“SAFE”, EFFECTIVE, **UNNECESSARY**

*[The last revision of this document is from **8/18/2021**]*

Much of the research presented below is used to highlight the negative aspects of vaccines and mandates. *Virtually all of the sources for these facts are pro-vaccine*. This list is designed to present information that balances the mainstream narratives that everyone is familiar with. That said, the benefits of vaccination are evident:

- **Reduction in the risk of hospitalization and death (~90% or more).**
- **Reduced likelihood of symptoms upon infection.**

Notably, the above benefits are well documented and should not be ignored.

- **Reduction in the risk of becoming infected.**
- **Reduction in the risk of transmission.**

The latter two may prove to be marginal at best. The reduction in the risk of infection, perhaps only moderate to begin with, appears to wane fairly rapidly in the vaccinated. It also continues to wane in overall efficacy against the recent and more prevalent variants. Thus, the benefits to being vaccinated are *primarily* for the vaccinated individual, and achieving herd immunity via vaccination is most likely impossible.

NOTES

I am not an expert in the medical field. However, the sources for the information that have been cited are vetted for authenticity – most are from credible, peer-reviewed journals or main-stream news. A minority of citations are statements from experts, and points without citation are generally well-accepted, easily verified, or cited elsewhere herein.

Dubious information and sources are often used to promote vaccine skepticism or acceptance. It is not my intent to cement adherence to a specific narrative, but rather to present facts.

Most people do not regularly read literature in science journals. Trust that the statements below have been confirmed to the best of my ability. If you wish to dig deeper, the introduction, conclusion, and discussion usually contain the most relevant information.

GLOSSARY OF TERMS

- SARS-CoV-2
  - The virus responsible for the pandemic.
  - A coronavirus and relative of SARS-CoV-1.
- COVID-19
  - The disease, or:
  - The set of symptoms caused by SARS-CoV-2 infection.

- [**CO**]rona[**VI**]rus [**D**]isease 20[**19**].

- **Is it a vaccine?**
  - The available COVID vaccines are fundamentally different from all previously approved viral vaccines.
  - Rather than using a weakened form of a virus, they contain messenger RNA (mRNA) contained within lipid (fat) nano-particles (LNP).
  - The mRNA cause your cells to produce the spike protein found on the outside of the SARS-CoV-2 virus. Your immune system learns to recognize the spike protein and can therefore produce antibodies that attach to the most easily targeted part of the virus.
  - Definitions of “vaccine” can be found that exclude the current COVID shots. However, they have the same purpose as a vaccine and therefore will be referred to as such in this presentation.
- **Cytokine storm**
  - The over-reactive immune response to COVID that causes pulmonary complications up to and including death. Click the link in the end note for a detailed explanation.[1]
- **R0 (R-naught)**
  - A value indicating the average number of people that a single person infects. This can vary across time. With an R0 of 3, an infected person spreads it to 3 other people on average, then they each spread it to 3 more people, etc.
- **Herd immunity**
  - When enough of a population is immune that the virus can no longer spread. Generally, it is understood that herd immunity is reached somewhere between 70% and 90% immunity (natural or vaccine-related), effectively lowering the R0 below 1.

🚩 Red flags – Self explanatory.
Highlighted text – Links that are well worth your time.

CONSIDERATIONS

- **Bio-distribution**
  - In previous vaccines, the antigen stays in the arm and that is where the immune system encounters it.

---

[1] What Is The Cytokine Storm And Why Is It So Deadly For Coronavirus Patients? (forbes.com): https://www.forbes.com/sites/claryestes/2020/04/16/what-is-the-cytokine-storm-and-why-is-it-so-deadly-for-covid-19-patients/?sh=5369618d460f

- 🚩In the COVID vaccines, it is being distributed throughout the entire body within minutes.[2] [3]
    - Lipid nano-particles containing mRNA are carried throughout the body. This was not anticipated. All previously used vaccines stay within the injection site.
    - Lipid nanoparticles are toxic to cells.[4] [5]
    - The spike protein appears to be toxic to cells*.[6] [7] [8] [9]
    - Immune response and inflammation is triggered wherever the spike protein is generated. This can include:
        - The heart, blood vessels, liver, kidney, lungs, endocrine system, **Ovaries (high concentrations detected)**[10], brain[11], breast milk*[12].

  *These claims have been "fact-checked" by PolitiFact as false. However, in their response to viral immunologist Byram Bridle's claims, they do not cite any evidence to the contrary and dismiss the evidence that he provides based on the false premise that the spike protein is not traveling throughout the body. In fact, the lipid nano-particles containing mRNA responsible for spike protein production do in fact travel through the body as cited previously from Pfizer's own data. The presence of the spike protein is a logical explanation for many of the adverse reactions we are seeing. The PolitiFact articles: [13] [14]

---

2 FOIA Document for Vaccine Discussion as to mRNA-based Vaccine Safety Signals (trialsitenews.com)*: https://trialsitenews.com/foia-document-for-vaccine-discussion-as-to-mrna-based-vaccine-safety-signals/ *Trialsitenews now has a pay wall. You may reach out to me via email if you want a copy of the data.

3 Circulating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients | Clinical Infectious Diseases | Oxford Academic: https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075

4 Cationic compounds used in lipoplexes and polyplexes for gene delivery – ScienceDirect: https://www.sciencedirect.com/science/article/abs/pii/S0168365904004006?via%3Dihub

5 Interview with Dr. Vanessa Schmidt-Kruger: enformtk.u-aizu.ac.jp/howard/gcep_dr_vanessa_schmidt_krueger/

6 **SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2:** https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

7 SARS-CoV-2 Spike Protein Elicits Cell Signaling in Human Host Cells: Implications for Possible Consequences of COVID-19 Vaccines: https://www.mdpi.com/2076-393X/9/1/36/htm

8 JoR | Free Full-Text | SARS-CoV-2 Spike Protein and Lung Vascular Cells | HTML (mdpi.com): https://www.mdpi.com/2673-527X/1/1/4/htm

9 Dr. Robert Malone (inventor of mRNA technology), Bret Weinstein (evolutionary biologist), and Steve Kirsch discuss this on the DarkHorse podcast "How to Save the World in Three Easy Steps": https://trialsitenews.com/how-to-save-the-world-in-three-easy-steps/

10 Pfizer data: https://alschner-klartext.b-cdn.net/wp-content/uploads/2021/05/pfizer_Study_pharmacokinetics.pdf

11 The S1 protein of SARS-CoV-2 crosses the blood–brain barrier in mice: https://www.nature.com/articles/s41593-020-00771-8

12 »Spike protein in breast milk is toxic« - Alschner.Klartext: https://alschner-klartext.de/2021/05/31/spike-protein-in-der-muttermilch-ist-toxisch/

13 PolitiFact | No sign that the COVID-19 vaccines' spike protein is toxic or 'cytotoxic': https://www.politifact.com/factchecks/2021/jun/16/youtube-videos/no-sign-covid-19-vaccines-spike-protein-toxic-or-c/#:~:text=%22Spike%20protein%20is%20very%20dangerous%2C%20it%27s%20cytotoxic%2C%22%20they,toxic%20or%20%22cytotoxic%2C%22%20which%20means%20toxic%20to%20cells.

14 PolitiFact | No proof for researcher claim that COVID-19 vaccines' spike protein is a 'toxin': https://www.politifact.com/factchecks/2021/jun/07/facebook-posts/no-proof-researcher-claim-covid-19-vaccines-spike-/

- 🚩**Reported and potential adverse reactions** (per VAERS, Yellow Card, miscellaneous public anecdotes, and/or mainstream reporting).[15] [16]
  - Neurological.[17] [18]
  - Cardiovascular.
  - Blood clotting.
    - This can result in heart attack and stroke.
    - According to Dr. Charles Hoffe, there is evidence of micro-clotting in vaccine recipients.[19]
      - This type of clotting does not show in an ultrasound, CT scan, or cause immediate side effects (and therefore would slip through regulatory capture).[20]
  - Inflammation.
    - Heart.
      - Especially alarming among adolescents and young adults.[21]
    - Vascular.
      - Especially in those previously infected with SARS-CoV-2, per Dr. H Noorchashm MD, PhD.[22]
      - Study: “We show, for the first time, that the recombinant S protein alone elicits functional alterations in cardiac pericytes … This was documented as: ... secretion of pro-inflammatory molecules typically involved in the *cytokine storm*, and production of pro-apoptotic factors responsible for endothelial cell* death.”[23]
        *Cells lining blood vessels.
  - Symptoms similar to long-COVID.

---

15 VAERS - Data (hhs.gov): https://vaers.hhs.gov/data.html

16 Official MHRA side effect and adverse incident reporting site for coronavirus treatments and vaccines | Coronavirus (COVID-19): https://coronavirus-yellowcard.mhra.gov.uk/

17 COVID-19 RNA Based Vaccines and the Risk of Prion Disease (scivisionpub.com): https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf

18 Scientist Sounds Alarm: COVID Vaccines Producing Symptoms of Parkinson’s, Other Neurodegenerative Disorders • Children's Health Defense (childrenshealthdefense.org): https://childrenshealthdefense.org/defender/scientist-warning-covid-vaccines-parkinson-neurodegenerative-disorders/

19 Dr. Charles Hoffe explains: https://www.bitchute.com/embed/ChQwQBggc8TL/
*Note that these claims are not yet substantiated by published literature. However, knowing that spike proteins are traveling throughout the body, it is a logically consistent explanation. He claims that over 60% of his vaccinated patients have positive d-dimer test and that micro-clotting results in shortness of breath short-term and potentially death within 3-5 years. However, d-dimer tests are non-specific.
(Regarding detection) APSFA Newsletter Volume 4 Winter 2007: http://www.apsfa.org/docs/APSFAVol4Winter2007.pdf

20 Ibid.

21 Clinical Considerations: Myocarditis after mRNA COVID-19 Vaccines | CDC: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html

22 A Letter of Warning To FDA And Pfizer: On The Immunological Danger Of COVID-19 Vaccination In The Naturally Infected. | by Hooman Noorchashm | Medium: https://noorchashm.medium.com/a-letter-of-warning-to-fda-and-pfizer-on-the-immunological-danger-of-covid-19-vaccination-in-the-7d17d037982d

23 The SARS-CoV-2 spike protein disrupts the cooperative function of human cardiac pericytes - endothelial cells through CD147 receptor-mediated signalling: a potential non-infective mechanism of COVID-19 microvascular disease | bioRxiv: https://www.biorxiv.org/content/10.1101/2020.12.21.423721v1

- Increased risk for previously infected.[24]
- Irregular menstrual bleeding.[25]
  - Reported enough to be mentioned in mainstream media.
  - Very odd symptom if the mRNA/spike protein is not traveling throughout the body.
- Fertility issues including miscarriage.[26]
- Antibody-dependent enhancement (discussed below).
- Death.

- 🚩**Explosion in cases reported in VAERS**
  - There are thousands of times more reports of adverse events this year compared to previous years, and more COVID vaccine related events reported than all other vaccines combined.[27]
    - This is also reflected in the UK's Yellow Card system.
  - The VAERS system is a *voluntary* reporting system. It has been estimated that VAERS data represents as little as 1% of all adverse events.[28]
    - It is likely that this number is higher with COVID, but still only a fraction of all events.
  - VAERS does not contain scientific data or support definite conclusions.
    - VAERS reports are anecdotal.
    - However, VAERS is managed and monitored by the CDC and FDA and is designed to provide **safety signals** which allow scientists to form an educated hypothesis.
    - Dismissing signals from VAERS is dangerous.
  - VAERS is the only publicly accessible system for adverse event reporting in the US.
  - There are multiple pressures that could prevent adverse events from being reported.

---

[24] Dr Peter McCullough discusses this on Asia Pacific Today: https://rumble.com/vi2esn-dr-peter-mccullough-on-the-rush-to-vaccinate-the-entire-population..html

[25] How The COVID-19 Vaccine May Affect Your Period (And What To Do About It) | HuffPost Life: https://www.huffpost.com/entry/covid-19-vaccine-affect-period_l_6086d4f9e4b09a22a4456632

[26] Letter to Editor by Deanna, McLeod, HBSc, Principal at Kaleidoscope Strategic Inc, Toronto, ON – Comment on "mRNA Covid-19 Vaccine Safety in Pregnant Persons", Shimabukuro et al. (NEJM Apr 2021). ** **Table 4 should read "Spontaneous abortion <20 wk15-17 [Published incidence]:10% [no./total no.]: 104/<127 (>82%)." ie. Excluding unrecognized pregnancy from the published incidence and removing those that received the vaccine in their 3rd trimester from the total number.

[27] IPC Global COVID-19 Dashboard (ipc-global.com): https://covid19.ipc-global.com/

[28] Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts) | AHRQ Digital Healthcare Research: Informing Improvement in Care Quality, Safety, and Efficiency: https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

        - Over-certainty of safety.
        - Not wanting to promote vaccine hesitancy.
        - Pressure from peers or physicians.
    - Intentionally false or misleading reports are rare and are monitored by the CDC/FDA.
- **Risk-Benefit analysis**
    - **All risks** associated with the vaccine compared with **absolute risk reduction,** not relative risk.
        - Absolute risk reduction (ARR) refers to the reduction in the likelihood that you will be infected with SARS-CoV-2 and develop symptomatic COVID that then results in hospitalization or death, ie. the risk of most concern. Total probability across the population.
        - Relative Risk Reduction (RRR) is what is typically cited by vaccine proponents as it represents a more appealing number (e.g., 95%). It is the reduction in risk *between an exposed* trial group and the control (e.g. people *with* symptomatic COVID).
    - 🚩"The absence of reported absolute risk reduction in COVID-19 vaccine clinical trials can lead to outcome reporting bias that affects the interpretation of vaccine efficacy."[29]
        - See Figure 1 in the paper cited above for a good visual (50% RRR v ARR).
    - For a proper risk-benefit analysis, ARR needs to be assessed by cohort bracket (ie. infant, adolescent, healthy, elderly, immuno-compromized, etc.) rather than the average across the entire population.
        - This analysis shifts over time with:
            - Prevalence of infection
            - Variants (more or less virulent)
            - **Available therapies**
            - The population's immunity (herd immunity)
                - Natural
                - Vaccine-acquired
                    - However, not so much with Delta[30]
                - Prophylaxis
                    - Not technically "immunity", but has the same effect.
                    - Responsibility is on the individual to take as directed.
- **Emergency Use Authorization**
    - Issued by the FDA to an unapproved treatment in an emergency.

---

[29] Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials (nih.gov): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996517/

[30] Herd immunity is 'mythical' with the Covid delta variant, expert says (cnbc.com): https://www.cnbc.com/2021/08/12/herd-immunity-is-mythical-with-the-covid-delta-variant-experts-say.html

- 🚩FDA had the latitude to require rigorous data capture regarding adverse events following vaccination and chose not to. [31]
- The mRNA vaccines, while not "experimental" according to the FDA, have not undergone sufficient testing for approval, and some would argue that its use is still investigational.
- 🚩Emergency Use Authorization requires there to be **no adequate**, **approved**, and **available alternatives**.[32]

- **Available treatments**
  - There is a growing list of available repurposed drugs that appear to be effective against COVID.
  - The Front Line COVID-19 Critical Care Alliance (FLCCC) has several protocols for treating COVID-19 at various stages, *including long-COVID*. The protocols include a number of drugs.[33]
  - Regardless of the adoption of vaccines, we do not want to put all of our eggs in one basket.
    - If the virus were able to mutate in such a way as to escape the specific antibodies provided by vaccination (which is not unlikely), millions would suddenly be at risk.[34]
- **Ivermectin**
  - Is a highly effective treatment for COVID **when administered early in proper dosage,** and a highly effective prophylactic.[35]
  - It is a cheap, readily available drug that has been used safely for *decades*.
    - It is safe well above recommended dosages. It can't hurt!
  - It is as good or better prophylaxis than vaccination with a **96% reduced fatality rate**. It is approximately 75% effective when administered early with COVID, and it is shown to be effective even in later stages of the disease.[36] [37]

---

31 Dr. Robert Malone explains at 32:34: https://trialsitenews.com/how-to-save-the-world-in-three-easy-steps/

32 Emergency Use Authorization for Vaccines Explained | FDA: https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained

33 COVID-19 Protocols | FLCCC | Front Line COVID-19 Critical Care Alliance (covid19criticalcare.com): https://covid19criticalcare.com/covid-19-protocols/

34 Vaccination is not enough by itself to stop the spread of variants, study finds – CNN: https://edition.cnn.com/2021/07/30/health/vaccination-alone-variants-study/index.html?utm_source=twCNN&utm_term=link&utm_medium=social&utm_content=2021-07-30T13%3A00%3A11

35 Home | FLCCC | Front Line COVID-19 Critical Care Alliance (covid19criticalcare.com)*: https://covid19criticalcare.com/
*This site contains studies including large randomized control trials and lists proven treatment protocols created by frontline physicians that are saving patients' lives.

36 Ivermectin for COVID-19: real-time meta analysis of 60 studies (ivmmeta.com)**: https://ivmmeta.com/

37 Ivermectin for COVID-19: real-time analysis of all 102 studies (c19ivermectin.com)**: https://c19ivermectin.com/
**These resources are *full* of studies including large randomized control trials.

- 🚩Officials and the media have ignored this treatment option.
  - Hear Dr. Pierre Kory's passionate expert senate testimony:[38]
- Negative studies tend to involve late-stage patients and a questionable dosage amount or length.

- **Hydroxychloroquine**
  - HCQ appears to be effective in treatment and prophylactic use **when combined with Zinc.**[39]
  - Decades of safety data with incredibly rare side-effects. It can't hurt!
  - Used over-the-counter in many countries.
    - People take it weekly in places that have malaria.[40]
  - 🚩Officials and the media have ignored this treatment option and actively campaigned against it because it was politicized.
  - Negative studies tend to involve late-stage patients and do not include Zinc.
- **Others**
  - Many other available treatments appear to be effective against COVID.
    - Azithromycin
    - Fluvoxamine
    - Doxycycline
    - (Etc.)
- **Vitamin D**
  - There is an **inverse relationship between Vitamin D levels and COVID cases/severity.**[41] [42]
  - 🚩There is no mention of this from officials or the media.
  - A stunning visual representation in the form of a graph can be found in this article:[43]
  - The FDA has determined that it is not legal to say that vitamins can treat or prevent an illness.

---

38 User Clip: Dr. Pierre Kory US Senate hearing - Ivermectin is 100% cure for COVID-19 | C-SPAN.org: https://www.c-span.org/video/?c4930160/user-clip-dr-pierre-kory-senate-hearing-ivermectin-100-cure-covid-19

39 HCQ for COVID-19: real-time analysis of all 338 studies (c19hcq.com)*: https://c19hcq.com/
*This site contains a long list of studies showing the efficacy of HCQ. While some studies show negative or neutral results, dosage, combination with Zinc (critical), combination with other drugs, and stage of illness are key factors.

40 Malaria Medications: Common Malaria Pills Used to Treat and Prevent Plasmodium Infection (webmd.com): https://www.webmd.com/a-to-z-guides/malaria-pills

41 The role of vitamin D in the prevention of coronavirus disease 2019 infection and mortality (nih.gov): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7202265/pdf/40520_2020_Article_1570.pdf

42 The relationship between vitamin D and the severity of COVID-19 - PubMed (nih.gov): https://pubmed.ncbi.nlm.nih.gov/33618529/

43 CNN Spreads Deadly Lies About Vitamin D for COVID-19 – SAM's HEALTH and Fitness (samuelallenscott.net): https://samuelallenscott.net/cnn-spreads-deadly-lies-about-vitamin-d-for-covid-19/

        - Despite clear science, any claims about supplements “must also state that the dietary supplement product is not intended to ‘diagnose, treat, cure or prevent any disease,’ because **only a drug can legally make such a claim**.”[44]
        - The question is, how can someone report the fact that higher levels of Vitamin D help prevent COVID without being targeted by the FDA?
            - The FDA issued a warning to Dr. Joseph Mercola for promoting Vitamin D to boost the immune system against COVID and other viruses.[45]
- **The Delta variant** [46]
    - Why is it more transmissible?
        - A specific mutation allows it to infect cells faster.
        - The virus can spread in the body more quickly before it is recognized by the immune system.
        - Therefore, those infected therefore have higher viral loads and shed more virus.[47]
    - How much more transmissible is it?
        - The R0 for this variant is between 5-9, about as much as chickenpox.[48]
        - The original strain was about 3.3.[49]
    - Is it more deadly?
        - A higher transmission rate could result in a spike in deaths.
        - The virus itself is less deadly than alpha or beta variants according to data from the UK (.1% compared to 1.9%, 1.4%).[50]
- 🚩**No long term testing**
    - Fast tracked via Warpspeed
        - Cut red tape.
        - The FDA determined that it had enough safety data from the partial/sped up trial phase.
    - Despite gas-lighting officials suggesting otherwise, no one can know the long-term safety of the COVID vaccines.

---

44 Label Claims for Conventional Foods and Dietary Supplements | FDA: https://www.fda.gov/food/food-labeling-nutrition/label-claims-conventional-foods-and-dietary-supplements

45 Supplement COVID claims targeted in FDA warning letter (naturalproductsinsider.com): https://www.naturalproductsinsider.com/supplements/popular-natural-products-website-mercolacom-targeted-over-covid-claims

46 YouTube, Peak Prosperity (Dr. Chris Martenson): https://youtu.be/nVBD_LZIlZ4?t=419

47 How the Delta variant achieves its ultrafast spread (nature.com): https://www.nature.com/articles/d41586-021-01986-w

48 57c98604-3b54-44f0-8b44-b148d8f75165. (washingtonpost.com): https://context-cdn.washingtonpost.com/notes/prod/default/documents/8a726408-07bd-46bd-a945-3af0ae2f3c37/note/57c98604-3b54-44f0-8b44-b148d8f75165.#page=1

49 Estimate of the Basic Reproduction Number for COVID-19: A Systematic Review and Meta-analysis - PubMed (nih.gov): https://pubmed.ncbi.nlm.nih.gov/32498136/

50 SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

        - The same people that say that it is not gene therapy will say that the technology has been studied in humans for over a decade.
        - The technology platform is not the same thing as the vaccine itself and has never before been used on a mass scale or approved for use as a vaccine.
    - Long term testing is the only way to determine long-term adverse health effects:
        - Cardiovascular damage
        - Effects of clotting (including miro-clotting)
        - ADE/immune enhancement
        - Auto-immune disorders
        - Fertility
        - Generational
    - Durability
        - The vaccines are already proving to have a waning effect over time. Pfizer's data predicts a 6% reduction in efficacy every 2 months (supposing reduction is linear, not parabolic).[51]
- **COVID vaccines do not prevent infection**
    - They are effective at reducing hospitalization and death *in the vaccinated*.
    - Risk of spreading SARS-CoV-2 cannot be used to shame those that decline vaccines.
    - Vaccines should not be mandated as their benefit is not a public health issue.

      Citizens should have the freedom to vaccinate, rely upon known preventatives and treatments, or take the relatively low risk of themselves becoming ill. See: absolute risk reduction.
    - Data:
        - In July 2021, following multiple large public events ..., 469 COVID-19 cases were identified ...; 346 (**74%**) occurred in fully vaccinated persons." (cdc.gov)[52]
        - "Of **218** individuals with B.1.617.2 infection, 84 had received a mRNA vaccine of which **71** were fully vaccinated, **130** were unvaccinated and 4 received a non-mRNA." (medRxiv) [53]
        - "Among 1497 fully vaccinated health care workers for whom RT-PCR data were available, 39 SARS-CoV-2 breakthrough infections were documented." The study did not include unvaccinated for comparison of infection rates. (NEJM) [54]
    - The CDC is no longer tracking breakthrough cases that do not result in hospitalization or death.[55]
- 🚩**Vaccination of children**

---

[51] Six Month Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine | medRxiv: https://www.medrxiv.org/content/10.1101/2021.07.28.21261159v1

[52] https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm#F1_down

[53] https://www.medrxiv.org/content/10.1101/2021.07.28.21261295v1

[54] https://www.nejm.org/doi/full/10.1056/NEJMoa2109072

[55] CDC Limits Review of Vaccinated but Infected; Draws Concern – Bloomberg: https://www.bloomberg.com/news/articles/2021-05-09/cdc-limits-reviews-of-vaccinated-but-infected-spurring-concerns

- Children are proven to not be significant spreaders for COVID-19 and don't get it as bad.[56] [57] [58] [59]
  - Possible reason:[60]
- Even if they did spread it, it is unethical to put children at risk in order to help prevent illness in others, particularly adults. Especially if it is a mere statistical benefit that approaches zero percent (less than .01).

- **Reasons for high number of deaths**
  - 🚩Lack of widespread use of known prophylactics and therapies. (See **Ivermectin, HCQ**).
  - Employed protocols:
    - Go home until you're really sick (severe COVID). Severe illness goes untreated until it is too late, leading to:
    - ICU visit.
      - **3/4** of critical care patients were put on ventilators during the first wave, **3/8** later. [61]
    - Ventilators
      - About **88%** placed on ventilators die. [62]
- **PCR testing**
  - The CDC is scrapping its approved PCR test.[63]
    - One can only wonder why they would pull a widely used testing method if it was reliable.
  - 🚩Testing with too high a cycle threshold (Ct) results in false positives.[64]
    - Run at enough cycles, a positive hit is inevitable. The number of cycles frequently used (35+) means that a positive hit cannot be differentiated from background noise.
    - Many counties used Ct above the useful range.

---

[56] https://www.uvm.edu/news/story/kids-rarely-transmit-covid-19-say-uvm-docs-top-journal

[57] Children are not COVID-19 super spreaders: time to go back to school | Archives of Disease in Childhood (bmj.com): https://adc.bmj.com/content/105/7/618

[58] Study Finds Kids Under 10 Unlikely to Spread COVID-19 at School (healthline.com): https://www.healthline.com/health-news/study-finds-kids-under-10-unlikely-to-spread-coronavirus-at-school#The-bottom-line

[59] COVID-19 Transmission and Children: The Child Is Not to Blame | American Academy of Pediatrics (aappublications.org): https://pediatrics.aappublications.org/content/146/2/e2020004879

[60] Shared B cell memory to coronaviruses and other pathogens varies in human age groups and tissues | Science (sciencemag.org): https://science.sciencemag.org/content/372/6543/738?utm_campaign=SciMag&utm_source=JHubbard&utm

[61] Covid-19: When to start invasive ventilation is "the million dollar question" | The BMJ: https://www.bmj.com/content/372/bmj.n121

[62] Study: Most N.Y. COVID Patients on Ventilators Died (webmd.com): https://www.webmd.com/lung/news/20200422/most-covid-19-patients-placed-on-ventilators-died-new-york-study-shows#1

[63] Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing: https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html

[64] Your Coronavirus Test Is Positive. Maybe It Shouldn't Be. - The New York Times (nytimes.com): https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html

        - Quest Labs (40).[65]
        - LabCorp (38).[66]
        - Labs in Kansas (38-40).[67]
    - This renders many of the positive COVID tests (a misnomer, see Glossary) invalid.
    - A justification for this could be to capture as many potential infections as possible, but using this exaggerated number to create panic is unjustifiable.
    - This does not mean that there weren't (or aren't) lots of people being infected, just that the tests are not reliable enough to show current infections.
    - The number of cycles run on subsequent tests for the same individual are most likely lower as they know that the virus is present and need to test for significant viral load.
- **Durability**
    - The vaccines are already proving to have waning effect over time. Pfizer's data predicts a 6% reduction in efficacy every 2 months (supposing reduction is linear, not parabolic).[68]
    - They are less effective at preventing illness against variants. [69] [70]
- **Natural immunity**
    - There have been 10's of millions of positive SARS-CoV-2 cases in the US and many more asymptomatic, untested infections, each resulting in natural immunity.
    - **Natural immunity is better** and does not appear to wane like vaccine-related immunity.[71] [72] [73] [74] [75]
    - 🚩Vaccinating those that have been previously infected does not make sense.

---

[65] https://www.fda.gov/media/136231/download

[66] https://www.fda.gov/media/136151/download

[67] SARS-CoV-2/COVID-19 virus PCR Ct Cutoff Values (communitycareks.org): https://www.communitycareks.org/wp-content/uploads/2020/10/SARS-CoV-2_COVID-19-virus-PCR-Ct-Cutoff-Values100520.pdf

[68] Six Month Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine | medRxiv: https://www.medrxiv.org/content/10.1101/2021.07.28.21261159v1

[69] Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence | medRxiv (Preprint): Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence | medRxiv

[70] Israel Finds Pfizer Jab Only 39% Effective At Stopping Delta Variant | ZeroHedge: https://www.zerohedge.com/covid-19/israel-finds-pfizer-jab-only-39-effective-stopping-delta-variant

[71] SARS-CoV-2 infection rates of antibody-positive compared with antibody-negative health-care workers in England: a large, multicentre, prospective cohort study (SIREN) - PubMed (nih.gov): https://pubmed.ncbi.nlm.nih.gov/33844963/

[72] SARS-CoV-2 reinfection in a cohort of 43,000 antibody-positive individuals followed for up to 35 weeks | medRxiv: https://www.medrxiv.org/content/10.1101/2021.01.15.21249731v2

[73] Quantifying the risk of SARS-CoV-2 reinfection over time - PubMed (nih.gov): https://pubmed.ncbi.nlm.nih.gov/34043841/

[74] Necessity of COVID-19 vaccination in previously infected individuals | medRxiv:https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3

[75] SARS-CoV-2 Vaccines, Breakthrough Infections and Lasting Natural Immunity (cure-hub.com): https://www.cure-hub.com/post/sars-cov-2-vaccines-breakthrough-infections-and-lasting-natural-immunity

- **Immune escape**
  - Viral immune escape occurs when a virus mutates and is selected for, resulting in evasion of our immune system.
  - Immunity provided by the vaccines only recognizes the original version of the spike protein.
    - It is easier to get around a single layer of defense (vaccines) than a multi-layer defense (see Natural Immunity).
  - 🚩By vaccinating the entire population instead of just the vulnerable, we are creating evolutionary pressure that favors the kinds of mutations that can bypass the protection afforded by the vaccines. This could result in a massive spike in severe cases and death according to virologist Dr. Geert Vaden Bossche.[76] [77]
  - Not only does this cause potentially more dangerous variants that our immune system cannot neutralize, the vaccinated are at further risk of **antibody-dependent enhancement**.
- **Antibody-dependent enhancement** [78] [79] [80]
  - This is a deadly scenario in which the person's antibodies fail to neutralize the virus and instead allow it entry into the cells, worsening the infection.
    - The immune system can then over-respond, resulting in a "cytokine storm" – the same thing that makes COVID itself deadly.
  - 🚩ADE is the same problem that occurred in all previous attempts to produce a coronavirus vaccine. This condition may not occur rapidly, but instead comes during the waning phase of a vaccine's efficacy (which could be months or years later).
  - A few vaccines created in the past have resulted in ADE, early vaccines for RSV and Measles, and one for Dengue virus.[81]
  - The danger of antibody-dependent enhancement may well push vaccine manufacturers to produce even more specified vaccines, thus starting the dangerous cycle again.
- **Endemic COVID**

---

[76] -Interview With Vanden Bossche: Should Mass COVID Vaccinations Be Stopped? • Children's Health Defense (childrenshealthdefense.org): https://childrenshealthdefense.org/defender/interview-rob-verkerk-vanden-bossche-mass-covid-vaccinations/

[77] Was Vanden Bossche Wrong About Mass Vaccination and COVID Variants? Or Is This the Calm Before the Storm? • Children's Health Defense (childrenshealthdefense.org): https://childrenshealthdefense.org/defender/rob-verkerk-geert-vanden-bossche-global-mass-covid-vaccination-lethal-variants-speaking-naturally/

[78] Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies | Nature Microbiology: https://www.nature.com/articles/s41564-020-00789-5

[79] Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus - PubMed (nih.gov): https://pubmed.ncbi.nlm.nih.gov/22536382/

[80] Two Different Antibody-Dependent Enhancement (ADE) Risks for SARS-CoV-2 Antibodies (nih.gov): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/

[81] Antibody-dependent Enhancement (ADE) and Vaccines | Children's Hospital of Philadelphia (chop.edu): https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines

- COVID will be with us forever and will probably become like the common cold within years.[82]
- One may say that it is safest to be vaccinated and not get infected.
  - Vaccination reduces the chance of hospitalization.
  - It also limits immunity to recognition of the spike protein, which can mutate.
  - There does not appear to be much data regarding immunity afforded those that are vaccinated and then infected.
    - Production of the vaccine-related antibodies may limit the rest of the immune system's response.

- **Who does COVID kill?**
  - Excess deaths are only nominally high during the summer of 2021, indicating that it is a winter virus.[83]
  - Average age of a COVID death in the US: **78**.[84]
  - Average life expectancy in the US: **78**.[85]
  - The vast majority of deaths occur in the elderly and those with multiple co-morbidities.[86] [87]
    - 94% of Covid-19 deaths had underlying medical conditions.[88]
  - In 2020, deaths *with* COVID (not from) were about 13.3% of all deaths.[89]
- **Questionable practices**
  - Vaccination of pregnant women without long-term testing.
  - Vaccination of children.
  - Mass vaccination during a pandemic is unprecedented and a bad idea that can lead to viral escape.[90]

---

82 COVID-19 will likely be with us forever. Here's how we'll live with it. (nationalgeographic.com): https://www.nationalgeographic.com/science/article/covid-19-will-likely-be-with-us-forever-heres-how-well-live-with-it

83 Excess Deaths Associated with COVID-19 (cdc.gov): https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm

84 Characteristics of Persons Who Died with COVID-19 — United States, February 12–May 18, 2020 | MMWR (cdc.gov): https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm

85 https://www.cdc.gov/nchs/fastats/life-expectancy.htm

86 COVID-19 deaths by age U.S. July 2021 | Statista https://www.statista.com/statistics/1191568/reported-deaths-from-covid-by-age-us/

87 Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021 (cdc.gov): https://www.cdc.gov/pcd/issues/2021/21_0123.htm

88 CDC: 94% of Covid-19 deaths had underlying medical conditions: https://www.msn.com/en-us/health/medical/cdc-94percent-of-covid-19-deaths-had-underlying-medical-conditions/ar-BB18wrA7#:~:text=According%20to%20the%20CDC%2C%20comorbidity%20is%20defined%20as%3A,as%20comorbidities%20are%20often%20chronic%20or%20long-term%20conditions.

89 COVID-19 Deaths by Age | The Heritage Foundation https://datavisualizations.heritage.org/public-health/covid-19-deaths-by-age/

90 Was Vanden Bossche Wrong About Mass Vaccination and COVID Variants? Or Is This the Calm Before the Storm? • Children's Health Defense (childrenshealthdefense.org): https://childrenshealthdefense.org/defender/rob-verkerk-geert-vanden-bossche-global-mass-covid-vaccination-lethal-variants-speaking-naturally/

- The CDC, FDA, and NIH are not requiring their employees to get the vaccine.[91] [92]

- **Gene therapy**
  - Dr. Robert Malone (inventor of mRNA technology) says that the COVID vaccines use gene therapy technology.[93]
  - Whether or not it is technically "gene therapy," the technology platform is the same.
  - This has never been used on a mass scale for a vaccine.
- **Ingredients**
  - Ingredients lists can be found readily online and do not appear to be of concern.
  - Some of the vaccines include blank inserts as the data on them is changing.
- **Aborted fetal cell line**
  - Of the vaccines with EUA in the US, only the Johnson & Johnson (adenovirus) vaccine uses fetal cell lines in production.[94]
- **What is the statistical benefit of vaccination (absolute risk reduction)? Consider:**
  - Likelihood of getting COVID with or without receiving the vaccine.
    - Short term, this can change with new variants, so is difficult to determine.
    - Long term, this approaches the herd immunity level. SARS-CoV-2 is likely to become endemic and infection appears to be likely for most, with or without vaccination.[95]
  - Likelihood of spreading COVID should you get it.
    - With Delta, this is relatively high if you are around other people.
      - See "Delta".
  - Likelihood of infection causing serious illness or death.
    - For most people:
      - The risk of hospitalization is in the single digits (eg., 3%)
      - The risk of death is in the single decimals (eg., .2%).
    - For comparison, .87% of the US population dies every year on average.[96]
    - Compare with "Who does COVID kill?"
  - Mitigation of risks (illness, death %) via:

---

91 NIH chief says he is not requiring his employees to get vaccinated | TheHill: https://thehill.com/changing-america/well-being/prevention-cures/550394-nih-chief-says-he-is-not-requiring-his-employees

92 Dr. Fauci and top health officials testify on efforts to combat Covid-19 — 5/11/2021 – YouTube: https://www.youtube.com/watch?v=qW8MF98wCgs&t=8421s

93 How to Save the World in Three Easy Steps (trialsitenews.com): https://trialsitenews.com/how-to-save-the-world-in-three-easy-steps/

94 COVID-19_Vaccine_Fetal_Cell_Handout.pdf: https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID-19_Vaccine_Fetal_Cell_Handout.pdf

95 The coronavirus is here to stay — here's what that means (nature.com): https://www.nature.com/articles/d41586-021-00396-2

96 FastStats - Deaths and Mortality (cdc.gov): https://www.cdc.gov/nchs/fastats/deaths.htm

        - FLCCC treatment protocols.
            - Awareness of these protocols is the key issue.
        - Prophylaxis, vitamin D, C, Zinc, and other immune enhancers, exercise, and generally healthy practices.
        - Social distancing as appropriate during local outbreaks, as well as masking with N95s around at-risk people.
    - The health risks of vaccination.
        - Risks are somewhat unknown, but not zero.
        - Anecdotally, it appears to be higher than is being reported.
        - Must be factored into the absolute risk assessment.
- **Informed consent**
    - Neglecting the information presented here is a violation of informed consent.
    - "Informed consent to medical treatment is fundamental in both ethics and law." Providers must "Present **relevant information** accurately and sensitively …" including "**treatment alternatives**" and **any "burdens, risks"** associated with treatment.[97]
- **Lockdowns and mask mandates**
    - Are not effective at significantly reducing hospitalization and death.[98] [99] [100] [101] [102] [103]
        - Discussion and relevant excerpts for the above cited studies:[104]

---

97 Informed Consent | American Medical Association (ama-assn.org): https://www.ama-assn.org/delivering-care/ethics/informed-consent

98 A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes (thefatemperor.com): https://thefatemperor.com/wp-content/uploads/2020/11/1.-LANCET-LOCKDOWN-NO-MORTALITY-BENEFIT-A-country-level-analysis-measuring-the-impact-of-government-actions.pdf

99 Was Germany's Corona Lockdown Necessary? (sagepub.com): https://advance.sagepub.com/articles/preprint/Comment_on_Dehning_et_al_Science_15_May_2020_eabb9789_Inferring_change_points_in_the_spread_of_COVID-19_reveals_the_effectiveness_of_interventions_/12362645

100 Comment on Flaxman et al. (2020): The illusory effects of non-pharmaceutical interventions on COVID-19 in Europe (sagepub.com): https://advance.sagepub.com/articles/preprint/Comment_on_Flaxman_et_al_2020_The_illusory_effects_of_non-pharmaceutical_interventions_on_COVID-19_in_Europe/12479987

101 6.-PREPRINT-LOCKDOWN-ADDED-LITTLE-OR-NOTHING-PROF-BEN-ISRAEL.pdf (thefatemperor.com): https://thefatemperor.com/wp-content/uploads/2020/11/6.-PREPRINT-LOCKDOWN-ADDED-LITTLE-OR-NOTHING-PROF-BEN-ISRAEL.pdf

102 Impact of non-pharmaceutical interventions against COVID-19 in Europe: A quasi-experimental study | medRxiv: https://www.medrxiv.org/content/10.1101/2020.05.01.20088260v2

103 Full lockdown policies in Western Europe countries have no evident impacts on the COVID-19 epidemic | medRxiv: https://www.medrxiv.org/content/10.1101/2020.04.24.20078717v1

104 Do Lockdowns Work? Research Evidence (24 Studies) Suggests Not | The Most Revolutionary Act (wordpress.com): https://stuartbramhall.wordpress.com/2020/12/22/do-lockdowns-work-research-evidence-24-studies-suggests-not/

        - While the above citations are not peer reviewed, it is foolish to dismiss a conclusion that can be arrived at via multiple methods and data sets.
    - 🚩No rigorous studies have shown clear, positive results to mandates.
    - Here is a fun way to look at the data: https://www.covidchartsquiz.com/
        - Anyone that believes lockdowns and mask mandates are effective should be able to ace this quiz.
    - Lockdowns carry their own risks
        - Increased depression and suicide.
        - Social isolation
        - Economic disruption
- **Masking**
    - 🚩Multiple *randomized control trials* show that masks do little to nothing to prevent the spread of respiratory viruses and may in fact be counter-productive.
        - **14** RCTs have been conducted regarding masking, **11** of these trials **show no benefit** to mask wearing, some indicate that it is counter-productive. The **3** somewhat positive studies did not show statistically relevant results. In depth discussion: [105]
    - No rigorous studies have shown clear, positive results to masking.
    - The data are very clear, yet CDC guidance stays the same.
- **Censorship**
    - It is true that misinformation is rampant and potentially dangerous, and its easy to side against ideological enemies.
    - 🚩When facts that are **irrefutable** or even simply **unrefuted** are labeled “misinformation”, we should take notice. When this kind of censorship is coordinated across many organizations, we should take double notice.
    - **Facts** can be labeled “False” if they are presented alongside dubious information. Thus, important truths are dismissed by the vast majority who only see the disclaimer.
    - Facts that cannot be refuted can be branded as misinformation if they are “Lacking context.” This is a catch-all to dismiss facts that do not support mainstream narratives. All statements by nature lack context. Many have implicit faith that fact-checkers will steer them aright.
- **Lab leak theory, Fauci funding**
    - Despite accusations of slander and misinformation, Fauci indirectly funded the Wuhan lab.[106]

---

[105] Do Masks Work? | City Journal (city-journal.org): https://www.city-journal.org/do-masks-work-a-review-of-the-evidence

[106] Fauci admits NIH funding of Wuhan lab, denies 'gain of function' (nypost.com): https://nypost.com/2021/05/25/fauci-admits-nih-funding-of-wuhan-lab-denies-gain-of-function/

- Most of the mainstream discussion has been as to whether Fauci funded gain-of-function research (increasing pathogenicity of viruses to study it's effects).
- Regardless, the lab was known to be conducting gain-of-function research.
  - "The research was — unequivocally — gain-of-function research, … The research met the definition for gain-of-function research of concern under the 2014 Pause." - Richard H. Ebright of Rutgers University. [107]
  - "We generated and characterized a **chimeric virus** expressing the spike of bat coronavirus SHC014 in a mouse-adapted SARS-CoV backbone."[108]
    - Did not increase pathogenicity *in humans*, but demonstrates the type of work being done.
- Viruses have leaked from labs many times in the past including 6 leaks of SARS, 4 being from a Beijing lab.[109]
- Patient zero may have been a Wuhan lab worker.[110]
- PRRA Cleavage site within SARS-CoV-2 is missing from previous SARS viruses and a natural origin has not been identified.[111]
  - "The artificial insertion of this kind of sites has been done regularly and it is a well known fact by that article published since 2006…" - Dr. Fernando Castro-Chavez. [112]

- 🚩**Vaccine producers are shielded from any liability.**[113]
  - "The government likely won't compensate you for damages either."
- **Vaccine passports, social credit score, tracking, cashless transactions, and the advancement of Agenda 2030**
  - 🚩These have all been implemented or advanced during the pandemic under the pretense of public safety and convenience, and are set to become more prevalent as time goes on.

---

[107] Fact-checking the Paul-Fauci flap over Wuhan lab funding - The Washington Post: https://www.washingtonpost.com/politics/2021/05/18/fact-checking-senator-paul-dr-fauci-flap-over-wuhan-lab-funding/

[108] A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence (nih.gov): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/

[109] A brief, terrifying history of viruses escaping from labs: 70s Chinese pandemic was a lab mistake | National Post: https://nationalpost.com/news/a-brief-terrifying-history-of-viruses-escaping-from-labs-70s-chinese-pandemic-was-a-lab-mistake

[110] Covid Patient Zero may have been a Wuhan lab worker infected by a bat after all, WHO chief admits | Daily Mail Online: https://www.dailymail.co.uk/news/article-9887159/Covid-Patient-Zero-Wuhan-lab-worker-infected-bat-chief-admits.html

[111] Natural Transmission of Bat-like Severe Acute Respiratory Syndrome Coronavirus 2 Without Proline-Arginine-Arginine-Alanine Variants in Coronavirus Disease 2019 Patients | Clinical Infectious Diseases | Oxford Academic (oup.com): https://academic.oup.com/cid/article/73/2/e437/5869859

[112] COVID-19: CCTCGGCGGGCACGT = PRRAR = AA Furin cleavage site at 23603-23617 of the MN908947 Genbank Genome Matches Mostly Bacteria & COVID-19 in BLAST!: (researchgate.net): https://www.researchgate.net/post/COVID-19_CCTCGGCGGGCACGT_PRRAR_AA_Furin_cleavage_site_at_23603-23617_of_the_MN908947_Genbank_Genome_Matches_Mostly_Bacteria_COVID-19_in_BLAST

[113] Covid vaccine: You can't sue Pfizer or Moderna over side effects (cnbc.com): https://www.cnbc.com/2020/12/16/covid-vaccine-side-effects-compensation-lawsuit.html

- **Greed**
  - 🚩Hundreds of billions of dollars stand to be made if the population can be convinced that vaccination is necessary.
    - Pfizer expects to reap a profit of 33.5 billion in 2021 alone.[114]
  - Boosters are already being deployed in Israel and are being discussed for the US. It is likely that everyone will need one eventually. [115] [116]
    - Boosters are a cash cow for endemic viruses.

THE NARRATIVE

The mainstream narrative goes something like this:

The COVID vaccines are safe and effective, and they reduce the risk of hospitalization and death. You should take the vaccine to help protect yourself and those around you, to stop the spread, and to stop variants from developing. Vaccines are our only shot at getting out of this pandemic and getting back to normal life.

Corrected version:

The COVID vaccines are ~~safe and~~ effective and they reduce the risk of hospitalization and death. You ~~should~~ [can] take the vaccine to help protect yourself ~~and those around you, to stop the spread, and to stop variants from developing.~~ ~~Vaccines are our only shot at getting out of this pandemic and getting back to normal life.~~

Beyond this, the amount of fear-based reporting has led many to believe that the pandemic is far worse than it actually is. Some have become militantly pro-vaccine, encouraging national mandates and punishment for anyone that declines.

NARRATIVE BUSTING FACTS

- **Safety**
  - No one can know the risks of antibody-dependent enhancement and other long-term health risks.
  - Even if adverse events are very rare, it would need to be compared with the absolute risk reduction for vaccination, which is in the low decimals.

---

[114] Pfizer now expects $33.5 billion in COVID-19 vaccine sales this year – Axios: https://www.axios.com/pfizer-covid-19-vaccine-sales-second-quarter-2021-7bd7ae91-0b1b-4432-be40-9c91c3dad0dc.html

[115] FDA approves Pfizer, Moderna booster shot in vulnerable Americans – UPI.com: https://www.upi.com/Top_News/US/2021/08/13/Food-and-Drug-Administration-approves-third-COVID-19-vaccine-dose-for-immunocompromised-people/9171628826341/

[116] Covid booster shot: Fauci says everybody will likely need third vaccine (cnbc.com): https://www.cnbc.com/2021/08/12/covid-booster-shot-fauci-says-it-is-likely-everybody-will-eventually-need-a-third-vaccine.html

- **Opportunity to vaccinate**
  - Since everyone has had the opportunity to vaccinate and herd immunity is not an option with the leaky vaccines, shame-based narratives about the need to vaccinate fall flat.
- **Treatment options**
  - Considering the available safe, effective treatment options, the actual risk of spreading COVID fatally approaches zero for most, should they be implemented.
  - Prophylactic treatments and nutritional supplements will lower infection rates, illness, and viral load.
- **The pandemic's toll**
  - COVID death and case totals are used to promote fear.
    - Many of the deaths that occurred in 2020 could have been prevented with readily available treatment options.
    - Many of those that died of COVID were at the end-of-life stage and likely to die within the next few years.
      - Those deaths, while unfortunate, are "shifted forward" from deaths that would occur over the next few years.
  - SARS CoV-2 will likely become endemic and its severity drop to that of a common cold over time. This is with or without vaccines, unless one can be developed that prevents infection as well as it prevents a hospital visit.
- **Statistics**
  - Population-level averages regarding infection rates are not cohort-specific.
    - Some are much more likely to become ill and/or spread SARS-CoV-2 and some are much *less likely*.
    - Children have not been statistically significant spreaders of SARS-CoV-2.[117] [118] [119]
      - Could be somewhat higher with Delta
  - Risk-benefit should be assessed per individual.
  - 🚩Fatalities per case estimates do not factor in untested, asymptomatic cases.
    - For example, Johns Hopkins estimates the fatality rate of the virus based on *observed* cases.[120]

---

[117] Children are not COVID-19 super spreaders: time to go back to school | Archives of Disease in Childhood (bmj.com): https://adc.bmj.com/content/105/7/618

[118] Study Finds Kids Under 10 Unlikely to Spread COVID-19 at School (healthline.com): https://www.healthline.com/health-news/study-finds-kids-under-10-unlikely-to-spread-coronavirus-at-school#The-bottom-line

[119] COVID-19 Transmission and Children: The Child Is Not to Blame | American Academy of Pediatrics (aappublications.org): https://pediatrics.aappublications.org/content/146/2/e2020004879

[120] Mortality Analyses - Johns Hopkins Coronavirus Resource Center (jhu.edu): https://coronavirus.jhu.edu/data/mortality

        - While their data is meaningful, selection bias and multiple unknowns result in over-estimation of the fatality rate.[121]
        - For a more accurate estimate, they would need to factor in the average number of people who test positive among the total infected (tested and untested).
    - There is considerable risk to the elderly, especially those with multiple co-morbidities (see: Opportunity to vaccinate, Treatment options).
- **Transmission**
    - Vaccination does not provide a substantial reduction in infection rates or a reduction in viral load or shedding.
    - Therefore, risk of transmission is not considered a valid reason to vaccinate.
- **Lockdowns and Mask mandates**
    - No large, rigorous studies have shown any significant positive effect from masking or lockdowns.
    - Some restrictions are warranted within outbreak zones, but most people do not gather in large crowds on a regular basis and are not super-spreaders.
- **Responsibility and freedom**
    - Individuals should not be denied their right to decline a medical treatment.
    - Informed consent requires health professionals to clearly present all potential risks and benefits.

When viewing the whole body of evidence, the idea that vaccination is necessary to end the pandemic is false.

INB4

Clearly, there are many people that deny that the information presented here exists or has valid implications. Opponents to these facts will:

- Cherry-pick any less than optimally credible sources in an attempt to discredit everything else.
- Link to counter-arguments made by fact-checkers and mainstream outlets without thinking critically about the evidence provided on either side.
- Cite a “lack of any evidence” in spite of credible evidence being presented.
- Cite “expert” opinions without giving names or citing specific studies.
- Refute minor, secondary points to distract from the unrefuted central point.
- Present “approved” misinformation.

---

[121] Why we're overestimating the mortality rate for COVID-19 | World Economic Forum (weforum.org): https://www.weforum.org/agenda/2020/04/we-could-be-vastly-overestimating-the-death-rate-for-covid-19-heres-why/

COMMENTS, QUESTIONS, CORRECTIONS

Please feel free to send any comments, questions, or corrections to the email below. Some of the links will probably break at some point as well, so please reach out if you notice any that are not working.

You are welcome to contact the author of this document at: SEUcontact@protonmail.com

You are free to edit this document and distribute it in full or in part. Edited versions must remove the above contact information, the Notes section, and the title.

8/18/2021