and the wearer looks more like an astronaut than medical personnel. They are wearing a hood, shield, and have an individual airflow device.

Any mask worn in a healthcare setting must be changed every two to three hours, and is considered soiled at that point. They are simply not designed to be worn for longer periods. That change-out time also gives the wearer a needed break from mask-wearing.

The greater hazard

According to these experts, our society is actually creating a greater hazard with our mask policies. For starters, masks have us fiddling with them and touching our faces more than we otherwise would.

We are uncomfortable, fidgety, and trying to get in a good breath. Any contaminant that may be on our hands is having greater contact with our face and vulnerable mucus membranes than it otherwise would.

Kids have an especially tough time with masks, fiddling with them and playing with them all day. Teachers report kids using them as slingshots, trading masks with other kids, and touching them with dirty hands all day.

This actually increases the chances of transmission of illness. If we weren't wearing masks, we would be touching our faces much less.

And what if you cough or sneeze? Do you change into a fresh mask? Can you do so properly without spreading any potential contamination -- and do you always wash your hands immediately? And then what do you do with the dirty mask?

The average person is simply unconcerned about these questions and is not equipped to handle these situations in any kind of meaningful way when it comes to infection control. On the contrary, people are rewearing dirty masks, stuffing them in pockets and purses, and letting them pile up in cars and on countertops.

The cost of masks is also a factor for the average person. They are too costly to not reuse for the average family, and there is no way they are going to provide several masks per day per person. It is doubtful that our supply of masks could keep up if we tried this strategy.

Further, the DIY, cloth, and homemade masks that so many are wearing have no production standard, nor do they have consistent protection and fit factors. They are made from all kinds of materials, come in a variety of thicknesses, contain different dyes, and have different levels of breathability.

Most importantly, there are no studies as to their effectiveness to do what we are supposed to believe they are doing. Claiming that these masks and accompanying mandates will help stop the spread simply makes no sense.

Additionally, there is the concern of adequate oxygenation while wearing masks. Kristen notes that a wearer's breathing pattern actually changes while wearing a mask, and people need to be acclimated to masks, especially if they are wearing respirators. Shockingly, she adds that, "these masks and some respirators can lower your oxygen content by up to 20%."

She elaborates on the dangers of mask wearing:

> *"In children, prolonged mask wearing is a continuous reduction in oxygen. Doing that can infect brain development. I know, and a lot of what I know is based on being in the field and seeing the adverse reactions. I've had employees pass out because they didn't follow the guidelines when I told them, 'You can only wear this for so long in this heat.' Because there's also work rest cycles when you're wearing respiratory protection. Also, what it does is when your body does not have enoughoxygen, it's a whole issue of re-inhaling. Your gases exchanges are impeded and you cycle that back in and when, you know this, the hemoglobin that needs to transfer in your body, prolonged decreased oxygen can cause issues with renal function."*

It is simply detrimental for people to be subjected to prolonged mask wearing without the proper education and a medical clearance, if applicable.

Our oxygen intake is part of a well-functioning immune system, and a variation as little as 4% can impact it. Rebreathing viruses that we just expelled because we are wearing a mask only compounds our risks of getting sick.

So while the decrease in oxygenation is immunosuppressive, so is the propagation of fear. Kristen elaborates on this, saying, "I fully believe, it's my professional opinion, that the World Health Organization, the CDC, and these governments have a form of Munchausen by proxy because what they've done is they have shamed us, they have pushed us into this fear, and pushed these ideologies that if we don't comply-we die."

Tammy predicts an increased incidence of bacterial pneumonia may lie in our near future thanks to prolonged mask-wearing. She also points to dermatological problems that are popping up in high numbers such as maskne (perioral dermatitis).

Traditionally, in the workplace, Kristen would have to write up cases of maskne and report them to OSHA because it is considered a reportable injury. The employee is entitled to healthcare and workman's compensation coverage.

Masks can also result in a higher viral load in the body, meaning that we are more likely to get sick when exposed to them. Under normal circumstances, our bodies deflect harmful viruses all day, and we are completely unaware of them.

Why are we abandoning long-standing PPE science and data?

> **"There is nothing really different about this virus that would make us radically abandon all the science and the data that we've had for decades on how to treat and deal with infectious disease." --Tammy Clark**

By creating a mask mandate, public officials are putting forth a policy that would not have held up in a court of law prior to this pandemic.

Is coronavirus so different from other viruses that a different set of rules apply? Quite the opposite, asserts Tammy Clark, "there is nothing really different about this virus that would make us radically abandon all the science and the data that we've had for decades on how to treat and deal with infectious disease."

There is currently no consistency in the types of masks people are wearing, yet if we don't wear them we may be subject to mask-shaming, removal from a public place, and possible legal consequences.

A virus is an incredibly tiny thing, much smaller than a single-cell pathogen such as a bacteria. To say that a neck gator, bandana, or even a surgical mask offers real protection, even if properly worn, is a denial of existing science. Tammy Clark points out another lapse in following existing science:

"We do not take a healthy population, quarantine them all, mask them all up so that they don't spread something that they don't have."

She adds that if we are going to talk about relevant science, we can't neglect the 99% survival rate. With this in mind, it is important that we abandon the fear narrative that some are propagating and the message that masks are going to give our grandparents a 20% higher survival rate.

Kristen points out that DIY cloth masks actually filter close to 0% of contaminants and have been shown to cause cross and self-contamination.

What is her reward for getting this information out to the public? “I've lost social media accounts. I get things taken down because I dare share the studies that I've utilized throughout my profession and my career,” she tells us.

Being residents of Michigan, Kristen and Tammy wrote an open letter to state officials, health departments, and schools asking specifically what science was used to push the state's strict mask mandates. Instead of being furnished with scientific data, they were given opinion pieces.

Kristen expressed her frustration at this finding, “We've allowed our governments to change our lives based on opinion pieces. But the opinions of professionals who are court-approved subject matter experts that sit on court cases and help people with these issues, we are silenced until people like you come forward and give us a voice.”

Logically, a professional with credentials such as those Kristen and Tammy hold, should be on every COVID-19 task force. Instead these groups are made of healthcare bureaucrats expressing their opinions. In many cases, the most important decisions are in the hands of people who don't even practice medicine. The public assumes they are credible experts because they wear white coats.

Legal Considerations

Aside from the debate about the infringement of civil liberties and the power overreach of some governors, there are real legal considerations that play into the issue of masking.

Tammy offers that healthcare professionals who are proponents of mask mandates, and say that wearing any kind of mask all day long is safe and effective, could be considered to have committed malpractice. First, they are not credentialed to speak out about PPE, and second, they are not basing their opinion of actual science.

When litigation occurs that involves PPE of any kind, whether in an industrial or medical setting, it is the industrial hygienists and environmental health and safety professionals who are the court-recognized professionals who are called in as expert witnesses. They are the court-approved subject matter experts on pathogen protection.

Epidemiologists understand viruses and pathogens, but they do not fully understand pathogen protection, nor are they credentialed experts on this topic.

So why aren't more environmental health and safety professionals speaking out about what they know and the science that guides their professional practice? It comes down to the fact that they fear losing their jobs, and their voices are being suppressed. Additionally, OSHA is threatening to strip the credentials of those who speak out.

Both Tammy and Kristen are one step ahead of OSHA, and have stepped back from the organization. "I will no longer associate with an organization that is using selective science and violating the rights of private business owners based on revenue generation that is lacking due to other businesses being closed," Kristen tells us.

Meanwhile, the state of Michigan has levied over $3 million in fines for violations of mask orders. These were violations of so-called emergency orders -- not regulations or standard OSHA law.

Both women are participating in initiatives to challenge orders and mandates, as well as educating the public. They have partnered with organizations in other states to lend their expertise and knowledge. Anyone interested in participating can look into Stand Up Michigan, America's Frontline Doctors, Stand Up Wisconsin, or a similar local organization.

Apathy has allowed our freedoms to erode, and it will take courageous activism to get them back. The fight has gone to cyberspace as well, with efforts to push back on tech censorship and de-platforming. People are fighting back by creating their own platforms, and Tammy and Kristen currently host their own data and own their own email servers so that they can get their information out.

The fight to educate the public about their stand on mask mandates has impacted both Kristen and Tammy. "It's been devastating financially," Tammy states, "But this is more important because we've both said, 'If we don't have our freedoms, I can cling to my business for a couple more years, but it won't matter. Eventually, it's all going to go away.' So there's nothing more important and nothing worth fighting for more right now."

Our other experts weigh in

The issue of masks came up again and again with our experts as we talked to them throughout the Vaccines Revealed Covid Edition series. Although they do not carry the same authority regarding PPE as Kristen Meghan and Tammy Clark, they offered some salient points.

Robert F. Kennedy Jr.'s organization, Children's Health Defense (CHD), did a search to determine if there is a single peer-reviewed placebo-controlled study indicating that masks work as they are being touted to work.

The CHD came up empty-handed. He goes so far as to say that our government is acting in a totalitarian manner by leveraging fear to dictate our apparel. Dr. Andrew Kaufman pointed out that there is no current science showing that healthy people are disease vectors, and that this truth carries over to COVID data sets.

He is emphatic that there is no reason for healthy people to be masking up. He does not wear one, despite seeing an average of 200 patients per week.

He refers to studies and meta-analysis of studies that all point to the same thing: “not one controlled trial has ever shown a benefit of reducing disease from masks.” He concurs with Tammy Clark and Kristen Meghan that masking, gowning, and wearing gloves has its place in the hospital setting, but these steps are not necessary or beneficial for healthy people going about their daily lives.

Kaufman is far more concerned about the possible psychological harm that masking may lead to, especially for children. Masks are a barrier to communication and socialization, and ultimately dehumanizing. The mouth is a visual cue for language interpretation. Children depend upon these cues as their language skills develop, and covering the mouths of people they are exposed to all day could lead to language delays. A similar dynamic plays out in terms of emotional expressions.

Further, he points to the simple fact that masks obstruct breathing and potentially decrease oxygenation over a time of extended use. Among his own patient population, he has seen patients develop pneumonia after being compelled to wear masks all day at work. Many also suffer from impetigo on the skin surrounding their mouths in areas that the masks cover.

CAN WE PROTECT OURSELVES FROM COVID USING NATURAL MEANS?

"Every one of you needs tenacity… Just learn a little bit more every day of how to take care of yourself… You have to have tenacity to prepare your mind to challenge the prevailing dogma of what they're trying to tell you. And that, I think, is the secret to staying healthy with a strong immune system… All the little things you do add up to protect you and your family." -- Dr. Tom O'Bryan

There are no guaranteed ways to prevent or cure COVID, or any other virus for that matter. It is the nature of viruses, after all. However, building and maintaining a strong immune system can optimize your body to fight virulent pathogens.

Many factors go into immune health: environment, genetics, a healthful diet, restorative sleep, and vitalizing exercise. The immune system even benefits from stress relief measures like meditation and tending to spiritual needs.

Additionally, supplements play a role in immune strength, and in fact, can help you to achieve your optimum health. They work in tandem with diet and exercise to help mitigate environmental and genetic factors that are out of your control.

The good news is that supplements and nutrition are the hack that empowers your body to fortify the immune system and best prepare you for whatever pathogens come your way. They enable the immune system to do its best work on your behalf.

A few notes about choosing supplements

Choosing the best supplements is imperative. First, look for a supplement that is whole-foods based. Your choice should be organic and non-GMO.

Look into the manufacturers and even visit their websites to see what they're all about.

How transparent are they about their quality standards and manufacturing processes? What is their vision and their story? You can get a feel for the people behind your supplements with a little research.

Look for purity testing and batch testing to assure consistent quality and third-party testing that shows the manufacturer is holding itself to outside standards. Further, the most responsible supplement manufacturers will belong to quality assurance and trade associations that require adherence to stringent standards.

Word has certainly gotten out that supplements work, and the grocery store aisles now feature a variety of vitamins and minerals that are supported by research and experience to benefit the immune response.

These include: Vitamin C, zinc, elderberry, echinacea, and oregano, among many others. Be sure to do a little research before buying, and make sure that you are choosing organic and naturally-sourced products. For optimal purity, avoid ones that contain artificial colors and ingredients.

As with any other supplement, do a little homework on the manufacturer to insure purity and high standards, and follow their dosing directions carefully. Keep in mind that you will generally find higher-quality supplements at health food merchants and natural health practitioner offices.

It is always wise to discuss your supplement usage with your health care practitioner who can help you to make the best decisions given your current medical conditions or medications.

Vitamin C

Vitamin C is such a promising immune supplement that Chinese researchers used high-dosage IV Vitamin C therapy as an experimental treatment for COVID-19. While results are still pending, dosage parameters and safety profile are well established.

Proponents of this vitamin note that Vitamin C is potentially valuable in the fight against COVID-19 due to its antioxidant power as well as its antiviral properties and ability to prevent viral replication. But how exactly does it fight enemies to our health, such as viruses?

According to the Linus Pauling Institute (named for the Nobel Prize-winning scientist known for revolutionary Vitamin C research) at the University of Oregon, Vitamin C promotes the production of leukocytes - the powerhouse family of white blood cells that are the front-line soldiers of the human immune system.

Further, through its antioxidant properties, the vitamin protects these leukocytes from oxidative damage.

Vitamin C boosts immune response, fuels an immune system that is at war with harmful pathogens, and undergirds a healthy immune system in preparation for any attack that may come its way.

Most people can safely take 200mg of Vitamin C per dosage without experiencing gastric distress and can use up to 2,000mg per day. For best results, start at 800 to 1,000mg per day, dose upwards as tolerated, and consult your healthcare practitioner for recommendations specific to your health condition.

Dr. Tom O'Bryan elaborated on studies supporting the use of Vitamin C to aid in COVID recovery, "Four studies have shown that when people are admitted to the hospital with a diagnosis of the SARS-CoV-2 virus, that if they're put on IVs of vitamin C they do much, much, much better. Jaw-dropping better."

He recommends that everyone take daily Vitamin C, following the Pauling Protocol, established by Dr. Linus Pauling. Essentially, the key sign of too much Vitamin C is loose stools, and an ideal dosage of the vitamin is determined by gradually increasing the dosage until that point is reached -- then backing off to a tolerable level.

As tolerance to the Vitamin is increased over time, the dosage can be increased, keeping bowel tolerance in mind as a guide to when the upper limit has been reached.

Vitamin D

Vitamin D, nicknamed "the sunshine vitamin" is a fat-soluble vitamin that is produced when we spend time in the sun. It is also available to us via specific foods, such as eggs, fish, and plants.

Despite numerous routes of availability, most people are deficient in it, and it is recommended that you ask your health practitioner to test your levels and recommend possible supplementation.

Revealed Experts, such as Dr. Tom O'Bryan, point to the numerous documented immune benefits of this crucial vitamin. In fact, this vitamin is so highly regarded that it is included on the World Health Organization's Model Lists of Essential Medicines.

To understand the critical importance of Vitamin D, we must look closely at the nature of receptor sites throughout our bodies. Dr. O'Bryan offered an apt metaphor: imagine that each receptor site is a catcher's mitt. Hormones, nutrients, oxygen, and discarded wastes and chemical messengers travel through the superhighway of our bloodstream on the way to their final destinations. They react with corresponding receptor sites just as a key fits

perfectly into the lock it was made to open.

Truly, receptor sites are evidence of the genius design of our physical bodies, and there is one important receptor site that every cell has: Vitamin D. In fact, there is no other known substance with a receptor site on every cell. What does that mean? Quite simply, every cell in your body needs Vitamin D.

Further, a key player in immune function is the macrophage, which acts as a sentry in the body guarding against invaders. When it senses a dangerous invader, it shoots a chemical called a cytokine as a defense. When things work properly, the cytokine destroys the enemy and the macrophage has protected your health.

But sometimes the macrophages overreact to a perceived threat and overfire cytokines, resulting in a dangerous condition known as a cytokine storm. When this happens, the body attacks its own cells and systems in addition to the invading pathogen. This overreaction can be enough to result in death, and has been cited as one cause of COVID deaths.

Here's where Vitamin D comes in: it is essential in the regulation of firing cytokines, and it can make the critical difference between a beneficial immune response and a potentially disastrous overreaction. So it is important to note that while Vitamin D does not reverse a severe viral infection, it helps to strengthen the immune system to properly protect you.

Dr. O'Bryan summed up a recent study from Indonesia to support this, "A study came out of Indonesia a few months ago -- 790 patients who were admitted to the hospital with COVID-19 diagnosis. If their vitamin D was below 19.5, every one of them died. If their vitamin D was above 31.5, none of them died."

He continues, “For every one point your vitamin D level goes up is a reduction of 1.6% in your likelihood of testing positive for COVID. It means you want to have good vitamin D levels just because it's going to help protect you. It helps to fuel your immune system to respond appropriately to a threat that comes in.”

Probiotics

Recent advances in research have taught us so much about the role and importance of the gut microbiome - the world of beneficial microorganisms that live in the digestive tract. The list of essential and beneficial functions of the gut microbiome is extensive.

One important role played by these microorganisms is to heal the epithelial lining of the digestive tract, a function that the body does not do without their help. This epithelial lining is a protection that allows nutrients to enter our bloodstream, but filters out other substances in our food that are not of benefit to us.

Unfortunately, most people have a weak and underfunctioning gut microbiome. This may be from diet, antibiotics, illness, or environmental toxins, among other factors.

A weak microbiome will lead to unrepaired damage of the critical epithelial lining, and results in an overworked immune system that is dealing with substances that have crossed into the bloodstream that the body perceives as pathogens.

This distracted and overworked immune system taxes the body’s ability to respond efficiently to true enemies such as viruses.

The gut microbiome can be supported by a clean diet that gives adequate place to organic fruits and vegetables as well as whole grains. Fermented foods such as kefir, kombucha, pickled vegetables, and sauerkraut are valuable as well.

Fortunately, there are some great probiotics on the market. They are safe to take according to manufacturers' directions. There is some evidence pointing to the superiority of spore-producing probiotics, as they appear to have a heightened ability to survive the human gastro-intentinal tract and successfully colonize the gut. One helpful tip is to take probiotics in a powder form, or break open a capsule and take the powder directly. No worries - probiotics have a mildly sweet taste! Swish the powder in your mouth with a little water before swallowing, allowing some of the beneficial microbes to colonize the mouth and throat. From there, they can also colonize nasal passages as well, another area of the body that benefits from their presence.

Zinc

Zinc is a mineral and essential nutrient that the body requires a constant supply of through diet and supplementation. Its benefits include its role in wound healing, growth and development, numerous enzymatic reactions, and importantly, immune health and response. Zinc's role in immune response has been extensively studied and it has been determined that it plays a key role in immune cell function and cell signaling.

Most common colds are coronaviruses, and zinc has been shown to shine in the fight against this seasonal misery. One scientific review was done of seven studies and showed that 80–92 mg a day of zinc could reduce the length of the common cold by up to 33%.

It is theorized that zinc prevents or inhibits an invading virus from shedding, or replicating within the cells it invades. A deficiency of zinc will allow more viral activity, while bolstering the body's supply of this nutrient will moderate this process. Zinc requires an ionophore, or escort, in order to enter the cell to do its work. One of the most common zinc ionophores is quinine, more commonly known these days by its chemical name: hydroxychloroquine.

There is nothing new about quinine. It is a traditional medicine of South Asia and

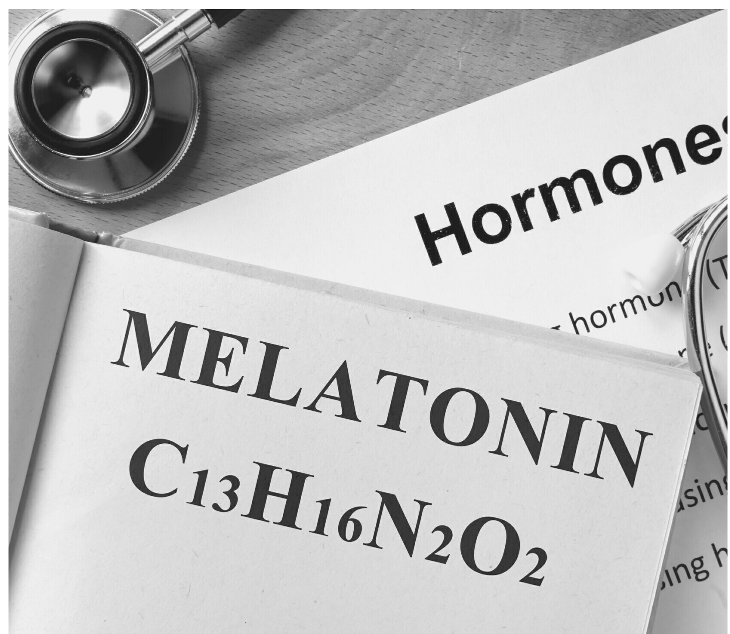
comes from the Cinchona tree or the "fever tree" found in abundance in nations such as India and in Indonesia.It gained vast use during the heyday of the British Empire, when quinine water, or tonic water, was given to British troops citizens in tropical climates as a guard against malaria.

Because of its bitter taste, improvising troopers quickly determined that it went down more smoothly with some sugar, lime, and gin - thus an enduring cocktail was born. Quinine and tonic waters are readily available today, and while they don’t cure COVID, they can aid zinc’s functionality in bolstering the immune system. Dr. Tom O’Bryan recommends finding a light quinine water so that you are not loading up on sugar or artificial sweeteners, and enhance the taste with some natural, unsweetened fruit juice.

Melatonin

Most people are aware of the use of melatonin supplementation as an effective sleep aid. As we get older, our body's production of this hormone decreases, and our sleep may suffer as a result. What comes as a surprise to many is that melatonin is also a potent antioxidant, anti-inflammatory, and even antiviral agent.

Russel J. Reiter, et al. have recently published a manuscript discussing the potential role of melatonin in targeting some of the more troubling symptoms of COVID-19 infections. The findings discussed are undergirded by a solid foundation of research.



Specifically, melatonin targets the cytokine storm reaction, a hyperinflammatory response of the immune system to certain infections. Among other effects, this reaction is responsible for fever, cough, lung injury, and shortness of breath.

Reiter’s manuscript explains the metabolic changes that occur at the mitochondrial level in the cytokine storm that result in increased oxidative stress and the troubling symptoms of COVID-19 . He makes

the case that the administration of melatonin has the potential to effectively reduce the pro-inflammatory cytokine reaction and neutralize free radicals in order to preserve cellular integrity and prevent lung damage.

Added advantages of melatonin, the report states, are that it is safe within dosing guidelines, relatively inexpensive, and readily available for individuals to self-administer.

An Anti-Inflammatory Diet

One simple method of fortifying your body against COVID and other illnesses is to reduce inflammation, and this begins with your diet. In fact, your biggest health detractor, or your best health weapon, can be what you fill your fridge and your plate with.

Much of disease and pain comes down to inflammation, and COVID is no exception. An anti-inflammatory diet helps you to reach nutritional goals while avoiding triggers that spark inflammatory processes in the body.

In a nutshell, “An anti-inflammatory diet consists of foods that reduce inflammatory responses. This diet involves replacing sugary, refined foods with whole, nutrient-rich foods” according to Jenna Fletcher of Medical News Today.

A key feature of an anti-inflammatory diet is the value placed on antioxidants. These reactive molecules in foods work to reduce the damaging effects of free radicals in the body that damage cells and contribute to disease.

Antioxidants are a source of polyphenols, beneficial plant compounds noted for their role in immune defense. Dr. Tom O’Bryan explains that polyphenols function by attaching themselves to ACE-2 receptor sites, a location of known coronavirus activity.

He elaborates, “the polyphenols sit in the ACE-2 receptor calming it down, and the virus can't get into the cell. The polyphenols make the ACE-2 receptor resistant to the virus getting inside the cell. Now, the virus only grows inside your cell. It doesn't grow if it's in the bloodstream; it's got to get into an environment where it can shed.”

Health care professionals across many specialties recommend an anti-inflammatory diet for a long list of conditions, including diabetes, arthritis, thyroid disease, metabolic syndrome, IBD, psoriasis, and others.

By adding antioxidant-rich, anti-inflammatory foods to your diet, you are working with your body to help it combat inflammation and work towards healing. Foods to avoid include processed meats and snacks, sugary drinks, excess carbohydrates, gluten, white flour, and trans fats.

But the real beauty of this approach is the list of foods to focus on instead - delicious, satisfying foods that will nourish your body on every level and improve your health.

Foods to Eat:

- Dark leafy greens, including kale and spinach
- Mushrooms
- Berries such as blueberries, blackberries, and cherries
- Dark red grapes
- Nutrition-dense vegetables, such as broccoli and cauliflower
- Beans and lentils
- Green tea, Oolong tea, and black tea
- Red wine, in moderation
- Avocado and coconut, and the oils produced from them
- Olives and extra virgin olive oil
- Tree nuts such as walnuts, pistachios, and almonds
- Coldwater fish, including salmon and sardines
- Dark chocolate
- Spices and herbs, including garlic, cinnamon, and turmeric

Here's how an anti-inflammatory diet can benefit you: if the baseline inflammation level in your body is high, you are at an immune disadvantage when illness strikes. This will result in more symptoms, and a more uncomfortable experience.

Your body will fight its best fight, but have less to draw on, because it is already fatigued from fighting a daily battle against inflammation.
Additionally, while there are no guarantees that you won't get COVID, your body is better equipped to put up a good immune fight.

Dr. Tom O'Bryan's Four phases of illness and natural immune support

In his interview with Dr. Gentempo, Dr. O'Bryan offered a practical approach to incorporating nutrition and supplements into your anti-COVID arsenal. This approach would be beneficial for most any infectious disease, and offers general support for the immune system.

He breaks the process down into four stages, with specific approaches for each stage:

The Prevention Phase:

This is the preparation stage in which you can take advantage of nutrition and supplements to prepare your immune system for attack. In fact, your immune system is constantly under attack and you are simply unaware of it.

By leveraging sound strategies, you will fight most things off without feeling ill. By taking the proper steps to prevent illness, your body is able to make antibodies effectively when attacked, and you are able to fend off invading pathogens, possibly even coronavirus, without experiencing unpleasant symptoms.

Dr. O'Bryan recommends the following daily protocol for this stage: Vitamin C, Vitamin D, zinc, melatonin, quercetin, fish oils, and dietary potassium. These are safe to take at recommended dosages, but talk with your

body is able to make antibodies effectively when attacked, and you are able to fend off invading pathogens, possibly even coronavirus, without experiencing unpleasant symptoms.

Dr. O'Bryan recommends the following daily protocol for this stage: Vitamin C, Vitamin D, zinc, melatonin, quercetin, fish oils, and dietary potassium. These are safe to take at recommended dosages, but talk with your healthcare practitioner if you have any doubts or questions about the right dosages for you.

Additionally, you will want to be eating an anti-inflammatory diet, avoiding foods that you know to be triggers for you, and generally seeking out the colors of the rainbow in your fruit and vegetable choices.

The Infection Phase:

In the infection phase, you will want to step up to some supplements that support an immune system under active attack. Dr. O'Bryan especially recommends medicinal mushrooms at this phase. There are numerous ones available, and you can discuss them with your healthcare practitioner and even a health food store proprietor.

Supplements like Vitamin C, VitaminD, fish oil, melatonin, quercetin, and dietary potassium continue to be helpful here as is the anti-inflammatory diet.

The Escalating Inflammation Stage:

This stage differs from the previous stage in that it is critically important to focus on immune responding supplements instead of general immune building. Instead of building more immune cells, at this stage we want to direct the body's energies towards reinforcing the cells that are already fighting the battle.

At this phase, you will set aside the medicinal mushrooms and reach for supplements such as N-Acetyl Cysteine, turmeric (curcumin), bromelain enzyme, and glutathione.

Supplementation such as C, D, zinc, melatonin, fish oil, and quercetin can continue, and the anti-inflammatory diet will continue to offer important benefits.

The Recovery Stage:

During this stage, you can continue with curcumin, N-Acetyl Cysteine, and glutathione until you start to feel your old energy coming back. Continue daily C, D, zinc, melatonin, fish oil, and quercetin, as well as the anti-inflammatory diet.

Other self-care considerations

No conversation about self-care would be complete without a consideration of its emotional dimension. There are other considerations as well that seem to be lost in all the ambient noise of COVID fear-mongering. The old adage holds true: you can't take care of others unless you take care of yourself first.

We've all been advised to step up our handwashing, and with that comes uncomfortable dry skin and rashes. Be on the lookout for lotions that indicate on the bottle that they restore the skin's protective barrier, as this will help to heal and protect your skin and help those rough hands feel better. When possible, apply it every time you wash your hands. As much as possible, try to avoid hand sanitizer and other sanitizers.

These are harmful to the skin as well as destructive to the essential gut microbiome. As much as we are exposed to sanitizers everywhere we go, it is helpful to take a high-quality probiotic regularly.

Your probiotic will thrive in your body when you include prebiotic foods in your diet such as apples, bananas, artichokes, greens, garlic, onions, oatmeal, flax, wild rice, legumes, pumpkin seeds, and even dark chocolate.

Looking to the emotional side of the spectrum, it may be essential for some to take a news break -- meaning a break from the news. This will take some commitment and self-discipline for avowed news junkies, but the news these days is feeding too heavily into fears.

Make some promises to yourself: avoid leaving the TV on in the background with the news on, quit laying in bed at night and reading the news on your phone, and delay checking the news first thing in the morning.

Give yourself permission to check in at a couple of times per day that work for you, but otherwise, do yourself a favor and turn it off. This includes financial news, especially for those inclined to get anxious when following market volatility and skyrocketing government spending. In fact, a little bit of escapism is in order for our emotional health.

An object lesson for us now might be a consideration of the type of entertainment that was popular in the 1950s. Look at the shows and movies that were popular during that decade -- they tend to look pretty silly to us now, but at the time people were ready for a psychological break from decades of financial volatility, economic depression, and costly and frightening wars.

People in the 1950s seemed drawn to a concept that we would do well to emulate: one of the best cures for anxiety and anecdotes for fear is a good laugh. When you find that your fears are getting the better of you, take it as a sign that you need a break and engage in an activity that will lighten your spirits.

Maybe it's time to stream a favorite old comedy, get lost in a good book, and intentionally find other ways to redirect your thought life. Choose the company of people who will have this effect, and purpose to be a calm voice when others are experiencing anxiety. You'll benefit as much as they do!

Your favorite hobby is also a great escape, so don't neglect it or the benefits it provides you Other healthy escapes are the music you find uplifting and exercise to burn off nervous energy.

Consider spiritual pursuits as well. While not everyone's spirituality is the same, your spiritual side may also be incredibly healing to you at this time. Now is the time to lean into the wisdom and practices that bring you peace.

Carve a space for this into each day, and preferably begin and end each day by nourishing your spirit. Use your spirituality to bring comfort and maintain perspective.

Simple deep breathing is also an effective stress reducer. When we become fearful or experience anxiety, our breath becomes more shallow, and heart rate and blood pressure spike as the vagus nerve gets the adrenal signal that something is wrong.

Did you know that you can hack that vagus nerve response by deep breathing? Follow this simple count pattern: in-2-3-4, hold-2-3-4, out-2-3-4, hold-2-3-4, and repeat for several minutes until you feel calm.

Intentional slowing down the breathing pattern and taking deep breaths is proven to help with sleeplessness as well as anxiety. Just focusing on the breaths stills and calms the mind and ramps down adrenaline.

Do yourself a big favor and make this a regular habit – sometimes the simplest things are the best. When your thoughts wander into negative territory, try to rein them in and make a deliberate effort to focus on something more positive.

This is easier said than done, but remember the effective tools you have at hand: laugh, take a break, focus on spirituality, breathe deeply, and take the steps that you know will comfort you.

WHAT IS THE HUMAN TOLL OF CURRENT COVID POLICIES?

“The Constitution is being swept under and we know that every large crisis whether it's wars or pandemics or economic crises or terrorist attacks, whatever. They're always used as opportunities of convenience for totalitarian elements within society to clamp down totalitarian controls…” --Robert F. Kennedy Jr.

In his interview with Dr. Patrick Gentempo, Robert F. Kennedy Jr. summed up the frustrations of so many with the heavy hand of government, both state and federal, in response to the COVID-19 pandemic.

Not only have they mandated masks, they have violated our first amendment rights by shutting down churches.

The first amendment is further violated by censorship being imposed, and many are afraid to speak up with concerns about the official COVID narrative. Kennedy decries the lack of public hearings and debates about these policies.

There is simply no due process happening, he laments. Normal rules and public processes are being bypassed and abolished.

The normal process is that a proposed or impending rule would be published so that interested parties could see it and consider the implications. Those making the rules are required to look at the impact of the rule, such as regulatory, environmental, and economic impacts.

If the proposed rule will put business owners at risk of bankruptcy, that is supposed to be disclosed as a part of the process. Additionally, all impact statements are made available to the public. Public comment time usually goes for 60 days.

Then a hearing is held in which interested parties can bring experts to testify about the proposed changes. Cross-examination and debate go hand-in-hand with these processes. Transcripts are even generated that are available to the public.

It's concerning that none of this has taken place when it comes to COVID shutdowns and mandates.

What we have instead, Kennedy adds, is one unelected bureaucrat as the focal point for numerous policies that do not have scientific backing. The lockdowns are one such example.

He concludes, "All of that is pretty disturbing because that is called due process law, it's a constitutional right and it has evaporated."

Especially concerning is that people are supporting these policies and cheering on these processes that ignore laws and precedents. People who support shutdowns are being portrayed as caring team players, while those who oppose them are labeled as heartless and subversive.

It is impossible to calculate the full impact of all the shutdowns and social distancing, but even those who support these measures acknowledge that profound sacrifices have been made by our society, and it will be many years before our economy recovers from the blow

"Indiscriminate testing makes this all the more costly," he argues, pointing to high false-positive rates that set off a chain reaction in multiple lives.

While proponents of shutdowns say that the sacrifice is worthwhile even if it only saves one life, they are ignoring the consequences on so many other lives.

Lyons-Weiler continues, *"You're ignoring the well-known relationship between job loss and depression, and depression and suicide, the deaths of despair, the poverty that leads to hunger that leads to low nutrition…. The road to hell is paved with good intentions…"*

Economic Shutdowns

> **"What's going on is a reaction based on a very, very faulty test that is highly prone to false positives. And the amount of anecdotal reports of people who have tested positive for COVID, who were asymptomatic… is substantial. And so, making policy decisions and making decisions that radically affect a large percentage of our populations' livelihoods… think of the small business people in the United States that are suffering and are having to have their doors closed, over and against the Amazon.coms of the world and the Walmarts and the big-box stores. This is so tragic."--Dr. Brian Hooker**

At the height of mandated COVID lockdowns, small businesses across the US and throughout the world were forced to shut their doors in the name of safety and flattening the curve.

At first, most gladly complied, believing that the process would be short-lived. Instead, the pain became cruelly prolonged, with unemployment rates that rivaled the Great Depression, vertiginous stock market volatility, and small business owners tapping into their savings and retirements in hopes of economic survival.

Food banks struggled to keep up with the needs of increasing numbers of families turning to them for help. Meanwhile, the rest of us contended with disrupted supply chains and panic as store shelves emptied.

The wealth gap widened as big businesses like Walmart and Amazon posted record sales, while mom & pop businesses were forced to shut down. In many areas, marijuana shops and abortion clinics were allowed to stay open, yet churches, schools, hair salons, and restaurants were forced to close.

Small businesses that have traditionally served communities have been pushed aside for the so-called "big box" stores, shifting wealth to them while pulling economic opportunity from grassroots people.

Robert F. Kennedy Jr. characterized this as evidence of the totalitarian nature of what is happening on the governmental as well as corporate level. Fear has provided the powerful with an opportunity to shift wealth from the middle class and the poor to the upper ranges of our society.

Those participating in this wealth shift are the ones with the most to gain. He points to billionaires such as Jeff Bezos, Mark Zuckerberg, and Bill Gates as examples of those who have profited substantially from shutdown policies.

Looking ahead, Kennedy speculates on the long-term economic impact, “These shutdowns are going to dismantle the New Deal, the entire mechanism that we used to create the American middle class, what we call the Great Prosperity that happened after World War II, where you developed a middle class in this country.”

The loss of the middle class imperils democracy, he warns, and we risk becoming more and more like Latin America, where there is little if any middle class. Instead, there exists a thin layer of oligarchy in control of society, and a vast army of the poor. Politics and policy are completely controlled by the richest and most elite who stay in power by cheating and making themselves richer.

Another perilous consequence of these economic shutdowns is dangerous dependency by an increasing number of people on our federal government, as evidenced by our rapidly ballooning deficit spending levels. This dependency has come in the form of stimulus checks, unemployment payments, paycheck protection programs, and increased dependence on food stamps.

When people become dependent upon the government, it is notoriously difficult to break free from the dole. And as we increasingly depend upon the government for basics that we once were able to provide for ourselves, government power and control over us grows.

This power includes not only government control over our ability to provide for our families, keep a roof over our heads, and put food on our tables, but the power to impose a mandatory vaccine agenda.

A closer look at unemployment

> **"The road to hell is paved with good intentions…"**
> **--Dr. James Lyons-Weiler**

Volumes could be said about unemployment and its consequences since COVID shutdowns began. The economic fallout played out in a number of ways across the globe, and even from state to state in the US.

It's hard to quantify the numbers and keep up with their ever-changing nature, but some stark statistics can give a glimpse of the human suffering that ensued from the unemployment triggered by COVID lockdowns.

Prior to COVID, and at the height of the Trump economy, the unemployment rate was at a healthy 3.5%. The economy was growing at a comfortable rate of 2.5%. The poverty rate among African-Americans fell, and their demographic boasted its strongest employment rates in nearly 4 decades.

It didn't take long for COVID to destroy all of these gains. About a month into the shutdowns, nearly 17 million Americans were laid off from their jobs -- one-tenth of the nation's workforce.

Robert Kennedy Jr. points to studies done during massive corporate downsizing in the 1980s. Economists who studied unemployment amidst this series of massive corporate shake-ups documented predictable formulas they derived from studying the impact of unemployment on death rates, with especially powerful impacts on blue-collar workers.

These economists found that for every one-point increase in unemployment, death rates went up by 37,000. Because our population at the time was half what it is now, that would translate to over 60,000 today.

The National Bureau of Economic Research and the medical journal Lancet report a 3.3% increase in drug overdose deaths and a 0.99% increase in suicides for every 1% increase in unemployment. Additional deaths would also be tied to a jump in alcohol abuse.

Kennedy also poses related questions that arise in the face of unemployment: how many more people will go to prison who would not have otherwise gone? Or mental institutions? What about child abuse? Overall, previous research on this topic brings us to a chilling conclusion: death rates for the unemployed are 63% higher than those who hold a job.

2020 has been a wild ride for American workers, and 2021 has only begun, with no promise of improvement.

Social Distancing

> **"Anthony Fauci is hoping that the custom of shaking hands will go away. So, we won't even shake hands anymore. But humans need physical contact. We need physical, emotional, and spiritual contact"**
> **--Dr. Brian Hooker**

Dr. Tom O'Bryan encourages us to reject the notion of social distancing and do what we need to do in order to maintain and nurture friendships and other relationships. He makes a careful distinction between social distancing and physical distancing, acknowledging that the latter may be helpful for a time, "Physical distancing may be important, especially for those that are elders or have comorbidities, other health concerns."

But he counters that there is no rationale for social distancing because humans are meant to interact in community. In fact, we derive immeasurable benefits and value from interacting with others, especially loved ones and friends.

Instead of pulling back, hiding, and being largely isolated, we should be reaching out and seeking interaction in meaningful communities that form a part of our lives. Dr. Christiane Northrup takes it a step further, *"The most revolutionary thing I have found that we can do is get together in groups with no masks, no social distancing, and hug each other. It is so strengthening… [the] Constitution does not become null and void because of the crisis of the day."*

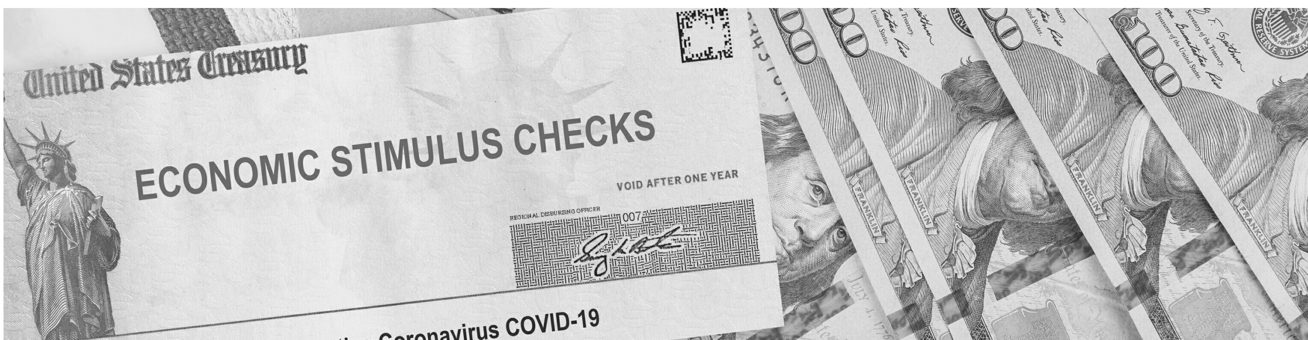
Of vital importance to keep in mind are the escalating suicide rates throughout the world that point to the dangers of isolation. In essence, social distancing mandates are serving as a run-away psychological experiment with disastrous results.

Isolation creates stress hormones that weaken the immune system. This stress puts the body on high alert, straining its resources just at a time when those resources may need to be called upon to fight off illnesses.

“We call it the fight, flight, or fright,” explains Dr. O’Bryan, “Anytime you're in a fight, flight, or fright mode, your immune system's on high alert, working overtime, making more cells to protect you just in case you get cut in a fight so that the immune system is right there ready to go to prevent bacterial infection.”

He continues, “When you're in that stress state for a long period of time, eventually you start wearing out your immune system. And when you're wearing out your immune system and it becomes a little depleted, then it's not able to do the job it's supposed to do when you're exposed to something like a virus.”

Our isolation has been coupled in many cases with income instability, frightening headlines, and media fear-mongering. Meager and irregular stimulus checks are cold comfort indeed to people who are becoming increasingly depressed or anxious.



Of special consideration are people who could not be with dying relatives in the hospital, who could not visit loved ones in nursing homes, and those who were not permitted to have funerals for loved ones who passed away.

This terrible loss is incalculable, and no data will ever be able to reflect the pain endured by families who experienced such tragedies… the widow who can’t properly grieve her husband… the family that can’t gather to remember and comfort one another…or the loved ones denied those precious last moments with a dying parent.

Shutting down schools

> **“Access to education is foundational to American society and fundamental to the American ideal of providing equal opportunities. Yet amid COVID-19 shutdowns, many children have very limited or even no access to formal education.”--Rachel Greszler, The Heritage Foundation**

Pushing the narrative that schools would be hotbeds of contagion, schools throughout the world were shut down completely in the spring of 2020. The return to school in the fall of 2020 was handled differently across the US, with some schools more quick to open back up than others.

Even schools that opened back up shut down as-needed when cases reached a certain percentage of staff and students infected, regardless of whether they were particularly sick or not.

Schools managed with hybrid schedules, a shortage of substitutes for quarantined teachers, finding proctors for classes that met while the teacher worked remotely, adapting to teaching online, mask mandates, sanitizing procedures, plexiglass partitions, and social distancing rules.

These changes were hard on students and families as well, as students grew restless spending every school day in front of a computer, parents took on the new role of supervising studies and serving as tech support, and parents working outside of the home struggled with increased child care needs.

But what about children without adequate internet at home or poor parental support? What about children who depended upon school resources for a hot meal, counseling, and tutoring? In a 2020 report, the American Academy of Pediatrics advocated for the reopening of schools.

Noting the documented negative impacts of children being out of school for extended lengths of time, and pointed to the risks for falling behind academically, physical and sexual abuse, drug abuse, and suicide.

The report went on to say that kids are less likely to contract the virus, and less likely to spread it to others. Additionally, they are less likely to experience severe symptoms if they do experience the disease. Given these findings, the risk of keeping them at home far outweighs any risk of being at school.

A house of cards

Dr. Andrew Kaufman characterizes the COVID scare as a flimsy house of cards predicated upon shoddy research. It is perhaps a sophisticated psychological operation designed to make us voluntarily limit our freedoms. He stated in his interview with Dr. Patrick Gentempo:

"If there was really a health situation that required that kind of a policy shift, we would all see people dropping dead in the streets. We would be hiding out in our houses, holding our families tight and praying for it to end. But of course, if you just look around, if you hadn't watched your TV or looked at the news, would you even know there was anything going on, aside from seeing people wearing masks and acting weird? But you're not seeing death and destruction everywhere, other than what comes from government policies."

Erroneous data reporting is part of the problem, he explains, pointing out that when all-death mortality figures are examined, we aren't currently experiencing a jump in the rates of deaths. He contends that some CDC numbers have been tweaked to make it look like there have been more deaths than expected because the CDC based the calculation on 2019, a year where there was a dip in death statistics, instead of basing calculations on multi-year averages.

A fear campaign has been predicated on these erroneous models and poor data to take a situation that is essentially normal and conflate it with the Spanish Flu pandemic. This fear has traumatized the public and led to adverse mental health outcomes on a broad scale.

He also offers the case of his home state of New York as a case in point as to how data and fear can be manipulated. Large numbers of sick patients were placed in nursing homes, bringing illness to a more vulnerable population and placing sick people in a situation in which they were less likely to get the acute care they needed.

Too many people were also placed on ventilators, which turned out to essentially be a situation of medical mismanagement that led to scores of deaths.

Some sick people were too scared to come to hospitals and seek help for their acute medical issues, and died at home. All of these poor practices and instances of medical mismanagement led to a spike in death rates that further fueled fear.

Additionally, they were used by officials as a pretext to continue with draconian and ill-considered policies.

He also cites instances in which ambulance drivers were told not to resuscitate people, or that some medical professionals were ordered to shorten the time in which resuscitation was attempted and just pronounce people dead.

Policies like this, he explains, led to sharp spikes in death rates that were framed as part of the COVID narrative.

New York governor Andrew Coumo is currently facing harsh criticism for how his administration's policies led to so many needless deaths. New York

Attorney General Letitia James released what is called by many a bombshell report evidencing the coverup of deaths from COVID-19 among nursing home residents.

These deaths stem from the administration's executive order in March of 2020 to send COVID patients to nursing homes.

The administration then undercounted these deaths by 50%. The New York Post writes that, "The adjusted tally means almost one-third of New York's more than 43,000 coronavirus deaths were linked to nursing homes, undercutting Cuomo's claim of effectively managing the crisis."

THE VACCINE: HOW DOES IT WORK AND IS IT SAFE?

> **“Pharmaceutical is the number one lobby in America. It's outspending oil and gas two to one.... Pharma is spending twice the amount of money to buy politicians, buy senators, buy congressmen, buy your president of the United States. And so ask yourself, what are they getting in return?”**
> **-- Del Bigtree, Informed Consent Action Network**

Big Pharma

You’ve heard the term “Big Pharma” tossed around, but what does it mean? Essentially, there’s a lot of money to be made in the pharmaceutical business. And with that money comes power.

Look at your 401K, your stock portfolio, or any list of the wealthiest companies in the world -- the large pharmaceutical companies will be there.

Just as Big Tech has grown and consolidated to control our communications and the news we receive, Big Pharma wields powerful control in the medical world, from legislation to regulation, and all the way to the decisions that doctors make about the treatment of thousands of conditions.

Of special interest to us is the topic of the vaccines that these corporations produce, and for the deepest possible dive, we recommend the Vaccines Revealed series from Revealed Films, and Vaccines Revealed COVID Edition, if you have not already viewed it.

In a chilling warning, Del Bigtree, trusted Revealed expert and producer of the documentary Vaxxed, predicted that vaccine exemptions to state mandates that had been allowed in the past would be pushed back on by regulators. This includes religious and

personal belief exemptions, which are already being done away with in California and New York.

These pushbacks are supported by Big Pharma in the name of making children safer and infringing on parents' rights to make an informed decision about their children's healthcare. Bigtree warns that the ultimate goal is mandatory vaccines for all. This may include flu, shingles,pneumonia, and COVID. He warns, "the entire goal being to make us fearful enough that we would submit our bodies and give up our own rights to body autonomy and control and allow a forced vaccination or mandated vaccination program for adults."

COVID-19, the perfect opportunity for a new vaccine

> **"Experts agree that it is only a matter of time before one of these epidemics becomes global—a pandemic with potentially catastrophic consequences. A severe pandemic, which becomes 'Event 201,' would require reliable cooperation among several industries, national governments, and key international institutions."**
> **--Event 201, A Global Pandemic Exercise**

Some point to Bill Gates and the infamous Event 201 as evidence that the pandemic was really a pandemic. Whether or not this was the case, evidence indicates that COVID provided just the right opportunity for a vaccine push.

In a nutshell, Event 201 took place in October of 2019, and ran a multi-disciplinary group through a pandemic scenario, focusing on readiness, planning, and potential consequences. Perhaps ironically, the model pandemic for this exercise was a strain of coronavirus.

Regardless of whether this is a coincidence or part of a greater plan, it is worth noting that multiple groups have been gaming and brainstorming the very scenario we are currently living out.

One such group is the World Health Organization (WHO). In December of 2019, they had a meeting in Geneva, Switzerland to discuss "vaccine hesitancy," a term equivalent to "anti-vaxxers." Topics discussed included encouraging a higher adoption of vaccinations and an uptake in scheduled vaccines for adults. Similarly, The US Department of Health and Human Services created a Healthy People 2020 program, with a goal to have all adults involved in a mandatory vaccine program.

When Coronavirus appeared on the scene, these groups had just the opportunity they were looking for to move forward to achieve their goals of universal vaccination.

A vaccine safety expert speaks out

> **"We choose the absurdity of untested vaccines over what Sweden did. Let it process."--Dr. Brian Hooker**

Dr. Brian Hooker spent 20 years of his life studying vaccine safety. Generally, the research and development process for any vaccine or biologic is a process of around seven to ten years, as opposed to the mere months that the COVID vaccines were hurried through.

Researchers may have all the best intentions in the world, but that does not make up for the fact that there is simply no long-term data for the COVID vaccines being touted as the solution to the COVID crisis.

He draws a contrast between these new vaccines and older therapeutics such as hydroxychloroquine that have a long track record of research and clinical data, *"We're dealing with a virus that it's mortality rate is not extremely impressive. And then, we're being hamstrung and we're creating a crisis because we're withholding treatment that's actually effective."*

To the contrary, the decision of which therapeutic or vaccine to push seems to be directly correlated to profit margin, he adds. Further, the use of new messenger RNA vaccines is nothing short of a massive medical experiment:

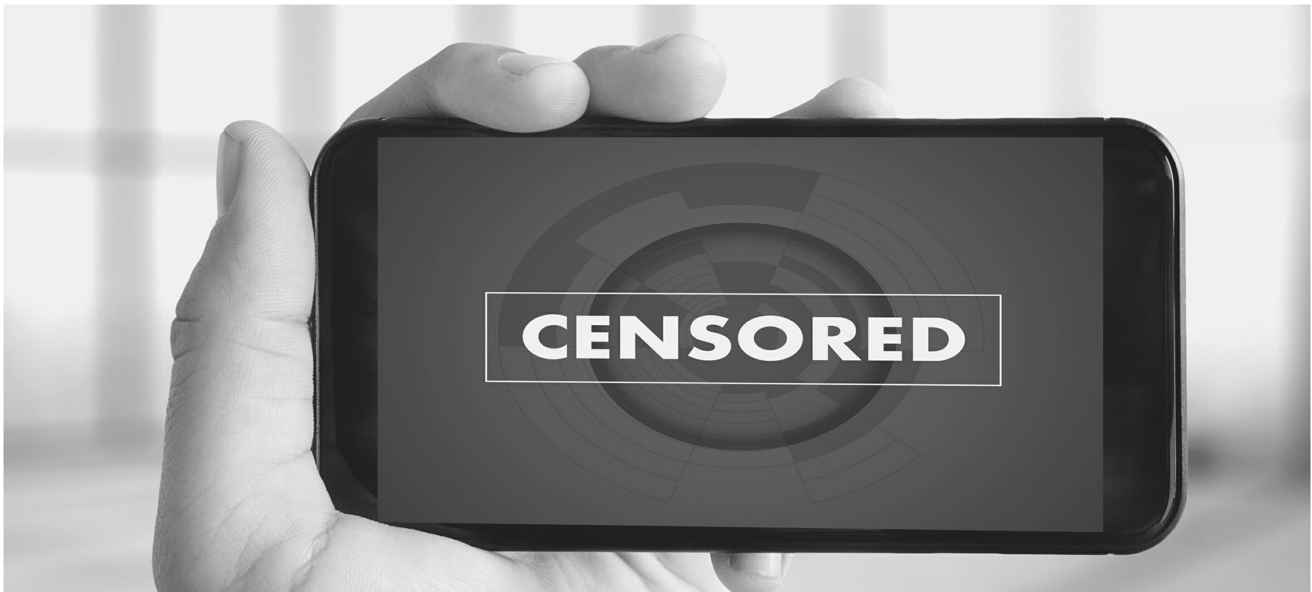
> *"We put that genetic material into human cells, and then the human cells' machinery will*

take that genetic material and manufacture its own COVID spike protein. And then the protein itself that is being manufactured by the human cells with this genetic code as the template. Then this protein is somehow going to raise up an immune response and activate the human immune system.

And there are so many flaws in that logic along the way, and there are so many problems with both formulations of vaccines that we're really, really doomed to failure."

Dr. Hooker reminds us that the current vaccines are not "approved" by the FDA in the traditional sense, but instead being disseminated under an emergency use authorization.

The limited amount of testing that has been done has yielded a high frequency of adverse events, and these events are only increasing in number as more members of the general public receive the shots. The news about these events, Dr. Hooker contends, is being highly edited or suppressed.



He offers clinical trial data from the Moderna vaccine to support his point: one in four patients receiving the vaccine reported nausea and vomiting. As unpleasant as this may be, this only reflects short-term monitoring, and could be an indicator of concerning long-term reactions to follow. We simply don't have enough data, and that should concern us all.

At the time the Moderna vaccine was released, patients had been followed for 2-3 months post vaccine administration. Each was monitored to see if their bodies were producing neutralizing antibodies specific to COVID-19.

The data indicated that while they were producing these antibodies, the effect was diminishing over time. The effect would peak after the second shot, but then quickly wane.

Among geriatric patients, no significant antibody production occurred until after the second shot, and even at that point was only marginal. Some question whether this antibody production actually correlates to immunity because true immunity is much more complex than the presence of neutralizing antibodies.

For example, in addition to the presence of antibodies, an effective immune response would include a T-cell response, something not being activated by a vaccine.

Dr. Hooker points to the Pfizer vaccine as problematic in part because the phase 3 clinical trials, which should involve a rollout to 20-30 thousand patients, only included 22 individuals over the age of 68. It is important to bear in mind that some of these individuals only received the placebo, and not the actual vaccine.

In any trial or rollout of a medication or vaccine, ongoing tracking of rare adverse events takes place. It is important to know what these might be before something is released for general use. Again, trials that involve too few patients will not always bring these to light, whereas they will start popping up in a larger trial population.

As to the purported incidents of coronavirus among the vaccinated group, that too is problematic, in part because the patients were only tracked for 2-3 months. That timeframe is insufficient to establish long-term efficacy. What may happen 6 months to a year down the line is anyone’s guess.

So what do we know now, asks Dr. Hooker. We only know short-term results, some short-term adverse effects, and some possible short-lived immune response. Beyond that, the effects are unknown, especially given that this vaccine is introducing genetic material into the body.

The genetic aspect of the mRNA vaccines put forth by Pfizer and Moderna are well worth consideration. Messenger RNA could result in DNA strands being created that integrate into our cells and chromosomes over time. It simply has not been tested, and we have no idea how it will play out.

It'll help a few people...

> **"We have no way of knowing what the dangers are going to be of this vaccine."**
> **--Dr. Tom O'Bryan**

Dr. Tom O'Bryan opines that the vaccine may actually help a few people, but questions whether it would be enough to warrant everyone getting vaccinated. Those who are older or have comorbidities such as diabetes, high blood pressure, or a high propensity to catch colds and flu may experience some additional protection if the vaccine works as advertised.

But, at this point, "we have no way of knowing what the dangers are going to be of this vaccine," he warns.

He also advises that there exists a particular group of people who are at higher risk of adverse vaccine reactions -- potentially dangerous reactions. This population carries the HLA-DRB gene.

According to Dr. O'Bryan, 30% of people with European heritage carry HLA-DRB1, and are at higher risk to react to vaccine adjuvants such as mercury and aluminum. An adjuvant is a vaccine additive that "wakes up" the immune system because the pathogen in the vaccine may be present in such a small amount that the immune system does not respond to it.

It is these very adjuvants that some theorize are responsible for any number of vaccine injuries and adverse outcomes, and a primary reason that many object to vaccine mandates for children.

Not living up to the promise

Robert F. Kennedy Jr. tells us that he is not anti-vaccine… as long as the vaccines do what they promise and don't cause harm. The current COVID vaccines, whether Pfizer, AstraZeneca (not currently authorized for use in the US), or Moderna, can not live up to promises they're making.

On the contrary, he reports injury rates to be about one in 40, leading to missed work, illness, medical interventions, and in some cases even death.

He shared with us a couple of stories about people he knows of who have died after receiving the vaccine, such as the case of Dr. Gregory Michael, who had worked as an OBGYN at Mt. Sinai Medical Center for more than a decade.

Dr. Micheal died on January 3, 2021, just a couple of weeks after receiving the vaccine. Reportedly his platelet levels dropped to dangerous levels and he died of a stroke. Of course, official sources say that they can't link the death of this formerly healthy man to the vaccine, but the CDC is investigating his death.

One problem with tracking vaccine injuries, Kennedy explains, is that most are not reported. In fact, doctors may not recognize someone's medical presentation as a vaccine injury at all. The data collection is just too unreliable.

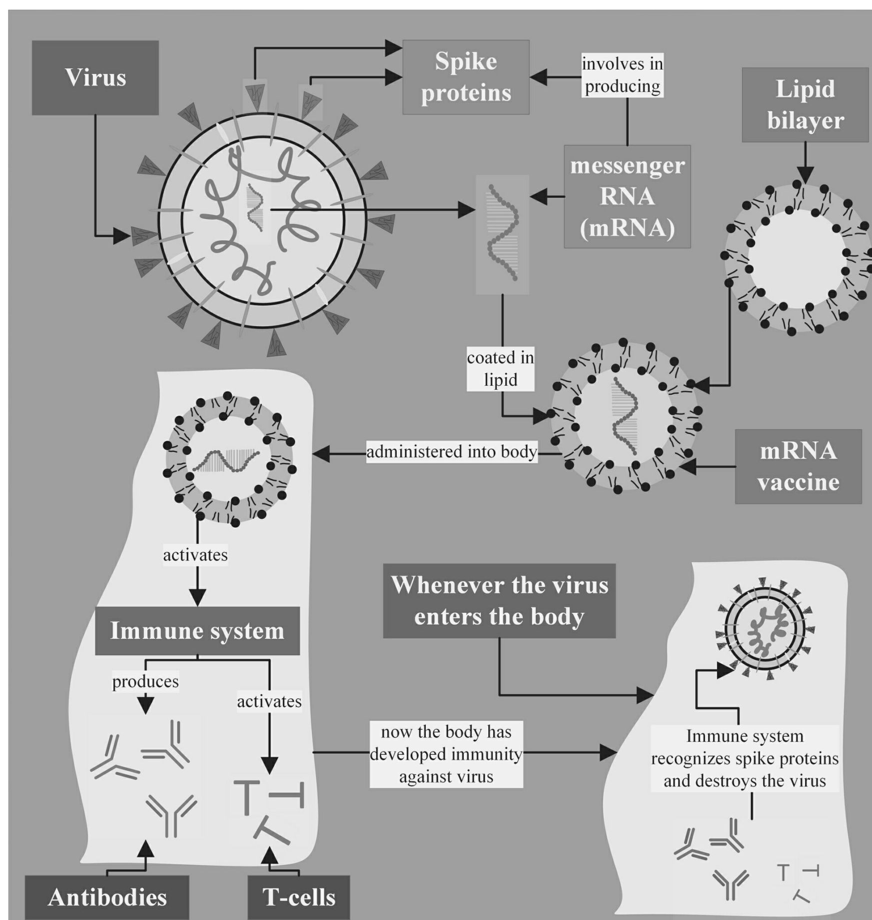
While the CDC claims that vaccine injury rates are one in a million, the Lazarus Study done by The Department of Health and Human Services, indicates otherwise.

Kennedy explains that they uncovered a 1 in 37 rate of vaccine injury, many very serious, when auditing HMO records.

Of particular concern regarding the mRNA vaccines, he tells us, are the lipid coatings that allow the mRNA to actually enter cells. He describes the penetration process as one of hijacking the cell's governing system so that the cell will begin to manufacture proteins -- the same proteins that make up the spikes of the virus itself.

As an activist working with people harmed by vaccines, he has seen a rise in autoimmune cases, and vaccine injuries he had not seen in the past. Food allergies and sensitivities are rampant, and other concerns include juvenile diabetes, rheumatoid arthritis, and autism. We simply don't know what the COVID vaccines will bring.

There is no long-term testing or data that can give us information about the safety profile of these treatments.



The theory behind this is that the cell will manufacture the protein, and this will trigger the desired immune response so that the body is primed to fight the actual virus in the event of an infection. But Kennedy raises a red flag at this process that will possibly permanently alter the immune system in ways that are unpredictable long term.

He points to Dr. Fauci's preference for new and patentable (i.e. profitable) therapeutic options as part of the problem. Under Fauci's leadership, $48 billion has been committed to vaccine production, while only $1.48 billion have been spent on researching existing therapeutics that could bring fast relief with greater safety to COVID patients.

Kennedy brings up hydroxychloroquine as a case in point. It would not have been so controversial if President Trump had not endorsed it. To the contrary, the President's comments led to a wholesale rejection of any talk about hydroxychloroquine used in combination with zinc.

"There are probably close to a hundred studies that show that it works really well," he explains, pointing to other promising therapeutics such as Pepcid and Ivermectin. These therapies are in effective and widespread use in other countries where societies have basically opened back up because doctors are better equipped to effectively treat symptoms when someone gets sick.

"All of those of us who were interested in hydroxychloroquine, you suddenly were tainted with orange man, bad," quips Dr. Christiane Northrup, speaking up about easy-to-obtain, inexpensive, and time-tested therapeutic options.

"Nobody needed to die," she argues, pointing out that Fauci was well aware of the 60 year safety record of choloquines, and the demonstrated effectiveness they have has with some SARS patients.

Kennedy contends that Fauci wants to prolong the pandemic and use it as a pretext to add yet another vaccine to the mandatory schedule:

“So in my lifetime, there've been three pandemics where zero-liability vaccines were rushed to market, and then subsequently had to be withdrawn because of the injuries. So, that's what we're doing here once again. And people need to wake up and see what's happening, and stop looking at Tony Fauci as a saint, and start looking at him for what he is, which is a pharma shill. That's what he is.”

Fauci did the same thing with the AIDS epidemic, points out Dr Christiane Northrup, calling the

current pandemic “the same doll, different dress.” Many people live with HIV without ever getting sick, but it was framed as an apocalyptic situation with much the same fear-mongering as we see now.

Genetic Engineering Experiments?

As mentioned previously, COVID-19 is not the first coronavirus on the block -- we’ve been dealing with these pesky viruses all our lives, and mankind has grappled with numerous varieties of them for centuries.

Most coronaviruses are simply not notable enough to most people, who lump them all together as annoying seasonal colds. Two past coronaviruses that received more widespread attention were MERS and SARS.

Previous vaccine attempts to deal with these viruses failed. Of note, repeated efforts have been made to create a vaccine for SARS, and it was never able to get as far as human trials.

Dr. Andrew Wakefield explained to us in the interview with Dr. Patrick Gentempo, that animal trials were conducted for SARS vaccine prototypes on ferrets, an animal that has an immune system strangely similar to humans.

The ferrets did well after initial doses of the vaccine, and testing indicated that they had developed an immune response. Everything seemed to be going along just fine, until the ferrets were exposed to the SARS virus.

Something strange happened -- instead of fighting off the illness, most became very ill, and many of them died. When this happens, the vaccine is not permitted to go forward to human trials, and the development of a SARS vaccines has remained stymied at this point.

Dr. Wakefield explains that the ferrets experienced immune priming. When this happens, the immune system is primed to over-react when exposed to the natural virus.

Might this same scenario play out for those who have received the vaccines that are currently being promoted for COVID-19? What happened in the animal testing phase with these vaccines?

Wakefield's answer is shocking:

"They definitely skipped a step. They have done no animal testing at all, and this is even more extraordinary given the experience with SARS, that they should be allowed to produce potential coronavirus vaccine candidates and give them to humans without ever having gone through the appropriate safety testing in animal models. That is most alarming. We're now in a situation where people have been given one, coming up to two doses, of the Pfizer vaccine, and they will, in due course, be exposed to coronavirus, many of them, and we will have to wait and see what happens. Yes, it's deeply worrying, and the potential for pathogenic priming and severe adverse reactions and death is very real."

Wakefield further explains that vaccines marketed for COVID-19 should be more accurately considered experiments in genetic engineering. Although the goal is for the viral gene to instruct the cell to generate a protein that should elicit a desired immune response, we don't have enough data to know the long-term effects of this.

As with other vaccines, he adds, COVID vaccines fall under the PREP Act, which gives liability protection to vaccine manufacturers. This means that millions of people are being subjected to genetic experiments by corporations who bear no legal liability for bad outcomes. The future connotations are alarming.

JUST SAY NO

"You should be thinking about how you're going to say no if you want to maintain your health. That's for sure... I think there's still plenty of evidence to be very cautious and suspicious about this vaccine..."
--Dr. Andrew Kaufman

It is incumbent on each individual to make decisions for themselves and their loved ones concerning vaccines and healthcare. We hope that we have given you food for thought on these matters.

Interestingly, an increasing number of people are just saying no to the COVID-19 vaccine. We are told that the day will come when we will not be able to fly, travel, and possibly work in certain settings if we haven't had the vaccine. Some speculate that we won't even be able to go to a concert or enjoy other aspects of public life that we once took for granted.

Dr. Andrew Kaufman poses two key questions that frame the debate about the vaccine: First, "if there's no real increase in mortality, why such urgency to get a vaccine at all?"

"Secondly," he continues, " since when can a vaccine be developed and authorized for use in such a short time?"

Dr. Christiane Northrup agrees, "With a disease with a 99.9% recovery rate, why are we fast tracking a vaccine that we already know has a 3% very severe adverse reaction rate?"

She adds that we are also being pressured by a moral premise that has been tied into the vaccine push: we must take it for the greater good. Just like the masking narrative, we are told that getting this vaccine will protect others.

This is the argument for the vaccine narrative in general, and has been carried over seamlessly to COVID. "Do you see the narrative?" Northrup continues, "You've got to do something you don't want to do that's going to hurt you in order to protect others...You can and must sacrifice your own child for the greater good… the moral premise of the greater good is the premise of communism."

Normally, it would take 10 years for a vaccine to get to market, but the current emergency push has led to important steps being skipped over. There are inherent risks to accepting any vaccine, and there may be greater risks associated with COVID vaccines. But you can expect pushback if you speak up.

Dr. Andrew Wakefield speculates that this may in part be due public mistrust of health officials after well publicized vaccine issues and growing doubt among many sectors about vaccine efficacy. To that end, he posits that the COVID-19 vaccine initiative may in part be an effort to win that trust back by swooping in as saviors during a frightening time.

Wakefield points to reports of medical professionals refusing to get the vaccine, and other demographic groups that are receiving the vaccine as lower rates. This grassroots resistance gives him hope that the agenda put forth by our health officials will not see its conclusion.

Just one example that stands out is the rate of nursing home workers who are refusing the vaccine -- a stunning 60%. California and Texas are also experiencing high rates of healthcare workers refusing.

When healthcare workers refuse, Wakefield tells us, people take note and will be more likely to question the safety and efficacy of the vaccines.

He also believes that films such as Vaxxed have made a

strong impact on the public consciousness. Seeds have been sewn that are increasing public distrust in government, health authorities, and drug companies.

Vaccine refusals are popping up in other places as well. Thousands of military personnel are currently refusing the vaccine, totalling about one third of those offered the shots, Pentagon officials have informed the House Armed Services Committee.

Air Force Lt. Gen. Jeff Taliaferro stated that this is a matter of education, and that efforts would be stepped up to make sure service members are more informed about the safety and efficacy of the vaccines.

The Pentagon cannot currently force service members to take the vaccine because it is available under emergency use authorization -- this will change when the shots are approved by the FDA.

The military is tracking acceptance rates of the vaccines, reports Brig. Gen. Paul Friedrichs, staff surgeon for the Joint Chiefs of Staff, adding that these acceptance rates reflect those of other communities.

A waitress in Brooklyn New York was shocked recently when she was fired from her job for opting out of getting the vaccine. She expressed that she was not an anti-vaxxer, a disclaimer many feel forced to make when confronted about any concerns or questions they have about these new vaccines.

The young woman reported that she simply wants to wait for more data to come out about the vaccines, especially in regards to long-term effects on fertility. “Once there is more research to support that it does not affect fertility I would reconsider my position,” she stated.

The viewpoint of those pushing universal vaccination against COVID-19 was well articulated by Derek Thompson in The Atlantic in an article entitled “3 Million Vaccine Shots a Day -- Averting a wave of new COVID-19 fatalities could require some dramatic, untested, and controversial strategies.”

Just the title has sent a collective chill down the spines of critical thinkers who have questions and concerns about the vaccines. The article ramps up the fearmongering with statements from the likes of Peter Hotez, a vaccine scientist at Baylor College of Medicine: "If we don't accelerate the pace of vaccinations, we're looking at an apocalypse"

"The last bottleneck is human psychology," Thompson asserts, stating findings that fully one-third of Americans have stated that they "probably" or "definitely" will not get the vaccine.

Who makes up this group of vaccine-hesitant individuals? Thompson points to non-college-educated Americans, Republicans, Black Americans, and people under 45. He maintains that this group will be the culprit that leads to virus variants and mutations "running rampant" in certain pockets of our country, and that not enough attention is being paid to vaccine hesitancy.

Part of the solution, Thompson explains, lies in the media and government reframing the vaccine narrative.

Because an increasingly growing number of people in the hesitant demographics are not concerned about death from COVID, the emphasis of vaccine promotion should switch to promoting the vaccine as a means of avoiding any severe disease outcomes.

This is a narrative reminiscent of the flu or chickenpox vaccine, in which we are told that you may still get the illness, but you will not get as sick from it.

Thompson writes: “Vaccines, the public-health establishment must stress, serve as reinforcement at every stage of the disease. They protect against infection; for those infected, they protect against severe symptoms; and for those exceedingly rare cases with severe symptoms, they protect against death.”

Expect to see this messaging more and more, with increased targeting of hesitant demographics by pushing the narrative in conservative news outlets, and even employing social media influencers to get the word out.

While the media push may be innocuous enough, we’ve already seen how these initiatives are used to push fear narratives and justify continued draconian government overreach.

Those who wish to fire employees, restrict travel, or limit participation in public events will have ample justification ready-made to fall back on.

Those who question the safety of the vaccines or assert bodily autonomy (whatever happened to “my body, my choice”?) are increasingly being singled out as walking disease vectors, granny-killers, and as callous and anti-social conspiracy theorists -- possibly even domestic terrorists.

Our only hope is to continue speaking out, and to disseminate information via the platforms available to us.

We have to be bold despite push-back and threats that we will be canceled.

There is truth in the old adage that there is strength in numbers, and we are more numerous than we realize.

Through the Vaccines Revealed Covid Edition series, we hope to have added many powerful voices to the discussion.

GLOSSARY OF REVEALED EXPERTS CONSULTED FOR THIS BOOK

So many renowned experts gave of their time and knowledge to make Vaccines Revealed Covid Edition such a success. We appreciate each and every one of them. Quotes and information used in this book were pulled from interviews with the following experts:

Dr. Andrew Kaufman

Dr. Kaufman is a medical doctor board certified in psychiatry and holds a degree from MIT in molecular biology. He has held numerous faculty positions in this discipline, and has authored several peer-reviewed journal articles.

Dr. Andrew Wakefield

Dr. Wakefield is a trained gastroenterologist and surgeon with a focus on inflammatory diseases. Credited with the discovery of the cause of Crohn's disease, Wakefielf ran afoul of the medical establishment when he began to research and speak out about the potential harm caused by vaccines, most notable the MMR-autism link.

Dr. Christiane Northrup

Dr. Northrup is an author, speaker, and medical doctor, with a specialty in women's health. She has also won numerous awards for her work.

James Lyons-Weiler PhD

Dr. Lyons-Weiler is the CEO of The Institute for Pure and Applied Knowledge. He is also a researcher with a PhD in Ecology, Evolution and Conservation in Biology. He holds a postdoctoral degree in Computational Molecular Biology.

Dr. Tom O'Bryan

Dr. O'Bryan is a recognized world expert on gluten and its impact on health, including Celiac disease, gluten sensitivity, and the development of autoimmune diseases.

Dr. Zach Bush

Dr. Bush is a triple-board certified medical doctor specializing in internal medicine, endocrinology, and hospice care. He is an internationally recognized educator focusing on human genomics, immunity, and gut/brain health.

Del Bigtree

Del is the Emmy Award-winning producer of The Doctors television series and one of the preeminent voices of the Vaccine Risk Awareness Movement. He produces the documentary VAXXED, which opened the eyes of many to the potential dangers of vaccines

Dr. Brian Hooker

Dr. Hooker is a biologist and chemist who teaches at Simpson University in Redding California where he specializes in microbiology and biotechnology. He has an extensive research background and is uniquely qualified to speak on the topic of genomic research.

Tammy Clark

Tammy has been working in the fields of occupational and environmental health safety and compliance for nearly 20 years. She has also taught these disciplines at the university level. She was first drawn to this field as a business owner who was responsible for making workplaces OSHA compliant.

Kristen Meghan

Kristen has 19 years of experience in the field of occupational and environmental toxicology. She spent 9 years on active duty in the Air Force in the field of bioenvironmental engineering, and has worked in the field specializing as an industrial hygienist.

Robert F. Kennedy Jr.

An environmental lawyer and activist. Son of the late Robert F. Kennedy and nephew of the late President John F. Kennedy. He is using his powerful platform to educate the public on the dangers of vaccines and glyphosates. He currently works through the platform of Children's Health Defense.

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