The COVID-19 vaccine- The need for a Risk vs. Reward calculation

By Dr. Alan Palmer- Updated February 25th, 2021

Disclaimer:

I am a chiropractic physician and never recommend that someone should or shouldn't consent to a medical procedure or a medication. Since vaccination is a medical procedure, I have always held to the same restraint. I am not recommending that anyone refrain from taking the COVID-19 vaccines. I am only providing information for individuals to compare to other information they are seeing and hearing, in the effort to help them make an educated decision. With this article I have acted as a journalist and have spent dozens of hours to investigate and assemble information from credible sources. While much of this information may not line up with the mainstream media's narrative, I have "fact checked" it for accuracy and provided the references.

Introduction

Before launching into the vaccine story, I feel it is appropriate to touch on something that may be on the minds of many of you. I know that to be true, because several people have brought these concerns and questions to me. In addition, these questions are relevant because of the situation we now face with the vaccines including the possibility of industry or governmental mandates. It really boils down to a person's freedom of choice and are we to remain sovereign over our own bodies, or will the government control that?

One question I have been getting is, "why would you write an article that would make people question vaccines?"

That is simple. After 2 ½ years and more than 2,500 hours of research and writing my eBook **1200 Studies- Truth Will Prevail** (https://1200studies.com), which contains excerpts from over 1,400 studies that contradict the narratives that we are told including, "the science is settled on vaccines" and "vaccines are safe and effective", I found out that there is good cause to be skeptical and question vaccines and the people that make and promote them. ***1200 Studies*** is the most comprehensive exposé on vaccines ever created.

Other than the massive amount of evidence in my eBook, there is a general distrust of the pharmaceutical industry. An August 2019 ***Gallup*** poll found that the pharmaceutical industry ranked 25th out of 25 industries in terms of public opinion. With 58% of people polled having a negative view and 15% being neutral, that means that only 27% of people view the industry in a positive light. This is an all-time low for pharma. And, close behind in 24th position is the federal government at only 4 points better. https://news.gallup.com/poll/266060/big-pharma-sinks-bottom-industry-rankings.aspx.

Another issue is the behavior and quality control of pharma. Pfizer, the manufacturer of the first COVID-19 vaccine to make it to market in the U.S. has been fined and paid penalties to the tune of **4,747,652,947** (yes that's nearly 5 billion dollars), since the year 2000. The drug business is so profitable, the industry often looks at fines and penalties as part of the cost of doing business, never changing its behavior. https://violationtracker.goodjobsfirst.org/parent/pfizer .

Case in point. Another concern now that we have witnessed the "***Operation Warp Speed***" production and rollout of these vaccines is, what kind of quality control has there been? An article in Vanity Fair brings serious questions to light about safety and health violations at the plants where vaccines and biologics are made. Apparently, the FDA has a team of only 14 inspectors that are responsible for inspecting 280 vaccine and

biologics plants and manufacturing facilities. One of those inspectors has come forward with serious allegations of the lack of follow through on the part of the FDA after violations are brought to light.

The December 2nd, 2020 article by Katherine Eban is titled, **The COVID Vaccines Are Approaching. Is the FDA Ready to Inspect the Plants Where They're Made?** Some of the revelations in this article are truly disgusting and shocking. https://www.vanityfair.com/news/2020/12/fda-covid-vaccine-plant-inspectors

Watch an interview with Katherine Eban regarding the FDA whistleblower and these issues here…
https://video.kqed.org/video/whistleblower-says-fda-isn-t-properly-regulating-facilities-1607290063/

You will see in my eBook on pages 133-139 (http://1200studies.com), that independent analysis of vaccines has found they often contain potentially dangerous contaminants and may not contain the very things we are told are in them that are supposed to give them their effectiveness. With the unprecedented rollout of billions of doses of vaccines in record time, quality control that was apparently sorely lacking before, is likely much worse now. If safety has been sacrificed for speed, it could certainly put people's health and life at risk.

Unfortunately, history proves that we can't trust our public health agencies and authorities to monitor safety in the vaccine industry

The ***National Childhood Vaccine Injury Act of 1986***,… granted economic immunity to pharmaceutical companies for the injuries caused by their vaccines. The responsibility for vaccine safety was therefore placed in the hands of the ***United States Department of Health and Human Services ("HHS")***…, which provided…, **that the Secretary of HHS** "**shall … make or assure improvements in … the licensing, manufacturing, … adverse reaction reporting, … and research on vaccines, in order to reduce the risks of adverse reactions to vaccines.**"

HHS was supposed to set up a task force to monitor the vaccine industry and report back to Congress-

"To assist the Secretary of HHS in performing these duties, Section 300aa-27(b) directs the Secretary to establish a task force responsible for making recommendations to the Secretary concerning implementation of the requirements of Section 300aa-27(a). **This task force is entitled the "*task force on safer childhood vaccines*."** …**The Director of the *National Institute of Health (NIH)* is the chair of the Task Force, which by statute also includes the *Commissioner of the FDA* and the *Director of the CDC***.

To track HHS's fulfillment of these vaccine safety obligations, the following order was given… "**Within 2 years after December 22, 1987, and periodically thereafter, the Secretary [of HHS] shall prepare and transmit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report describing the actions taken pursuant to subsection (a) of this section during the preceding 2-year period."**

In 2017, The ***Informed Consent Action Network (ICAN) and Robert F. Kennedy Jr.*** sued the United States government and won in an issue regarding vaccine safety. According to a legal document entitled, "Mandate for Safer Childhood Vaccines," Health and Human Services (HHS) has openly admitted to not having filed any vaccine safety reports in over 30 years."
The court filing, ICAN's summary of events and the HHS response revealing that they have no records can be found here: http://icandecide.org/government/ICAN-HHS-Stipulated-Order-July-2018.pdf

The meteoric rise since the 1980s in childhood chronic illness in virtually every category including neurodevelopmental conditions has tracked parallel with the dramatic increase in vaccines our children have been given. In 1987 the rate of chronic illness in children was 12%. Today it is 54%. In 1983, children got 11 doses by age 6. In 2021 they get 44 by age 6 (36 of those by 18 months!). By age 18 children now get 72 doses of vaccines. Our children deserve a robust vaccine safety system. It just simply does not exist.

Current CDC Schedule: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#birth-15

The other questions I have been getting relate to the effectiveness and collateral damage from the lockdowns and what could we have done differently, or what could we do now?

This is a topic that I could literally write a book about and have featured stories on many times in the ***COVID-19 Update Newsletter*** that I have been writing and sharing monthly for the last 7 months. (https://www.wellnessdoc.com/science-and-news-monthly-newsletter/).

So, what could we have done differently in our response to SARS-CoV-2 and what could we do now to get out of the tangled mess caused by the virus and the numerous problems that governments and their entities have created with the lockdowns and extreme measures they have imposed?

I could provide a massive amount of information and data on the damages of the lockdowns, the fact that they have not made any difference in deaths from COVID-19 and the long-term effects that will last for years beyond the pandemic, but it goes far beyond the scope of this article. This is just one such example…

> An exhaustive study looking at 160 countries and effects of mitigation measures published in the journal ***Frontiers in Public Health*** titled, **Covid-19 Mortality: A Matter of Vulnerability Among Nations Facing Limited Margins of Adaptation**. https://www.frontiersin.org/articles/10.3389/fpubh.2020.604339/full
>
> - A key quote from the study's authors- "**Stringency of the measures settled to fight pandemia, including lockdown, did not appear to be linked with death rate".**

An incredible resource containing 26 studies summaries and links, that all show that lockdowns have had no measurable effect on deaths from COVID-19. The article titled, **Lockdowns Do Not Control the Coronavirus: The Evidence**, can be found at the ***American Institute for Economic Research*** website here: https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/

It is now evident that the lockdowns have caused irreparable harm in so many ways, including increased deaths of despair and have had zero benefit is achieving the stated goals of reducing the spread of the virus and saving lives.

So, what should we have done and start doing differently now? ***The Great Barrington Declaration*** at https://gbdeclaration.org/ provides the answers. Go there and if you agree, sign on to their declaration. And, be sure to read their FAQs page. https://gbdeclaration.org/frequently-asked-questions/

The three original authors of ***The Great Barrington Declaration*** are:

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.
This is the author's reason for creating it and the number of people that have endorsed these measures to date by signing on to the declaration.

Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

This is their mission statement and the number of people that have signed on in support of the declaration as of February 25th, 2021.

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- *Monthly 1200 Studies COVID-19 newsletter*

Vaccine trials shortcut the typical 4-6 year process for vaccine development, leaving the public as the long-term risk group

I have several serious concerns about the experimental COVID-19 vaccines. There are multiple issues with skipping important steps and taking shortcuts in the way they are doing the safety studies, not to mention that the recipients of the vaccine are younger, very healthy people in the early stages of the clinical trials. There is inadequate time to ascertain the potential delayed adverse reactions that may occur, especially in all the high-risk groups. Yet, they plan on rolling it out to the most vulnerable groups first. They and the rest of the public become the experimental group for which long-term effects will be determined going forward. Without full disclosure to each person of the fact that they are part of a biologic (drug) experiment, in fact the largest human experiment in history, it clearly violates the ***Nuremberg Code***. **The first principle of the *Nuremberg Code* clearly states, "The voluntary consent of the human subject is absolutely essential".** This is followed by an explicit clarification of all the associated requirements, making it extremely difficult for research principle investigators to twist it's meaning. http://www.ushmm.org/research/doctors/Nuremberg_Code.htm"

Immune Enhancement has plagued past attempts to make a coronavirus vaccine

Also, the reason that they have never been able to produce a coronavirus vaccine in the past despite numerous efforts, is that the vaccine caused a phenomenon called Immune Enhancement or sometimes called Pathogenic Priming. That is where the animals in the study developed a severe immune reaction similar to cytokine storm when later challenged with the wild virus. They suffered various pathological responses including severe lung damage. Those studies never proceeded to human trials as a result. This time Moderna skipped animal trials altogether. The AstraZeneca (Oxford) trial tested their vaccine on macaque monkeys and all of them got sick when later challenged with the wild virus. The Daily Mail reported: *"In the latest animal trials of the vaccine carried out on rhesus macaques, all six of the participating monkeys went on to catch the coronavirus. "Dr William Haseltine, a former Harvard Medical School professor, revealed the monkeys who received the vaccine had the same amount of virus in their noses as the three non-vaccinated monkeys in the trial. This suggests the treatment, which has already received in the region of £90 million in government investment, may not halt the spread of the deadly disease."*

Elderly people may be at even greater risk for danger from Pathogenic Priming or Adverse Immune Enhancement

According to a December 10th, 2020 article in the ***Children's Health Defense*** e-publication called ***the Defender*** titled, **Pfizer COVID Vaccine Trial Shows Alarming Evidence of Pathogenic Priming in Older Adults,** concerns are raised about pathogenic priming and how older adults may fare from these vaccines. https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-trial-pathogenic-priming/

From the article:

In the development of vaccines against coronaviruses like SARS-COV-1 and MERS in the early 2000's, researchers found evidence of a serious problem. Teams of U.S. and foreign scientists vaccinated animals with the four most promising vaccines. At first, the experiment seemed successful as all the animals developed a robust antibody response to coronavirus. However, when the scientists exposed the vaccinated animals to the

wild virus, the results were horrifying. Vaccinated animals suffered hyper-immune responses including inflammation throughout their bodies, especially in their lungs.

This issue is well known. Early in the COVID-19 scenario, Dr. Peter Hotez, of ***Baylor College of Medicine***, testified before Congress about the dangers of accelerating coronavirus vaccine development, saying "(The) unique safety problem of coronavirus vaccines" was discovered 50 years ago while developing the Respiratory Syncytial Virus (RSV) vaccine."

He went to register that this "'paradoxical immune enhancement phenomenon' means vaccinated people may still develop the disease, get sicker and die."

Researchers had seen this same "enhanced immune response" during human testing of the failed RSV vaccine tests in the 1950s. The vaccines not only failed to prevent infection; 80% of the children infected required hospitalization, and two children challenged with the RSV died (see Openshaw, 2005). In April of 2020, Hotez told CNN, "If there is immune enhancement in animals, that's a showstopper."

In this video footage, Offit, Hotez and even Fauci (in an unguarded moment), warn that any new coronavirus vaccine could trigger lethal immune reactions, "vaccine enhancement," when vaccinated people come in contact with the wild virus. Instead of proceeding with caution, Fauci made the reckless choice to fast track vaccines, partially funded by Gates, without critical animal studies before moving into human clinical trials that could provide early warning of runaway immune responses.

Gates (in this video) is so worried about the danger of adverse events that he says vaccines shouldn't be distributed until governments agree to indemnify against lawsuits. On Feb. 4, according to the Centers for Disease Control and Prevention (CDC) website, there were only 11 active CV cases in the U.S., yet the U.S. quietly pushed through federal regulations giving coronavirus vaccine makers full immunity from liability.

My comment: Now that's a problem. While as mentioned above, the AstraZeneca trials did incorporate some primate animal testing, the Moderna and Pfizer vaccines did not. In my opinion that was a mistake from a safety standpoint.

The article goes on to say:

The Vaccines and Related Biological Products Advisory Committee Briefing Document on the Pfizer-BioNTech COVID-19 vaccine contains disturbing indications that might be a safety signal on pathogenic priming, **especially in older adults.** (**My comment:** this is consistent with previous failed attempts to develop a coronavirus vaccine, where the older animals were the ones most likely to suffer severe reactions from pathogenic priming).

The clinical trials found a 10-fold increase of serious adverse events in older adults after the second dose, compared to 3.6-fold for those under 55

Among the 18-55 year-old participants, there were 370 solicited serious adverse events (SSAEs) in the vaccinated group and 73 in the unvaccinated. Of the vaccinated, 18% experienced SSAEs; in the placebo group, only 3% did, implying that SSAEs can be expected at a rate five times greater in the vaccinated compared to the unvaccinated.

These included severe fatigue, headache, chills, vomiting, diarrhea, muscle and joint pain. Whether these conditions represent instances of pathogenic priming, identifying individuals who are now at higher risk of serious morbidity and mortality if they become infected with SARS-CoV-2 is unknown, but given past studies, seems likely.

In the over 55 group, which was a smaller group, there were 60 SSAEs in the vaccinated group and 24 in the unvaccinated. Of the vaccinated, 6.5% experienced SAEs, compared to 1.4% in the unvaccinated, implying a 4.46% increased risk overall of SSAEs due to vaccination.

However, in the older group, the vaccinated group was 10 times more likely to have a SSAE upon receipt of the second vaccine dose than the first dose compared to the 1:1 ratio in the unvaccinated. In the younger group, the vaccinated were only 3.61 times more likely to have second-dose SSAEs than the age-matched placebo group, which had about as many SSAEs in the first and second dose.

End of excerpts:

Four big concerns I have are:

1. One very important thing to consider is that, while Phase 3 trials did include older individuals, they chose relatively healthy people. That is in no way representative of the general population of the elderly in the U.S.

2. We may not know what the extent of pathogenic priming reactions will be in the people getting the vaccine, until they are challenged by coming in contact with the wild virus in the future.

3. This "priming' of the immune system by the vaccine may lead to development of autoimmune disease in the future. Because these vaccine trials have been so short lived in humans, around 90 days rather than 4 to 6 years or longer as is typically the case, we may not know for many months or even a few years what the fallout may be regarding autoimmune disease.

4. Currently 1 in 6 Americans has one or more autoimmune diseases. We know from many previous studies, that people with autoimmune disease and their offspring, are more likely to suffer adverse reactions from vaccines. How will individuals with current autoimmune disease do after exposure to the COVID-19 vaccines?

Shocking statements about vaccinating the elderly, by the associate director of the *Immunization Action Coalition*, a vaccine advocacy group

"Since they haven't been studied in people in those populations, we don't know how well the vaccine will work for them," says Dr. Kelly Moore, associate director of the Immunization Action Coalition, a group that supports frontline workers who will be tasked with administering COVID-19 vaccines.

"We know that most vaccines don't work nearly as well in a frail elderly person as they would in someone who is fit and vigorous, even if they happen to be the same age."

Dr. Moore went on to admit that there is no way to truly know if COVID-19 vaccines will benefit the elderly in any way **because those at the highest risk were not included in the test groups.**

"There's a question about the direct benefit of the vaccine, if given to people who live in those facilities, because we haven't studied how well it works in that group yet."

So much for science. At the same time, anyone who dies following vaccination for COVID-19 probably died from something else, according to Dr. Moore, especially if they were already nearing the end of their lives.

"One of the things we want to make sure people understand is that they should not be unnecessarily alarmed if there are reports, once we start vaccinating, of someone or multiple people dying within a day or two of their vaccination who are residents of a long-term care facility," Dr. Moore contends.

"That would be something we would expect, as a normal occurrence, because people die frequently in nursing homes."

https://www.naturalnews.com/2020-12-11-cnn-reveals-vaccinating-elderly-covid19-kill-them.html

My comments: If that's the case Dr. Moore, why didn't we hear these cautionary words from her or health officials when people in nursing homes started dying "from COVID-19"? In those cases, it was always COVID that killed them. But all that aside, her admission that they don't know what will happen when they start mass immunization of the frail and most elderly is VERY concerning. Of course, we haven't taken the time to test these vaccines on that population, so everyone's grandmother and grandfather living in these facilities will become the test subjects. But of course, if they die shortly after, "it couldn't have been from the vaccine" (I say sarcastically).

Keep this story in mind until you read this STATUS UPDATE story about deaths in elderly later in this document

A top expert in the field of respiratory diseases is an outspoken critic of the rush to the vaccines

Dr. Michael Yeadon, former VP and ***Chief Scientific Officer with Pfizer*** is also an outspoken critic of the rushed experimental vaccine being promoted to the public as safe and anything but experimental. This is a scathing series of Tweets Dr. Yeadon directed at Matt Hancock, the ***U.K. Secretary of State for Health and Social Care.***

Dear Mr. Hancock,

I have a degree in biochemistry and toxicology and a research based PhD in pharmacology. I had spent 32 years working in pharmaceutical R&D, mostly in new medicines for disorders of lung and skin. I was a VP at Pfizer and CEO of a biotech I founded Ziarco – acquired by Novartis). I'm knowledgeable about new medicine R&D.

I have read the consultation document. I've rarely been as shocked and upset.

All vaccines against the SARS-CoV-2 virus are by definition novel. No candidate vaccine has been in development for more than a few months.

If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent.

This is because there are precisely zero human volunteers for whom there could possibly be more than a few months past-dose safety information.

My concern does not arise because I have negative views about vaccines (I don't).

Instead, it's the very principle that politicians seem ready to waive that new medical interventions at this, incomplete state of development- should not be made available to subjects on anything other than an explicitly experimental basis. That is my concern.

And the reason for that concern is that it is not known what the safety profile will be, six months or a year or longer after dosing.

You have literally no data on this & neither does anyone else.

It isn't that I'm saying that unacceptable adverse effects will emerge after longer intervals after dosing. No: it is that you have no idea what will happen yet, despite this, you'll be creating the impression that you do.

Several of the vaccine candidates utilized novel technology which has not previously been used to create vaccines. There is therefore no long-term safety data which can be pointed to in support of the notion that it's reasonable to expedite development and to waive absent safety information on this occasion.

I am suspicious of the motives of those proposing expedited use in the wider human population. We now understand who is at particularly elevated risk of morbidity and mortality from acquiring this virus. Volunteers from these groups only should be provided detailed information about risk / benefit, including the sole point I make here. Only if informed consent is given should any EXPERIMENTAL vaccine be used.

I don't trust you. You have not been straightforward and have behaved appallingly throughout this crisis. You're still doing it now, misleading about infection risk from young children. Why should I believe you in relation to experimental vaccines?

Dr. Michael Yeadon

WOW! This section should be copied and pasted into emails and social media posts and sent to everyone you know. Here is a long-time pharma scientist, former Chief Scientific Officer with Pfizer ripping a top U.K. health official and laying out the risks of the coming vaccines, plain and simple.

Dr. Yeadon has a very impressive bio.

Dr. Yeadon is an Allergy & Respiratory Therapeutic Area expert, developed out of deep knowledge of biology & therapeutics and is an innovative drug discoverer with 23y in the pharmaceutical industry. He trained as a biochemist and pharmacologist, obtaining his PhD from the University of Surrey (UK) in 1988 on the CNS and peripheral pharmacology of opioids on respiration. Dr Yeadon then worked at the Wellcome Research Labs with Salvador Moncada with a research focus on airway hyper-responsiveness and effects of pollutants including ozone and working in drug discovery of 5-LO, COX, PAF, NO and lung inflammation. With colleagues, he was the first to detect exhaled NO in animals and later to induce NOS in lung via allergic triggers. **Joining Pfizer in 1995, he was responsible for the growth and portfolio delivery of the Allergy &**

Respiratory pipeline within the company. During his tenure at Pfizer, Dr Yeadon was responsible for target selection and the progress into humans of new molecules, leading teams of up to 200 staff across all disciplines and won an Achievement Award for productivity in 2008. Under his leadership the research unit invented oral and inhaled NCEs which delivered multiple positive clinical proofs of concept in asthma, allergic rhinitis and COPD. He led productive collaborations such as with Rigel Pharmaceuticals (SYK inhibitors) and was involved in the licensing of Spiriva® and acquisition of the Meridica (inhaler device) company. **Dr Yeadon has published over 40 original research articles and now consults and partners with a number of biotechnology companies. Before working with Apellis, Dr Yeadon was VP and Chief Scientific Officer (Allergy & Respiratory Research) with Pfizer.**

A large percentage of doctors and nurses are hesitant to take the vaccines

A Washington Post article titled, **Doctors and nurses want more data before championing vaccines to end the pandemic**, conveys the skepticism expressed by a large percentage of doctors and nurses, a group that typically buys in to the idea of vaccines.

From the article:

A report released November 19th by the University of California at Los Angeles researchers said that 66 percent of Los Angeles health-care workers who responded to an online questionnaire (not a randomized sample) said they would delay taking a vaccine. The American Nurses Association, a national professional organization, said one-third of its members do not intend to take the vaccine, and an additional third are undecided. https://www.medrxiv.org/content/10.1101/2020.11.18.20234468v1

"These mRNA vaccinations have never been approved before, so there is no reliable track record of safety. We should expect to set the bar higher for safety," said Jeffrey A. Hirschfield, a pediatrician in St. Petersburg, Fla., who has discussed his reservations on Twitter. "It typically takes five to 10 years to successfully develop and vet vaccine candidates, especially those relying on new technologies."

Marie Ritacco, a longtime nurse at St. Vincent Hospital in Worcester, Mass., and vice president of a state nurses union, said many nurses will continue to rely on personal protective equipment and strict anti-infection procedures rather than be in the first wave of health-care workers receiving coronavirus vaccine.

https://www.msn.com/en-us/news/us/doctors-and-nurses-want-more-data-before-championing-vaccines-to-end-the-pandemic/ar-BB1becTK

We now know that PCR Testing is a disaster

One of the biggest problems about the reports of success with the vaccines is the reliance on PCR testing for positivity, for which PCR testing is now shown to be highly inaccurate

Because the vaccine studies have used PCR testing to determine if someone is COVID-19 positive and as the next section will show you, it is estimated that the error rate in PCR testing may be as high as 50%, that makes their conclusions about effectiveness of their vaccines in the trials using this method null and void. A PCR test alone according to the experts I will present, cannot be used to diagnose COVID-19. In addition, the false

positive rate at 30% and 70% of those testing positive being unable to transmit the virus to others makes this whole testing methodology a disaster.

Other reasons that this is so very important to understand is that we have shut down nations of the world, destroying lives, permanently closing tens of thousands of small businesses and potentially killing millions of people in the process over positive case numbers. Now we are facing mandated experimental vaccines, for a virus that for people under 60 years of age is no more serious than the seasonal respiratory viruses and pneumonia we have been encountering and dealing with successfully with minimal risk throughout our lifetimes.

This could be a very long section, because there is so much controversy now about the high false positive rate of PCR tests, so to keep it as simple as possible I will include a section out of my last newsletter, a couple other stories and some references and resources for those that want to dive deeper into this aspect.

To bypass this section on PCR testing and go to the next section click **HERE**

The many problems with PCR testing

Labs performing PCR testing are running too many cycles resulting in false positives and a better way to do things

For context in this discussion, it is important to remember that there is a distinct difference between infection and disease.

Infection is the replication of the SARS-CoV-2 virus in the body. Infection may or may not cause symptoms (disease) in the body. A large percentage of people contracting SARS-CoV-2, never develop symptoms (COVID-19).

COVID-19 (the disease) is when the infection causes symptoms. The symptoms can range from barely noticeable, to life threatening ones.

In an interview with Michael Mina MD, PhD from the ***Centers for Communicable Diseases at Harvard University*** and a proponent of at-home rapid testing that will tell if a person is infectious with COVID-19, he presented these graphs showing the exponential increase in viral titers, quickly followed by a rapid decline as the immune system does its job. Many people remain sick (with symptoms) after the virus is disabled because of the immune system and inflammatory chain of events the virus has set in motion in the body.

Dr. Mina is a very credible expert and has a very impressive bio. He is an Assistant Professor of **Epidemiology** at ***Harvard T. H. Chan School of Public Health*** and a core member of the ***Center for Communicable Disease Dynamics (CCDD)***. He is additionally an Assistant Professor in **Immunology** and **Infectious Diseases** at HSPH and Associate Medical Director in Clinical **Microbiology** (molecular diagnostics) in the ***Department of Pathology at Brigham and Women's Hospital, Harvard Medical School***.

Dr. Mina stated that 70% of the COVID-19 PCR positive tests are in people that are no longer infectious! Read that again and let that sink in.

Think about this. As of December 14th, 16,545,000 people in the U.S. have been "confirmed" COVID positive by PCR testing. If 70% of those people are incapable of infecting anyone else, it means that 11,581,500 people have been quarantined for 14 days unnecessarily, unable to work or go to school and made to worry about any human contact with family or friends. As you will see, Dr. Mina has a better solution for testing.

As a side note, the CDC estimates that the number of Americans that have had COVID-19 is 8 times what have tested positive with PCR testing. That makes the total around 130 million. That is about 40% of the population! It is also estimated that around 50% of people have few if any symptoms. For the remaining 50%, the symptoms can range from mild-moderate to severe and even death in some cases.

THE LYNCHPIN OF WHAT IS WRONG WITH PCR TESTING AND THE RESULTING CALAMATIES IT IS CAUSING

You can see from the graph below, the Ct (Cycle Threshold) scale reflects the highest viral load associated with the lowest Ct numbers. Let me explain. When the lab runs the test, it runs these "cycles" to see if genetic material from the SARS-CoV-2 virus is present. **With each cycle run there is a huge amount of amplification applied to see if the next cycle can catch any of the specific genetic code. If large amounts of virus are present, it requires fewer cycles to identify it. The more cycles run before finding evidence of the virus, the lower the viral load in the sample and less likely the person can infect others. The problem arises when cycles above 30 are run. It may pick up fragments of genetic material from SARS-CoV-2, but none of those pieces would be able to infect another person. Yet, the test comes up positive! And labs are instructed to run up to 40 cycles with these sample which gives an erroneous FALSE positive. Hence Dr. Mina's assertion is that up to 70% of "positives" are people unable to transmit to others and are not infectious to others!** And they are told to quarantine unnecessarily. Fortunately, Dr. Mina has a great solution that I'll discuss below.

Dr. Mina has explained in other interviews, that the people who are transmitting the disease have Ct Values that are less than 30, with the vast majority of transmitters are less than 25 on the scale. Remember, the lower the number, the higher and the more contagious the infection.

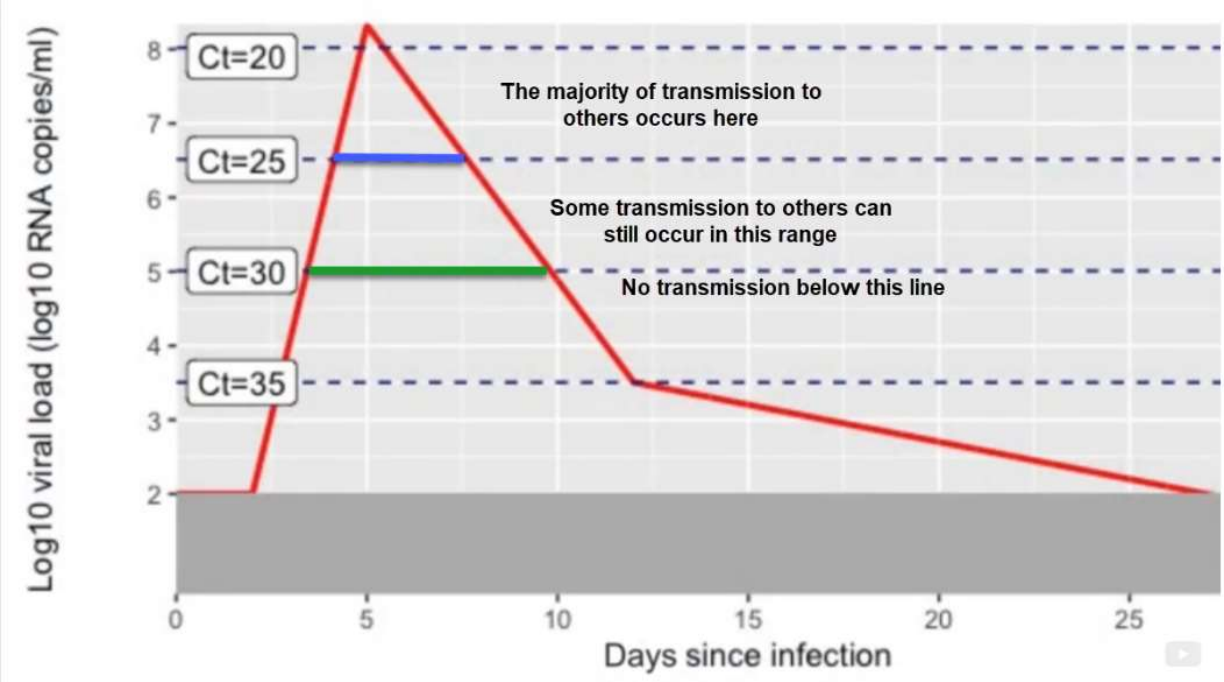
Skip to next page…

A visual representation of the viral explosion and decline

The red line represents the amount of viable virus in the body, sometimes called "viral load". You can see that ability to transmit the virus to others occurs primarily between days 3 and 10. According to Dr. Mina, the vast majority of people capable of transmitting the virus to others are above the purple line.

There are a small percentage of people that are between the green and purple lines that can be transmitting, but this is the exception and not the rule.

People with levels below the green line cannot transmit the virus to others.



As you can see, the viral levels increase rapidly from about day 3 until day 5. The immune system (if working properly) gains the upper hand and the viral levels then drop precipitously. Imagine running Ct up to 40 or more, amplifying the sample exponentially in order to trigger a "positive" as most labs have done during the pandemic and you can understand why the rates of false positives are so high.

As you will see in a few pages, people that are infected and never develop symptoms are not infecting others. Looking at the graph above, these are most likely people that if tested have viral loads below the green line. They have such strong innate immune response (natural killer cells, etc.), that their immune system prevents the exponential growth of the virus. Children are great examples. They have very robust innate immune response capabilities. That innate immune response can be optimized with a preventative strategy. That's not to say that everyone that does this will avoid symptoms. But, in doing so they stand a much better chance of experiencing a milder case. Check out the strategy I have posted on my web site for an example of such an approach **HERE**.

Many people are being quarantined for no reason-

If someone gets a PCR test on day 6, has to wait 3-4 days to get the results and is at day 10 post infection, they are no longer able to infect others. But what is the protocol being used? They are told to quarantine for 14 days when there is NO reason for them to do that at that point, since the only reason to quarantine an infected person is to prevent the spread to others. The same thing is true for the majority of people that test

positive (and not a false positive, but that's a whole other issue that happens quite often as you will see). **Again, according to Dr Mina 70% of people that test positive are not able to transmit the infection to others.**

The test that Dr. Mina has been working tirelessly to promote could be revolutionary in the whole COVID narrative.

"Paper antibody tests", is the term used for simplicity for this new type of test. This is paper coated with monoclonal antibodies that can detect antigens. They are not detecting RNA like the PCR Test, but just antigens.

This test has several benefits:

- It is a home test
- It only costs about $1 per test
- The results return in about a minute
- It identifies if you are contagious

So, the whole point is that people will be positive on the RT-PCR Test, because it is so sensitive, that it can detect fragments of virus which can turn the test positive, even when the person is no longer at risk for transmitting the disease. Therefore, with our current approach, we have no idea when a person tests positive for COVID-19 with the RT-PCR Test, if they are capable of infecting others. Whereas this paper test for antigens will. This could be revolutionary, because we could now know whether a person can go back to work of school after testing positive for COVID-19. This approach is how we can safely get society fully open!

A family could purchase a box of the test strips and test each family member twice a week. If negative, go about your business. If positive, stay home and treat accordingly. Then continue to test twice weekly until you return a negative test. That may only take 4-8 days. At that point you could return to work, school, the gym and social activities, knowing full well that you are not going to put anyone else at risk.

Unfortunately, these paper tests have been hung up in bureaucratic red tape. An incredible amount of investment and effort has gone into the PCR development and distribution.

Here is a video that explains PCR testing, Cycle Thresholds (Ct) and explains the deficiencies of this testing paradigm.

https://www.youtube.com/watch?v=S_1Z8cSXI-Q

PCR testing has had flaws from the start

A November 6th report from NPR.org titled, **CDC Report: Officials Knew Coronavirus Test Was Flawed But Released It Anyway**, reveals that the test was released when it was shown that it would fail a third of the time.

Highlights from the article:
The FDA had required a particular protocol be followed when designing the test, and the lab didn't seem to be using the correct one, it said. "The first round of [quality control] for final kit release used an 'incorrect' testing procedure," it said. "Later in the timeline, detection of a 33 percent kit failure" using the correct quality control protocols "did not result in a kit recall or a performance alert."

The FDA had required a particular protocol be followed when designing the test, and the lab didn't seem to be using the correct one, it said. "The first round of [quality control] for final kit release used an 'incorrect' testing procedure," it said. "Later in the timeline, detection of a 33 percent kit failure" using the correct quality control protocols "did not result in a kit recall or a performance alert."

HHS officials said there was nothing intrinsically wrong with the test Lindstrom's lab built but had Lindstrom been at the infectious disease lab longer, he might have pulled a MERS test out of the freezer and used that as the template for a coronavirus test instead because it had more in common with a respiratory virus than influenza did.

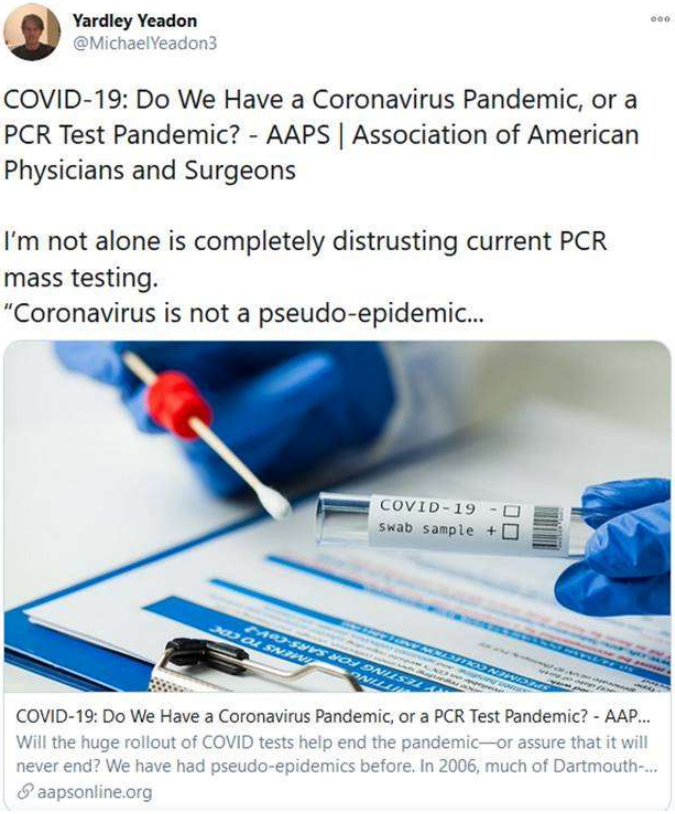
Because the respiratory disease lab had fewer entrenched systems than Lindstrom's previous lab, the review also found that basic mistakes were made. "The absence or failure of document control to ensure the use of a single verified correct test quality control procedure matching [Emergency Use Authorization] procedure," the review said, "resulted in deficiencies."

Wroblewski agreed. "The thing that hangs me up most is probably the 33% and not recalling or not immediately going to remanufacture or something at that point," she said, "because 33% is clearly a lot."

Compounding the problem, officials said, was the fact that the CDC had not established specific benchmarks for the test. There was not, for example, an agency directive that said the test needed to be correct some specific percentage of the time before it could be released.

Because there was no benchmark set for acceptance, it became Lindstrom's call. He appears to have decided either that the last quality control test was wrong or that the 33% failure rate was acceptable, officials said.

Posts by former Pfizer science executive criticize PCR test false positive rate inaccuracies



Dr. Yeadon is on record saying that the current "epidemic" of positive cases is much overblown and inaccurate. He believes that under controlled laboratory conditions, the PCR accuracy is much better. But in the commercialization and supply chain of mass testing, such as the world has never seen, the false positive rates are amplifying the numbers significantly.

An article titled, **COVID-19: Do We Have a Coronavirus Pandemic, or a PCR Test Pandemic?** echoes Dr. Yeadon's concerns.

From the article:

Will the huge rollout of COVID tests help end the pandemic—or assure that it will never end?
We have had pseudo-epidemics before. In 2006, much of Dartmouth-Hitchcock Medical Center was shut down, and 1,000 employees were furloughed or quarantined, because whooping cough was thought to be spreading like wildfire based on 142 positive PCR tests.

The employees also had cultures taken, and a couple weeks later not a single one had a positive culture for the slow-growing bacteria, *Bordetella pertussis*. There had simply been an outbreak of some other ordinary respiratory disease, not the dreaded whooping cough. Gina Kolata wrote in *The New York Times*: "Faith in Quick Test Leads to Epidemic That Wasn't."

It is not so easy to culture a virus, and cultures of SARS-CoV-2 are not routinely done. Unlike in previous epidemics (SARS-CoV-1, H1N1 influenza, Ebola, or Zika), World Health Organization (WHO) guidance has no requirement or recommendation for a confirmatory test in COVID-19. *(isn't that strange?)*

Having great-sounding numbers, say a specificity of 99 percent, is not enough. For all tests, the predictive value of a positive test depends on the prevalence of disease. If most of the persons tested are free of disease, a positive test may be more likely to be a false than a true positive. This could at least partially explain the reports of large numbers of asymptomatic carriers of SARS-CoV-2.

Failure to recognize the problem of false positives has consequences—such as possible quarantining of uninfected with infected individuals.

The CDC limits the primers and probes that may be used for PCR testing. For the viral sequences that may be used for viral surveillance and research, the CDC posts this disclaimer on its website, cdc.gov: "Every effort has been made to assure the accuracy of the sequences, but CDC cannot provide any warranty regarding their accuracy."

End of excerpts
https://aapsonline.org/covid-19-do-we-have-a-coronavirus-pandemic-or-a-pcr-test-pandemic/

Many of these issues have been known by the FDA for months. Yet the media and those pushing the agenda of raging out-of-control disease are once again M.I.A. from doing their job.

The statement about the majority of people testing positive without symptoms is verified The Office of National Statistics in the UK which has found that only 22% are showing any symptoms of COVID-19 when the

test says that they have it. https://www.diabetes.co.uk/news/2020/jul/majority-of-people-with-a-positive-covid-19-test-are-symptom-free.html

CEO of a major PCR testing company, also an esteemed pathologist calls what is going on "the greatest hoax ever perpetuated on an unsuspecting public"

Mercola.com published an article on December 9th, 2020 exposing the fallacies of PCR testing and the catastrophic consequences it has caused for the world.

According to Dr. Roger Hodkinson, one of Canada's top pathologists and an expert in virology, the COVID-19 pandemic is the "greatest hoax ever perpetrated on an unsuspecting public." Hodkinson made these blunt statements during a zoom conference with an Alberta Community and Public Services Committee (see video in link below).

Hodkinson is the CEO of Western Medical Assessments, a biotech company that manufactures COVID-19 PCR tests, so "I might know a little bit about all this," he said, adding that the entire situation represents "politics playing medicine," which is "a very dangerous game."[1]

He stressed that PCR tests simply cannot diagnose infection and mass testing should therefore cease immediately. He also pointed out that social distancing is useless as the virus "is spread by aerosols which travel 30 meters or so."

https://articles.mercola.com/sites/articles/archive/2020/12/09/coronavirus-hoax.aspx

And one last criticism from one of the most highly respected and acclaimed researchers in the world, Tom Jefferson.

Tom Jefferson is a British epidemiologist, based in Rome, Italy, who works for the Cochrane Collaboration. Jefferson is an author and editor of the Cochrane Collaboration's acute respiratory infections group, as well as part of four other Cochrane groups. He is also a founding member of the Brighton Collaboration. He is also an advisor to the Italian National Agency for Regional Health Services.

The article published in the ***Daily Mail*** December 12th, 2020.

Some excerpts

The PCR verdict cannot tell these individuals whether they need to self-isolate or whether they might need treatment – the things that really matter to them and society.

In some cases, for example, viral RNA might be present in such very low quantities that an individual is not at all infectious and poses zero danger. In other cases, the swabs might pick up RNA which is so old it is completely dead, as people continue shedding material from the virus up to 80 days after the initial infection.

As Newcastle University's Professor Allyson Pollock said recently, the PCR tests were never designed to be used across entire populations. The manufacturer's instructions, she says, make it clear that they are no more than a tool to help with diagnosis and they are 'not to be used on healthy people with no symptoms'.

All precision has been sacrificed and instead we are blundering through – imprisoning people in their homes, further crippling the economy long after the infection has vanished.

This is why we must treat the Government's daily tally of cases – often in five figures – with a huge dose of salt. And why we must restrict the reporting of positive coronavirus diagnoses to those who are infectious to others. These are the people who matter in a pandemic.

We must reach agreed laboratory standards for how swabs are processed so that one result can be meaningfully compared with another. And we must bring this indiscriminate regime of mass tests to a halt, concentrating instead on those who have good reason to believe they have the virus.

The alternative is yet more agonising muddle and delay. More needless damage to lives and livelihoods, more pointless suffering.

https://www.dailymail.co.uk/health/article-9046363/DR-TOM-JEFFERSON-fear-mania-mass-Covid-testing-hugely-expensive-blunder.html

A better way to ensure PCR accuracy

And a solution to the problem with PCR accuracy… a paper by Dr. Sin Hang Lee M.D.

CDC Coronavirus Test Kits Generate *30% False Positive and 20% False Negative Results* - Connecticut Pathologist's Newly Published Findings Confirm
https://www.businesswire.com/news/home/20200717005397/en/CDC-Coronavirus-Test-Kits-Generate-30-False

It looks to me that the title of that article would indicate that the PCR test results are wrong 50% of the time! Yet we are making crushing policy decisions based on highly inaccurate data.

Some takeaways from the abstract:

Currently, molecular tests for SARS-CoV-2 infection are primarily based on reverse transcription-quantitative polymerase chain reaction (RT-qPCR) on cell-free fluid samples of respiratory tract specimens. These tests measure the rate of fluorescent signal accumulation as a surrogate for direct DNA sequence determination and are known to generate false-negative and false-positive results. The author has developed a routine protocol to test the cellular components of respiratory tract specimens instead of cell-free fluids only and to use conventional nested RT-PCR to amplify the target nucleic acid for high detection sensitivity. A 398-bp heminested PCR amplicon is used as the template for direct DNA sequencing to ensure no false-positive test results.

Using this protocol to re-test 20 reference samples prepared by the Connecticut State Department of Public Health, the author found 2 positives among 10 samples classified as negative by RT-qPCR assays. One of these two positive samples contained a mutant with a novel single nucleotide insertion in the N gene and a wild-type parental SARS-CoV-2. Of the 10 samples classified as positive by RT-qPCR assays, only 7 (7/10) were confirmed to contain SARS-CoV-2 by heminested PCR and DNA sequencing of a 398-bp amplicon of the N gene.

Routine sequencing of a 398-bp PCR amplicon can categorize any isolate into one of 6 clades of SARS-CoV-2 strains known to circulate in the United States. The author proposes that extremely accurate routine laboratory tests for SARS-CoV-2 be implemented as businesses attempt to return to normal operation in order to avoid raising false alarms of a re-emerging outbreak. False-positive laboratory test reports can easily create unnecessary panic resulting in negative impacts on local economies.

End of excerpts

You can access his paper here: http://www.int-soc-clin-geriat.com/info/wp-content/uploads/2020/03/Dr.-Lees-paper-on-testing-for-SARS-CoV-2.pdf

Based on a lie?

On November 27th, 2020, **twenty-two renowned international scientists** petitioned for the retraction of the original study showing PCR testing to be a credible source of identifying infection from SARS-CoV-2. They contend that there are 10 fatal flaws in the study leading to extreme false positives and the results and reliance on this study **according to the authors have led to "worldwide misdiagnosis of infections attributed to SARS-CoV-2 and associated with the disease COVID-19. We are confronted with stringent lockdowns which have destroyed many people's lives and livelihoods, limited access to education and these imposed restrictions by governments around the world are a direct attack on people's basic rights and their personal freedoms, resulting in collateral damage for entire economies on a global scale".**

Some of them included the former head of research of Pfizer Dr. Michael Yeadon, the geneticist Kevin McKernan (the main initiator of the Human Genome Project), who holds several patents in the field of PCR diagnostics, the molecular geneticist Dr. Pieter Borger, PhD, the specialist for infectious diseases and preventive medicine Dr. Fabio Franchi, the microbiologist and immunologist Prof. emerit. Dr. Makoto Ohashi and the cell biologist Prof. Dr. Ulrike Kämmerer.

The paper goes on to detail the flaws and serious errors in the study that invalidate the results.

https://cormandrostenreview.com/report/

At the end of the day, I believe that the paper home tests promoted by Dr. Michael Mina are the real answer. They are fast, inexpensive, can be administered at home and give real time results about whether a person is contagious or not. That approach would prevent unnecessary quarantine, allow life, business and society to resume and allow us to focus on safeguarding the elderly and those with serious comorbidities, the only people really threatened by COVID-19.

Here are other examples of the problems with PCR testing.

From the FDA: **Risk of Inaccurate Results with Thermo Fisher Scientific TaqPath COVID-19 Combo Kit - Letter to Clinical Laboratory Staff and Health Care Providers.**
https://www.fda.gov/medical-devices/letters-health-care-providers/risk-inaccurate-results-thermo-fisher-scientific-taqpath-covid-19-combo-kit-letter-clinical?

And this: **False Positive Results with BD SARS-CoV-2 Reagents for the BD Max System - Letter to Clinical Laboratory Staff and Health Care Providers**

https://www.fda.gov/medical-devices/letters-health-care-providers/false-positive-results-bd-sars-cov-2-reagents-bd-max-system-letter-clinical-laboratory-staff-and

The mRNA vaccines are an experimental project and have never been used in humans before

Mary Holland, vice chair and general counsel for ***Children's Health Defense*** said the following: "New vaccine technology will likely mean new kinds of vaccine injuries. Because there's never been a licensed mRNA vaccine before, we really don't know what injuries are going to look like."

What exactly is mRNA technology? *Fast Company* describes it this way:

"Like other vaccines, mRNA vaccines work by training the immune system to recognize a threat like a virus and begin producing antibodies to protect itself. But while traditional vaccines often use inactivated doses of the organisms that cause disease, mRNA vaccines are designed to make the body produce those proteins itself. Messenger RNA — a molecule that contains instructions for cells to make DNA — is injected into cells. In the case of COVID-19, mRNA vaccines provide instructions for cells to start producing the 'spike' protein of the new coronavirus, the protein that helps the virus get into cells. On its own, the spike protein isn't harmful. But it triggers the immune system to begin a defensive response. As Bill Gates, who has supported companies like Moderna and BioNTech through the Gates Foundation, has described it, '**you essentially turn your body into its own manufacturing unit.'**" https://www.fastcompany.com/90573488/how-pfizers-covid-19-vaccine-works-mrna

Watch the Chief Medical Officer of the ***Moderna*** mRNA vaccine explain how their vaccine is **"hacking the software of life"**. https://www.instagram.com/p/CIJWGzunJgo/?igshid=bq8150epb69b

I don't know about you, but it seems that whenever pharma starts bio-hacking the natural processes of the human body something bad happens. Again, new technology never been used in a vaccine before, rushed to market, shortcutting trials and already producing millions of doses, applying for emergency use authorization (because it is still in experimental stages)….WHAT CAN POSSIBLY GO WRONG!

The mRNA technology uses a lipid nanoparticle (LNP) incorporating PEG and is suspected in severe anaphylactic reactions in two UK healthcare workers

An ingredient called **Polyethylene Glycol (PEG)** is suspected as the culprit. PEG is used in the envelope that encloses the mRNA and is highly reactogenic in people that are sensitive to the chemical.

When Robert F. Kennedy found out about the controversial ingredient three moths prior, he warned the FDA in a letter about the potential dangers of putting it in the experimental COVID-19 vaccines. In a December 12th article by Lyn Redwood of ***Children's Health Defense***, an ingredient in the Moderna and Pfizer vaccines can lead to life-threatening reactions.

According to the article:

A mass vaccination campaign that targeted frontline workers to receive the vaccine began on Dec. 8. Within 24 hours of launching the campaign, MHRA acknowledged two reports of anaphylaxis and one report of a possible allergic reaction.

Reuters reported late yesterday afternoon that an investigation into the anaphylactic reactions by MHRA has identified polyethylene glycol, or PEG, as the likely culprit.

Moderna, Pfizer/BioNTech and Arcturus Therapeutics COVID vaccines all utilize a never-before-approved messenger RNA (mRNA) technology, an experimental approach designed to turn the body's cells into viral protein-making factories. This technology involves the use of lipid nanoparticles (LNPs) that encapsulate the mRNA to protect them from degradation and promote cellular uptake.

The LNP formulations in the three COVID-19 mRNA vaccines are "PEGylated," meaning that the vaccine nanoparticles are coated with a synthetic, non-degradable and increasingly controversial PEG.

COVID mRNA vaccines are not the only vehicle for PEG involvement in COVID-19 vaccine production. Researchers at Germany's Max Planck Institute report developing a process for COVID-19 vaccine production to purify virus particles at "high yield." The process involves adding PEG to a virus-containing liquid and passing the liquid through membranes.

On Sept. 25, Robert F. Kennedy, Jr., chairman and chief legal counsel for Children's Health Defense (CHD), notified the Steven Hahn, director of the U.S. Food and Drug Administration (FDA), Dr. Peter Marks director of FDA's Center for Biologics Evaluation and Research and Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases, of the serious and possibly life-threatening anaphylactic potential of PEG.

You can see the letter by going to the link to the article below.

An extensive review of PEG therapeutics, published in 2013, documented adverse effects of PEGylation and questioned the wisdom behind the continued use of PEG in drug development. The authors concluded that "the accumulating evidence documenting the detrimental effects of PEG on drug delivery make it imperative that scientists in this field break their dependence on PEGylation."

More evidence and links to studies about these concerns can be found in the article on CHD's web site.

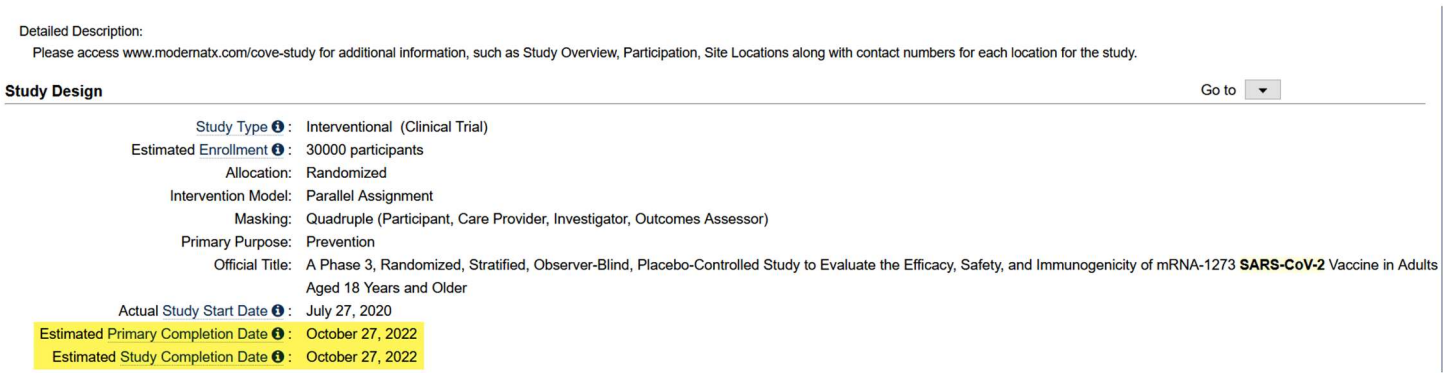
https://childrenshealthdefense.org/defender/pfizer-covid-vaccine-reaction-fda-peg/

A major concern is that the public is unwittingly becoming part of the clinical trials and the largest human experiment in history

Is there proof of that? Yes! When are the clinical trials set to be completed? See below.

The Moderna Trial is due to complete October 27, 2022. WHAT? Nearly 2 years from now? Yes. See the screen captures below from the clinicaltrials.gov website. That just confirms that the public is part of the clinical trials! With tens of millions of doses rolling off production lines now, are they going to inform each recipient of their participation in this experiment by informed consent, or just proceed without notification and consent?

https://clinicaltrials.gov/ct2/show/NCT04470427?term=Moderna&cond=covid-19&draw=2&rank=1



Detailed Description:
Please access www.modernatx.com/cove-study for additional information, such as Study Overview, Participation, Site Locations along with contact numbers for each location for the study.

Study Design Go to

Study Type :	Interventional (Clinical Trial)
Estimated Enrollment :	30000 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
Primary Purpose:	Prevention
Official Title:	A Phase 3, Randomized, Stratified, Observer-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Immunogenicity of mRNA-1273 **SARS-CoV-2** Vaccine in Adults Aged 18 Years and Older
Actual Study Start Date :	July 27, 2020
Estimated Primary Completion Date :	October 27, 2022
Estimated Study Completion Date :	October 27, 2022

https://clinicaltrials.gov/ct2/show/NCT04470427?term=Moderna&cond=covid-19&draw=2&rank=1

For the Pfizer/ BionTech vaccine, the trial is not scheduled to be completed until January 29th 2023.

https://www.clinicaltrials.gov/ct2/show/NCT04368728

Condition or disease	Intervention/treatment	Phase
SARS-CoV-2 Infection	Biological: BNT162b1	Phase 2
COVID-19	Biological: BNT162b2	Phase 3
	Other: Placebo	

Study Design Go to

Study Type :	Interventional (Clinical Trial)
Estimated Enrollment :	43998 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Triple (Participant, Care Provider, Investigator)
Primary Purpose:	Prevention
Official Title:	A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS
Actual Study Start Date :	April 29, 2020
Estimated Primary Completion Date :	August 1, 2021
Estimated Study Completion Date :	January 29, 2023

https://www.clinicaltrials.gov/ct2/show/NCT04368728

So as you can see, the public rollout comes about 2 years BEFORE the completion of the clinical trials! You are part of the experiment. Yet, the odd thing is that they only plan on following the vaccinated group a very brief period of time (see next section).

Go back and read the first paragraph of this paper again for emphasis regarding the Nuremberg violations of experimenting on an unknowing person without their consent. After you do and then read this, realize that if you are injured now or later from the vaccine, you have NO RECOURSE. The government and drug companies have been given complete immunity (pun intended) from legal action. So, all that to say, unless you get full informed consent of all the possible risks including autoimmune disease, cancer and a litany of other serious complications including death and then sign off on the fact that you understand that you are a willing participant in an experiment with an experimental product (vaccine), your rights have been violated under the Nuremberg Code. In addition, if you are not informed of all the possible risks associated with receiving the vaccine, accepting and signing off on those risks you have not been given the right to full informed consent that is required legally and ethically for every medical procedure, even the ones that are low risk or benign.

Follow-up periods for Phase 3 clinical trials are not nearly long enough

How long would it be reasonable to follow subjects of a vaccine trial after they are injected to see if they suffered any adverse effects? Is 2 weeks long enough? Is 1 month long enough? Is 6 months? 12 months? Well with emergency use authorization being given after only 3 months of Phase 3 trial data, do you feel comfortable becoming part of the experiment?

You may be interested to know that if you are vaccinated in the trial and don't drop out, they only follow you for adverse effects for the following period.

- **Pfizer/BionTech**- 1 month after second dose and 6 months for serious adverse events.
- **Moderna**- with **Solicited Local and Systemic Adverse Reactions** (ARs) [Time Frame: Up to Day 8 (7 days after first dose) and up to Day 36 (7 days after second dose)
  Unsolicited AEs [Time Frame: Up to Day 57 (28 days after each dose)
- **AstraZeneca/Oxford**- 1 month after second dose and 6 months for serious adverse events.

Another caveat is, that the FDA doesn't consider certain side effects serious, so they will only be tracked for 1 month. These include, but are not limited to alopecia, autoimmune disease, lupus erythematosus, vasculitis, Bell's Palsy, hypotonia, migraine, myelitis, neuropathy, seizures, mental disorders, rhinitis, and vertigo. The ironic thing is that many of these take months or years to even show up.

In both the case of Pfizer and AstraZeneca, they plan on tracking effectiveness for 2 years, so why not track adverse health effects for the same period also?

Thanks to the ***Informed Consent Action Network*** https://icandecide.org for providing this information.

According to Clinicaltrials.gov, if someone withdraws from the studies due to "Adverse Events (AEs) or Medically Attended AEs (MAAEs) Leading to Withdrawal [Time Frame: Up to Day 759 (2 years after second dose)]".
https://www.clinicaltrials.gov/ct2/show/NCT04470427

In other words, then they will track them for 2 years if they drop out. Why not if they stay in?

What are the vaccines designed to do? And, what does "effective" really mean in the percentage of effectiveness rates touted by the press releases and repeated ad nauseum by the media?

An October 22nd article titled, **Coronavirus Vaccine Trials Underway May Not Tell if the Shots Save Lives of COVID-19 Patients: British Medical Journal Expert**, highlights shortcomings of the COVID-19 vaccines, as expressed by one of the world's foremost medical experts.

From the article:

What most people do not realize is that the vaccines are not even designed to prevent COVID-19. What? None of the vaccines are designed to actually prevent infection. The primary measure of success is whether or not

the vaccine results in fewer symptoms when you're infected with SARS-CoV-2. And the bar is set so low, that the proforma for the vaccines consider a 50% rate in decreasing symptoms a success.

Writing in the ***British Medical Journal*** (***BMJ)***, **Associate Editor Peter Doshi**, said that several COVID-19 vaccine trials are now in their most advanced (phase 3) stage, but expressed reservations about what will it mean exactly when a vaccine is declared "effective"?

From the letter:

Many may assume that successful phase 3 studies will mean we have a proven way of keeping people from getting very sick and dying from COVID-19. And a robust way to interrupt viral transmission. Yet the current phase 3 trials are not actually set up to prove either, Doshi said. "None of the trials currently underway are designed to detect a reduction in any serious outcome such as hospitalisations, intensive care use, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus," he wrote.

He explained that all ongoing phase 3 trials for which details have been released are evaluating mild, not severe, disease—and they will be able to report final results once around 150 participants develop symptoms.

But Doshi raised another important issue—that few or perhaps none of the current vaccine trials appear to be designed to find out whether there is a benefit in the elderly, despite their obvious vulnerability to COVID-19. If the frail elderly is not enrolled into vaccine trials in sufficient numbers to determine whether there is a reduction in cases in this population, "there can be little basis for assuming any benefit against hospitalisation or mortality," he warned.

Follow-up:

Dr. Doshi released another opinion letter January 4th, 2021 highly critical of how the Pfizer and Moderna trials determined their rates of "effectiveness". The letter titled **Peter Doshi: Pfizer and Moderna's "95% effective" vaccines—we need more details and the raw data**, reported that because of exclusionary data the actual effectiveness (and remember that only means reduction of COVID-19 symptoms), should have been reported as between 19% and 29%! In other words, the numbers had to be manipulated to get to the approximately 95% effectiveness that was reported. Remember Peter Doshi is the ***Associate Editor of the British Medical Journal (BMJ)*** and is a highly credible scientifically qualified source to analyze the data and comment on it.

From his letter:

"Suspected covid-19"

All attention has focused on the dramatic efficacy results: Pfizer reported 170 PCR confirmed covid-19 cases, split 8 to 162 between vaccine and placebo groups. But these numbers were dwarfed by a category of disease called "suspected covid-19"—those with symptomatic covid-19 that were not PCR confirmed. According to FDA's report on Pfizer's vaccine, there were "3410 total cases of suspected, but unconfirmed covid-19 in the overall study population, 1594 occurred in the vaccine group vs. 1816 in the placebo group."

With 20 times more suspected than confirmed cases, this category of disease cannot be ignored simply because there was no positive PCR test result. Indeed this makes it all the more urgent to understand. A rough estimate of vaccine efficacy against developing covid-19 symptoms, with or without a positive PCR test result, would be a relative risk reduction of 19% (see footnote)—far below the 50% effectiveness threshold for

authorization set by regulators. Even after removing cases occurring within 7 days of vaccination (409 on Pfizer's vaccine vs. 287 on placebo), which should include the majority of symptoms due to short-term vaccine reactogenicity, vaccine efficacy remains low: 29% (see footnote).

However, if confirmed covid-19 is on average more severe than suspected covid-19, we must still keep in mind that at the end of the day, it is not average clinical severity that matters, it's the incidence of severe disease that affects hospital admissions. With 20 times more suspected covid-19 than confirmed covid-19, and trials not designed to assess whether the vaccines can interrupt viral transmission, an analysis of severe disease irrespective of etiologic agent—namely, rates of hospitalizations, ICU cases, and deaths amongst trial participants—seems warranted, and is the only way to assess the vaccines' real ability to take the edge off the pandemic.

There is a clear need for data to answer these questions, but Pfizer's 92-page report didn't mention the 3410 "suspected covid-19" cases. Nor did its publication in the *New England Journal of Medicine*. Nor did any of the reports on Moderna's vaccine. The only source that appears to have reported it is FDA's review of Pfizer's vaccine.

The 371 individuals excluded from Pfizer vaccine efficacy analysis

Another reason we need more data is to analyse an unexplained detail found in a table of FDA's review of Pfizer's vaccine: 371 individuals excluded from the efficacy analysis for "important protocol deviations on or prior to 7 days after Dose 2." What is concerning is the imbalance between randomized groups in the number of these excluded individuals: 311 from the vaccine group vs 60 on placebo. (In contrast, in Moderna's trial, there were just 36 participants excluded from the efficacy analysis for "major protocol deviation"—12 vaccine group vs 24 placebo group.)

What were these protocol deviations in Pfizer's study, and why were there five times more participants excluded in the vaccine group? The FDA report doesn't say, and these exclusions are difficult to even spot in Pfizer's report and journal publication.

We need the raw data

Addressing the many open questions about these trials requires access to the raw trial data. But no company seems to have shared data with any third party at this point.

Pfizer says it is making data available "upon request, and subject to review." This stops far short of making data publicly available, but at least leaves the door open. How open is unclear, since the study protocol says Pfizer will only start making data available **24 months after study completion**. ***(My emphasis and comment: and the study isn't scheduled to be completed until January 29th, 2023. That makes the release of the raw data January 29th, 2025! This is absurd with an experimental rushed to market product).***

Moderna's data sharing statement states data "may be available upon request once the trial is complete." This translates to sometime in mid-to-late 2022, as follow-up is planned for 2 years.

Things may be no different for the Oxford/AstraZeneca vaccine which has pledged patient-level data "when the trial is complete." And the ClinicalTrials.gov entry for the Russian Sputnik V vaccine says there are no plans to share individual participant data.

Footnote: Calculations in this article are as follows: 19% = 1 – (8+1594)/(162+1816); 29% = 1 – (8 + 1594 – 409)/(162 + 1816 – 287). I ignored denominators as they are similar between groups.

End of excerpts: Follow the link below to read the rest of the article

https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/

On 5 February 2021 he published a clarification to this piece. It is available here. It basically addressed some criticisms of his calculations which he defended aptly.

For those that want to see more evidence of the "fuzzy math" used to determine the "effectiveness" and the risks of the mRNA vaccines you can read this excellent article…
https://everlyreport.com/what-you-need-to-know-about-the-covid-vaccine/

"Significantly noticeable" side effects in the trials

A December 1st ***CNBC*** article cited a 10-15% rate of "significantly noticeable" side effects from the Pfizer and Moderna vaccines in their Phase 3 trials. https://www.cnbc.com/2020/12/01/trump-covid-vaccine-czar-says-side-effects-significantly-noticeable-in-10percent-to-15percent-of-recipients.html

Some key points:

- President Trump's coronavirus vaccine czar said Pfizer's and Moderna's Covid-19 vaccines are safe, with only 10% to 15% of volunteers reporting "significantly noticeable" side effects.

- The side effects can last up to a day and a half, said Dr. Moncef Slaoui, who is leading the Trump administration's Covid-19 vaccine program Operation Warp Speed.

The obvious and immediate side effects from the vaccine include (and sound very similar to what mild to moderate COVID patients are experiencing)**:**

- Fever (and typically higher in the vaccinated group vs. people with COVID-19)
- Severe headache (both fever and severe headache are related to brain swelling after vaccination)
- Muscle aches
- Chills
- Day long exhaustion

Dr. Moncef Slaoui, who is leading the Trump administration's Covid-19 vaccine program Operation Warp Speed also said…

"The longer, more important kind of adverse events such as some autoimmune disease or others have not been reported in a different way between the placebo group and the vaccine group in these two trials, which is very reassuring," he told The Washington Post. "I always make sure we say that [while] we know the short term and I'm going to call it midterm effects of the vaccine is now well understood, the very long-term safety is not yet understood by definition."

End of excerpts

The vaccine's immediate side effects can be worse than people suffer from mild to moderate COVID-19

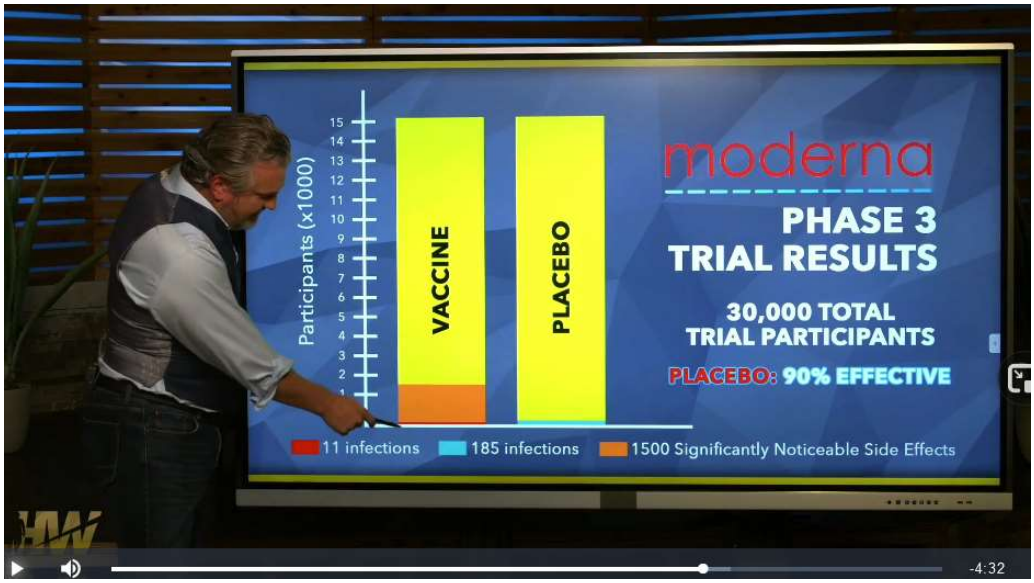
Well, that quote from Dr. Slaoui is a real smoke screen. Autoimmune disease, cancer or other chronic metabolic diseases take much longer to rear their ugly head, typically months or even years, not just the short 2 to 3 months since participants were injected. And, I would have to assume that someone like Dr. Slaoui should know that. So, the comment must just be window dressing meant to make the public more "comfortable" with the vaccines.

People need to ask themselves if that is worth taking the risk of serious adverse vaccine reactions and potential long-term health consequences. On a recent episode of the ***Highwire***, Del Bigtree showed a graphic example of how the people in the vaccine trials suffered more symptoms from the vaccines than symptoms suffered by the placebo group. Later in this document, you will see excerpts from a ***New York Post*** article showcasing examples from vaccine trial participants describing how severe the side effects can become.

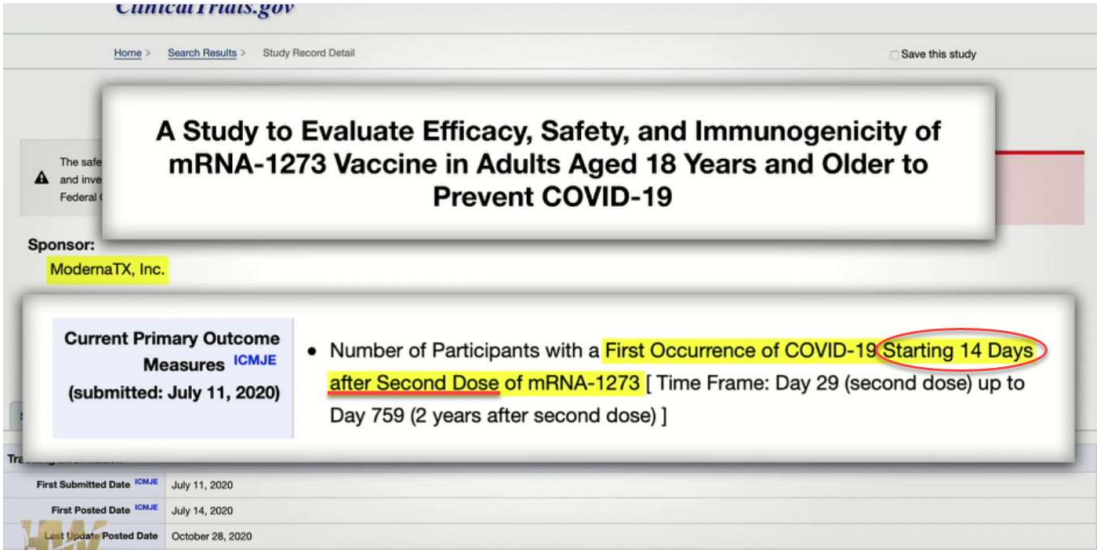
In the graphic below looking at the Moderna vaccine and using the 10-15% range of people experiencing significant side effects, Del shows that if just 10% (1,500 of 15,000 getting the shots) experienced those types of symptoms, the number of people experiencing those significant side effects from the vaccine would far exceed the 185 out of the 15,000 in the placebo group that did not get the vaccine and developed symptoms of COVID-19. Also, as we now know from the experts on PCT testing, the tests are false positives 30% of the time, so out of the 185 positives, there may have been only 125 true COVID-19 positives. Also consider that in the total population, it is estimated that approximately, 50% of people have zero to minimal symptoms from COVID-19. That could mean that out of the approximately 125 that truly had the infection, around 60 would most likely have little or no symptoms.

To make the differences even greater, we could use the higher range (15%) of the estimated number experiencing significant side effects from the vaccine which would be 2,250 people. That would be around 60 or so people having significant symptoms from COVID-19 and 2,250 people in the vaccinated group. Which odds would you take? And considering the risk factors for COVID-19, advanced age and if you have significant co-morbidities would need to be considered.

This is a screen capture from the episode "How Effective is the COVID-19 vaccine".
https://thehighwire.com/videos/how-effective-is-the-covid-19-vaccine/



So, in looking at the graphic above and considering the percentage of vaccinated subjects experiencing side effects, the unvaccinated group (placebo) fared much better than the vaccinated group, with at least 90% fewer people having symptoms. Why don't all these people with symptoms show up in the data? Because as Del points out so brilliantly in this same video clip as above, they don't start monitoring for symptoms (including adverse effects from the vaccine), until 14 days AFTER the second shot. See what I've circled and underlined in the screenshot below.



https://thehighwire.com/videos/how-effective-is-the-covid-19-vaccine/

And, as you will see in this next section, reducing symptoms was the primary endpoint and expectation for the vaccine in the first place. So with that being the case, the vaccine is actually a miserable failure with regard to its stated purpose and the expectations! Don't believe me? Listen to what Anthony Fauci has recently said in this next segment.

Lowering the bar for expectations for the vaccines

In an article posted on ***the Blaze.com*** October 27th, titled, **Fauci says early COVID vaccines will prevent symptoms, not block disease — and may be only 50% to 60% effective**, the bar for the definition of success is definitely being set extremely low.

From the article:

Dr. Anthony Fauci says that early COVID-19 vaccines will likely only prevent symptoms — not stop transmission. He also pointed out that such vaccines may only be 50% or 60% effective.

What are the details?

According to a report from ***Yahoo! Finance***, Fauci, director of the ***National Institute of Allergy and Infectious Diseases***, cautioned that early vaccines are simply aimed at preventing or reducing symptoms of coronavirus infection.

"If the vaccine allows you to prevent initial infection, that would be great," he said in remarks. "[But] the primary endpoint [is] to prevent clinically recognizable disease."

My comment: It is shocking to me that preventing infection with SARS-CoV-2 is not a criterion for success in these vaccine trials. The vaccine trials are not even designed to see if the vaccine will reduce hospitalizations or death. If the vaccine cannot reduce infection, hospitalization or death, then it cannot end the pandemic, which means everyone who takes the vaccine thinking it will help to "save grandma" or to "do their part" to protect others, will be doing so in vain.

My questions are:

Safe with limited short-term trials? Trials that never tested subjects that are at high risk for COVID-19. Elderly people and those with serious comorbidities have not been tested. What happens when millions of those people become that arm of the trial? Will the cure be worse than the disease?

What is the point? The vaccines WON'T or aren't designed to prevent transmission, reduce cases, reduce hospitalizations, reduce ICU bed utilization, ventilators or deaths. So really what is the point? For a person to assume short and long-term risk of adverse health consequences from an experimental "Warp Speed" vaccine, for a 50% chance it may reduce their symptoms to some degree, is ludicrous. After all, it is estimated that 50% or more of people that contract COVID-19 experience very mild or no symptoms at all. Therefore, why would younger healthy people who have extremely low risk from COVID-19 need a vaccine at all?

Not only that, but I have more than 2 dozen studies that show good Vitamin D status is protective from respiratory viral infections, including COVID-19. They show that symptoms are much milder, and it reduces the chances of severe of fatal cases. In addition, other studies since the start of the pandemic have found similar results in people with adequate Zinc levels. By being proactive with these and other immune supporting nutrients a person can achieve results similar to what the vaccines are reported to do, without the risk of short or long-term adverse reactions.

You can go to my website and see an article I wrote about Vitamin D and respiratory infectious diseases including COVID-19 with over two dozen references and links to the published research. Read that **HERE**

A look at some of the top COVID-19 vaccine candidates

Moderna's mRNA 1273 Vaccine

When it comes to **the Moderna vaccine**, Dr. Fauci's favored horse in the race, this is what ***ICAN's* legal update** dated August 25th, 2020 had to say.

"The NIH and Moderna have rigged the clinical trial of their COVID-19 vaccine, mRNA-1273, to avoid capturing adverse reactions that occur more than 28 days after injecting this experimental vaccine. ICAN's legal team has filed an emergency petition to stop this unethical conduct."

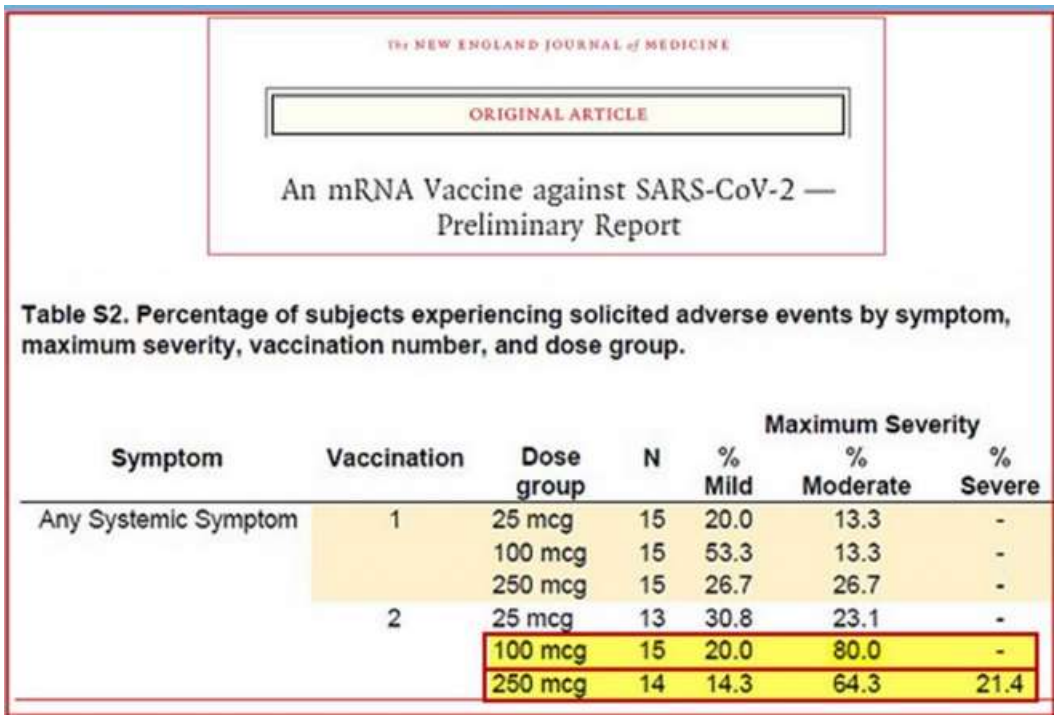
"**Their trick is to only capture adverse reactions that occur more than 28 days after injection *if* the participant withdraws from the clinical trial.** This is nonsensical, since there is little for a participant to withdraw from after getting two doses during the first 28 days of the clinical trial. Once a participant has received both doses, if anything, a participant would have an incentive to remain part of the follow-up check-

ups to address any adverse effects." Link to the Clinical Trials.gov where the trial details are outlined https://www.clinicaltrials.gov/ct2/show/NCT04470427?term=mrna-1273&draw=2&rank=1

"There could be many autoimmune, neurological and chronic health disorders which have a major impact on the quality of life that this experimental vaccine could cause. All of which may only arise more than 28 days after the injection. But yet, as long as the participant does not withdraw from the clinical trial, these will nonsensically be ignored as if they did not occur. This is unethical and renders vacuous any claim of safety for this product based on this trial." To date they have not received a satisfactory response to their petition.

Phase 1 trial

A report in the ***New England Journal of Medicine*** released July 14th, 2020 titled, **An mRNA Vaccine against SARS-Co-V-2 – Preliminary Report**, reveals a high percentage of side effects in Moderna's Phase 1 Vaccine Trial, although the authors and the media did their best to sugar coat it.



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

An mRNA Vaccine against SARS-CoV-2 — Preliminary Report

Table S2. Percentage of subjects experiencing solicited adverse events by symptom, maximum severity, vaccination number, and dose group.

Symptom	Vaccination	Dose group	N	Maximum Severity % Mild	% Moderate	% Severe
Any Systemic Symptom	1	25 mcg	15	20.0	13.3	-
		100 mcg	15	53.3	13.3	-
		250 mcg	15	26.7	26.7	-
	2	25 mcg	13	30.8	23.1	-
		100 mcg	15	20.0	80.0	-
		250 mcg	14	14.3	64.3	21.4

As you can see, 100% of recipients had adverse effects from the 100-mcg dose, with 80% of those being moderate symptoms. **And 100% of the recipients of the 25- mcg dose had adverse effects with 64.3% being moderate and 21.4% experiencing severe reactions.**

As expected, the announcement came shortly afterward that the trial **was successful**, and they were ready to move on to the next phase…Warp speed ahead Scotty!

Pfizer/BionTech

With regard to another vaccine candidate, Pfizer and BioNTech have also rigged the clinical trial of their COVID-19 vaccine, BNT162b, to avoid capturing many potential life-altering adverse reactions that may occur from this experimental vaccine. ***ICAN's*** legal team again filed an emergency petition to stop this unethical conduct as announced in their **Legal Update** dated August 25, 2020. The following is from that update.

The **study design** for the clinical trial for **BNT162b** provides that -- **despite reviewing efficacy for at least 2 years -- it will only capture "adverse events" for 1 month and "serious adverse events" for only 6 months after each dose.**

The adverse events captured beyond a month after injection should not be limited to "serious adverse events," since there are many autoimmune, neurological, and chronic health disorders which have a major impact on the quality of life, yet are **categorized by the FDA** as "adverse reactions" and *not* categorized as "serious adverse reactions." To wit, there are a myriad of post-licensure adverse reactions reported by consumers and physicians and are also listed in the **package inserts** for one or more vaccines that any individual living with would categorize as "serious"; yet the FDA, under its current guidelines, may not. These include, but are not limited to: alopecia, autoimmune disease, lupus erythematosus, vasculitis, Bell's Palsy, hypotonia, migraine, myelitis, neuropathy, seizures, mental disorders, rhinitis, and vertigo.

These artificial limitations are unethical and make any claim of safety for this product based on this trial specious at best.

ICAN's legal team filed a **citizen petition** and an **emergency stay petition** demanding that the clinical trial design for this vaccine be updated to require that all adverse reactions for the entire period of the clinical trial be tracked. These petitions also demand that the number of participants in this trial be increased and that they be tested before and after injection for any T-cells to SARS-CoV-2. ICAN intends to take further legal action if its rational and sensible requests are not met.

Shipping and storage of the Pfizer/Biontech vaccine presents a huge challenge.

The vaccine must be stored at -70 degrees Celsius, which is -94 degrees Fahrenheit. There will undoubtably be problems and times when those temperatures will not be maintained. What happens then? If it goes unnoticed will it render the vaccine simply ineffective, or will it become harmful to the person receiving it? These are real challenges and potential dangers or consequences that will be playing out in real time to real people.

A major flaw in the study design

The Phase 3 trial of the vaccine only required a person to have 1 symptom of COVID-19. No positive PCR test. Not multiple symptoms…one. The problem with that is there are many symptoms that COVID-19 has in common with the common cold, other respiratory viruses and influenza. Without confirmation that the people they say contracted COVID-19 in the study, it invalidates the results. Nothing in the media about this though. Crickets…

If you read Pfizer's and Moderna's press releases and other clinical trial information, you'll see that they have left out some really crucial information. For example:[5]

- They don't say how many cycles they used for the PCR tests they gave to count COVID-19 cases, which is crucial for determining the accuracy of those tests (amplifying and running cycles over 30 to 33 only catches fragments of the virus after infection)

- They don't say whether the "cases" had symptoms or not

- They don't mention anything about hospitalizations or deaths, meaning there is no indication it prevents either

- There is no indication about how long the vaccine lasts if it truly is effective and protective. Some indications suggest you might need to take this vaccine every three to six months in order for it to be effective

Moderna and Pfizer/BionTech vaccines turn cells in the human body into vaccine making machines- It is risky and untested in long-term trials

mRNA technology has NEVER been used in vaccines. Is a rushed to market, abbreviated safety process vaccine pushed on the public as the long-term phase of the trials a good idea? Here is more on the nature of what they will do to your cells.

According to a ***Bloomberg Report***, "The coronavirus vaccines from Moderna Inc., in Cambridge, Mass., and its German rival BioNTech SE propose to immunize people in a radically different way: by harnessing human cells to become miniature vaccine factories in their own right. Instead of virus proteins, the vaccines contain genetic instructions that prompt the body to produce them. Those instructions are carried via messenger RNA, or mRNA."

"Moderna's mRNA-1273 consists of a strand of mRNA that tells the body to produce the spike protein the coronavirus uses to latch onto human cells. The strand is like one side of a zipper; the "teeth" are a sequence of chemical letters that cells read to produce the 1,273 amino acids that make up the spike protein. If the vaccine works as intended, the body will start producing the proteins soon after injection, prompting the immune system to react and build up protective antibodies against them."

According to some experts looking into this technology, if this genetic material recombines with our DNA, in essence we will become Genetically Modified Organisms (GMOs). I'm not 100% convinced of this yet, but if that were the case, just like you can never get the toothpaste back in the tube, how will you undo the splicing of this foreign genetic material from your own unique DNA code?
End of Bloomberg report-

Another leading vaccine candidate the AstraZeneca/Oxford vaccine draws scrutiny

In the same Legal Update August 25, 2020, ICAN's legal team reported the following:

AstraZeneca and the University of Oxford have also rigged the clinical trial of their COVID-19 vaccine, **ChAdox1 nCoV-19**, to avoid capturing many potential life-altering adverse reactions that may occur from this experimental vaccine. ICAN's legal team once again filed an emergency petition to stop this unethical conduct. Unlike the clinical trials for Moderna and Pfizer's vaccines for COVID-19, which are occurring in the United States, the current clinical trial for AstraZeneca's COVID-19 vaccine is not under the direct authority of the FDA, since this clinical trial is not occurring in the United States.

News **reports** have indicated that AstraZeneca will be starting a new clinical trial in the United States for its COVID-19 vaccine that presumably will include a placebo control group. In the meantime, its current clinical

trial occurring outside the United States persists in **using a MenACWY vaccine as a control**. As if that were not enough to rig this trial's safety results, the **study design** for their vaccine, ChAdox1 nCoV-19, like the design of Pfizer's vaccine, provides that, despite reviewing efficacy for at least 2 years, **it will only capture "adverse events" for 1 month and "serious adverse events" for only 6 months after each dose.**

Therefore, ICAN's legal team has also filed a **citizen petition** and an **emergency stay petition** demanding that the clinical trial design for this vaccine be updated to require that all adverse reactions for the entire period of the clinical trial be tracked against a placebo control group. These petitions also demand that the number of participants in this trial be increased and that they be tested before and after injection for any T-cells to SARS-CoV-2. ICAN intends to take further legal action if its rational and sensible requests are not met.

Just as the pharmaceutical companies will never rest when it comes to promoting and selling their vaccine products, we will never rest in exposing the truth regarding these products.

AstraZeneca's vaccine has multiple issues with their clinical trials

There are 3 arms to the Phase 3 trial. One in the USA, one in the UK and one in Brazil.

IMPORTANT: In the trial, some people got the vaccine and some got the "placebo" in the form of a meningococcal vaccine, NOT an inert substance like saline.

The USA arm of the trial was paused after subjects has serious side effects and one subject in the Brazil trial died. In the UK arm (3,000 people), they accidentally gave ½ dose as the first dose and a full dose as the second dose, 28 days apart. In the Brazil arm (9,000) people, they got a full dose both times. As it turned out, the participants that got the ½ dose followed by the full dose got better results that the people that got two full doses.

Now here is where things get even more convoluted. In reporting the results, they mixed all three arms of the trial and "averaged" the results. This is highly unusual and has drawn scrutiny from experts around the world.

Adverse reactions
At least two cases of transverse myelitis (severe inflammation of the spinal cord) has been documented in AstraZeneca's trial, and the company temporarily halted its trial in September 2020.

Concerns over the genetically modified virus technology

The AstraZeneca Vaccine has the same recombinant technology as the Johnson & Johnson Vaccine described below. Recombinant in this case means that DNA is combined in a lab from two different viruses into a hybrid organism (genetically modified organism- GMO), that would not normally be found in nature. Read on about the Johnson & Johnson Vaccine to see why that is such a concern by many scientists.

Concerns over the Johnson & Johnson vaccine

This vaccine is similar to the AstraZeneca/Oxford vaccine. They are referred by some scientists as a "Frankenstein" vaccine. The reason is that it uses another virus, a chimpanzee adenovirus as the carrier for the section of the SARS-CoV-2 virus spike protein DNA, which is "spliced" into the adenovirus. It is a hybrid of sorts, part this and part that (hence the Frankenstein label). J & J's and AstraZeneca are both called

recombinant Adenovirus vector vaccines. Adenoviruses are viruses that are part of the common cold spectrum of viruses, just like coronaviruses are. Like the Pfizer and Moderna rRNA vaccines, these vaccines are a departure from the traditional vaccine platform.

Johnson & Johnson's vaccine consists of a ***replication-incompetent (genetically modified) recombinant adenovirus type 26 virus***, with the section of the SARS-CoV-2 spike protein spliced in. It also contains the following ingredients: citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-β-cyclodextrin (HBCD), ***polysorbate 80***, sodium chloride, sodium hydroxide, and hydrochloric acid. The adenovirus is also grown in the ***PER.C6® aborted fetal cell line***.

The reason I have highlighted those 3 ingredients, is because they have proven to be problematic in other vaccines.

1. **A replication-incompetent (genetically modified) recombinant adenovirus type 26 virus** is concerning because it uses the prior mentioned technology where a virus is made incapable of replicating (Adenovirus) and the gene sequences from another virus (in this case the SARS-CoV-2 spike protein are inserted into the modified Adenovirus. There is historical context to make this a major concern. In 2015 a vaccine against Dengue Fever was developed by Sanofi Pasteur and rolled out on children in the Philippines. In that case it was a Yellow Fever Virus that had gene sequences of the Dengue Virus spliced into it. This experiment on children in the Philippines went horribly wrong resulting in criminal charges brought against researchers, health officials and Sanofi Pasteur.

   The following excerpt is from an April 24th, 2019 article published in ***ScienceMag*** titled **Dengue vaccine fiasco leads to criminal charges for researcher in the Philippines.**
   https://www.sciencemag.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines

   Dengvaxia consists of an attenuated yellow fever virus that expresses genes of each of the four types of dengue virus. The Philippine FDA greenlighted the vaccine in December 2015, based on research funded by Sanofi Pasteur in which Capeding played an important role. For example, she was the first author on a 2014 paper in *The Lancet* detailing a study among more than 10,000 children in five Asian countries that showed Dengvaxia worked and had a good safety profile. In April 2016, the Philippine government launched a $67 million public school–based immunization program for Dengvaxia.

   That alarmed some scientists, because the dengue virus is peculiar: A first infection is rarely fatal, but a second one with a different virus type can lead to much more serious disease, because of what is called antibody-dependent enhancement (ADE), in which the immune response to the first virus amplifies the effect of the second type. Scott Halstead, a retired dengue expert formerly at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, argued that dengue vaccines could have the same effect, and warned that Dengvaxia should not be given to children never infected with dengue. But a vaccine panel at the World Health Organization (WHO) concluded in 2016 that Dengvaxia was safe for children aged 9 and older.

   Halstead's concerns proved valid. In November 2017, Sanofi Pasteur announced that the vaccine could indeed exacerbate cases of dengue in children never previously infected, and the Philippines halted the campaign immediately. (WHO now recommends the vaccine be used only after a test to be sure children have had at least one brush with dengue.)

End of excerpts

Many in the science world are concerned that the ADE or sometimes called Pathogenic Priming may not have been solely a result of the vaccine being given to children that had not had a prior infection, but that the vaccine platform (ie. The genetically modified organism created by recombinant virus splicing) may be what triggers this reaction in certain susceptible individuals. Couple that with the history of the failed prior attempts to create a coronavirus vaccine leading to termination of the trials after animal studies as a result of the numbers of animals that developed ADE and became severely ill and many dying.

2. **The PER.C6 cell line** is derived from human embryonic retinal cells, originally from the retinal tissue of an 18-week-old fetus aborted in 1985. Notoriously, DNA from the aborted fetus is present in vaccines and biologics where the viruses were grown on these cells. The FDA allows for 100,000,000 bits and strands of human DNA per dose. That is problematic, because as Dr. Theresa Deisher has warned can cause insertion into the recipient's DNA of this other human DNA (called homologous recombination) and lead to development of autoimmunity and other chronic health issues. Not to mention that it is abhorrent for many persons of faith to have human DNA from a fetus that was aborted for this purpose to be injected into their own body and potentially become part of their own DNA.

   You can read about more about aborted fetal cell lines, Dr. Deisher's work in this area as well as the many problems with Polysorbate 80 in my eBook available at https://1200studies.com.

3. **Polysorbate 80** has been shown to cause allergic and even anaphylactic reactions in some people. It also has been shown to disrupt the blood-brain-barrier and aid in transport of drugs, chemicals and nanoparticles, even mercury and aluminum into the brain.

As a footnote, in October 2020 Johnson & Johnson paused its trial due to an undisclosed "unexplained illness" in one of its participants. This illness has not been disclosed publicly.

The phase 3 trial recipients have commonly experienced side effects very similar to the Pfizer and Moderna vaccine recipients. Those include fever, chills, headaches, body aches, joint pain, fatigue, basically the same symptoms as many people in the low risk category experience from COVID-19 itself.

See more in the next section on the J & J vaccine.

Major issues with all of them

A September 23rd article in Forbes did a good job of comparing the 4 top vaccine candidates and discussing some of the shortcomings.

The article is titled, **Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed.**

Here are some highlights from that article:

Moderna, Pfizer, AstraZeneca, and Johnson & Johnson are leading candidates for the completion of a Covid-19 vaccine likely to be released in the coming months. These companies have published their vaccine trial protocols. This unusually transparent action during a major drug trial deserves praise, close inspection of the protocols raises surprising concerns. These trials seem designed to prove their vaccines work, even if the measured effects are minimal.

What would a normal vaccine trial look like?

Prevention of infection must be a critical endpoint. Any vaccine trial should include regular antigen testing every three days to test contagiousness to pick up early signs of infection and PCR testing once a week to confirm infection by SARS-CoV-2 test the ability of the vaccines to stave off infection. Prevention of infection is *not* a criterion for success for any of these vaccines. In fact, their endpoints all require confirmed infections and all those they will include in the analysis for success, the only difference being the severity of symptoms between the vaccinated and unvaccinated. Measuring differences amongst only those infected by SARS-CoV-2 underscores the implicit conclusion that the vaccines are not expected to prevent infection, only modify symptoms of those infected.

We all expect an effective vaccine to prevent serious illness if infected. Three of the vaccine protocols—Moderna, Pfizer, and AstraZeneca—do *not* require that their vaccine prevent serious disease only that they prevent moderate symptoms which may be as mild as cough, or headache.

Vaccine efficacy is typically proved by large clinical trials over several years. The pharmaceutical companies intend to do trials ranging from thirty thousand to sixty thousand participants. This scale of study would be sufficient for testing vaccine efficacy. The first surprise found upon a closer reading of the protocols reveals that each study intends to complete interim and primary analyses that at most include 164 (Infected- *my addition*) participants.

These companies likely intend to apply for an emergency use authorization (EUA) from the Food and Drug Administration (FDA) with just their limited preliminary results.

Interim analysis success requires a seventy percent efficacy. The vaccine or placebo will be given to thousands of people in each trial. For Moderna, the initial interim analysis will be based on the results of infection of only 53 people. The judgment reached in interim analysis is dependent upon the difference in the number of people with symptoms, which may be mild, in the vaccinated group versus the unvaccinated group.

Moderna's success margin is for 13 or less of those 53 to develop symptoms compared to 40 or more in their control group. For Johnson & Johnson, their interim analysis includes 77 vaccine recipients, with a success margin of 18 or less developing symptoms compared to 59 in the control group. For AstraZeneca, their interim analysis includes 50 vaccine recipients, with a success margin of 12 or less developing symptoms compared to 19 in the 25 person control group. Pfizer is even smaller in its success requirements. Their initial group includes 32 vaccine recipients, with a success margin of 7 or less developing symptoms compared to 25 in the control group.

The second surprise from these protocols is how mild the requirements for contracted Covid-19 symptoms are. A careful reading reveals that the minimum qualification for a case of Covid-19 is a positive PCR test and one or two mild symptoms. These include headache, fever, cough, or mild nausea. This is far from adequate. These vaccine trials are testing to prevent common cold symptoms.

These trials certainly do not give assurance that the vaccine will protect from the serious consequences of Covid-19. Johnson & Johnson is the only trial that requires the inclusion of severe Covid-19 cases, at least 5 for the 75 participant interim analysis.

One of the more immediate questions a trial needs to answer is whether a vaccine prevents infection. If someone takes this vaccine, are they far less likely to become infected with the virus? These trials all clearly focus on eliminating symptoms of Covid-19, and not infections themselves. Asymptomatic infection is listed as a secondary objective in these trials when they should be of critical importance.

It appears that all the pharmaceutical companies assume that the vaccine will never prevent infection. Their criteria for approval is the difference in symptoms between an infected control group and an infected vaccine group. They do not measure the difference between infection and noninfection as a primary motivation.
A greater concern for the millions of older people and those with preexisting conditions is whether these trials test the vaccine's ability to prevent severe illness and death. Again we find that severe illness and death are only secondary objectives in these trials. None list the prevention of death and hospitalization as a critically important barrier.

If total infections, hospitalizations, and death are going to be ignored in the preliminary trials of the vaccines, then there must be phase four testing* to monitor their safety and efficacy. This would be long term massive scale monitoring of the vaccine. There must be an indication that the authorized vaccines are reducing infection, hospitalization, and death, or else they will not be able to stop this pandemic.

End of excerpts

https://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed

***My comment: There will be Phase 4 testing. That is the phase where the vaccines are given to millions of people and then we see what happens over the next few years.**

Trials were designed to use chemical cocktails instead of inert saline placebos in the control (placebo) groups

The majority of the 100 or so vaccine candidates being produced around the world have decided to use other vaccines or injections with an aluminum adjuvant along with different chemicals for their “placebo” injections that controls would get. This summer after learning that Moderna was planning on using another vaccine as the “placebo”, once again ICAN filed a petition to the FDA demanding that the plan be modified to include a true saline placebo. As a result of ICAN’s efforts, Moderna agreed to use a saline placebo.

And, as the previous section reported, the AstraZeneca vaccine trial in Great Britain called for using a meningococcal vaccine as the “placebo” instead of an inert substance like saline. Why would that be? For previous vaccines, there has never been a saline placebo used in safety studies. The obvious reason why that would be is to hide the differences between the adverse symptoms developed in the vaccine group and the “placebo” group. If they both develop similar adverse events, it can be said that there were no significant differences between the two groups. Anyone doubting what I am saying can view the package inserts for the CDC vaccine schedule and check it out for themselves.

Clinical trials fraught with even more problems and adverse reactions

As Robert F. Kennedy has said on many occasions, we are finally getting to see how the sausage is made, referring to the very public process that the COVID-19 vaccines trials are being subjected to. Seeing and hearing reports along the way is a unique opportunity. Normally vaccine trials are done under a veil of secrecy, outside of public scrutiny and the results are reported in the package inserts after approval and release to market. In the trials so far, there have been multiple instances in adverse reactions and injuries from the vaccines.

According to a ***New York Post*** article on October 6th, 2020, some participants in the vaccine trials have had significant side effects.

From the article:

"If this proves to work, people are going to have to toughen up," one of the Moderna participants, a North Carolina woman in her 50s who declined to be identified, told the outlet.

"The first dose is no big deal. And then the second dose will definitely put you down for the day for sure. … You will need to take a day off after the second dose."

She said she didn't experience a fever but had a bad migraine that left her exhausted and struggling to focus, the outlet reported. But the next day, she woke up feeling better after taking Excedrin.
While she was uncomfortable, the side effects outweigh the risks of becoming infected with the virus, she said.

"My hope is that this works but also that the communication [on side effects] is good," she said, adding that Moderna may need to tell people to take a day off after a second dose.

Meanwhile, a Maryland participant in his 20s said he came down with a high fever after receiving the shot. "I wasn't sure if I needed to go to the hospital or not because 104 is pretty high," he told CNBC. "But other than that, it's been fine."

Luke Hutchison, a 44-year-old from Utah, also participated in the Moderna trials and felt out of sorts for a couple of days after being administered his first shot on Aug. 18, the outlet reported.
But just hours after receiving the second dose on Sept. 15, he became bedridden with shakes, chills, a terrible headache and shortness of breath, the outlet reported. For five hours, his temperature was above 100 degrees.

Hutchinson compared the ordeal — which lasted for 12 hours — to "full-on Covid-like symptoms" on Twitter. "I'm obviously an isolated case, but since all indications point to this vaccine being approved, I feel like people should know that the side effects may be severe, especially after the second shot," he wrote.
Pfizer trial participants have reported similar symptoms.

One of the participants said he suffered intense flu-like symptoms after his second injection that left him shaking so hard, he cracked part of his tooth.

"It hurt to even just lay in my bedsheet," he told CNBC.
https://nypost.com/2020/10/06/covid-19-vaccine-trial-participants-report-aches-fevers-and-chills/

Other vaccine adverse reactions and long-term concerns

In addition to all the concerns expressed earlier in this article, what other concerns are there?

How many will become casualties of the vaccine? Bill Gates expects 700,000 victims will suffer adverse side effects from COVID-19 Vaccines

In an article published online in Germany reveals what Bill Gates is anticipating with regards to collateral damage from the COVID-19 vaccines. The truth is, based on other attempts at developing coronavirus vaccines and the clinical trials so far, it may be far worse than that.
https://kenfm.de/bill-gates-predicts-700000-victims-from-corona-vaccination/

From the article:

In an interview with ***CNBC***, Gates says that for one out of every 10,000 people, permanent vaccination damage would occur, and he expects 700,000 victims.

Towards the end of the short CNBC interview Bill Gates says:

"We have … you know … one in ten thousand … ah … side effects. That's … you know … way more. Seven hundred thousand … ah … you know … people who will suffer from that. So, really understanding the safety at gigantic scale across all age ranges – you know – pregnant, male, female, undernourished and existing comorbidities. It's very, very hard and that actual decision of ‚OK, let's go and give this vaccine to the entire world'… ah … governments will have to be involved because there will be some risk and indemnification needed before that … ah … can be decided on."

You can see that Gates interview here: https://d33wjekvz3zs1a.cloudfront.net/wp-content/uploads/2020/05/Gates-700000-Dead.mp4?_=1

That is a real problem, because there most certainly will be long-term health consequences to certain people from the vaccine

Autoimmune diseases

A May 2020 publication in the journal ***Clinical Immunology*** titled, **Potential antigenic cross-reactivity between SARS-CoV-2 and human tissue with a possible link to an increase in autoimmune diseases.** They talk about other instances where vaccines have cause autoimmune disease manifestations. They express concerns that without adequate long-term research on the new COVID-19 vaccine and its propensity to trigger autoimmune disease that we could cause a "monumental cost on humanity in the form of another epidemic, this time a rising tide of increased autoimmune diseases and the years of suffering that come with them."
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7246018/

From the study:

"At the moment, scientists are frantically trying to develop either a definitive cure, neutralizing antibodies, or a vaccine to protect us from contracting the disease in the first place, and they want it right now. **We must**

consider that finding a vaccine for a disease may normally take years. There are reasons for all the precautions involved in developing a vaccine, not the least of which are unwanted side-effects. **In light of the information discussed above about the cross-reactivity of the SARS-CoV-2 proteins with human tissues and the possibility of either inducing autoimmunity, exacerbating already unhealthy conditions, or otherwise resulting in unforeseen consequences, it would only be prudent to do more extensive research regarding the autoimmune-inducing capacity of the SARS-CoV-2 antigens. The promotion and implementation of such an aggressive "immune passport" program worldwide in the absence of thorough and meticulous safety studies may exact a monumental cost on humanity in the form of another epidemic, this time a rising tide of increased autoimmune diseases and the years of suffering that come with them**."

Many prestigious scientists and doctors call for a halt to the approval due to serious safety concerns around immune enhancement, infertility and brain injury

On December 1, 2020, the ex-Pfizer head of respiratory research Dr. Michael Yeadon and the lung specialist and former head of the public health department Dr. Wolfgang Wodarg filed an application with the EMA, the European Medicine Agency responsible for EU-wide drug approval, for the immediate suspension of all SARS CoV 2 vaccine studies, in particular the BioNtech/Pfizer study on BNT162b (EudraCT number 2020-002641-42). Dr. Wodarg and Dr. Yeadon demand that the studies – for the protection of the life and health of the volunteers – should not be continued until a study design is available that is suitable to address the significant safety concerns expressed by an increasing number of renowned scientists against the vaccine and the study design.

On the one hand, the petitioners demand that, due to the known lack of accuracy of the PCR test in a serious study, a so-called Sanger sequencing must be used. This is the only way to make reliable statements on the effectiveness of a vaccine against Covid-19. On the basis of the many different PCR tests of highly varying quality, neither the risk of disease nor a possible vaccine benefit can be determined with the necessary certainty, which is why testing the vaccine on humans is unethical per se.

Furthermore, they demand that it must be excluded, e.g. by means of animal experiments, that risks already known from previous studies, which partly originate from the nature of the corona viruses, can be realized.

The concerns are directed in particular to the following points:

- The formation of so-called "non-neutralizing antibodies" can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, "wild" virus after vaccination. This so-called **antibody-dependent enhancement ADE** *(AKA Adverse Immune Enhancement or Pathogenic Priming),* has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats **that initially tolerated the vaccination well died after catching the wild virus.**

- The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, **spike proteins also contain syncytin-homologous proteins**, which are essential for the formation of the placenta in mammals such as humans. **It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women.**

- The mRNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). **70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.**

- The much too **short duration of the study** does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination, **millions of healthy people would be exposed to an unacceptable risk** if an emergency approval were to be granted and the possibility of observing the late effects of the vaccination were to follow. Nevertheless, BioNTech/Pfizer apparently submitted an application for emergency approval on December 1, 2020.

https://2020news.de/en/dr-wodarg-and-dr-yeadon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/

Vaccines in pregnancy

In addition to the fertility concerns discussed above, there are legitimate concerns regarding vaccinating pregnant women. The vaccines frequently cause immune activation and inflammation as they are designed to stimulate (aggravate) the immune system. The common symptoms of redness, swelling, pain, headache and fever after vaccination are a result of immune activation and inflammation. To intentionally induce this puts the fetus at risk. The following article is the latest of dozens of articles published over the last few years that expose this risk. You can view many more on this topic in my eBook found at https://1200studies.com .

This recent article published December 23rd, 2020 titled, **Maternal immune activation induces sustained changes in fetal microglia motility**, describes the mechanism of how maternal (mother's) strong immune activation and inflammation increase the risk of developmental and social disorders and schizophrenia. This occurs by increasing inflammation in the cells of the fetal brain's immune system called microglia. This can lead to long lasting alterations in behavior and development, especially in genetically susceptible individuals.

From the study
The above findings showed that maternal inflammation affects the fetal microglia during the embryonic stage, resulting in alterations in microglial process motility that begin at the embryonic stage and remain in the developmental stage, or even the adolescent stage. Moreover, these research results demonstrate the possibility of a connection between changes in microglial process motility and deficits in social behavior that are characteristic of developmental disorders and schizophrenia.

https://medicalxpress.com/news/2020-12-maternal-immune-sustained-fetal-microglia.html

Potential for causing neurodegenerative diseases

A January 2021 research article published in ***Microbiology and Infectious Diseases*** titled, **COVID-19 RNA Based Vaccines and the Risk of Prion Disease**, serious concerns about the mRNA vaccines causing reactions that can lead to the development of ALS (Lou Gehrig's Disease), Alzheimer's and other neurological degenerative diseases. If true, with hundreds of millions of people being vaccinated with these vaccines this could lead to a catastrophic increase in these diseases over the next decade or two.

From the article:

Development of new vaccine technology has been plagued with problems in the past. The current RNA based SARS-CoV-2 vaccines were approved in the US using an emergency order without extensive long term safety testing. In this paper the Pfizer COVID-19 vaccine was evaluated for the potential to induce prion-based disease in vaccine recipients. The RNA sequence of the vaccine as well as the spike protein target interaction were analyzed for the potential to convert intracellular RNA binding proteins TAR DNA binding protein (TDP-43) and Fused in Sarcoma (FUS) into their pathologic prion conformations.

In the current paper the concern is raised that the RNA based COVID vaccines have the potential to cause more disease than the epidemic of COVID-19. This paper focuses on a novel potential adverse event mechanism causing prion disease which could be even more common and debilitating than the viral infection the vaccine is designed to prevent. While this paper focuses on one potential adverse event there are multiple other potential fatal adverse events as discussed below.

The results indicate that the vaccine RNA has specific sequences that may induce TDP-43 and FUS to fold into their pathologic prion confirmations. In the current analysis a total of sixteen UG tandem repeats (ΨGΨG) were identified and additional UG (ΨG) rich sequences were identified. Two GGΨA sequences were found.

Furthermore, the spike protein, created by the translation of the vaccine RNA, binds angiotensin converting enzyme 2 (ACE2), a zinc containing enzyme. This interaction has the potential to increase intracellular zinc. Zinc ions have been shown to cause the transformation of TDP-43 to its pathologic prion configuration. The folding of TDP-43 and FUS into their pathologic prion confirmations is known to cause ALS, front temporal lobar degeneration, Alzheimer's disease and other neurological degenerative diseases. The enclosed finding as well as additional potential risks leads the author to believe that regulatory approval of the RNA based vaccines for SARS-CoV-2 was premature and that the vaccine may cause much more harm than benefit.

https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf

It appears that the spike protein formed from the vaccine can cross into the brain

Much concern regarding these vaccines is how our body's immune system may react to the spike protein from the "vaccine" after being manufactured (copied) by our own cells. An article in the prestigious journal ***Nature Neuroscience*** December 16th, 2020 titled, **The S1 protein of SARS-CoV-2 crosses the blood–brain barrier in mice** raises some very serious and concerning questions.

First my commentary:

This is the mRNA "vaccine" design…. Once the spike protein from the "vaccine" is taken up by our cells and then duplicated or manufactured inside our cells by our cell machinery, it is expressed to the surface of the cell and starts a chain reaction within our immune system. The main goal is to force our immune system to make antibodies to the spike protein. But it also causes our immune system to mount an attack on that cell thinking it is infected with the virus itself. When Killer T-cells and other immune cells destroy the spike protein making factory (our cell), a large amount of spike proteins and protein fragments are released. This is where things can really go wrong as supported by this study. As it shows (although it is a mouse model), these spike proteins and even fragments of the spike protein can cross into the brain where the brain's immune system called microglia would have to mount an attack against these foreign proteins. When that happens,

inflammation inside the brain increases as does oxidative stress. This can lead to adverse effects on the health and well-being of the brain and potentially contribute to neurodegenerative diseases of the brain.

From the study:

"The results from this study show that I-S1 *(injected S1 segment of the spike protein)* from two different commercial sources readily crosses the mouse BBB *(Blood Brain Barrier)*, at least when injected intravenously. I-S1 was taken up by all 11 brain regions examined. Such widespread entry into brain of I-S1 could explain the diverse effects of S1 and/or SARS-CoV-2 such as encephalitis, respiratory difficulties and anosmia *(loss of smell)*. S1 is the SARS-CoV-2 protein that initially binds to cell-surface receptors, setting the stage for viral internalization".

"For transport across the BBB, viral binding proteins often behave similarly to the virus itself. For example, interactions (including binding and transport) between the HIV-1 glycoprotein gp120 and the BBB are similar to those for the complete virus. Additionally, many if not most viral proteins themselves can be biologically highly active; for example, gp120 is highly toxic. Coronavirus spike proteins are often cleaved from the virus by host cell proteases. Once cleaved, coronavirus spike S1 and S2 subunits are not held covalently by disulfide bonds and so S1 could be shed from virions. It is possible that during infection by SARS-CoV-2, shed S1 is available to cross the BBB, triggering responses in the brain itself, without necessarily involving crossing of intact virus particles. Thus, determining whether S1 crosses the BBB is important for understanding whether SARS-CoV-2 and S1 itself could induce responses in the brain".

https://www.nature.com/articles/s41593-020-00771-8

Spike protein introduced into and replicated by our cells from the mRNA vaccines are released into circulation when those cells are later destroyed by our immune system may cause widespread damage

Dr. J. Patrick Whelan M.D., PhD, with degrees in medicine, biochemistry and rheumatology warned the FDA in December that mRNA vaccines could cause microvascular injury to the brain, heart, liver and kidneys in ways not assessed in safety trials. That warning was ignored by the FDA.

This is from an article by Lyn Redwood of Children's Health Defense in a February 10th, 2021 article that she wrote titled, **Could Spike Protein in Moderna, Pfizer Vaccines Cause Blood Clots, Brain Inflammation and Heart Attacks?**

From the article:

"The most likely culprit that has been identified is the COVID-19 spike protein released from the outer shell of the virus into circulation. Research cited below has documented that the viral spike protein is able to initiate a cascade of events that triggers damage to distant organs in COVID-19 patients."

"Worryingly, several studies have found that the spike proteins alone have the capacity to cause widespread injury throughout the body, without any evidence of virus."

"What makes this finding so disturbing is that the COVID-19 mRNA vaccines manufactured by Moderna and Pfizer and currently being administered throughout the U.S. program our cells to manufacture this same coronavirus spike protein as a way to trigger our bodies to produce antibodies to the virus.
According to Whelan's letter to the FDA, the "Pfizer/BioNTech vaccine is composed of an mRNA that produces a membrane-anchored full-length spike protein.""

To read the full article with links to references go here:
https://childrenshealthdefense.org/defender/moderna-pfizer-vaccines-blood-clots-brain-inflammation-heart-attacks/

Erasing the placebo group

One of the tactics vaccine manufacturers use in their clinical trials is to vaccinate all the subjects in the control or placebo arm as soon as their short 30-day or 60-day follow-up period is complete. And this is one that they are planning on using with the COVID-19 vaccine candidates. That may not be so unscrupulous if the safety studies lasted for 5 years or more like required by the FDA for most drugs. But what about when the subjects are only followed for 4- and 5-days post injection as with the two Hepatitis B vaccines Recombivax HB and Energerix B? What about when the subjects are only followed 60 days like with Varivax chicken pox vaccine? They've done the same thing with the HPV vaccine Gardasil and many others. And now, they are going to do it with the COVID-19 vaccines.

Now why in the world would they do that? They say it would be "unethical" not to vaccinate the control group. Is that the real reason, or is it the fact that nobody will ever be able to look at the health problems they develop 5, 10 or 20 years down the road and compare them to the vaccinated subjects? How many of each group developed cancer, autoimmune disorders, infertility, neurological disorders, allergies, mental and emotional conditions, etc.? If it would have been significantly less in the placebo group, no one will ever know. They conveniently eliminate or erase the control group for any future comparison or scrutiny.

Pharma insiders are the foxes watching the henhouse in the vaccine clinical trials

Despite numerous statements by Anthony Fauci and Alex Azar among others that the oversight committee for the vaccine clinical trials consist of scientists independent of pharma influence. Well it appears that is not the case. This bias and conflict of interest puts all Americans at risk. ***The Informed Consent Action Network (ICAN)***, through its attorneys, headed by Aaron Siri, has therefore sent a demand letter to the Director of ***HHS***, Director of ***NIAID***, Director of the ***FDA's*** CBER, the White House Coronavirus Task Force, and POTUS. You can see that letter here: https://www.icandecide.org/wp-content/uploads/2020/10/Conflicted-Members-on-DSMBs-for-COVID-19-Vaccines-Final.pdf

There are four potential COVID-19 vaccines that are currently in Phase III clinical trials in the United States. The clinical trials for three of these experimental vaccines – the ones to be sold by AstraZeneca, Moderna, and Johnson & Johnson – are being overseen by a DSMB created by Dr. Fauci's National Institute of Allergy and Infectious Diseases (the **NIAID DSMB**). The clinical trial for Pfizer's experimental vaccine is being overseen by a different DSMB (the **Pfizer DSMB**).

The members of these DSMBs were selected in secret. They meet in secret. Their identities are supposed to remain a secret. This veil of secrecy has held with the exception of two members. The identity of the

chairperson of the NIAID DSMB, Dr. Richard Whitley, was mistakenly revealed by his university in an announcement that has been scrubbed from its website. As for the Pfizer DSMB, made up of five individuals, one of its members, Dr. Kathryn Edwards, was apparently mistakenly revealed in a CBS article.

Selecting these individuals could only occur by turning a blind eye to their extremely troubling and blatant conflicts with pharmaceutical companies. For example, ICAN's investigation has revealed that one or both of these two doctors have been, among other things, consultants for Gilead Science, AstraZeneca, GlaxoSmithKline, Merck, Sanofi, Sequirus, La Roche, Allergan, Moderna, and Novartis; advisors to Merck, Bionet, GSK, and Pfizer; paid speakers for Connaught, Lederle-Praxis, Wyeth Lederle, Glaxo, and Novartis; paid millions of dollars from these companies; and, on the tab of these companies, wined-and-dined to hundreds of meals and taken dozens of trips to exotic destinations. Meaning, they have had duties to these companies as consultants and advisors, have been personally financially supported by them, and have been their mouthpieces to the public.

Only those wearing blinders could give Dr. Whitley and Dr. Edwards the label "independent." To head the "independent" DSMB, Dr. Fauci could have selected from a sea of potential scientists, many of whom have never consulted for a pharmaceutical company, were never on a pharmaceutical company speakers' bureau, and have not had hundreds of meals and dozens of exotic trips paid for by pharmaceutical companies. Instead he chose Dr. Whitely as its head. Dr. Fauci makes a mockery of the term "independent" and calls into serious question his judgment and objectivity.

ICAN, through its attorneys, headed by Aaron Siri, has therefore sent a demand letter to the Director of HHS, Director of NIAID, Director of the FDA's CBER, the White House Coronavirus Task Force, and POTUS. This letter lays out in detail: the conflicts of interest that Dr. Whitley and Dr. Edwards have with pharmaceutical companies; the litany of lies told by Dr. Fauci and other public health officials regarding the supposed independence of the DSMBs; and demands that they "**remove any member of the NIAID DSMB, including Dr. Whitley, who has ever been a consultant, has been on a speakers' bureau, or has had meals or travel paid for by any pharmaceutical company**."

You can read the full demand letter here.

In a response from the ***FDA***, the ***Informed Consent Action Network (ICAN)*** says that they have declined to make any changes to the people overseeing the process, despite their conflicts of interest.

From an ***ICAN Legal Update*** dated November 30th, 2020…

The Director of the FDA's Center for Biologics Evaluation and Research, Dr. Peter Marks, has now responded in a letter that fails to address any of these conflicts, conceding the existence of these conflicts. It also fails to provide any vow that the FDA will replace these individuals with those that are actually independent of pharmaceutical companies. This response should send shivers down the spine of anyone considering the process by which the safety and efficacy of any COVID-19 vaccine will be evaluated.

People with religious convictions need to know that certain COVID-19 vaccines may be contaminated with DNA from aborted fetuses

Here is some background on the ethical questions surrounding the use of vaccines that contain DNA from aborted babies.

As of June 2020, thirty-three of the FDA approved vaccines on the market contain DNA fragments from various cell lines originating from aborted fetuses, where the virus is grown in the cell cultures derived from the tissues of those fetuses. Several of the COVID-19 vaccines in production also contain fetal cells lines. To see a list of all the vaccines that contain DNA from aborted fetuses and ethical alternatives, see this PDF: https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf

And we are not talking about insignificant numbers of this human DNA in vaccines. In vaccines, 100,000,000 (yes one hundred million) bits and strands of human DNA are allowed per dose.

As a person with very strong Christian faith and conviction, I feel that the human DNA from aborted fetal cell lines used in the MMR and many of the other vaccines, violate the sanctity of human life. I believe that human life begins at conception and the science is incontrovertible on that. Abortion is clearly the termination of a human life. As such, I am strongly opposed to abortion and the sale of aborted babies or their body parts. This would most certainly be an abomination in God's eyes. And horrifically, in many cases these babies were intentionally delivered alive before being killed for their tissues. And for each baby used, there were dozens of ones that were not used as they did not make a good match for what the "scientists" were looking for.

In addition to all of that, I believe that my body is the Temple of the Holy Spirit. Vaccines contain many other ingredients in addition to the residual human DNA from the aborted babies that are in direct conflict the with the way I have chosen to honor my body as Scripture makes clear we should.

In addition to the obvious reason for a person of faith to decline having that DNA injected into their body, there is also concern among many scientists that these DNA fragments can combine with the recipient's DNA in a process called homologous recombination and that the resultant inflammatory reaction may lead to autoimmune responses and other downstream effects of the alteration of the recipients DNA including triggering inflammation in the brain leading to regressive autism in genetically susceptible children. There is such evidence showing that when human DNA was incorporated into vaccines, there was a significant uptick in the rate of autism. This sharp increase became referred to as a "hockey stick" appearance.

A 2014 article published in the **Journal of Public Health and Epidemiology** titled, **Impact of environmental factors on the prevalence of autistic disorder after 1979**, produces convincing evidence of the effects of human fetal cell lines on the "change point" where the incidence of autism rose sharply in the late 1980s. https://academicjournals.org/journal/JPHE/article-full-text-pdf/C98151247042

One explanation as to why boys are affected with autism implicates human DNA found in vaccines comes from an article from the ***Journal Immunotoxicology*** published in 2011 and titled, **Theoretical Aspects of Autism**. The article clearly shows that It's not just the mercury that puts children at risk from vaccines. There is human DNA and retroviruses found in childhood vaccines. This article discusses many plausible explanations for the rise in autism as a result of various vaccine related factors, including this quote: "The human DNA from the vaccine can be randomly inserted into the recipient's genes by homologous recombination, a process that occurs spontaneously only within a species. Hot spots for DNA insertion are found on the X chromosome in

eight autism-associated genes involved in nerve cell synapse formation, central nervous system development, and mitochondrial function (Deisher, 2010). This could provide some explanation of why autism is predominantly a disease of boys. Taken together, these data support the hypothesis that residual human DNA in some vaccines might cause autism." http://www.tandfonline.com/doi/full/10.3109/1547691X.2010.545086

Dr. Theresa Deisher has been a very vocal critic of the use of fetal cell lines that contaminate vaccines with human DNA. Dr. Deisher is highly qualified to make speak to this issue. She obtained her PhD in Molecular and Cellular Physiology from Stanford University and has spent over 20 years in commercial biotechnology and an inventor on 23 issued US patents in the biotechnology field. https://www.soundchoice.org/

It is crucial that we fight for the right to oppose vaccines based on religious exemptions. This is under attack all around the country. It is a right based on medical freedom that we can't allow to be taken away from us.

For more extensive information on these cell lines, the vaccines containing them and contaminated with fetal DNA, and the potential health risks associated with them download my eBook **1200 Studies- Truth Will Prevail** at https://1200studies.com

The leading vaccines that have been verified to involve the use of aborted fetal tissue are the following:

- Moderna/NIAID
- Johnson & Johnson
- AstraZeneca/Oxford
- Pfizer/BionTech (used HEK-293 cells in testing, but not in the product)

See details on these and all other COVID-19 vaccines here: https://cogforlife.org/wp-content/uploads/CovidCompareMoralImmoral.pdf

You can find more information about the bioethics of aborted fetal tissue nd medical products at ***Children of God for Life (COG)***- https://cogforlife.org/

Their web site describes them as ***"The Pro-Life World Leader in the Campaign for Ethical Vaccines, Medicines and Consumer Products".***

Victims of vaccine injury will not be compensated as makers will be free of liability in most if not all countries including the U.S. You're on your own.

This is just like childhood vaccine manufacturers are exempt from product liability and injuries they cause. This is thanks to the 1986 ***National Childhood Vaccine Injury Act*** (**NCVIA**). This has been a disaster, because it has prevented families from being justly compensated for egregious vaccine reaction injuries, including permanent disability and death. They put in place the ***National Vaccine Injury Compensation Program*** (**NVICP**), but the difficulty the process presents and the extreme limitations it puts on awards, makes it unfair and unjust. Not only that, but vaccine manufacturers have become emboldened since 1986 to cut corners in their safety studies and bring vaccines to market without adequate testing. The fact that not a single vaccine on the CDC Childhood immunization schedule has ever been tested against a saline (inert) placebo in the control group tells you all you need to know. You can look at any vaccine package insert and verify that this is true.

The COVID-19 vaccines will provide a liability free environment for vaccine manufacturers as well. The liability free environment in the U.S. will be provided by the 2005 ***P.R.E.P Act***.

This description off of the ***U.S. Department of Health and Human Services*** web site says it all.

"The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a declaration (PREP Act declaration) ***that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases****, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health* ***emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations."***
https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx
In other countries, drug makers are creating similar protection agreements as they move toward a rollout of their vaccines.

Who really "needs" the vaccine? As of the time of this writing, the vaccine manufacturers are losing market share FAST and this is why.

What would that mean to the "success" of the investment made by our government in the development of COVID-19 vaccines and Operation Warp Speed? Will it be pushed on the American public because it has become too big to fail? How will that impact our individual rights and sovereignty of our own bodies? These are all questions that we the people need to ponder BEFORE they lose these freedoms that we all hold dear to us. As we are told that everyone" needs the new vaccines, what is the TRUTH?

The first truth is, that as of mid-February, there have been over 28 million confirmed cases. Based on the CDC's formula for estimating the total number of people that have had the infection of 8 times confirmed cases (includes asymptomatic and mild cases never tested), that number is around approximately 224 million Americans. That is about 67% of the population!

That 8X ratio is according to an article posted online November 27th titled "The CDC researchers estimated that about 52.9 million Americans had been infected in the US by the end of September". The number of confirmed COVID-19 cases was only 6.9 million up to that time. That is about an 8 to 1 ratio of those that have it and either don't know it or have very mild symptoms and never get a test to those that do test positive. (PCR testing inaccuracy as we have seen is a whole other issue!)
https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1780/6000389

And at the fever pitch rate that new cases are being reported (pun intended), some estimates are that we will reach herd immunity even without the vaccines in the next few weeks. Every day that goes by more lost market share for the vaccines and their shareholders.

And here is why. Even if you have had COVID-19, the official narrative is that you should still get your vaccine shots. After all, our government and pharma have collaborated on producing billions of doses of these vaccines. And again, I am not telling you not to. BUT the science shows that immunity develops after infection and the immune response is lasting. While some studies are showing that antibody levels drop a certain percentage in the weeks and months after infection, THIS IS NORMAL! And everyone that has studied

immunology knows this. Once the threat is gone, the immune system doesn't maintain a level of "red alert". Antibody levels drop, but memory cells remain inactive. Then once the virus shows up again, they jump into action and crank out antibodies against the virus. And, because of the "maturing" of those cells the response is more robust than even during the first infection. In addition to the antibody response, the T-Cell response also has been shown to last for many years from previous coronavirus infections including SARS-CoV-1. There is no reason to believe that the same won't be true with SARS-CoV-2. And lastly, because natural immunity is always more lasting and effective against the wild virus because it covers the whole virus not just a small section like the spike protein, it will always superior. If the mutations we are seeing in various corners of the world and those to come affect the spike protein, the vaccines will be even less effective than natural immunity.

The second truth is that young people can develop better immunity from contracting the virus and producing their own natural antibodies and t-cell immunity from the wild virus. The younger the individual, the more robust their Innate Immune response, which acts as the first line of defense against viral pathogens and consists of Cytotoxic T-Cells, Natural Killer Cells, lymphocytes, neutrophils, macrophages and other key players. That is a huge part of the reason most young people are barely affected by the virus.

Young people age 0-19 have a 99.997% survival rate. People 20-49 have a 99.98% survival rate. And even people age 50-69 have a 99.5% survival rate.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html

Age	SURVIVAL rates	Death rates	What does that mean in practical terms?
0-19:	99.997%	0.003%	If 34,000 people were infected, 1 would die
20-49:	99.98%	0.02%	If 5,000 people were infected, 1 would die
50-69:	99.5%	0.5%	If 200 people were infected, 1 would die
70+:	94.6%	5.4%	If 20 people were infected, 1 would die

https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html

Co-morbidities are a major consideration in addition to age

Sixty percent of adults suffer from at least one chronic disease. Forty percent have two or more.
This is undoubtably one of the key reasons why COVID-19 has hit countries like the U.S., that have high rates of chronic disease harder. The average person that has died from COVID-19 has 2.6 comorbidities per CDC.

These are the 4 most significant risk factors for severe outcome from COVID-19 and the percentage of American adults in that age group that have them:

1. **Hypertension-** (45% of adults have it) https://www.cdc.gov/bloodpressure/facts.htm
   (47.91 of fatal cases) https://pubmed.ncbi.nlm.nih.gov/32573311/
2. **Diabetes-** (16% of adults have diabetes and 42% have pre-diabetes)
   https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf
   (24.9% of fatal COVID-19 cases) https://pubmed.ncbi.nlm.nih.gov/32573311/
3. **Obesity-** (42% of adults are obese) https://www.cdc.gov/nchs/data/databriefs/db360-h.pdf
   (3X risk of hospitalization and increased risk of death) https://www.cdc.gov/obesity/data/obesity-and-covid-19.html (11.3% of fatal COVID-19 cases)
4. **Respiratory diseases-**
   (10.9% of fatal cases) https://pubmed.ncbi.nlm.nih.gov/32573311/

Numbers 5- 8 are also significant risk factors. Circle the ones that pertain to you.

5. **Kidney disease**
6. **Smoking**
7. Being **immunocompromised**
8. **Non-Caucasian ethnicity**- One established reason is that those with darker pigmented skin have lower levels of Vitamin D, which is a risk factor for severe COVID-19.

   The following groups have increased risk of <u>death</u> from COVID-19 as compared to Caucasian and Asian Americans: African American (2.1X), Hispanic Americans (1.1X), Native Americans (1.4X). These ethnic groups also have higher rates of obesity, diabetes, cardiovascular disease than Caucasian and Asian Americans.

   The risk of being **<u>hospitalized</u>** from COVID-19 is much higher for Black (4.7X), Hispanic (4.6X), Asian (1.3X) and Native Americans (5.3X) as compared to Caucasian Americans. https://www.cdc.gov/coronavirus/2019-ncov/downloads/covid-data/hospitalization-death-by-race-ethnicity.pdf

See the table next page…

Consider this table showing of how low risk this disease is for 99.99% of young people…

10/5/20 update on C19 among students on campus since August, from 50 U.S. universities: Despite ~70,000 "+ C19 tests" near absence of reported C19 hospitalizations, & zero reported deaths*

University	Reported C19+, "Cases" (N)*	Reported Hospitalizations (N)**	Reported C19 Deaths (N)***
(1) U of Alabama sys	2861	0	0
(2) U of Georgia	3363	0	0
(3) U of Kentucky	2005	0	0
(4) Ohio State U	2987	0	0
(5) U of Dayton	1284	0	0
(6) Miami U of OH	1614	0	0
(7) Illinois State U	1358	0	0
(8) U of Iowa	2005	0	0
(9) Missouri State U	1017	0	0
(10) U of Kansas	1000	0	0
(11) Kansas State U	811	0	0
(12) Penn State U	2426	0	0
(13) U of Wisconsin	2967	1	0
(14) U of Miami	474	0	0
(15) U of S Carolina	2367	0	0
(16) U of Arizona	2338	0	0
(17) Notre Dame U	752	0	0
(18) Temple University	488	0	0
(19) James Madison U	1522	0	0
(20) Texas Tech U	1544	0	0
(21) U of Texas	1015	0	0
(22) Texas Christian U	1161	0	0
(23) Texas A & M U (incl staff)	1613	0	0
(24) U of Illinois	2566	1	0
(25) Iowa State U	1078	0	0
(26) East Carolina U	1240	0	0
(27) U of N Carolina	1146	0	0
(28) N Carolina State U	1089	0	0
(29) Auburn U	1938	0	0
(30) Arizona State U	1852	0	0
(31) San Diego State U	1106	1	0
(32) Ball State U	1015	0	0
(33) U of N. Dakota	771	0	0
(34) U of Cent Florida	1074	0	0
(35) U of Florida	853	0	0
(36) Oklahoma State U	1158	0	0
(37) SUNY-Oneonta	703	0	0
(38) U of Missouri	1630	0	0
(39) SUNY-Buffalo	444	0	0
(40) U of Michigan	573	0	0
(41) Michigan St (incl staff)	1395	0	0
(42) U of Nebraska (incl staff)	826	0	0
(43) U of Tenn sys	779	0	0
(44) Florida St U	1448	0	0
(45) Indiana U (incl staff)	1719	0	0
(46) U of Arkansas (incl staff)	1611	0	0
(47) Louisiana St U	947	0	0
(48) U of Louisville	543	0	0
(49) Arkansas St U (incl staff)	540	0	0
(50) Liberty U	428	0	0
Totals (N)	69,444	3**	0

Out of 69,444 cases of college students and staff, there were only 3 hospitalizations and ZERO deaths! Instead many schools freak when a few cases are reported, threatening shutdowns, quarantines and remote learning. This is completely insane! This is a great example of why we should not be myopic on "cases". Rather, we need to focus on hospitalizations, ICU bed availablility and deaths.

And these were college age students and staff of various ages. As mentioned above, the group younger than these people are at even lower risk from COVID-19. Even so, I'm sure the pressure will be on to vaccinate all of these extremely low-risk age groups based on the "do it for the greater good" flawed premise.

The third truth is, that several studies have shown that 30-40% of the population have T-Cell immunity from previous coronavirus infections. There are 4 human coronaviruses that make up about 15-20% of the "common colds" people get. Since they are a very similar cousin to SARS-CoV-2, people that have developed T-cell and Memory B-Cell immunity to those, exhibit a cross-reactivity to the SARS-CoV-2 virus. Cytotoxic T-cells and the Innate Arm of the immune system are almost never discussed yet play a powerful role in immune protection. There are several articles that could be cited, but here is a good one that also shows that the immunity should be long-term:
https://www.sciencemag.org/news/2020/05/t-cells-found-covid-19-patients-bode-well-long-term-immunity?#

Even more lost market share! The bottom line is, from a logical and scientific perspective only a small certain percentage of people if any should be recommended these experimental vaccines, as more questions are being raised daily about their safety and efficacy. But do you think pharma or their agents will limit their "marketing" to the groups that are the exceptions to those I've listed above? I don't know about you, but at this point I haven't heard any mention about any Americans that they don't feel require the vaccine. Just the full-court-press. Not surprising. One thing for certain, the only way they had a shot at selling these vaccines was a "warp speed" approach and masking, social distancing and lockdowns to try to slow the spread through the healthy population. Brilliant strategy if you think about it.

Elderly people are at risk

A CDC page titled, **COVID-19 Hospitalization and Death by Age**, compares risk of different age groups. The rate of death from COVID-19 **in those 85 and older** is **630 times (63,000 percent)** greater than 18-29-year-olds. And, it is approximately **5,670 times (567,000 percent)** higher than children aged 0-4 and **10,080 times (1,008,000 percent)** higher than youth aged 5-17!
https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

If you are over the age of 70 and certainly if older than 85, there is cause for genuine concern. But there is also cause for genuine concern in those age groups with the seasonal flu or pneumonia. And, consider that nationwide 40% of deaths have occurred in nursing and long-term care facilities. In some states those deaths are higher, ranging as high as 82% of deaths as is the case in New Hampshire. https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#long-term-care-cases-deaths

Each person should have the right to decide if they want to assume the risk of the illness or the risks of the vaccine. But certainly, healthy people without health co-morbidities from all those age groups are low risk from COVID-19. How many will choose the vaccines? Once again, more lost market share.

Conflicts of interest and personal financial gain drive decision making for vaccine development

The Informed Consent Action Network can now officially confirm that officials within the ***National Institute of Health (NIH)*** who are working to develop a vaccine for novel coronavirus (COVID-19), stand to personally earn millions of dollars from sales of this vaccine. The following is from one of their recent Legal Updates.

When government officials will profit from the sale of a product, there is cause for concern regarding their licensure and promotion of that product.

The first vaccine for COVID-19 to begin trials in the United States is **mRNA-1273**. This experimental vaccine was developed by Dr. Anthony Fauci's ***National Institute of Allergy and Infectious Disease (NIAID)***, which is part of the ***NIH***, along with a biotech company, Moderna Inc., the company that will sell this product to the public.

To receive a share of the profit from the sale of mRNA-1273, the inventors of this product within NIAID would submit an **Employee Invention Report** to the NIH Office of Technology Transfer. Each inventor stands to receive a personal payment of up to **$150k annually** from the sales of mRNA-1273. NIAID also stands to earn **millions of dollars** in revenue from the sale of mRNA-1273 in addition to what its inventors within NIAID earn personally.

Moderna will pay a license fee to NIAID (or its parent agency) to use its patents related to mRNA-1273 and a portion of those fees are then paid directly to the **inventors** within NIAID who developed those patents. There are **two patents** for which the following six individuals in NIAID appear to be listed as inventors which relate to development of mRNA-1273:

- Barney Graham, Deputy Director, NIAID Vaccine Research Center
- Kizzmekia Shanta Corbett, Scientific Lead, NIAID's Coronavirus Vaccine Program
- Michael Gordon Joyce, NIAID
- Hadi Yassine, NIAID
- Masaru Kanekiyo, NIAID
- Olubukola Abiona, NIAID

To confirm these findings, ICAN had its legal team, headed by Aaron Siri, obtain directly from NIH copies of the Employee Invention Reports submitted by NIAID officials with regard to the COVID-19 vaccine. NIH has now produced those **reports** which confirm that the above individuals are indeed listed as inventors. Hence, these individuals within Dr. Fauci's NIAID, and their **heirs**, will each potentially earn millions of dollars personally from sales of mRNA-1273 over the next twenty years. NIAID also stands to earn millions annually from the sale of this vaccine.

Given the potentially significant personal financial interests of individuals within NIAID, it may not be surprising that NIAID used taxpayer dollars to sponsor, assume responsibility for, and perform the first **clinical trial** of this vaccine. There is a clear conflict in having NIAID, whose employees stand to potentially earn millions of dollars from this vaccine, overseeing and conducting the clinical trial for mRNA-1273. This clinical trial information is what NIAID's sister agency, the FDA, will then rely upon to license the mRNA-1732 for public use.

NIAID's parent department, HHS, has also awarded **$483 million** to accelerate development of mRNA-1273, including to "fund the development of mRNA-1273 to FDA licensure and manufacturing process scale-up to enable large-scale production in 2020 [before licensure is granted]." The U.S. Government has also already reached a **$1.5 billion** deal to purchase 100 million doses of mRNA-1273. HHS has even granted those developing and selling this product, including NIAID and Moderna, **broad immunity** from liability for injuries caused by this product.

Dr. Fauci has been tirelessly promoting the mRNA-1273 vaccine that will potentially make individuals in his agency millionaires and will drive millions more dollars into his agency. It should not be permissible that the

federal department responsible for testing and licensing a product would include individuals who stand to earn millions of dollars from selling that product. It creates conflicts of interest that can cloud the vision of the most clear-eyed individuals.

Now that the vaccines have been rolled out to elderly and long-term care facilities, unusually high rates of deaths are being reported in elderly nursing home residents after they receive the shots

As of mid-February, reports from all over the globe have been coming in that are raising serious cause for concern over the elderly and frail getting the COVID-19 vaccines.

A CNA whistleblower from a nursing facility posted a video of himself expressing concerns over what he was seeing. The video went viral in a short amount of time before being censored and taken down. It is still being shared on various alternative platforms and by individuals. The story on this particular site is titled, **CNA Nursing Home Whistleblower: Seniors Are DYING LIKE FLIES After COVID Injections! SPEAK OUT!!!**

From the article:

James (he gives his last name in the video) is a CNA (Certified Nursing Assistant), and he recorded this video as a whistleblower because he could not keep silent any longer.

James reports that in 2020 **very few residents in the nursing home where he works got sick with COVID, and none of them died during the entire year of 2020**.

However, shortly after administering the Pfizer experimental mRNA injections, 14 died within two weeks, and he reports that many others are near death.

The video is long (47 minutes), and it is clear that James is suffering from emotional stress, and he admits that he has nothing to gain from going public, and that he will probably lose his job for doing so. But he makes it very clear that these were patients he knew and cared for (he is also a "lay pastor"), and that after being injected with the mRNA shot, residents who used to walk on their own can no longer walk. Residents who used to carry on an intelligent conversation with him could no longer talk. And now they are dying. "They're dropping like flies."

His superiors are explaining the deaths as being caused by a COVID19 "super-spreader." However, the residents who refused to take the injections, are not sick, according to James.

James makes it very clear that as a Christian, he cannot live with his conscience anymore, and that he can no longer remain silent. He is not anti-vaccine, but just sharing what he knows is true, regarding the people he has cared for in his profession for over 10 years now.

https://medicalkidnap.com/2021/01/26/cna-nursing-home-whistleblower-seniors-are-dying-like-flies-after-covid-injections-speak-out/

Once you read the article and watch the video if you choose, scroll down on that same web page and view many other stories coming in from different countries.

Norway halts vaccine rollout in the elderly due to deaths after vaccines

A January 16th article on Bloomberg.com titled **Norway Raises Concern Over Vaccine Jabs for the Elderly**, reports on the increased deaths in the elderly and frail after the Pfizer shots.

From the article:

Until Friday, the vaccine produced by Pfizer and BioNTech SE was the only one available in Norway, and "all deaths are thus linked to this vaccine," the Norwegian Medicines Agency said in a written response to Bloomberg on Saturday.

"There are 13 deaths that have been assessed, and we are aware of another 16 deaths that are currently being assessed," the agency said. All the reported deaths related to "elderly people with serious basic disorders," it said. "Most people have experienced the expected side effects of the vaccine, such as nausea and vomiting, fever, local reactions at the injection site, and worsening of their underlying condition."

The findings have prompted Norway to suggest that Covid-19 vaccines may be too risky for the very old and terminally ill, the most cautious statement yet from a European health authority.

The Norwegian Institute of Public Health judges that "for those with the most severe frailty, even relatively mild vaccine side effects can have serious consequences. For those who have a very short remaining life span anyway, the benefit of the vaccine may be marginal or irrelevant."

https://www.bloomberg.com/news/articles/2021-01-16/norway-vaccine-fatalities-among-people-75-and-older-rise-to-29

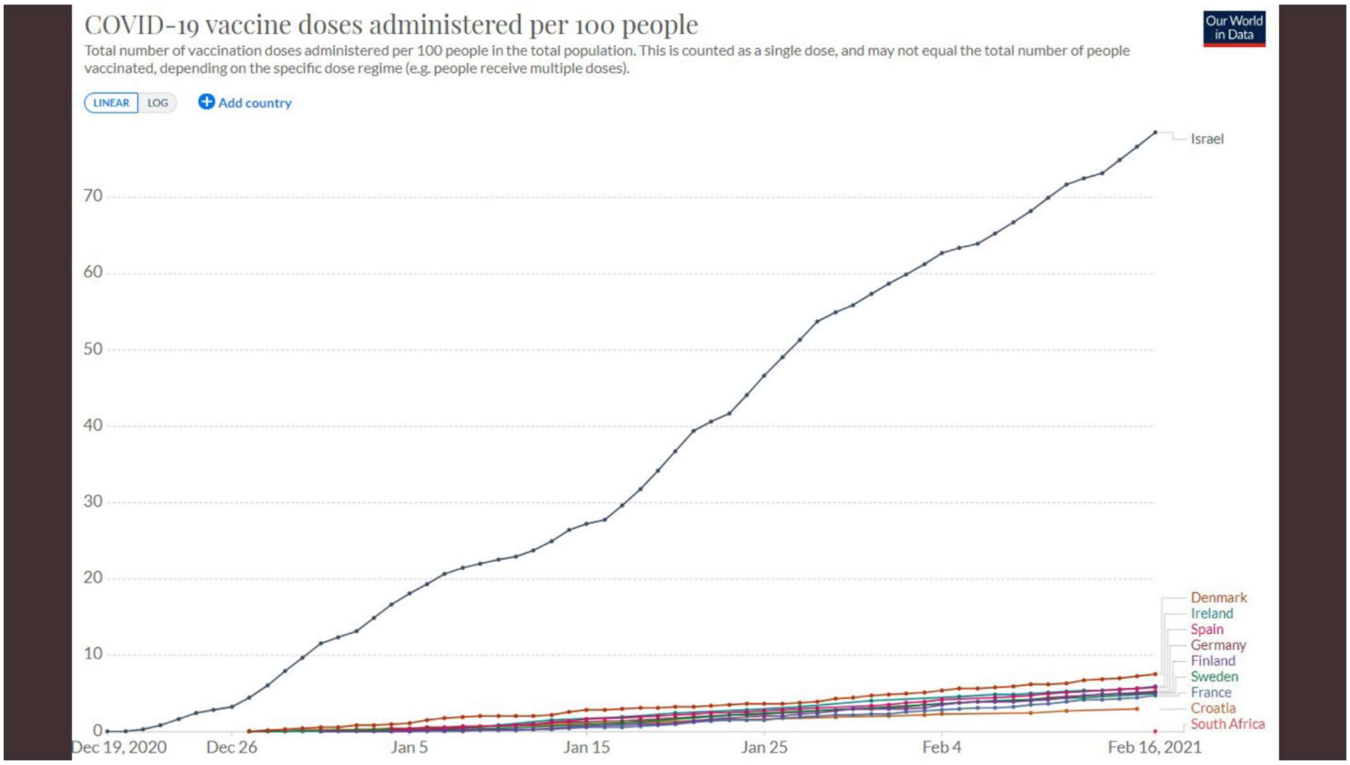
Spain halts vaccine in nursing home after 46 residents die shortly after the first Pfizer shot

Considering that the total population of the nursing home was only 145, this is an extremely high number. The residents were vaccinated in early January. In mid-February it was reported that another 28 residents and 12 staff members have tested positive for COVID-19.

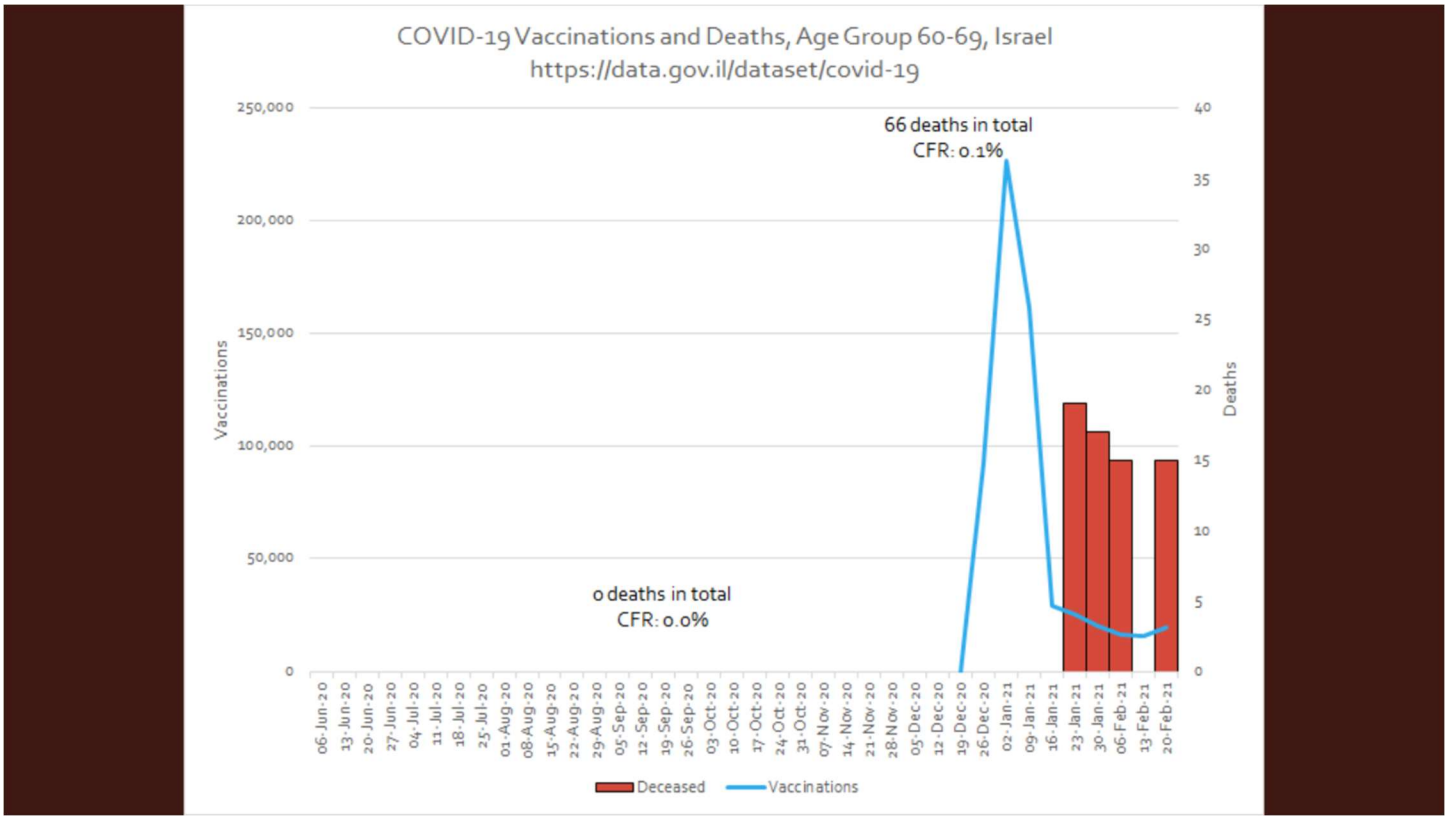
https://europerenaissance.com/2021/02/19/spain-second-pfizer-shots-halted-after-46-nursing-home-residents-die-after-the-first-shot/

Continue next page…

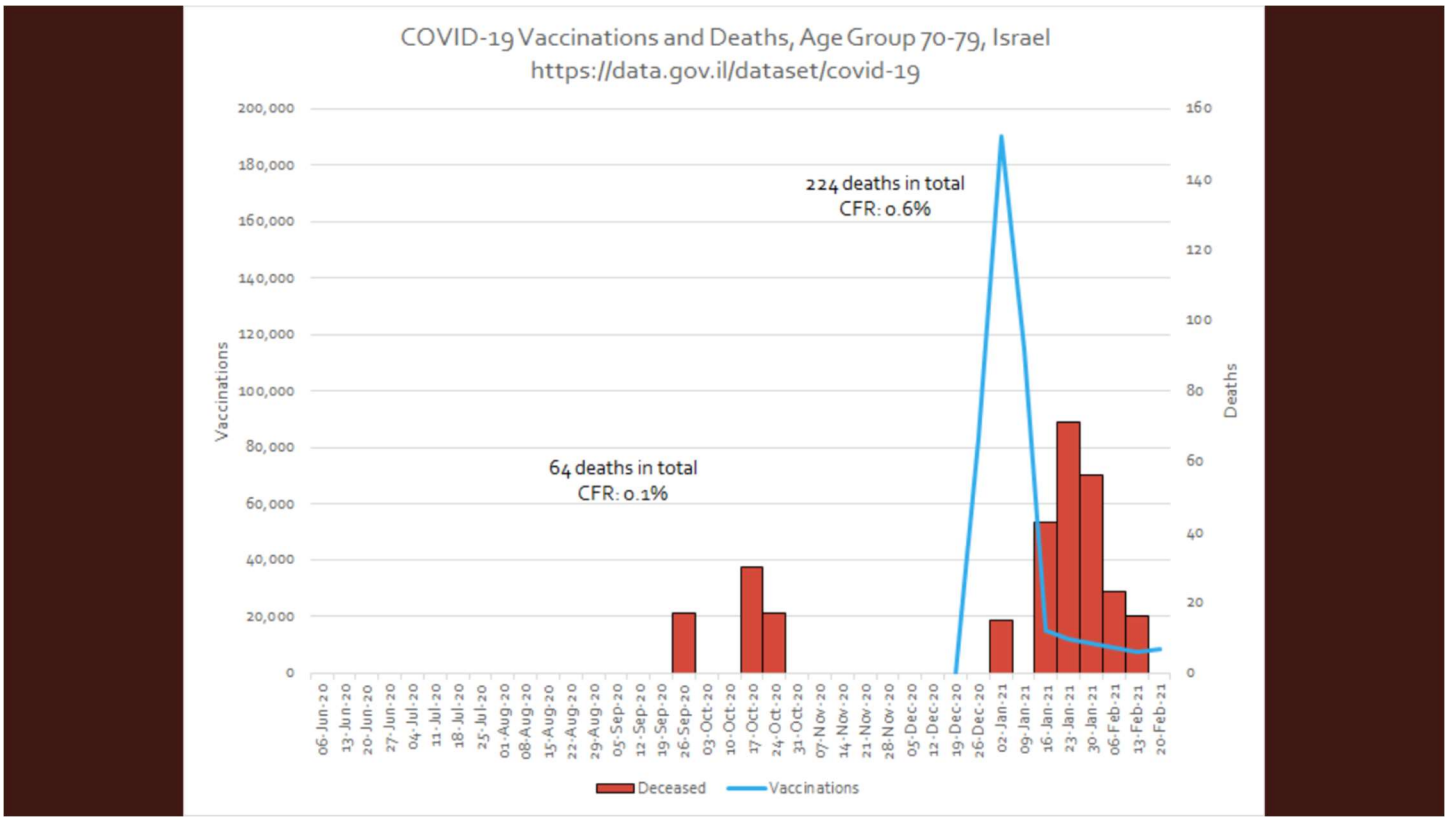
Israel has the highest rate of COVID-19 vaccine distribution in the world, but it seems to correlate with a large increase in deaths in their elderly



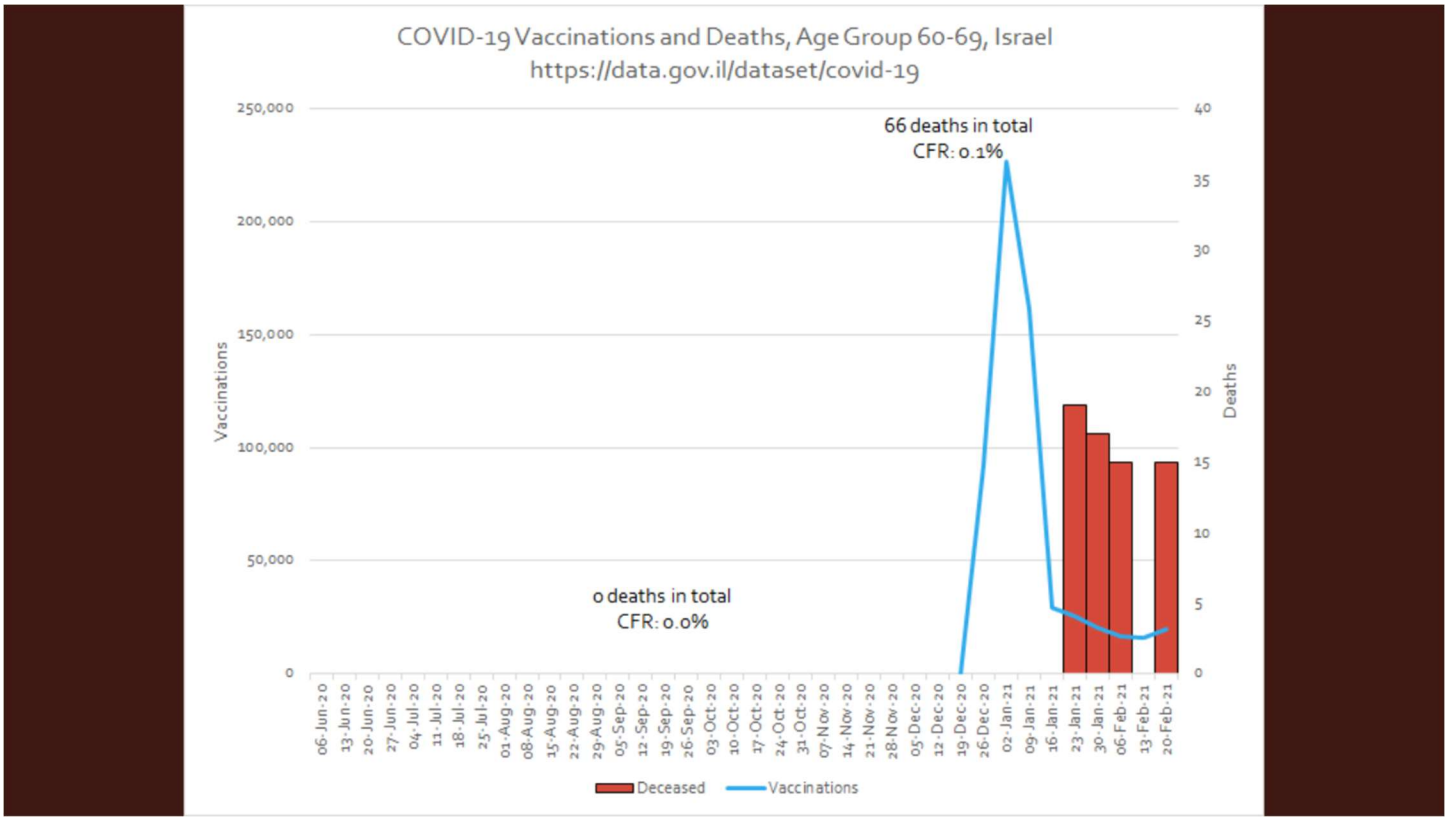
Deaths in the 60 to 69 year-old age group- Vaccination campaign is the blue line



Deaths in the 70 to 79 year-old age group- Vaccination campaign is the blue line



Deaths in the 80+ year-old age group- Vaccination campaign is the blue line



The big question is, does the large increase in deaths relate to various side effects from the vaccines that aren't tolerated by the frail and elderly, or is it the Antibody Dependent Enhancement (AKA Pathogenic Priming) scenario that so many of the world's health experts were warning about as described earlier in this paper. Either way, if you extrapolate these findings on a much larger scale in a country like the United States who are lagging far behind Israel in vaccination coverage, it should sent up major red flags that would call for further investigation before we see potentially catastrophic results here with our elderly population.

Status of Vaccine Adverse Event Reporting System (VAERS) reported injuries and deaths from COVID-19 vaccines

As of February 12th, 2021, there have been 15,923 reports of injuries and 929 deaths reported to the ***Vaccine Adverse Event Reporting System (VAERS)***. https://www.openvaers.com/covid-data

VAERS is a PASSIVE reporting system, meaning that vaccine reactions are not required to be reported. It is completely voluntary and the person that has received the vaccine would have to know that it even exists and if they do how to report. This presents a problem of extreme under-reporting as verified by a U.S. government funded ***Harvard Pilgrim Health*** study that determined that less than 1% of all adverse vaccine reactions are reported to VAERS. https://www.ncbi.nlm.nih.gov/pubmed/?term=26060294. As of today, I have not seen a single Public Service Announcement (PSA) telling people about VAERS and that they should report any side effects from the shots. That sounds like common sense, but of course would raise concerns in the minds of the public about the possibility of adverse reactions and conflict with the public narrative. After all, they have been told ad nauseum that they are safe.

The technology for tracking vaccine recipients and monitoring their biological processes is ready for implementation

In a revealing article on Mercola.com, Whitney Webb an investigative journalist discusses the Sci-Fi reality that the biotech industries and globalists have for the human population. I'm going to devote a bit of content space to this article because it is very alarming. The rest of the article can be found here. https://articles.mercola.com/sites/articles/archive/2020/11/01/operation-warp-speed.aspx

From the article:

In this interview, investigative journalist ***Whitney Webb***, who does both independent work and collaborations with ***The Last American Vagabond***, discusses the little-known details of **Operation Warp Speed**, a joint operation between **U.S. Health and Human Services (HHS) and the Department of Defense** to produce a fast-tracked COVID-19 vaccine and other therapeutics.

As you may have noticed by now, ***Google***, ***YouTube***, ***Facebook***, ***Twitter*** and a host of other platforms are censoring information relating to COVID-19 in general and vaccine information in particular. Many commentators who touch on these issues have been deplatformed altogether, so information on these crucial topics are getting harder to come by.

“We're at a point where the line between Silicon Valley and the national security state has become so blurred, you really can't distinguish where one begins and where the other ends,” Webb says. This in large part helps explain how and why big tech is getting away with such blatant censorship as deplatforming of individuals who discuss issues the mainstream media refuse to touch.

“You can definitely make the argument that it’s state censorship to a degree,” she says. “I think it's quite telling that a lot of these companies, from the very beginning of their existence, had some sort of funding from U.S. intelligence.”

Operation Warp Speed

As noted by Webb, you’d expect Operation Warp Speed, being a government program, to be governed by some federal regulatory agency like the Food and Drug Administration or the Centers for Disease Control and Prevention, or even the HHS, but no. It’s almost entirely funded and operated by the CIA and the U.S. military. Webb explains:

“When Operation Warp Speed was announced … it was essentially sold to the public as a joint operation between HHS and the Department of Defense. So, the military was involved from the beginning. But oddly enough, last month, a lot of information about Warp Speed started to come to light.

A company called Palantir was given the contract to come up with the vaccine allocation strategy and determine the critical populations each vaccine should be distributed to. Palantir, founded by Peter Thiel, was initially funded by QTL, the CIA's venture capital arm.

The CIA was its only client for the first three years of its existence. At present, Palantir is a contractor to 17 U.S. intelligence agencies and also the U.S. military. The company is also in charge of COVID-19 data under the auspices of the HHS. Hospitals must now report their COVID-19 data to Palantir or lose their Medicaid and Medicare funding. Palantir is also involved in things like predictive policing.

“There are a lot of things in Warp Speed that are concerning. One of the things I read about recently is that Google and Oracle, two large tech companies that have longstanding ties to the CIA, are going to be involved in what they describe as a pharmacovigilance surveillance system, or what was more recently referred to by the head of Warp Speed as an incredibly precise tracking system, whereby everyone who receives one of these vaccines will be tracked and surveilled, not just to make sure that they get a second dose ...

... but also to see what happens to people's physiology, because they admit that every single one of these vaccine candidates … has never been brought to market or licensed by the government before,” Webb says.

Pharmacovigilance Surveillance

According to Webb, the plan is to monitor vaccine recipients for 24 months after the first dose. The question is, how do you monitor such a large population? One way would be to employ biosensors that collect and send biological metrics automatically.

Monsef Salafi, a long-time head of GlaxoSmithKline's vaccine division, who is now part of Warp Speed, is a leading proponent of bioelectronic medicine, the use of injectable or implantable technology for the purpose of treating nerve conditions. The MIT Technology review has referred to it as hacking the nervous system. But it also allows you to monitor the physiology of the human body from the inside.

The vaccine coordinator for Operation Warp Speed is Matt Hepburn, a former program manager for DARPA, where he oversaw the development of ProfusA,[1] an implantable biosensor that allows a person's physiology to be examined at a distance via smartphone connectivity. ProfusA is also backed by Google, the largest data mining company in the world. Salafi is also invested in a company called Galvani Bioelectronics, which was cofounded by a Google subsidiary.

"So, you have Google being contracted to monitor this pharmacovigilance surveillance system that aims to monitor the physiology and the human body for two years," Webb says.
"And then you have the ties to the ProfusA project, which oddly enough is supposed to work inside the human body for 24 months — the exact window they've said will be used to monitor people after the first [vaccine] dose."

Guinea Pigs 'R Us

In short, rather than doing long-term safety studies on both animals and humans beforehand, what's being put into place is a "safety study" after the fact, where vaccine recipients are monitored for side effects. Unfortunately, Warp Speed, being shrouded in secrecy, has not released details about what biological parameters would actually be monitored and surveilled.

As noted by Webb: *"It really doesn't make sense, if you think about it, for something that … is funded by American taxpayers to produce a medical countermeasure or a vaccine [during] peace time, is being run by the military under extreme secrecy with a lot of involvement of intelligence contractors, or intelligence agencies themselves.*

A lot of the same initiatives proposed under that original program after 9/11 have essentially been resurrected, with updated technology, under the guise of combating COVID-19."
Later in the article Webb discusses ways that HHS is partnering with technology companies to create predictive models that will supposedly predict outbreaks before they occur in certain geographic regions. This will allow the government to shut down cities and communities even before any signs of outbreak. This is potentially ripe for abuse and very difficult for independent sources to verify and could lead to population control under the guise of "health measures".

Then there's the permanent body I.D. systems and tracking that Gate's wants to mandate along with vaccines

An article in ***Scientific American*** titled, **Invisible Ink Could Reveal whether Kids Have Been Vaccinated**, reveals that the M.I.T. researcher's project was funded by the Bill and Melinda Gates Foundation (surprise, surprise). And, "came about because of a direct request from Microsoft founder and philanthropist Bill Gates himself…"
https://www.scientificamerican.com/article/invisible-ink-could-reveal-whether-kids-have-been-vaccinated/

From the article:
"The research, conducted by M.I.T. bioengineers Robert Langer and Ana Jaklenec and their colleagues, uses a patch of tiny needles called microneedles to provide an effective vaccination without a teeth-clenching jab. Microneedles are embedded in a Band-Aid-like device that is placed on the skin; a skilled nurse or technician is

not required. Vaccines delivered with microneedles also may not need to be refrigerated, reducing both the cost and difficulty of delivery, Langer and Jaklenec say."

"Along with the vaccine, a child would be injected with a bit of dye that is invisible to the naked eye but easily seen with a special cell-phone filter, combined with an app that shines near-infrared light onto the skin. The dye would be expected to last up to five years, according to tests on pig and rat skin and human skin in a dish."

"Delivering the dye required the researchers to find something that was safe and would last long enough to be useful. "That's really the biggest challenge that we overcame in the project," Jaklenec says, adding that the team tested a number of off-the-shelf dyes that could be used in the body but could not find any that endured when exposed to sunlight. The team ended up using a technology called quantum dots, tiny semiconducting crystals that reflect light and were originally developed to label cells during research."

In a related 2019 article titled, **Bill Gates, MIT Develop New 'Tattoo ID' to Check For Vaccinations**, other nefarious plans for biometric I.D.s as a means of population management is discussed. https://21stcenturywire.com/2019/12/23/bill-gates-develops-new-id-tattoo-to-check-for-vaccinations/

From the article:
"Could this technology be utilized by governments as an exclusionary tool, or as a mechanism for social engineering? Certainly he potential is there to streamline these two methods of 'people management.' Currently the US government is quietly implementing the REAL ID Act which now requires Americans to hold a biometric ID in order to travel on airplanes. US lawmakers have been pushing for this from the 1980s, when former Attorney General William French Smith had proposed to implement a 'perfectly harmless national ID system' for which another cabinet minister at the time also proposed to 'tattoo a number on each American's forearm.' To some, this may seem like the stuff of science fiction, and yet it's been openly discussed by government for decades."

And that leads us to the Bill Gates' Microchip patent

Another kind of biometric monitoring advanced by Bill Gates and Microsoft- As this technology evolves, will vaccines be the delivery system?

I covered the microchip technology invented and patented by Bill Gates and Microsoft in my June ***1200 Studies Update Newsletter***, where I've been covering the many behind the scenes stories related to COVID-19 that you will never hear from the mainstream media. Gates is the driving force behind world vaccination projects and with the United States having pulled out of the World Health Organization, Gates is now is the top funder of the W.H.O. along with China. And with provocative comments like, **"Normalcy only returns when we've largely vaccinated the entire global population."** And what better opportunity will the people working to find a system to harvest raw biometric data from everyone than this Orwellian new order we find ourselves in.

An article titled, **Bill Gates, Vaccinations, Microchips, And Patent 060606**, published on ***Orientalreview.org*** April 29, 2020 reveals what the future of microchipping humans to track their location, retrieve biometric data and exchange cryptocurrency. https://orientalreview.org/2020/04/29/bill-gates-vaccinations-microchips-and-patent-060606/

From the article:

The case described below relates to an officially documented fact, although there is something rather biblical about it. **Patent WO/2020/060606** was registered on 26 March 2020. The patent application was filed by Microsoft Technology Licensing, LLC, headed by Bill Gates, back on 20 June 2019, and, on 22 April 2020, the patent was granted international status. The title of the patent is "Cryptocurrency system using body activity data".

So, what is this invention that the people at Microsoft decided to patent? The abstract of the patent application online states: "Human body activity associated with a task provided to a user may be used in a mining process of a cryptocurrency system. A server may provide a task to a device of a user which is communicatively coupled to the server. A sensor communicatively coupled to or comprised in the device of the user may sense body activity of the user. Body activity data may be generated based on the sensed body activity of the user. The cryptocurrency system communicatively coupled to the device of the user may verify if the body activity data satisfies one or more conditions set by the cryptocurrency system, and award cryptocurrency to the user whose body activity data is verified."

In other words, a chip will be inserted into the body that monitors a person's daily physical activity in return for cryptocurrency. If conditions are met, then the person receives certain bonuses that can be spent on something.

A detailed description of the "invention" **provides 28 concepts for how the device could be used.** "Microsoft's involvement is interesting. And why has the patent been given the code number 060606? Is it a coincidence or the deliberate choice of what is referred to in the ***Book of Revelation*** as the number of the "mark of the beast"?

Alternatives to a vaccine- Prophylaxis and early effective treatment options

In these last sections, I will present some options for prophylaxis and early treatment with two medications and some natural alternatives like Vitamin D. Have you ever heard a public service announcement, or our health officials promote Vitamin D? I do believe Dr. Fauci did mention he takes Vitamin D one time, but that was it. But when you see the evidence on having optimal Vitamin D levels in a link to an article on my web site, you may be outraged as I am that it isn't front page news.

Once again, I want to reiterate, that I am not saying you should not take the vaccine. Listen to and study what the people promoting them are saying. Then look at other sources of information like I have provided you. Then based on a risk vs. reward analysis, decide what is in your best interest and the best interest of your family members.

Ultimately if you decide to not take the vaccine, I have a strategy to recommend that will help you optimize your immune system's function and bolster your defenses.

Repurposed inexpensive drugs as a first line of defense

Disclaimer: *As a chiropractic physician, I do not prescribe medications and I do not tell people not to take their medications. I am simply acting as a journalist and reporting what is being reported and what the peer reviewed studies have shown. Each person must decide for themselves, with consultation from the medical provider what would be in their best interest. Even though these medications have been proven very safe over*

decades of use, like with any drug it may not be recommended for a very small subset of people with certain risk factors.

There are two drugs that have been getting a lot of attention as a first line medication against COVID-19. Those are:

- **Hydroxychloroquine (HCQ) WITH ZINC-** HCQ acts as a Zinc ionophore helping Zinc to get into the cells where it can interfere with replication of the SARS-CoV-2 virus. It costs about $30 for a course of treatment. It is sometimes prescribed with Azithromycin as a prevention against secondary bacterial infection.

- **Ivermectin-** Costs about $80 for a course of treatment. Ivermectin acts both as an anti-viral and an anti-inflammatory drug. This makes it effective early in care and later as well. The anti-inflammatory aspect may lend itself well to patients after the viral replication phase in helping to control an over-reactive immune response.

Both of these medications are very inexpensive and have been used world-wide for decades, mostly for malaria and parasites with very good safety profiles. And both have very powerful antiviral effects. HCQ is also used by millions of people in the U.S. for autoimmune disease. HCQ has been on the W.H.O.'s list of essential medications for many years.

Both of these drugs are best used early in the illness as they interfere with viral replication and can impact the exponential growth of the virus, giving the immune system a better chance of getting the upper hand. Ivermectin has also shown promise with intermediate and even some later stage illness partly because of its anti-inflammatory properties, which mitigates the hyper-immune response sometimes called a cytokine storm that occurs in some patients.

Unfortunately however, these drugs that could be a game changer according to thousands of physicians and clinics all over the world have been undermined in countries where pharma has powerful influence, including the U.S. Some recent studies looking at HCQ have been designed to fail, either omitting Zinc which is the key ingredient for success, using near lethal doses on patients that are 4-6 times what clinics are using, or using it in patients with severe advanced COVID-19 disease which is not the target population it works for. Many of the studies and reports in medical journals have been authored by people with ties to companies making competing drugs like Gilead Sciences, the makers of Remdesivir (which costs about $3,000 for a course of treatment). This is blatant bias and conflicts of interest. Medical journals allowing these "hit pieces" should be ashamed of themselves and they should be retracted.

Doctors using HCQ with amazing success, report that it is more effective in keeping people out of the hospital by helping them get better quickly early on. It is obvious that these drugs are being sabotaged by people and groups with deep ties to pharma. Some state pharmacy boards have even restricted dispensing of HCQ prescribed by physicians for COVID-19. And why would they do that? Many speculate that it is to promote the expensive antiviral treatments (i.e., Remdesivir), those drugs in development and of course, the vaccines. All you usually have to do when asking the why question in circumstances like this, is follow the money trail. It is awful to think that these actions would be intentional, as restricting their use and availability may have contributed to the deaths of hundreds of thousands of people world-wide, while we have waited for the vaccines which is where the big money lies. Fortunately for people in countries that aren't so dominated by pharma, they are using these drugs with incredible success.

More on Hydroxychloroquine (and don't forget the Zinc)

Here is the website for ***America's Frontline Doctors***. They are the group that held a press conference several weeks ago on the steps of the ***Supreme Court of the United States***. The video reached about 18 million views in 6 hours before being taken down by YouTube, the arbiter of the "truth" as they or their handlers see it. It is a great resource on HCQ. https://www.americasfrontlinedoctors.com/

This is an AMAZING resource! It features 206 studies, 140 of which are peer-reviewed on HCQ https://c19study.com/ They estimate that over 813,000 lives have been lost (at the time of writing this article) by not using HCQ in early treatment.

Here is a site that shows many studies and the efficacy of HCQ.
https://www.sciencedirect.com/journal/international-journal-of-antimicrobial-agents/special-issue/10V3JMBH9GZ

More on Ivermectin

Here is a recently released report from a consortium of doctors that have been successfully using and studying **Ivermectin**. The group is called the ***FRONT LINE COVID-19 CRITICAL CARE ALLIANCE*** and is made up of critical care physicians https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf

Watch Dr. Pierre Kory's passionate testimony about the effectiveness of Ivermectin on December 8, 2020, at the U.S. Senate Committee on Homeland Security and Governmental Affairs.
https://www.youtube.com/watch?v=YgOAaLmoa68&feature=emb_logo

Another great source is Dr. Paul Marik's Math + Protocol

Dr. Paul Merik is board certified in Internal Medicine, Critical Care Medicine, Neurocritical Care and Nutrition Science. Dr Marik is currently Professor of Medicine and Chief of Pulmonary and Critical Care Medicine, Eastern Virginia Medical School in Norfolk, Virginia. Dr Marik has written over 400 peer reviewed journal articles, 50 book chapters and authored four critical care books.

His website and protocol can be accessed here: https://covid19criticalcare.com/math-hospital-treatment/pdf-translations/

Natural Alternative Options

Maintaining optimal levels of Vitamin D is one of the most important things anyone can do to prevent getting COVID-19 (the disease) and if you do get it to reduce the chances of a severe outcome. Numerous studies verify the benefits against viral respiratory infections, including many recent studies on the benefits with COVID-19. You can read all about that and see dozens of references in my article on my website at https://www.wellnessdoc.com/vitamin-d-status-as-it-relates-to-covid-19-complications-and-death/

There are many other nutritional compounds that also support healthy immune function and protect against viral illness. Check out my Viral Prevention and Treatment strategies page at https://www.wellnessdoc.com/nutritional-viral-prevention-and-treatment-products/

and also general tips here https://www.wellnessdoc.com/10-effective-ways-to-prevent-and-treat-viral-infections/

For prevention (prophylaxis) of viral illness, you may want to try an **immune/detox drink** that I have been making for myself and my family over the last few months. It combines several nutrients that I have covered in my ***Nutrient of the Month*** columns of my monthly newsletter over the past few months.

I like to use orange flavored Emergen-C. With the vanilla whey, it makes it taste like an orange dreamsicle. 😉

In a glass of water, add:

- 1 Pack Super Orange Emergen-C (or similar powdered Vitamin C, mineral ascorbate formula)
- 1 Zinc capsule (30 mg)
- 1 Quercetin capsule (500 mg)
- 1 NAC- capsule (500 mg)
- 1 Selenium capsule (200 mg)
- 3 grams powdered glutamine
- 1 scoop vanilla whey protein (I use cold filtered, non-hydrolyzed)

Mix with a wire whip or blender

In addition to all of the other immune modulating effects of these nutrient listed in my previous issues, they can act directly in the efforts against viral pathogens in the following ways.

- The Quercetin (a Zinc ionophore like HCQ) and Zinc act together to deliver Zinc into your cells and inhibit viral replication (not just COVID-19, but all viruses).
- The NAC, Selenium, Glutamine and undenatured Whey Protein help your body make Glutathione, the "Master Antioxidant" and detoxifier.
- The Vitamin C increases activity and effectiveness of the Innate Arm of the immune system, including Natural Killer Cells, Neutrophils, Lymphocytes and Macrophages.

I also make sure that myself and my family maintain Vitamin D levels between 60 and 80 ng/mL. If you haven't had your Vitamin D levels tested, you can order an at home test kit for just $70, postage included from and back to the lab. Order that here: https://lp.constantcontactpages.com/sh/qHdiKdW/vitaminD

If you don't have access to high quality nutritional supplements and would like help with finding the above products, you can visit my store at Wellnessdoc.com **HERE**.

IMPORTANT: If you contract COVID-19 and are in the high-risk categories and/or if the illness is progressing beyond mild to moderate symptoms including low oxygen levels (which you can monitor with a home pulse oximeter), **seek medical attention**, as there are medical options that can help to prevent the illness from progressing to a severe level.

More resources

Want to learn more about the controversial subject of vaccines?

Check out my downloadable **eBook *1200 Studies- Truth will Prevail***. It is the most comprehensive expose ever on the subject. It is now at 737 pages, with excerpts and summaries from over 1,400 published studies authored by thousands of scientists and researchers, that contradict what the public is being told about the safety and efficacy of vaccines. It has easy search and navigation features with links directly to the article abstracts on PubMed, or the source journal. These features make it an invaluable research and reference tool. It can be downloaded at https://1200studies.com

Want to learn information about all things COVID-19 that you'll never hear from the mainstream media?

Consider subscribing to my ***Monthly 1200 Studies COVID-19 newsletter***. It will provide you with the stories, the research, the data and what the top experts from all over the world are saying about the virus, the lockdowns, the vaccines and the real numbers. You will learn information that doesn't fit the mainstream media's narrative and the information that certain factions do not want you to know. Now with all things COVID-19, as the 24/7 media drives hysteria and fear mongering, a new push for public compliance or even mandated vaccines is on. If you don't have time to do all that homework yourself, let me do it for you. Subscribe at https://www.wellnessdoc.com/science-and-news-monthly-newsletter/