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IN-DEPTH ANALYSIS OF COVID19:

The Truth Is Out There



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Foreword

“Any single man must judge for himself whether circumstances warrant obedience or resistance to the commands of the civil magistrate; we are all qualified, entitled, and morally obliged to evaluate the conduct of our rulers. This political judgment, moreover, is not simply or primarily a right, but like self-preservation, a duty to God. As such it is a judgment that men cannot part with according to the God of Nature. It is the first and foremost of our inalienable rights without which we can preserve no other.” — **John Locke (1632-1704)**

What is [obedience](#)? Being obedient is to submit to being ruled by someone. Free and innocent people should not be ruled nor should they be forced through violence and intimidation to be obedient to anyone over them. This is how tyranny is created. The idea that we must be obedient to authority through a [monopoly on violence](#) is slavery. The United States (U.S.) was officially established with the Declaration of Independence on July 4th, 1776. A declaration to be independent from British tyrannical rule, which Thomas Jefferson drafted using many ideas and teachings from John Locke. The founders of the U.S. and a majority of those in the 13 original colonies no longer wanted to be obedient to a ruler they deemed as tyrannical. To gain this independence and freedom, resistance against tyranny was an absolute requirement. [Resistance](#) being an organized opposition to rulers. This resistance to government tyranny provided the pathway for the U.S. to maintain its independence and to usher in a couple hundred years of advancement that supposedly boasted freedom for all.

Why is it now that blind obedience to governmental authority is viewed as being a good citizen and resistance to what some think as government tyranny is being viewed as terroristic behavior? Has all understanding of how this country was formed vanished? Don't you find it odd that these ideas about freedom from tyranny are ignored by the masses? Each of us should be able to judge our current political climate and issues without only repeating government rhetoric told to us. Our Natural Rights (Life, Freedom, Property), which are our inalienable rights that everyone in the world have and share, are being attacked at every step and for the most part the masses accept it without question or any form of protest and resistance. We are on the precipice of human evolution or devolution; which way do you want to go? Revolution comes after Tyranny in the government lifecycle and any real revolution will not be televised nor discussed by a tyrannical government trying to maintain control. It is up to each of us to stand up against tyranny and voice the ideas that made the U.S. a once great nation; [defiance](#) in the face of tyranny. If this does not happen then we, and our children, will all be in this new Age of Tyranny we are experiencing for many years to come. My hope is that this in-depth analysis of COVID19 helps open your eyes to the direction we are heading and gives you a sense of purpose by helping expose the horrors that are being committed against the innocent people of the world. It is up to each of us to speak up or the insanity will continue for generations to come.

Trusting Government

“whenever the Legislators endeavor to take away, and destroy the Property of the People, or to reduce them to Slavery under Arbitrary Power, they put themselves into a state of War with the People, who are thereupon absolved from any farther Obedience, and are left to the common Refuge, which God hath provided for all Men, against Force and Violence. Whensoever therefore the Legislative shall transgress this fundamental Rule of Society; and either by Ambition, Fear, Folly or Corruption, endeavor to grasp themselves, or put into the hands of any other an Absolute Power over the Lives, Liberties, and Estates of the People; By this breach of Trust they forfeit the Power, the People had put into their hands, for quite contrary ends, and it devolves to the People, who have a Right to resume their original Liberty.” – **John Locke, Two Treatises of Government (1689)**

There are steps to Critical Thinking as a skill set. These steps are Grammar, Logic, and Rhetoric in that order. It is a never-ending process for determining the truth in any subject and situation. Grammar is the root definitions, themes, contexts, and objective vs subjective truths of a given topic. Logic is where we remove our inherent contradictions, our logical fallacies, and personally held biases while processing the information determined during Grammar. Rhetoric should be formed by properly following these steps which allow us to produce systematically usable knowledge and understanding of the conclusions of Grammar and Logic. At any point when new information is provided the process repeats in a never-ending cycle of determining truthful Rhetoric. If new information changes your rhetoric then it changes your rhetoric. We want the truth, correct? We must be able to accept that we could be wrong and be willing to move from deeply held beliefs and biases in seeking the truth of our reality. Trust in your ability to learn critical thinking as a skill set, but it starts with the understanding that we must address our own logical fallacies and hard held beliefs. It is shocking how much we have been and are still being lied to and misled away from the truth. Everyone has fallacies and believes in things that are not factually true.

A few of the major logical fallacies I see being used in mass are [Appeal to Authority](#) (“I am a doctor so you should trust me without question”, “Government said x to be true so it must be true.”), [Appeal to Emotion](#) (“Think of the children!”, “Think of the hospitals!”), and [Ad hominem](#) (“You are selfish if you do not do this!”) and the idiom [Moving the Goalposts](#) (“two weeks”, “get one or two injections and you can stop wearing masks”, “only one booster is needed”). We need to look at facts, the process of science, and avoid the pitfalls of fallacies. [Science](#) is a never-ending process for determining the truth. Science is never settled. Science is neither true nor false; it is a process for determining what is true or false.

Medicine is called a practice for a reason, and with medical malpractice being considered by a 2016 Johns Hopkins [study](#) as the third leading cause of death in the U.S. no one should be condemned for challenging current held mainstream beliefs in medicine and science with legitimate questions and concerns. Science is never settled and claiming such is anti-science.

Healthy debate has all but vanished from everywhere we look. If you step out of line you get slapped down; loss of jobs, being targeted and harassed, being arrested, etc. Plenty of doctors and nurses have lost their jobs and licenses for speaking out against government rhetoric during the COVID19 pandemic. This is an antithesis to how science should be conducted. It is how medical tyranny is conducted. Why is this our current reality? Why have the masses given up challenging authority without question when questioning everything in the universe is what has driven innovation and advancement throughout the ages?

First, we need to define government. [Government](#), [govern](#) + [-ment](#), means a tool or action of control, and innocent people can't be free if they are being controlled. Who should be controlled? Criminals, those who create victims, and in a broader sense children should be controlled by their parents. When you are dealing with words you need to understand the root definition, theme, and context of how the word is being used, when in time it is being used, or translation can be lost. [Sophistry](#) is a real thing and it is used to control and manipulate the masses. Plato, arguably the most influential person for western philosophy, said thousands of years ago in his Five Types of Regimes that government has a lifecycle. Government is not a static thing. This still holds true today and most don't realize this truth. We are witnessing the progression of government on a global scale heading towards full blown tyranny. After Democracy comes Tyranny. We are now in the late-stage of government, Tyranny. This should be concerning for everyone because that means it will only continue to get worse on an exponential scale with the masses taking the worst of it. What is next? Forced abortions to reduce the population to help combat climate change? This is being pushed as a legitimate [idea](#). Good ideas never require force and governments have a history of forcing ideas that are not followed by the masses.

Many don't understand that the root definition of [terrorism](#) is "government intimidation". It was coined when the French government committed atrocities against its civilians during the Reign of Terror. I previously [published](#) an article in 2016 that focused on what terrorism is. The U.S. government is the world's largest terrorist organization based on the root definition of terrorism. In 2021, the U.S. had 750 military bases in 80 countries worldwide with a military budget larger than the next 10 countries [combined](#). This is your tax dollars at work. Over the last 70 years the U.S. government has operated military and special operation units in over 80 countries. Yet, the masses are currently upset that Russia entered a single country? Why is that? Where is the outrage of what our government has been doing for decades? Being upset with one and not the other is a fallacy. I could spend days discussing the atrocities the U.S. government has committed here and around the world for the past 100 years. If we include all governments throughout history there are thousands of years of evidence showing governments committing tyrannical acts on a consistent basis. Why does the U.S. government define terrorism to not include government actions against its citizens? This is sophistry in action. Belief in that government is anything but tyrannical is a fallacy. It always leads to tyranny.

"If we understand the mechanism and motives of the group mind, is it not possible to control and regiment the masses according to our will without their knowing it?" – **Edward L. Bernays, Propaganda (1928)**

Edward Bernays, nephew to famed neurologist and psychoanalyst Sigmund Freud, laid the groundwork to the propaganda campaign we see today. Society is being unknowingly manipulated and controlled in mass. I previously [defined conspiracy theory](#) as “a point of view that a group is plotting something sinister using direct movements and actions to control what is being seen, like in the sense of theater”. Conspiracy theories are absolutely real but not every conspiracy theory is real. It was in 1967 that the Central Intelligence Agency (CIA) [turned](#) the term conspiracy theory into a negative connotation to make it easier to discredit the truth from being discovered. The government has perfected psychological operations, psyops, and uses it constantly in expertly planned propaganda campaigns that has stoked the fires of fear for years. During the Iraq war the U.S. government [spent](#) over \$500 million on creating fake Al-Qaeda propaganda videos that helped sway U.S. public opinion on the war and atrocities being committed in Iraq. Over the last few years billions in taxpayer funds has been used to create COVID19 propaganda to be used on citizens with a primary focus on pushing liability free vaccines that have generated billions for for-profit pharmaceutical corporations. Do you not see the conflict of interests and issues this has created?

Even trying to question this immoral and unethical issue is now considered anti-science by the masses. Here is an example [video](#) explaining how Scientology indoctrinates and hypnotizes those entering the religion by causing confusion by changing definitions and using loaded language. Words illicit states of consciousness so if words illicit confusion then individuals are easier to manipulate and control because they are confused. This video can help shine a small light on the psyops being conducted on a mass scale today. We can all agree that history is chock-full of evil people committing acts of violence using government and public safety as reasons to commit atrocities against innocent peoples’ inherent natural rights (Life, Freedom, and Property).

Appellate court case [Warren v. District of Columbia](#), 444 A.2d 1 (D.C. Ct. of App. 1981) found that the “fundamental principle of American law is that a government and its agents are under no general duty to provide public services, such as police protection, to any individual citizen”. Later the Supreme Court case [DeShaney v. Winnebago County Department of Social Services](#), 489 U.S. 189 (1989) determined that government only had a duty to protect and serve those who were physically restrained by government, those in prisons and jails, and who could not protect themselves. Beyond that, government policy enforcers and its agents are only here to enforce laws and policies set before them. Most would agree that slavery is inherently wrong and should be abolished yet U.S. law and the U.S. Constitution allows slavery; therefore, the idea of law as a basis for what is acceptable is a poor litmus test as a standard for how we should coexist with each other. The [13th Amendment](#) legalized slavery (read it again), exceptions matter, especially when being duly convicted of a crime is a very generic and broad reaching statement based on what government views as a crime (e.g. jaywalking).

The U.S. government has conducted experiments on innocent non-consenting individuals, destabilizing regions and toppling foreign governments, and ran guns and drugs to terrorist organizations, cartels, and inner-city communities. Groups of rulers and influencers that sway power to enact global changes often meet in secret without public knowledge which have

negatively affected many around the world for many decades. Here is a small list showing evidence to this truth:

- [Tuskegee Experiment](#) – The United States Public Health Service, under the guise of free healthcare, experimented on untreated syphilis using 600 black men. Free injections were given as treatment for “bad blood” infecting 399 with syphilis and 201 as the control. Informed consent was not gathered. Roughly 30 died directly because of syphilis. Roughly 100 died of related complications. Dozens passed syphilis on to their partners which also caused children to be born with congenital syphilis. The study was conducted from 1932 to 1972.
- [Operation Paperclip](#) – The U.S. government brought more than 1,600 Nazi scientists, engineers, and technicians to the U.S. to work for the government instead of facing crimes for their atrocities between 1945 -1959. Many of the experiments were continued in secret in the U.S.
- [Operation Sea-spray](#) – The U.S. Army conducted bacterial warfare tests across the country in multiple cities from 1949 to 1969 by dropping live bacteria on non-consenting citizens. It was only discovered because of a spike of infections in local hospitals at the time of spraying with one person dying. How many other operations like this have been conducted or are still on-going without the knowledge of the public?
- [MKUltra](#) – The CIA conducted LSD mind control experimentation on many non-consenting and unsuspecting subjects. These tests included brainwashing and psychological torture. Tests and studies took place from 1953 to 1973. Dr. Henry Murray, who trained CIA spies during World War II, [conducted](#) psychological experiments and torture at Harvard University. One subject was 16-year-old Ted Kaczynski who later turned into the Unabomber. CIA Director Richard Helms ordered the destruction of files and evidence hampering investigation efforts into these atrocities.
- [Operation Midnight Climax](#) – A sub-operation to MKUltra, this project was set up in multiple safehouses in multiple cities where the CIA paid women to lure subjects to a bugged and monitored room, have the women slip LSD to the subjects, and prod the subjects with leading questions to see if they would reveal secrets or if they would be susceptible to commit crimes. This took place from 1953 to 1964. The CIA had several other projects and operations dealing with controlling and convincing others to do things.
- [Human Radiation Experiments](#) – The U.S. Department of Energy and its predecessors, conducted hundreds of studies on many non-consenting subjects, many from state run mental wards, by injecting plutonium and radium. The studies took place from the 1940s to 1970s.
- [COINTELPRO](#) – The FBI established a counterintelligence program in 1956 to monitor, expose, disrupt, misdirect, and discredit the Black Panther Party, the Communist Party, the Socialist Workers’ Party, White Hate Groups, and the New Left. The Black Panther Party took the most focus with Martin Luther King Jr. being under major [surveillance](#) for years up until his assassination. MLK Jr. was targeted by the FBI to be discredited and removed as an obstacle. It is not a hard stretch to think the FBI had a hand in MLK Jr.’s assassination.

- [CIA-Contra Controversy Allegations](#) – Allegations were made that the CIA had a hand in running cocaine, processing it into crack cocaine, into the U.S.; specifically, black communities in the 1980s. Laws were then passed to target crack cocaine users where [sentencing](#) disparity between crack and powder cocaine had a 100:1 ratio. This ratio was later reduced to 18:1 through the Fair Sentencing Act. Does that still seem fair? I bring this up because of Afghanistan and the opium trade. Before the U.S. entered Afghanistan in 2002 the Taliban banned growing opium (2000); After the U.S. entered Afghanistan the CIA took over the [production of opium](#), using U.S. soldiers to protect the fields, which increased Afghanistan’s production to 90%+ of the world’s trade. Suspicious that the opium epidemic in the U.S. really took off after the CIA started cultivating and dealing in opium. There are pictures and stories from many soldiers who had to risk their lives to protect these fields.
- [Operation Fast and Furious](#) – from 2009 to 2011 this operation, one of the operations under [Project Gunrunner](#) (a project to combat Mexican Drug Cartels), the U.S. government helped arm Mexican Drug Cartels, which lead to a sharp increase in violent crime. You read that correctly. The U.S. government deliberately gave drug cartels weapons and resources.
- [Operation Timber Sycamore](#) – in 2013 the U.S. government, through the CIA under the Obama administration, armed Syrian rebels in an attempt to overthrow the Syrian government which stood in alliance with Russia. Saudi Arabia and Israel also joined in with the CIA in funding and supplying these rebels with many of the resources actually making their way to major terrorist organizations through the black market and not the “moderate” rebels that were promised.
- [Bilderberg Group](#) – Every year roughly 130 political leaders, religious leaders, elites, and experts from multiple industries gather together in private to discuss issues and foster dialogue between Europe and North America. No details about agendas, no resolutions released to the public, no votes are taken or cataloged, and no policy statements are issued. This is literally a secretive group annually plotting the movements and actions of what the masses see and hear. Is believing that such a group, or some involved, are potentially meeting for nefarious purposes really that hard of a concept to accept as possibly true?
- [Bohemian Grove](#) – Another secretive elite invitation only social club that has an annual meeting. Founded in 1872, this club has had all types of political leaders, royalty, celebrities, artists, actors, lawyers, and journalists as members. In 1942 the Manhattan Project, which lead to the creation of the atom bomb, took place at the annual meeting. These individuals and groups have major sway on how society has operated and changed over the years.
- [Order 322](#) – This is the Skull and Bones secret society based out of Yale University which was founded in 1832. Three members of the Skull and Bones secret society became U.S. presidents, William Taft, George H.W. Bush, and George W. Bush. Secret societies are very real and have had direct influence over our entire lives.
- [Operation Mockingbird](#) – is a CIA project from the 1950s through the 1970s that targeted U.S. journalists and religious clergy to use in intelligence operations in an attempt to gain major influence over newspapers and wire agencies. This operation was extremely

successful and has only grown in control and influence over the decades. Mainstream media is highly influenced by the CIA and government rhetoric. This was also the time and operation when the CIA started to [influence](#) Hollywood and the production of commercial films. Again, the CIA has only gained further influence and control over the film industry as the decades have gone by.

- [Operation Northwoods](#) – was a plan developed by US military leaders which formally proposed on March 13th 1962 to kill Americans in a terrorist attack and blame it on Cuba to drum up support for intervention. Think 9/11. JFK [rejected](#) this proposal. JFK was assassinated in 1963.
- [US-98XN](#) – also known as Prism, US-98XN was a top-secret NSA program birthed after the attacks of September 11th, 2001, and in operation during the Bush and Obama administration, where the government was given the legal authority to secretly collect intelligence data on US citizens from major tech companies and Internet providers.
- [XKeyscore](#) – another NSA program and tool that allows the NSA to collect nearly everything millions of users do on the Internet; emails, social media, browsing history etc. NSA analysts had full access to all data without the need of prior authorization for searches, which is against the law.

US Interventions since WWII: Bomb attacks, assassinations, sabotage, attempted regime changes:

- China, 1945-1946, 1950-1953
- Syria, 1949, 2011-2022
- Korea, 1950-1953
- Iran, 1953, 1987-1988
- Guatemala, 1954, 1964, 1967-1969
- Tibet, 1955-1970s
- Indonesia, 1958, 1965
- Cuba, 1959
- Democratic Republic of Congo, 1961, 1964
- Vietnam, 1961-1973
- Brazil, 1964, 2016
- British Guiana, 1964
- Laos, 1964-1973
- Dominican Republic, 1965-1966
- Peru, 1965
- Greece, 1967
- Cambodia, 1969-1970, 1980-1995
- Chile, 1970-1973
- Argentina, 1979
- Angola, 1976-1992
- Turkey, 1980

- Poland, 1980-1981
- El Salvador, 1981-1992
- Nicaragua, 1981-1990
- Lebanon, 1982-1984
- Grenada, 1983-1984
- Libya, 1986, 1989, 2011
- Philippines, 1989
- Panama, 1989-1990
- Haiti, 1991, 2004
- Iraq, 1991, 1992-1996, 1998, 2002-2022
- Kuwait, 1991
- Somalia, 1992-1994, 2006-2007, 2020
- Bosnia, 1995
- Sudan, 1998
- Afghanistan, 1998, 2001-2022
- Yugoslavia, 1999
- Yemen, 2002-2022
- Honduras, 2009
- Bolivia, 2019
- Venezuela, 2019
- Guyana, 2020

There are plenty of other examples of American imperialism and expansion but let's move on to the U.S. Food and Drug Administration (FDA). The FDA has approved plenty of drugs and treatments to later pull them for the damages and deaths these products caused. These drugs did not come with liability protection like vaccines do. All previous vaccines have taken 5 to 30 years to be approved by the FDA for use while the new COVID19 vaccines were approved for official licensure in less than two years. Did you know that roughly [75% of the FDA's Drug Review Budget](#) is covered by the for-profit pharmaceutical companies the FDA is tasked with investigating and reviewing? When did conflicts of interest no longer matter? Here is a small list of previous drugs that were approved then [pulled](#) from the market:

- Accutane (Isotretinoin) - on market for 27 years - 1982 to June 2009
 - Increased risk of birth defects, miscarriages, and premature births when used by pregnant women; inflammatory bowel disease; suicidal tendencies
- Baycol (Cerivastatin) - on market for 3 years - 1998 to Aug. 2001
 - rhabdomyolysis (breakdown of muscle fibers that results in myoglobin being released into the bloodstream) which led to kidney failure; 52 deaths (31 in the US) worldwide; 385 nonfatal cases with most requiring hospitalization; 12 of the deaths were related to taking this drug in combination with gemfibrozil (Lopid)
- Darvon & Darvocet (Propoxyphene) - on market for 55 years - 1955 to Nov. 19, 2010

- serious toxicity to the heart; between 1981 and 1999 there were over 2,110 deaths reported
- Duract (Bromfenac) - on market for 1 year - May 8, July 1997 to June 26, 1998
 - 4 deaths; 8 patients requiring liver transplants; 12 patients with severe liver damage
- Lotronex (Alosetron) - on market for .8 year - Feb. 9, 2000 to Nov. 28, 2000
 - 49 cases of ischemic colitis (inflammation and injury of the large intestine); 21 cases of severe constipation (10 requiring surgery); 5 deaths; mesenteric ischemia (inflammation and injury of the small intestine)
- Omniflox (Temafloxacin) - on market for .3 year - Jan. 31, 1992 to June 5, 1992
 - 3 deaths; severe low blood sugar; hemolytic anemia and other blood cell abnormalities; kidney dysfunction (half of the cases required renal dialysis); allergic reactions including some causing life-threatening respiratory distress
- Vioxx (Rofecoxib) - on market for 5.3 years – May 20, 1999 to September 20, 2004
 - Increased risk of heart attack and stroke; linked to tens of thousands of heart attacks and deaths. [Merck](#) spent close to \$5 billion to settle lawsuits.

Other drugs beyond vaccines have been pulled for way less than what some vaccines have caused. [On average](#) 4,500 drugs and devices are recalled yearly even though many of the items are FDA approved. Cigarettes are the cause of [480,000 deaths](#) annually yet cigarettes are [FDA approved](#) and allowed to stay on the market. Facing thousands of lawsuits for damages and deaths being caused by vaccines in the 1970s and 1980s the for-profit pharmaceutical companies lobbied Congress, spending millions, to pass the [Childhood Vaccine Act of 1986](#) which shielded these corporations from any and all liability concerning vaccines. Think about this with the currently rushed COVID19 vaccines. The COVID19 vaccines could kill 50% within three years of those who inject themselves with the new experimental medical procedures and these for-profit corporations would face zero liability or criminal charges. What incentive do they have to tell the truth or to conduct legitimate studies?

These pharmaceutical corporations now [spend](#) hundreds of millions a year in lobbying politicians. Pfizer spent \$13 million for lobbying in 2020 alone. Pfizer was [fined](#) in 2009 and ordered to pay \$2.3 billion for the largest healthcare fraud in the history of the Department of Justice, but we should absolutely trust everything Pfizer is saying now without question? Are you really ignoring the [36 billion in revenue](#) that Pfizer has collected from their COVID19 vaccine in 2021 as a potential incentive to lie? Pfizer looks to make even more in 2022. This revenue [includes](#) a \$3.5 billion taxpayer funded contract awarded by the U.S. Army to produce 500 million COVID19 vaccine doses. Why did the U.S. Army need that many doses, enough to inject close to the entire U.S. population multiple times, when the U.S. Army only has [roughly](#) one million personnel? The U.S. Army isn't giving each of their personnel 500 doses.

If vaccines are so safe and effective why are they liability free medical procedures when they can come with a risk of death? It is the responsibility of the manufacturer to initiate and conduct a recall, but if a product is liability free what incentive does the manufacturer have in recalling a dangerous product? If any damages or deaths occur due to a vaccine the individual, or a

representative, must petition the government to seek restitutions through a special court which is paid out using taxpayer funds. Since the Childhood Vaccine Act became law over [\\$4.6 billion](#) in taxpayer funds have been paid out to settle petitions protecting the bottom line of these for-profit corporations, this total was before the COVID19 vaccines hit the market. Making a profit while facing no liability for damages and deaths is a slippery slope and has many ethical and moral implications that are being ignored.

In 2019, the then FDA Commissioner Scott Gottlieb, [resigned his post](#) and started working for Pfizer's board of directors. Pfizer's COVID19 vaccine has now been approved by the FDA for full licensure in record warp speed time. The 2019 to 2021 FDA Commissioner, Stephen Hahn, [resigned his post](#) and joined the venture capital firm that launched Moderna, Flagship Pioneering, as their chief medical officer. Moderna has now [submitted](#) their application for full FDA approval of their COVID19 vaccine. Moderna board member Dr Moncef Slaoui resigned his post in May 2020 to become the Chief Scientist for the Trump's Operation Warp Speed.

In 2013, Moderna and AstraZeneca signed a five-year deal to develop mRNA products, as of 2020 only a single product was able to pass their initial Phase 1 trials, yet their liability free vaccine product is perfectly safe and effective? Still people are not questioning the massive conflict of interests going on nor the flawed science being pushed as gospel. The FDA took 108 days to review Pfizer's COVID19 vaccine application and approve it for licensure, yet for a Freedom of Information Act (FOIA) request the FDA [requested 76 years](#) to release the data found in Pfizer's application. You read that correct, 76 years before all of the information the FDA reviewed in 108 days would be released to the public. Vaccines should always be a personal decision and never forced or mandated. We will circle back to this topic under the Vaccine section. This is only a small sample of reasons why we should absolutely question every step of government and never take what it says at face value.

Informed Consent

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.--That to secure these rights, Governments are instituted among Men, deriving their just powers from the **consent** of the governed, --That whenever any Form of Government becomes destructive of these ends, it is the Right of the People to alter or to abolish it, [...] laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their Safety and Happiness.” – **Thomas Jefferson – Declaration of Independence – Signed by Congress 1776**

What is consent? [Consent](#) is the voluntary acceptance and agreement in sentiment. [Informed consent](#), especially when it comes to medical decisions, is the fundamental principle for ethical decisions and practices. Informed consent is a fundamental need when conducting research on subjects. Full disclosure of information so subjects can make informed decisions is required. This decision needs to be free from lies, manipulation, threats, and coercion or it is by definition not voluntary. Informed consent is viewed as a critical communication link between subject and researcher. With informed consent refusing to participate, or discontinuing participation at any time, should not involve penalties or loss of benefits that subjects are entitled to.

Everything the government has been doing by making COVID19 vaccines [mandatory](#) for employment, enacting travel [restrictions](#), [forcing](#) businesses to deny service, and offering monetary [bonuses](#) or [lotteries](#) to get a COVID19 vaccine violates the very definition of informed consent. All COVID19 vaccines are still in the experimental trial phase and will be until 2022 or 2023 when their trials end with final reviews not being submitted until 2025. Without true informed consent everything that has been done for COVID19 for the past two years has been illegal, unconstitutional, immoral, and unethical. Why do so many not view any of this as an issue? Why are the masses accepting medical tyranny at face value without question or regard to potential ulterior motives? When will this actually end and normalcy return? How much are you willing to accept until you say enough is enough and stand up for your rights and the rights of the innocent people around you?

COVID19

“Ignorance is a virus. Once it starts spreading, it can only be cured by reason. For the sake of humanity, we must be that cure.” – **Neil deGrasse Tyson (2003)**

COVID19, or SARS-CoV-2, is a class of [coronavirus](#), a [novel](#) betacoronavirus from the subgenus Sarbecovirus, which all coronaviruses are considered to be a type of common cold virus that is associated with upper respiratory tract infections. Coronaviruses [account](#) for 15% to 30% of the common colds tested for with only six strains being able to affect humans, at least until now. The other type of common colds that make up the rest of the cases are Rhinoviruses, which can be broken down into more than 100 various strains that can affect humans by manipulating genes which brings an excessive immune response leading to cold symptoms. Influenza (flu viruses), type A, B, and C viruses, are similar to common cold viruses but are usually more severe with the symptoms that become present.

COVID19 was first discovered in Wuhan, China in December 2019 with the narrative pushing that it jumped from bats to humans in an open market. On May 29th, 2020, I published a 15k word article ([Part 1](#) & [Part 2](#)) on everything I could find at the time on COVID19 from what the media was telling everyone, to available studies. In that article I wrote about how COVID19 was a potentially man-made virus that was leaked from the Wuhan Level 4 Biolab that has ties to Dr. Fauci and the NIH. I wrote about how Dr. Fauci and the NIH spent millions on gain-of-function coronavirus research at this biolab. This has been further [verified](#) by other politicians and news organizations reporting on the millions Dr. Fauci had sent to the Wuhan biolab. The NIH in 2017, [announced](#) that it was lifting the ban of gain-of-function research. Funds were then transferred to the Level 4 biolab in Wuhan, China through a company called [EcoHealth Alliance](#) to conduct gain-of-function research. A year and half later more evidence had come out to the point that even Senator Rand Paul, a physician, [blasted](#) Dr. Fauci over his gain-of-function research showing I was correct on what I was reporting early in 2020.

To further drive this point home, researching awarded contracts through the government site [USA Spending](#), you will find a \$116 million dollar contract ([CONT IDV HDTRA108D0007 9700](#)) awarded by the Department of Defense to Black & Veatch Special Projects Corp which started on September 20th, 2012 and ended on October 13th, 2020. Within this contract, a sub-award (19-6192) was awarded to Labyrinth Global Health Inc. on November 12th, 2019 totaling \$369,511 for the purpose of “SME manuscript documentation and COVID19 research”. Labyrinth Global Health Inc. was [founded](#) in 2019 by [Karen Saylor](#), and only has three employees. Karen Saylor spent a few years working as Vice President of Field Research for Metabiota. [Metabiota](#) is viewed as helping “to push the boundaries of insuring catastrophic risks, preparing for infectious disease threats, and catalyzing public-private partnerships to protect global health security”. The Place of Performance listed for the DoD contract with Black & Veatch Special Projects Corp is in Ukraine, the same country mainstream media and the government swears didn’t have U.S. funded biolabs. If COVID19 wasn’t discovered until December 2019 how was Labyrinth Global Health Inc.

awarded a government contract to conduct research on COVID19 a month prior to the COVID19 discovery? Do you think this shouldn't be questioned? Do you still believe COVID19 jumped from bats to humans naturally?

Dr. Fauci and the U.S. and China governments are more than likely directly responsible for the creation and leak of this man-made virus that has led to hundreds of thousands of deaths and the near collapse of the world's economies. Recently, it has come out that Hunter Biden, President Joe Biden's son, raised millions of dollars through [Metabiota](#) to create dozens of high level biolabs all over Ukraine, with President Obama's approval, which conducted more gain-of-function research. The same Metabiota that Karen Saylor worked for before being granted funds to research COVID19 a month before COVID19 was officially discovered. Metabiota has strong connections to EcoHealth Alliance and Wuhan Institute of Virology, which all partnered together in 2014 under EcoHealth Alliance's [PREDICT project](#) that focused on disease surveillance and response for infectious diseases like influenza, SARS, and Ebola. These organizations potentially have direct role in the development of COVID19. Why are we still listening to those who are connected to these organizations?

As of April 8th, 2022 there [have been](#) roughly 82 million confirmed COVID19 cases in the U.S., roughly 1 million deaths, and roughly 66 million having recovered showing a mortality estimated rate of 1.5%. At the initial start of the COVID19 pandemic, official numbers suggested the total mortality rate was close to 20%. I called these numbers into question in 2020 because it was not what we were seeing in reality. A 20% mortality rate should have led to massive deaths everywhere. Do you remember the videos of Chinese citizens falling over in the middle of the streets and bleeding out? We never saw that here in the U.S. Was that more lies and propaganda pushed by China or something else killing those individuals? The official statistical numbers do not include cases where individuals were asymptomatic, never tested, and were never included into official numbers nor symptomatic people who recovered without seeking any help from medical professionals.

Estimates [showed](#) that 25% to 80% of individuals who had COVID19 were completely unaware they even had it. By these estimates the U.S. has hit herd immunity for natural COVID19 infections without considering everyone who vaccinated. Why are still in a pandemic and emergency when coronaviruses are endemic in nature? Early on in 2020 antibody tests from multiple cities were [showing](#) a 30% to 50% positive rate of individuals having gotten COVID19 and recovered but never added to official numbers. Granted, the CDC did [acknowledge](#) that the COVID19 antibody tests were faulty and that "less than half of those testing positive actually had antibodies". If the antibody tests weren't reliable then why should we trust any official numbers pushed by government? Each of the individuals who tested positive for antibodies (assuming a real positive test) have natural immunity to COVID19, which even the Michigan government [agrees](#) that "natural infection almost always causes better immunity than vaccines". To further solidify this point, a recent large [study](#) of antibody titer decay shows that COVID19 vaccine antibodies decrease 40% per month while natural immunity antibodies decrease 5% a month. This significant decrease in antibodies for COVID19 vaccines is why government is pushing boosters with the focus on creating a [coronavirus strain specific-vaccines](#) (4th dose). How many injections are you

willing to get to reach normalcy? Government will continue to add more required boosters so normalcy will never be reached.

[CNN](#) reported on COVID19 in May 2020 showing the CDC indicating that the estimated mortality rate was 0.4% for those who are symptomatic. Including asymptomatic carriers would further reduce the true mortality rate (total deaths/total cases). As of March 2021, the [CDC's estimates](#) for total mortality rates of symptomatic carriers is 0.7% - 7.3%. This range includes all age ranges. Out of all estimated figures the worst-case scenario mortality rate shows 65+ (27%), 50-64 (2%), 18-49 (0.17%), and 0-17 (0.008%). Looking at worst case scenario estimates, why is there such a massive push to force those 49 and under (at worst-case estimate .09% mortality risk) to get vaccinated and mask up when they have such a low risk? The Health Ministry of Israel openly [stated](#) that the COVID19 vaccines are only 39% effective at stopping transmission. If vaccines cannot stop transmission then vaccines will never be able to stop COVID19 and viewing only vaccines as a solution is a fallacy. People have forgotten that we are responsible for our own personal health. If we are in a high-risk category we should take precautions to protect ourselves. It is a violation of rights forcing someone else to be responsible for our health when it was never their job to be responsible. We are not responsible for the lives of those we might interact with when out shopping or enjoying nature either. This is not how rights work.

[Per CDC](#) 12/22/2021

Death by Age Group

Data as of 12/22/2021	Total	2021	2020
65-and-over age group			
74.7% (603,344 deaths)			
45-64 age group			
21.2% (170,945 deaths)			
Under 45 age group			
4.1% (33,485 deaths)			

Variants of Concern in the U.S.

The CDC [considered](#) each of the following variants as a concern due to their transmission as being “much faster” than other variants. The naming convention of variants follows the Greek Alphabet. Alpha (B.1.1.7) variant was [first identified](#) in the United Kingdom in September 2020 and is [viewed](#) as being roughly 50% more transmissible than the original virus. There is little to no [evidence](#) that there was a change in the severity compared to the original virus. Beta (B.1.351) variant was [first identified](#) in South Africa in August 2020. Delta (B.1.617.2) variant was [first identified](#) in India in December 2020. Some studies suggested a vaccine effective rate of 88% or less, depending on the vaccine, for the Delta variant. Gamma (P.1) variant was [first identified](#) in Brazil and Japan in January 2021. The Delta variant was the main variant the government and media had been focusing on for most of 2021 which had been the cause of greatest concern. Then we faced Omicron (B.1.1.529) which was first identified in South Africa and “may” spread more

easily than other variants due to the numerous mutations. Now we must worry about “Stealth Omicron” (BA.2), which is [subvariant of Omicron](#), and is supposedly far more infectious than Omicron. Little information is available on the mortality rate of these variants and if it is worse for symptoms and mortality rate than the original COVID19 virus. There will be a constant evolution of these viruses and there can always be another one that government can blame and distract us with. Do you really want to live the rest of your life in fear?

All statistics seem to combine all of the variants under the COVID19 catchall heading which is disingenuous when trying to determine real statistics. To further complicate statistical tracking of COVID19 numbers, early in 2020 the U.S. government was [classifying](#) all coronavirus patient deaths as COVID19 deaths regardless of the true cause of death. This means if they had COVID19 but died due to Stage 4 cancer that individual was still classified as a COVID19 death. This is pure sophistry to drum up fear and panic.

A theme among the identified variants is that breakthrough infections, those fully vaccinated yet still catching the virus and having symptoms, is expected. If vaccines do not stop infection and transmission then it is impossible to stop COVID19 by vaccinations alone. As time continues it seems like the breakthrough infections are a lot higher than expected even though our government and the media is constantly saying breakthrough infections are rare. Pfizer CEO, Albert Bourla, [explained](#) in an interview that their vaccine does not prevent transmission so breakthrough infections would be anything but rare. This NIH [study](#) explains why vaccines do not stop transmission due to not producing a local mucosal secretory response, meaning that patients fully vaccinated can still spread COVID19 through their upper respiratory tract. The Omicron variant seems to really only be found and [transmits](#) through the upper respiratory tract, which vaccines do not protect against. This situation is similar to super bugs that are [antibiotic resistant](#) due to the overuse of antibiotics. Noteworthy COVID19 breakthrough infections of those who are fully vaccinated and have had their booster shots are [House Majority Whip Jim Clyburn](#), [Senator Elizabeth Warren](#), [Governor Tim Walz](#), [Governor Larry Hogan](#), [Senator Nancy Pelosi](#), and many more. The Omicron variant is being [spread](#) by the fully vaccinated, so why is there still such a push to force people to vaccinate?

I find it highly suspicious that the AstraZeneca vaccine trials were conducted in the [UK](#), [South Africa](#), [Brazil](#), and [India](#), which we had the highly transmittal viruses that were being tracked show up after the vaccine trials started from these locations. Many of these variants mutated before the initial push of vaccines were available to the general public. Maybe because the experimental trials for the COVID19 vaccines were driving the evolution of the disease? If the current round of vaccines did not stop these variants then how can the goal of “defeating COVID19” be achieved when the target government is trying to hit has already moved several times? Remember, vaccines do not provide a full robust immune response and defense unlike natural infections. We are no longer in a pandemic but have entered an [endemic](#), meaning COVID19 is something we will all need to learn to live with because it will constantly be with us leading into the future. This should be even more reason for everyone to stand against the government’s push to force everyone to be vaccinated with a new gene therapy medical procedure that targets older versions of COVID19 that are no longer a threat.

The previous variants being tracked by the CDC is not a conclusive list of all variants. On August 30th the World Health Organization (WHO) [announced](#) that a new named variant “mu”, B.1.621, was being tracked that has mutated enough to get passed the antibodies that vaccines have previously provided but it has not been a focus in the media or government. An additional South African variant was [identified](#) in May 2021, C.1.2, and has been discovered in multiple countries around the world. This variant also has mutated and is “associated with increased transmissibility” (always with increased transmissibility) and ability to evade the protection offered by the vaccines.

There is no stopping COVID19 when the only tool being used is vaccines. How many injections are you willing to get to get back to “normal”, 4, 10, 20? The goalposts have already moved several times and will continue to move in the future to suit the government rhetoric being pushed. Government only needs to announce there is a new variant, or a new engineered man-made virus, to convince many to get another booster shot, or totally new mRNA vaccine that was developed in record time. The COVID19 vaccines only provide “protection” for three to five months. Do you really consider that immunity?

[Herd Immunity](#)

One NIH study [defines](#) herd immunity as “the proportion of subjects with immunity in a given population”; the definition of immunity covering natural and vaccine immunity. The WHO [defined](#) herd immunity on June 9th, 2020, as “the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.” This definition includes natural immunity and vaccinated immunity to reach herd immunity. Throughout the history of humanity natural immunity, and a healthy functioning immune system, has protect us. Natural immunity has always been our primary defense against the continuation of any disease or infection. Even traditional vaccines leverage part of our immune systems to reach partial immunity. The WHO [changed](#) the herd immunity definition on November 13th, 2020, to “a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached. Herd immunity is achieved by protecting people from a virus, not by exposing them to it.” Absolutely no mention of natural immunity now and the definition focuses on protection not providing actual immunity. Why would the government ignore natural immunity and focus on a for-profit liability free medical procedure when alternative treatments exist? Why are individuals being forced to vaccinate when they already have natural immunity and it has been proven that vaccines cannot and will not prevent infection nor transmission?

Immune System

Our immune system is extremely complex with [skin and mucous membranes](#) that play their own part for granting immunity along with our lymphatic system. Skin and mucous membranes act as a first line of defense against germs and infections. These membranes remember past infections like the lymphatic system. Vaccines only target the lymphatic system to generate a response while natural infections generate skin and mucous membrane responses as well. This is one reason why natural immunity is always better than immunity strictly through vaccines.

medRxiv, a preprint server for health sciences, posted a new [study](#) on August 18th, 2021, looking at antibody levels overtime comparing fully vaccinated vs unvaccinated who had prior natural infection. After peer review, if the study holds true, then there is further proof that having a natural immunity provides greater protection and for longer period of time than through vaccines:

medRxiv: [Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection](#)

- doi: <https://doi.org/10.1101/2021.08.19.21262111>
- “A total of 2,653 individuals fully vaccinated by two doses of vaccine during the study period and 4,361 convalescent patients were included. Higher SARS-CoV-2 IgG antibody titers were observed in vaccinated individuals (median 1581 AU/mL IQR [533.8-5644.6]) after the second vaccination, than in convalescent individuals (median 355.3 AU/mL IQR [141.2-998.7]; $p < 0.001$). In vaccinated subjects, antibody titers **decreased by up to 40% each subsequent month** while in convalescents they **decreased by less than 5% per month**. Six months after BNT162b2 vaccination 16.1% subjects had antibody levels below the seropositivity threshold of < 50 AU/mL, while only 10.8% of convalescent patients were below < 50 AU/mL threshold after 9 months from SARS-CoV-2 infection.”

RT-PCR and Rapid Antigen Tests

The Real-Time Polymerase Chain Reaction (RT-PCR) test is the primary standardized test that had been used around the world to determine COVID19 cases and active infectability. Considered to be the “gold standard” at testing for COVID19. Most studies and discussions use this test as the basis of the work. The RT-PCR test was developed by Dr. Kary Mullis in 1986 who won the Nobel Prize in 1993 for his invention. Dr. Mullis had been a huge [opponent](#) (watch the video) of Dr. Fauci and the government’s use of the RT-PCR test for years. Dr. Mullis repeatedly explained that with the RT-PCR test, if you do it well, you can [find](#) (watch the video) almost anything in anybody. Dr. Mullis spoke out against how Dr. Fauci and the government were misusing his invention over the years. With this test someone can create a lot of something out of something miniscule, it only takes something and makes it measurable. At no point can the test determine infectability, or risk of symptoms, that is not what it was designed for. Dr. Mullis said Dr. Fauci is not a scientist and did not understand medicine. Dr. Mullis died in August 2019 before COVID19 was discovered. I

personally find it suspicious that Dr. Mullis passed away right before he would have been one of the most critical opponents to Dr. Fauci and government through the entire pandemic.

Since the start of COVID19 plenty of people have been trying to shine a light on the fallacious statistics being pushed by the CDC and government using the RT-PCR test, with high cycle rates which produces large numbers of false positives. Do you remember when the Tanzania President John Magufuli [had](#) a goat and papaya sample sent in for testing and both came back positive for COVID19? Less than a year later, President Mafufuli, who had grown into a large opponent of the testing and vaccines being pushed, died of a “heart condition”. I find it highly suspicious, especially since the CIA had a [secret heart attack gun](#) since the 1970s which has only been perfected since then. To further highlight this issue on July 21st, 2021 the [CDC issued](#) a Laboratory Alert indicating changes to the RT-PCR testing due to the test failing an audit which showed the test could not “facilitate detection and differentiation of SARS-CoV-2 and influenza viruses”. Labs had until the end of 2021 to make their change to a different test. How can we trust any study or official government numbers concerning COVID19 when the main test being used since the start of this pandemic couldn’t tell the difference between variations in coronaviruses nor influenza viruses?

Now the government has [sent](#) out 500 million at-home rapid antigen test kits to households across the U.S., and the FDA [approved](#) a breathalyzer that supposedly can detect COVID19. Don’t you find it interesting that these were developed and sent out as laboratories had to stop using the RT-PCR test? There is little guarantee that these tests will be accurate, which should be a major concern for everyone, nor is there any guarantee that the kits are not already contaminated. All official numbers need to be called into question because there is no incentive for our government or the pharmaceutical companies to tell us the truth. Do you remember when COVID19 tests [bound](#) for the U.K. were contaminated with COVID19? Who will be held responsible if some of the at-home tests being sent out by the U.S. government are contaminated?

Transmission

COVID19 really [spreads](#) through [respiratory droplets](#), small droplets also known as aerosol particulates. The smallest of these particulates can range up to 10k particulates per breath. These small particulates can linger in the air for hours with some studies showing them potentially staying in air for months when in a static environment with little to no airflow. Large respiratory droplets, spittle flying out as we speak, only travels a short distance and then drops to the ground and is not the driver of COVID19. Each environment and setting can change the survivability of COVID19 based on temperature, humidity, air flow and pressure, and how individuals interact within the environment. All mask studies that have shown why masks work do not take any of these items into account. COVID19 is roughly 0.125 microns small (125 nanometers), invisible to the naked eye, and can pass through some materials like cloth with ease, e.g. a gnat moving through a chain-link fence. COVID19 aerosol particulates can even [infect](#) individuals through exposed eyes. If we are to take COVID19 seriously as a real threat then we should be taking a vastly different approach

to protecting people and cleaning environments by having proper industry standards of control mechanisms in place, which doesn't include lockdowns or masks. We will go more into this in detail in the Mask section.

PubMed NIH: [Transmission of COVID-19 virus by droplets and aerosols: A critical review on the unresolved dichotomy](#)

- Environ Res. 2020 Sep; 188: 109819. doi: 10.1016/j.envres.2020.109819
- “One could dispute that, unlike larger droplets, aerosols may pose a greater risk of the spread of the COVID-19 disease among many susceptible hosts positioned far from the point of origin.”
- “Small aerosols are more susceptible to be inhaled deep into the lung, which causes infection in the alveolar tissues of the lower respiratory tract, while large droplets are trapped in the upper airways.”
- “In the events of the droplet and aerosol transmission, the efficacy of such personal protective equipment in combating the transmission of the SARS-CoV-2 has been **poorly understood.**”
- “The most common types of viruses causing infections in the respiratory tract through aerosol transmission are influenza viruses, rhinoviruses, coronaviruses, respiratory syncytial viruses (RSVs), and parainfluenza viruses.”
- “The most important environmental factors that could impact on the viability of airborne microorganisms are temperature, humidity, radiation (sunlight), and open-air (ventilation).”
- “The effectiveness of the use of masks for the control of SARS-CoV-2-laden aerosol transmission from an infected person to a susceptible host is **uncertain and not fully conceivable.**”
- “Homemade mask should only be considered as a **last resort to prevent droplet transmission from infected individuals**” – Infected symptomatic individuals not asymptomatic carriers.
- “With surgical masks worn, about 20–30% leakage of droplets and a **large portion of aerosols**, particularly from the loosely fitted sides” – cloth masks have an even larger leakage and failure rate with all aerosols not being stopped. Neither stop nor reduce small respiratory droplets transmission.

Asymptomatic Carriers

“But the one thing historically people need to realize that even if there is some asymptomatic transmission, in all the history of respiratory viruses of any type asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person. Even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers.” – **Dr. Anthony Fauci** [said](#) in January 2020

If symptomatic carriers are the drivers of epidemics and pandemics, why is so much time and effort being spent on addressing asymptomatic carriers? That is the whole reason to wear masks, correct? “My mask protects you and your mask protects me!” with the assumption that anyone could be an asymptomatic carrier spreading COVID19.

PubMed NIH: [Coronavirus Disease Outbreak in Call Center, South Korea](#)

- Emerg Infect Dis. 2020 Aug;26(8):1666-1670. doi: 10.3201/eid2608.201274. Epub 2020 Apr 23.
- “The household secondary attack rate among symptomatic case-patients was 16.2% (95% CI 11.6%- 22.0%). Of the 97 persons with confirmed COVID-19, only 4 (1.9%) remained asymptomatic within 14 days of quarantine, and **none of their household contacts acquired secondary infections.**”

PubMed NIH: [A study on infectivity of asymptomatic SARS-CoV-2 carriers](#)

- Respir Med. 2020 Aug;169:106026. doi: 10.1016/j.rmed.2020.106026. Epub 2020 May 13.
- Background: “We report here a case of the asymptomatic patient and present clinical characteristics of 455 contacts, which aims to study the infectivity of asymptomatic carriers.”
- Results: “During the quarantine, seven patients plus one family member appeared new respiratory symptoms, where fever was the most common one. The blood counts in most contacts were within a normal range. All CT images showed no sign of COVID-19 infection. **No severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections was detected in 455 contacts by nucleic acid test.**”

BMJ: [Covid-19: Asymptomatic cases may not be infectious, Wuhan study indicates](#)

- BMJ 2020;371:m4695 (01 December 2020)
- “A mass screening programme of more than 10 million residents of Wuhan, China, performed after SARS-CoV-2 was brought under control, has identified **300 asymptomatic cases of covid-19, none of which was infectious.**”

CDC: [Analysis of Asymptomatic and Presymptomatic Transmission in SARS-CoV-2 Outbreak, Germany, 2020](#)

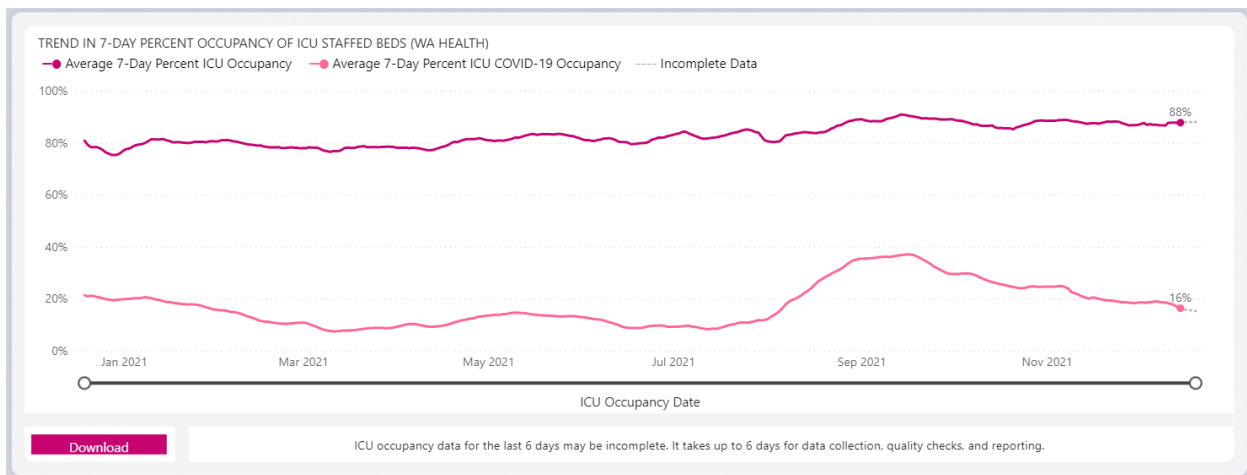
- EID Journal. Volume 27, Number 4—April 2021
- “We determined secondary attack rates (SAR) among close contacts of 59 asymptomatic and symptomatic coronavirus disease case-patients by presymptomatic and symptomatic exposure. **We observed no transmission from asymptomatic case-patients** and highest SAR through presymptomatic exposure. Rapid quarantine of close contacts with or without symptoms is needed to prevent presymptomatic transmission.”

Hospitals

Since the start of the pandemic, media has been pushing the narrative that ICU beds are dangerously close to being full again; “two weeks!”. As I mentioned previously, over the previous two years the healthcare workforce in the U.S. has declined, reducing the number of available ICU staffing beds. ICU occupancy for Washington State is determined by this formula:

(Number of ICU beds occupied during the 7-day period / ICU staffed beds during the 7-day period) x 100 = Percent ICU Occupancy

Data as of 12/20/2021



If a hospital has 10 ICU beds staffed and 8 are currently filled when the hospital terminates some staff and reduces the number of staffed beds available to 8 their ICU Occupancy rate jumps from 80% to 100% without seeing an actual increase in patients. However, the media and government use the 20% increase to generate more fear. This is manipulating statistics and using those to support lying to the public. Do you remember all of the Army field hospitals that were set up in 2020 but then never saw COVID19 patients like it was only a training exercise?

If hospital usage was really that big of an issue then these field hospitals should have stayed open since the start of the pandemic to take care of the overflow of COVID19 patients. Restricting and controlling citizens, shutting down business, and damaging local economies because a private or public hospital might overflow when efficient and effective alternatives exist is criminal. This issue is further expanded due to healthcare professionals being terminated for refusing to get the COVID19 vaccines. As these individuals are terminated from their jobs the healthcare worker shortage has become even worse. These frontline heroes were praised since the start for working directly with COVID19 patients, so why are they now being terminated and vilified because they don't want to take an injection when it wasn't needed before? These individuals had no issues with conducting their duties and responsibilities since the pandemic started and they weren't vaccinated then, so why such a harsh push to force vaccinations on them?

The CDC has changed its reporting guidelines several times since the pandemic started. In May 2021, the CDC again [updated its guidelines](#) to stop reporting on fully vaccinated people, those with two shots of Pfizer or Moderna or one shot of Johnson & Johnson (this definition will change to include many future boosters), who test positive for COVID19 unless it results in a hospitalization or death. This update reduces the number of breakthrough cases it has to report even though the CDC will still track unvaccinated individuals who test positive for COVID19 even if the individuals are not hospitalized or die. This is more lying with statistics by showing unvaccinated having COVID19 at a much higher rate than fully vaccinated.

Lockdowns

“Tyranny naturally arises out of democracy, and the most aggravated form of tyranny and slavery out of the most extreme liberty” – **Plato, The Republic, c. 375 BC**

At the start of COVID19 we were told the lockdowns, stay-at-home orders, would only be for two weeks, which [started](#) in March 2020. That clearly turned out to be a lie with some states staying in lockdown restrictions for months. We circled back to these tyrannical restrictions because of the Delta and Omicron COVID19 variants, and will do so again during the 2022 Cold and Flu season in a rolling lockdown fashion. Due to the knee jerk reaction by the government, not a virus, the unemployment rate went from 3.5% to close to 15% causing over [36 million individuals](#) to file claims for unemployment in 2020. Many are still out of work or moved into a different industry career paths that had job openings. The Federal Reserve released a [study](#) showing that roughly 200,000 establishments above the average yearly number closed for good in the first year of COVID19, and continued to add to this number in 2021. The loss of businesses was mostly due to government restrictions on opening and running, not a virus. Do you think this negative trend will not continue as the government restricts more and forces mandatory vaccinations? What about the next virus? Because there will be another virus.

Governor Inslee of Washington State [ordered](#) the halt of elective surgeries and dental services in March 2020. Other governors followed suit by enacting their own version of restrictions. This caused people to miss important and needed appointments to maintain their health and to catch deadly issues early on. Now again because of restrictions, and this unethical push to vaccinate everyone, patients are having medical procedures like transplants being [denied](#) because they are unvaccinated. How long until these procedures are denied because you didn't get your booster or another vaccine the government approves for the market?

Due to the lockdown restrictions many hospitals and healthcare facilities started [furloughing](#) tens of thousands of healthcare workers for months in 2020. These furloughs caused a reduction in the workforce by individuals finding other careers and jobs. There is a healthcare worker shortage that is happening all over the U.S. right now that has some direct correlation and causation to these lockdowns, and these shortages have only gotten worse as we moved through 2022.

Another negative aspect to the government lockdowns and restrictions is what it is doing to the mental health of many citizens. Anxiety and depression symptoms [significantly increased](#) due to these lockdowns and restrictions, especially among children. Suicide attempts in teenagers [increased](#) by up to 51% between February – March 2021 per the CDC compared to the same period in 2019. Mental illness helplines have reported a 65% increase in calls and emails. The [increase](#) in suicides and [overdose](#) deaths in teenagers have totaled individually more than the deaths of COVID19 for the same age range and same time range COVID19 has been around. Fentanyl overdoses have been the [leading cause of death](#) in adults between the ages of 18 and 45, so again why is so much effort being focused on COVID19? Do we only care and think about the children, elder, or healthcare workers when it suits our biases? The lockdowns and restrictions are more dangerous to youth and the economy than COVID19 has been or will ever be. Government mandates and restrictions are more dangerous for the economy and our livelihood than what the COVID19 virus could do to us.

Germ Theory vs Terrain Theory

In the 1800's a French chemist by the name of [Louis Pasteur](#) made Germ theory popular. Germ theory is the mainly held standard for how diseases, symptoms, and infections occur in society focusing on microorganisms as the driver of most diseases. This theory and view brought the advancements of antibiotics and vaccines, which antibiotics destroy both good and bad bacteria in the process which can lead to negative consequences and antibiotic resistant pathogens. Vaccines primarily focus on a singular disease and pathogen as well and has led to antibody-dependent enhancement (ADE), a phenomenon where vaccines can cause the enhancement of a virus's entry and replication in a host's cells.

The overuse of antibiotics has driven the rise of [antibiotic resistant bacteria](#) causing another global crisis. The average human body is [made up](#) of roughly 39 trillion microorganism cells and 30 trillion human cells. We are more microorganisms than human with many of these microorganisms being a benefit to our survivability and health. Antibiotics can destroy these helpful

microorganisms and damage our immune systems when overused. Germ theory is limited with its singular focus on treating the disease instead of the entire system of the individual.

The last words Lousi Pasteur [spoke](#) was “Bernard is right, ‘Le Meliu Interior’ is everything, the bacteria nothing”. Pasteur’s friend, physiologist [Claude Bernard](#), viewed that the terrain of the human body, the entire system as a whole, was more important than any pathogen that infects it. What if government has been pushing the wrong theories on how we can keep ourselves healthy without the need of government or a long list of pharmaceutical drugs? Healthy scientific debate should include discussions, experiments, and studies that focus on each theory and how they compare to each other. Instead, only one theory is pushed as the only truth in public schools which drives the need for others to help keep us healthy. In today’s society, if you step out of accepted public opinion people tend to ostracize, segregate, harass, threaten, or commit violence against those who seek non-group think.

Vaccines

“The art of medicine consists in amusing the patient while nature cures the disease.” – **Voltaire**

Vaccines initially were [defined](#) as “pertaining to cows, from cows” which came from Edward Jenner in 1796 when he inoculated an eight-year-old boy with cowpox preventing smallpox infection, causing natural immunity to both. This type of inoculation is no longer done as the vaccines today contain other types of genetic material and chemicals that come with real risks beyond the viral infection. This of course are traditional vaccines that attempt to mimic natural immunity inoculation. Traditional vaccines come with real risks including death. If you want a more in-depth review of traditional vaccines then you should read my previous vaccine article that I [published](#) in 2019.

The experimental mRNA vaccines are completely new and are still in their initial testing phase so we have no idea what the long-term effects will be with them. Phase 3 tests won't be over until the end of 2022 and 2023, with final reports provided in 2025. During Trump's administration, Trump [launched](#) Operation Warp Speed in 2020 with the goal of developing a coronavirus vaccine by the end of 2020, which borders unethical and immoral practices. How many of you that absolutely hated Trump but have been willing to be injected by something he pushed to create at a record pace?

In 2012, the CDC [defined](#) vaccination as an “injection of a killed or weakened infectious organism in order to prevent the disease” and vaccine as “a product that produces immunity therefore protecting the body from the disease. Vaccines are administered through needle injections, by mouth and by aerosol.” The CDC currently [defines](#) vaccines as “a suspension of live (usually attenuated) or inactivated microorganisms (e.g. bacteria or viruses) or fractions thereof administered to induce immunity and prevent infectious diseases and their sequelae. Some vaccines contain highly defined antigens (e.g., the polysaccharide of Haemophilus influenzae type b or the surface antigen of hepatitis B); others have antigens that are complex or incompletely defined (e.g. Bordetella pertussis antigens or live attenuated viruses).” On another CDC [page](#) it defines vaccination as “the act of introducing a vaccine into the body to produce protection from a specific disease.” The definition of vaccination has [changed](#) recently from “produce immunity” to “produce protection”. This slight change in wording changes the actual definition by a lot. Immunity keeps someone from being infected, not being symptomatic. Protection only means to protect someone from the severity of the infection. This is sophistry. If the COVID19 vaccines do not keep people from catching or transmitting COVID19 then it does not fit the definition of a vaccine by eliciting immunity and prevention of infection. Influenza vaccines fall under the same concept and fail to meet the standard of immunity. Cold and Flu “vaccines” are really only potential immunity boosters if they worked as advertised, which it can be argued they do not with these non-vaccines causing more damage than any potential benefit.

Since Governor Inslee in Washington State [started mentioning](#) mandatory vaccinations, at the end of July in 2021, it has been his goal to make religious exemptions “as narrow as possible”, which

was discovered in emails obtained by a public disclosure request. The mandate also removed the option of weekly testing for all state workers and healthcare personnel. This was a month before the FDA issued its licensure approval for the Pfizer COVID19 vaccine, so he was already mandating it while it was officially still an experimental medical procedure. Even past Inslee's deadlines to start COVID19 vaccine injections the licensed Pfizer product was not even available for people to get, so only the official experimental medical procedures were available. Why was there discussion on mandating a medical procedure that comes with the risk of death for healthcare and state workers when the medical procedure available was still only approved under the Emergency Use Act (EUA) for high risk individuals? Why would a governor do this to his citizens? Maybe it is due to Governor Inslee having connections and ties, including family ties, to some of the major players in this political theater being played out?

To be approved under the EUA the known and potential benefits of the product must outweigh the known and potential risks of the product, and no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating the disease or condition should exist. Since the experimental trials for the COVID19 vaccines are still on-going until 2022 and 2023 then risk is still unknown. On top of this, there are several alternatives that have been shown to combat COVID19. Based on these facts none of the COVID19 vaccines should have been approved for the EUA nor licensure. We should never blindly trust in the actions of governors especially when they tend to act in a tyrannical manner.

In 2020, Governor Cuomo [sent](#) 6,300 COVID19 patients to nursing homes which directly led to the highest death rate in the nation, 6,400 deaths were recorded by July 2020. He did this to free up hospitals and their staffed beds while putting the most at risk population at an even greater risk. This callous disregard for the health and safety of his citizens is the same mentality shared by other governors and those in political power. Governor Cuomo made millions off a book deal and then was forced out of office over sexual harassment allegations. Is mass murder really acceptable over sexual harassment? Governor Cuomo faced zero liability and accountability for his tyrannical actions. He made decisions that killed thousands of the most at risk population. Why would you trust these people with your health and safety when they clearly do not care about your loved ones who are at the greatest risk?

St. Louis County in Missouri [defines](#) a "Fully Vaccinated Person" as a "person who 14 days prior received a second dose of a 2 dose series or 14 days prior received one dose of a single dose vaccine. A person is not fully vaccinated until this time period of 14 days from the last date of the required dose has lapsed. Additionally, after 3 months from the last dose, a person is no longer considered to be a Fully Vaccinated Person." Read that again. Someone can only be considered fully vaccinated within a three-month period after 14 days post single dose or second injection of a two-dose series vaccine. Outside of this small window an individual is considered unvaccinated. How many injections are you willing to chase to be considered "fully vaccinated"? Biden and Dr. Fauci have [discussed](#) requiring COVID19 boosters every five months, since antibodies drop significantly the further you get away from the last injection. Do you really trust the government with injecting yourself every few months? Where is your line? When do you say no more? When does it end? Do you accept this as your new normal? How many more billions in taxpayer funds

do you feel comfortable with the government handing over to these for-profit pharmaceutical companies while forcing you to inject their products? This entire situation should throw up red flags for everyone. This is a slippery slope and we as a society are moving full steam ahead, over a cliff.

mRNA Vaccines

DNA provides the blueprint for how our cells work and function. [mRNA](#), messenger RNA, takes the instructions from our DNA and provides those instructions to our cells so the cells can perform to the specifications of how our genes are encoded. mRNA is short-lived within the body, and help regulate the rate of protein production. mRNAs translate into proteins that comprise key cell components. mRNA vaccines recode these messenger RNA strands to trick the cells into acting beyond what we naturally have in our DNA and genes. Basically, mRNA vaccines conduct a [man-in-the-middle attack](#) on the cells by altering the instructions our cells need to function properly. mRNA vaccines are gene therapies and are still highly experimental. Moderna, one of the pharmaceutical companies producing a COVID19 mRNA vaccine, says that their [products](#) and mRNA technology “can teach the body how to make a specific protein that can help your immune system prevent or treat certain diseases”. But are these specific spike proteins safe and effective to be produced by our cells in abundance?

A [study](#) from Temple University shows that the SARS-CoV-2 spike proteins trigger inflammatory responses in the brain which may contribute to altered brain function and damage. This damage was confirmed through examination of cadavers. The new line of mRNA vaccines causes the body to produce these dangerous spike proteins in abundance which can freely travel to every organ and spot within the body. There are no studies or evidence to suggest that these vaccines are not damaging the brain which will have long-term effects that have yet to be identified, it is not being researched nor looked at. What incentive do these for-profit pharmaceutical companies have to research the dangers that come with these liability free products? Remember, these are still experimental vaccines and it will be years to learn what they are really doing to those who have been taking them. The more injections you get the greater the damage they could be causing. If you have already been vaccinated did you realize you are part of the largest medical experiment conducted in human history? Are you sure there will be no long-term side effects?

Whistleblowers have come forward and the British Medical Journal (BMJ) published an in-depth [investigation](#) showing an extreme lack of data integrity around the Pfizer COVID19 vaccine trials, which should cause questions. Especially from a corporation who has shown a desire to lie and manipulate data to drive higher profits. Only nine of the 153 vaccination test sites and data were inspected by the FDA. The FDA took Pfizer’s COVID19 vaccine application for licensure at face value and did not send it over for any independent nor secondary review. This was after the previous FDA Commissioner resigned his post and started working for Pfizer. Where is the guarantee that the data provided, that the FDA didn’t want released for 76 years, is legitimate without errors? Since the FDA lost its bid to keep the Pfizer data secret the FDA started releasing

documentation which has now included nine pages worth of adverse events caused by the Pfizer COVID19 vaccine, which of course Pfizer [claims](#) that the adverse events “may not have any causal relationship” to their vaccine. May not. Causal relationships are also loosely used in a way to hide the truth. Sophistry is a real thing.

[Dr. Robert Malone](#), arguably one of the few main contributors to mRNA technology for decades, and has been an outspoken opponent of the government’s push to use these mRNA vaccines. Dr. Malone has attempted to bring attention to the fact that the spike proteins produced by the mRNA vaccine, the same spike protein found to be dangerous in the Temple University study, are dangerous and cytotoxic. [Cytotoxic](#) being defined as “poisonous to cells”. Dr. Malone has explained in numerous interviews how the mRNA vaccines are causing antibody-dependent enhancement, which we discussed previously. [The Cutter Incident](#) shows us that we cannot trust new products with blind faith. The Cutter Incident was when the first polio vaccine caused tens of thousands of cases of polio with some reporting thousands of deaths due directly to the initial push to eradicate polio. This was before any government database was in place to help with tracking these incidents and adverse events.

The CDC even [admits](#) that the mRNA vaccines can cause myocarditis, inflammation of the heart muscle, and pericarditis, inflammation of the lining outside of the heart, and to report all cases of myocarditis and pericarditis after vaccination to the VAERS database. How many people believe these vaccines are completely safe and effective and scoff at the idea that these vaccines could cause any issues? As you will see in the next section reporting to VAERS rarely happens. There is no such thing as a mild case of myocarditis either. The heart muscle does not repair itself so once it is damaged it is damaged for life. Initial damage might not be discovered until a cardiac event occurs which could happen days, weeks, months, or years after the damage initially occurs. A global [spike](#) in sudden deaths of sports athletes are being ignored and underreported by mainstream media too. There have been [reports](#) showing a 5-fold increase in sudden cardiac events and unexplained deaths in FIFA players in 2021 compared to any other year. Towards the end of 2021 [nearly](#) 300 professional athletes from around the world collapsed or suffered cardiac arrests shortly after taking a COVID19 vaccine. In 2021, North American professional sports leagues started [requiring](#) players to go through cardiac screening to continue to play their profession. Have you seen the news [pushing](#) the narrative that children have heart attacks due to COVID19, not vaccines, or it is rare and nothing to worry about? Suspicious that this narrative is pushed as children are approved for the COVID19 vaccines even though the CDC [shows](#) that heart inflammation in children has been caused by the vaccines.

PubMed NIH: [The SARS-CoV-2 spike protein alters barrier function in 2D static and 3D microfluidic in-vitro models of the human blood-brain barrier](#)

- Neurobiol Dis. 2020 Dec;146:105131. doi: 10.1016/j.nbd.2020.105131. Epub 2020 Oct 11.
- “Evidence provided suggests that the **SARS-CoV-2 spike proteins trigger a pro-inflammatory response on brain endothelial cells that may contribute to an altered state of BBB function.** Together, these results are the first to show the direct impact that

the SARS-CoV-2 spike protein could have on brain endothelial cells; thereby offering a plausible explanation for the neurological consequences seen in COVID-19 patients.”

NIH: [Antibody dependent enhancement: Unavoidable problems in vaccine development](#)

- Adv Immunol. 2021; 151: 99-133. Published online 2021 Sep 14. doi: 10.1016/bs.ai.2021.08.003
- “In some cases, antibodies can enhance virus entry and replication in cells. This phenomenon is called antibody-dependent infection enhancement (ADE). **ADE not only promotes the virus to be recognized by the target cell and enters the target cell, but also affects the signal transmission in the target cell.** Early formalin-inactivated virus vaccines such as aluminum adjuvants (RSV and measles) have been shown to induce ADE.”

medRxiv: [SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis](#)

- doi: <https://doi.org/10.1101/2021.08.30.21262866>
- “For boys 12-15 without medical comorbidities receiving their second mRNA vaccination dose, the rate of CAE [cardiac adverse event] is **3.7 to 6.1 times higher than their 120-day COVID19 hospitalization risk** as of August 21, 2021 (7-day hospitalizations 1.5/100k population) and 2.6-4.3-fold higher at times of high weekly hospitalization risk (7-day hospitalizations 2.1/100k), such as during January 2021. For boys 16-17 without medical comorbidities, the rate of CAE is currently **2.1 to 3.5 times higher than their 120-day COVID-19 hospitalization risk**, and 1.5 to 2.5 times higher at times of high weekly COVID-19 hospitalization.”

[Vaccine Adverse Event Reporting System \(VAERS\)](#)

The [Vaccine Adverse Event Reporting System](#) was put in place in 1990 to track the damages and deaths caused by the liability free medical procedure vaccines. The VAERS database is the only official source for tracking vaccine adverse reactions. This voluntary reporting system is estimated to only account for 1% of the true cases that happen. The majority of reporting is done by healthcare professionals in care of their patients. This 1% estimate was determined in the Lazarus [investigation](#) with findings submitted to the Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services in 2010. [OpenVAERS project](#) is a site that makes searching and viewing the VAERS data easier. As of April 1st, 2022, there have been 26,693 COVID19 vaccine reported deaths, 147,677 COVID19 vaccine hospitalizations, and 1,216,787 COVID19 vaccine adverse events in the VAERS database.

Even if we took these numbers as 10% (ten times higher than the investigation found) of the total means there have been over 250 thousand deaths caused by the COVID19 vaccines with the majority not reported as official numbers. There have been more deaths, hospitalizations, and adverse events reported for the COVID19 vaccines in the first year than all other vaccines combined in the past 30 years of reporting, and this reporting is roughly only 1% of the true numbers. The European Union has a similar adverse reaction event tracking database called [EudraVigilance](#). As of December 18th, 2021, EudraVigilance reported 1,277,915 adverse events for the four COVID19 vaccines available in the EU, with Pfizer's COVID19 vaccine having the largest number of adverse reactions which is similar to what is seen in the VAERS database.

The FDA has pulled non-liability free products off the market quickly after only a handful of adverse events and deaths reported. Why are these vaccines not being pulled off the market? When a product is liability free what incentive is there to pull it from the market? Now the FDA and CDC have started pushing a 2nd booster shot for many. Before the end of 2022 the government will be pushing a 3rd and 4th booster. How many more deaths and permanently disabling adverse reactions need to occur before the vaccines are determined to not be “safe and effective”?

[Alternatives to Vaccines](#)

We need to stop using a one-size fits all approach to healthcare. Each person is unique and needs to be treated as such. What might work for some will not work for others. With all of the allergies people have, why is it ignored that people could be allergic to what is found in the vaccines? Why are doctors and medical professionals with a difference of opinion being vilified and having their licenses pulled for speaking out against the use of vaccines? Why are only those in “authority” positions who hold your biases the only ones you view as correct? Confirmation bias is a logical fallacy. Healthy debate includes all sides of a discussion. Science is a process of discovering the truth and if one side is silenced and censored then it isn't science but pseudoscience. Fact Checkers, which are used to silence and censor anyone with an opposing view to the government rhetoric being pushed, are the initial stages to Thought Police described in the [book 1984](#).

Why spend billions of taxpayer funds on brand-new unproven vaccines when a fraction of that money could have been spent on focusing on non-liability free products that had already been approved by the FDA as being safe for human consumption? Why would we not focus on already approved products that lessen the severity while also providing a natural immunity? “Follow the money” isn't some crazy crackpot idea. There is no money to be made when the masses understand how to take care of themselves and not rely on big pharma's liability free products. Products that drive large amounts of adverse events also drive up profits for other medication, like [heart medication](#), that is pushed by these same for-profit pharmaceutical companies that provide the liability free vaccines.

With the EUA that the [FDA](#) “may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases . . . when certain criteria are met, including there are no adequate,

approved, and available alternatives”. Based on the government website [USA Spending](#) as of April 2022 3.63 trillion in taxpayer funds have been spent focusing on the response to COVID19, with none of the funds focusing on alternatives to vaccines, and most of the funds going to special projects, [politicians](#) net worth, and the pockets of the politically connected. How much relief did the government send you? Did it really help you? Do you feel it was 3.63 trillion worth? At least [75 politicians](#) owned stock in the pharmaceutical corporations that produced the COVID19 vaccines. Do we really no longer care about conflicts of interest?

Many of the below alternatives were being researched early in 2020 with doctors around the world speaking out about the benefits these alternatives produced. The vaccine should never have been mandatory or forced when healthy people have alternatives to the liability free experimental gene therapy vaccines to keep from catching a new variant of the common cold.

Cannabis

NIH: [Cannabidiol Inhibits SARS-CoV-2 Replication and Promotes the Host Innate Immune Response](#)

- Version 1. bioRxiv. Preprint. 2021 Mar 10. doi: 10.1101/2021.03.10.432967
- “Here we report that cannabidiol (CBD), a compound produced by the cannabis plant, **inhibits SARS-CoV-2 infection**. CBD and its metabolite, 7-OH-CBD, but not congeneric cannabinoids, potently block SARS-CoV-2 replication in lung epithelial cells. CBD acts after cellular infection, inhibiting viral gene expression and reversing many effects of SARS-CoV-2 on host gene transcription. CBD induces interferon expression and up-regulates its antiviral signaling pathway.”

NIH: [Fighting the storm: could novel anti-TNF \$\alpha\$ and anti-IL-6 C. sativa cultivars tame cytokine storm in COVID-19?](#)

- Aging (Albany NY). 2021 Jan 31; 13(2): 1571–1590. Published online 2021 Jan 19. doi: 10.18632/aging.202500
- “Overall, we are the first to show that application of **C. sativa extracts profoundly decreases the level of pro-inflammatory cytokines in human 3D tissues**. Still, our study has several pitfalls. Here, we used human 3D full-thickness skin model to analyze the effects of cannabis extracts on inflammation and fibrosis. While it would be important to replicate the data in an airway epithelial and alveolar tissue models, and use either SARS-CoV2 virus or its components to induce inflammation, our data can be used as a roadmap for the future analysis. Moreover, key fundamental mechanisms of inflammation and fibrosis are similar in various tissues, and key roles of TNF α , IL-6 and other interleukins, chemokines, and MMPs have been well-established in an array of fibroproliferative diseases.”

PubMed NIH: [Nigella sativa for the treatment of COVID-19: An open-label randomized controlled clinical trial](#)

- Complement Ther Med. 2021 Sep;61:102769. doi: 10.1016/j.ctim.2021.102769. Epub 2021 Aug 15.
- “Effective treatment for Coronavirus Disease-2019 (COVID-19) is under intensive research. Nigella sativa oil (NSO) is a herbal medicine with antiviral and immunomodulatory activities, and has been recommended for the treatment of COVID-19. This study aimed to evaluate the efficacy of NSO treatment in patients with COVID-19. “
- “A total of 173 patients were enrolled for RCT. The average age was 36(±11) years, and 53 % of patients were males. The control and NSO groups included 87 and 86 patients respectively. The percentage of recovered patients in NSO group (54[62 %]) was significantly higher than that in the control group (31[36 %]; p = 0.001). **The mean duration to recovery was also shorter for patients receiving NSO (10.7 ± 3.2 days) compared with the control group (12.3 ± 2.8 days); p = 0.001.**”
- **“NSO supplementation was associated with faster recovery of symptoms than usual care alone for patients with mild COVID-19 infection.** These potential therapeutic benefits require further exploration with placebo-controlled, double-blinded studies.”

Hydroxychloroquine

BMJ Journals: [Hydroxychloroquine and COVID-19](#)

- Postgrad Med J. 2020 Sep;96(1139):550-555. doi: 10.1136/postgradmedj-2020-137785. Epub 2020 Apr 15.
- **“Hydroxychloroquine has shown several antiviral mechanisms, including the inhibition of inflammatory cytokines such as IL-1, IL-6 and TNF-alpha.”**
- **“The effect of hydroxychloroquine on SARS-CoV-2 (covid-19) has been studied in vitro, demonstrating its pre-entry result, probably due to the inhibition of the virus ACE2 receptor and the viral inhibition post-entry. Also, in vivo studies have demonstrated clinical improvement and decrease in the viral load.”**

Science Direct: [Hydroxychloroquine is effective, and consistently so when provided early, for COVID-19: a systematic review](#)

- New Microbes New Infect. 2020 Nov;38:100776. doi: 10.1016/j.nmni.2020.100776. Epub 2020 Oct 5.
- **“HCQ has been shown to have consistent clinical efficacy for COVID-19 when it is provided early in the outpatient setting; in general, it appears to work better the earlier it is provided. Overall, HCQ is effective against COVID-19. There is no credible evidence that HCQ results in worsening of COVID-19. HCQ has also been shown to be safe for the treatment of COVID-19 when responsibly used.”**

PubMed NIH: [Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial](#)

- Int J Antimicrob Agents. 2020 Jul;56(1):105949. doi: 10.1016/j.ijantimicag.2020.105949. Epub 2020 Mar 20.
- **“Despite its small sample size, our survey shows that hydroxychloroquine treatment is significantly associated with viral load reduction/disappearance in COVID-19 patients and its effect is reinforced by azithromycin.”**

PubMed NIH: [Hydroxychloroquine in COVID-19: Potential Mechanism of Action Against SARS-CoV-2](#)

- Curr Pharmacol Rep. 2020 Aug 24;1-9. doi: 10.1007/s40495-020-00231-8. Online ahead of print.
- **“Out of these drugs, chloroquine (CQ) and hydroxychloroquine (HCQ) have demonstrated positive results indicating a potential antiviral role against SARS-CoV-2. Its mechanism of action (MOA) includes the interference in the endocytic pathway, blockade of sialic acid receptors, restriction of pH mediated spike (S) protein cleavage at the angiotensin-converting enzyme 2 (ACE2) binding site and prevention of cytokine storm.”**

Ivermectin

PubMed NIH: [A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness](#)

- Int J Infect Dis. 2021 Feb;103:214-216. doi: 10.1016/j.ijid.2020.11.191. Epub 2020 Dec 2.
- **“The trial included 72 hospitalized patients in Dhaka, Bangladesh, who were assigned to one of three groups: oral ivermectin alone, oral ivermectin in combination with doxycycline, and a placebo control group. Clinical symptoms of fever, cough, and sore throat were comparable among the three groups. Virological clearance was earlier in the 5-day ivermectin treatment arm when compared to the placebo group (9.7 days vs 12.7 days; $p = 0.02$), but this was not the case for the ivermectin + doxycycline arm (11.5 days; $p = 0.27$). There were no severe adverse drug events recorded in the study. **A 5-day course of ivermectin was found to be safe and effective in treating adult patients with mild COVID-19.**”**

PubMed NIH: [Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines](#)

- Am J Ther. 2021 Jun 21;28(4):e434-e460. doi: 10.1097/MJT.0000000000001402.
- **“Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease. The **apparent safety and low cost** suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.”**

N-acetylcysteine (NAC)

PubMed NIH: [N-Acetylcysteine to Combat COVID-19: An Evidence Review](#)

- Ther Clin Risk Manag. 2020; 16: 1047–1055. Published online 2020 Nov 2. doi: 10.2147/TCRM.S273700
- “N-acetylcysteine (NAC) has been used in clinical practice to treat critically ill septic patients, and more recently for COVID-19 patients. **NAC has antioxidant, anti-inflammatory and immune-modulating characteristics that may prove beneficial in the treatment and prevention of SARS-Cov-2.**”
- “N-acetylcysteine (NAC) is inexpensive, has very low toxicity, has been FDA approved for many years, and has the potential to improve therapeutic strategies for COVID-19. NAC administered intravenously, orally, or inhaled, may suppress SARS-CoV-2 replication and may improve outcomes if used timely. Potential therapeutic benefits of NAC include, extracellularly scavenging ROS radicals, replenishing intracellular GSH, suppression of cytokine storm, and T cell protection, thus mitigating inflammation and tissue injury. **NAC administration in combination with other antiviral agents may dramatically reduce hospital admission rate, mechanical ventilation and mortality.**”

PubMed NIH: [Therapeutic blockade of inflammation in severe COVID-19 infection with intravenous N-acetylcysteine](#)

- Clin Immunol. 2020 Oct;219:108544. doi: 10.1016/j.clim.2020.108544. Epub 2020 Jul 22.
- “NAC was also administered to 9 additional respirator-dependent COVID-19-infected patients without G6PD deficiency. **NAC elicited clinical improvement and markedly reduced CRP in all patients and ferritin in 9/10 patients. NAC mechanism of action may involve the blockade of viral infection and the ensuing cytokine storm that warrant follow-up confirmatory studies in the setting of controlled clinical trials.**”

PubMed NIH: [Bottom-up analysis of emergent properties of N-acetylcysteine as an adjuvant therapy for COVID-19](#)

- World J Virol. 2021 Mar 25; 10(2): 34–52. Published online 2021 Mar 25. doi: 10.5501/wjv.v10.i2.34
- “NAC is a long-known antioxidant whose main clinical application is in the treatment of acetaminophen overdose. Its mucolytic and anti-inflammatory properties make it useful in chronic bronchitis, and its ability to reduce homocysteine levels is of benefit to people with heart disease. Moreover, it helps mitigate the impact of environmental toxins and malignancy by preventing reactive oxygen species overproduction. **NAC use has also shown promising results in the treatment of various viral infections. By increasing glutathione levels, it impedes viral replication and decreases viral load. Several studies have illustrated the antiviral activity of NAC against influenza A strains H3N2 and H5N1.**”

Vitamin C, D, and Zinc

NIH: [Zinc, Vitamin D and Vitamin C: Perspectives for COVID-19 With a Focus on Physical Tissue Barrier Integrity](#)

- Front Nutr. 2020; 7: 606398. Published online 2020 Dec 7. doi: 10.3389/fnut.2020.606398
- **“Several minerals and vitamins have antioxidant, immunomodulatory and antimicrobial roles which could be helpful for the immune response against the SARS-CoV-2 virus.** In the absence of a widely available treatment or a vaccine for COVID-19, supplementation of micronutrients emerges as an important measure to improve the immune system and to prevent the development of severe symptoms. Some of these micronutrients are the vitamins A, B, C, D and E, and minerals such as selenium, magnesium, and zinc.”
- **“Overall, the medical literature demonstrates that the supplementation with zinc, vitamin C and vitamin D can mitigate viral respiratory infections.** Thus, in the context of the COVID-19 pandemic, the supplementation with such nutrients may be characterized as a widely available, safe and low cost measure that can be useful to cope with the increased demand for these nutrients in case of contact with the virus and onset of the immune responses, as well as to lower the risk of severe progression and prognosis of this viral infection.”

NIH: [The Role of Vitamin C, Vitamin D, and Selenium in Immune System against COVID-19](#)

- **“Low levels of micronutrients have been associated with adverse clinical outcomes during viral infections. Therefore, to maximize the nutritional defense against infections, a daily allowance of vitamins and trace elements for malnourished patients at risk of or diagnosed with coronavirus disease 2019 (COVID-19) may be beneficial. Recent studies on COVID-19 patients have shown that vitamin D and selenium deficiencies are evident in patients with acute respiratory tract infections.** Vitamin D improves the physical barrier against viruses and stimulates the production of antimicrobial peptides. It may prevent cytokine storms by decreasing the production of inflammatory cytokines. Selenium enhances the function of cytotoxic effector cells. Furthermore, selenium is important for maintaining T cell maturation and functions, as well as for T cell-dependent antibody production. **Vitamin C is considered an antiviral agent as it increases immunity.”**
- **“Patients with malnutrition are more likely to be from lower socioeconomic groups; thus, nutrition supplementation is important for the risk group as well as older adults who have a relatively weak immune system. In this review, we focused on the importance of vitamin C, vitamin D, and selenium for immunity enhancement. The immunomodulatory properties and the consequences of deficiencies or supplementation of these micronutrients against viral infectious diseases, including COVID-19, are summarized in Table 1. Since severely ill COVID-19 patients were reported to be deficient in more than one nutrient, we suggest that nutritional deficiencies may favor the onset of COVID-19 and increase the severity of the disease. Combination of some of these micronutrients (vitamin C, vitamin D, and selenium) may help to boost the immune system, prevent virus spread, and reduce the disease progressing to severe stages.”**

Masks

“Knowledge makes a man unfit to be a slave” – **Fredrick Douglass**

Many don't realize that Industrial Hygienists are the Subject Matter Experts who are capable of assessing physical, chemical, environmental, and biological hazards within a workplace and environment that could lead to injury, illness, or death. They are the specialists around appropriate control mechanisms, administrative controls, and use of Personal Protect Equipment (PPE). These individuals should be the go-to experts that help set policies. Why are some of these experts being ignored and vilified when they speak out against the use of masks for COVID19? Why should we trust career politicians or other government officials who are constantly lying and changing their policies over those who should be considered the true experts?

[Dr. Stephen Petty](#), P.E. CIH., C.S.P. of EES Group, Inc., is one such expert in the industrial hygiene field. He holds nine U.S. patents and has written a book “Forensics Engineering: Damage Assessments for Residential and Commercial Structures 2nd Edition”. Dr. Petty has been deposed nearly 100 times and gave court testimony in roughly 20 different trials. His testimony and expertise were critical in having a Kentucky Judge [invalidate](#) Governor Bashear's State of Emergency Actions in June 2021 for private schools. Hierarchy of Controls is used to minimize exposure and infections, with PPE being the least effective option to minimize and control diseases and viruses like COVID19. In a recent podcast, Dr. Petty discussed how to control [exposures](#) through proper industry standards. This YouTube video has been continuously removed from YouTube for violating community guidelines because it went against the narrative that face masks actually worked. Dr. Petty has repeatedly explained that respirators are PPE, not masks. Masks have never been respirators and have never been PPE.

As I mentioned previously, we have been [told](#) by government (link is from State of Illinois Department of Public Health) for over a year that “My mask protects you, your mask protects me”, but this is a fallacious argument for several reasons. PPE is Personal Protective Equipment not Protect Everyone Else Equipment. Masks are PEEE (pun intended) and should be treated as pseudoscience. If the item you are wearing is not protecting yourself then it is not PPE. Even the Occupational Safety and Health Administration (OHSA), which has strict requirements for respirators, does not have [guidance](#) on masks. This is due to masks not being able to be fit-tested which invalidates masks being effective an any regard and further shows masks are not PPE.

Protecting yourself protects society. You are not a risk to society and others if you are not sick. If you are a risk to others because you are sick you are still not responsible for others' health and no one is responsible for your health. You must take precautions to protect yourself, not others. Not following proper PPE or industry standards can and will increase infection rates. This has been the industry standard for decades and has been proven to be true through many studies. Health is a personal reasonability except for when dealing with children. Are we adults who are capable of taking care of ourselves or are we children in need of being controlled and monitored by a parental figure? Government is not and should never be considered a parental figure though. It is not upon

others to protect us and look out for our health, with the exception of someone's job, e.g. doctor in an ER that you visit, or parental figure over children.

A problem with some of the studies the CDC uses as evidence showing the "effectiveness" of the cloth masks fails at [addressing](#) real world scenarios. Using a headform and mannequin to simulate a person coughing doesn't consider things like how people move around, turn their heads, adjust their masks, contaminating masks by touching it, breath in those contaminates, how often the masks are replaced, and the different airflows and pressure in each environment as individuals move through the environment. These laboratory-based experiments do not reflect real-world situations.

This CDC [study](#) states that you need to wear a mask fitter, over a medical procedure "surgical" mask (different from a cloth mask), to "potentially" increase protection to $\geq 90\%$ for aerosols ranging in size from 10 um or less. The CDC knows that if they change the range to 5 um or less their statistical models displaying the effectiveness significantly drops in value showing that masks really do not work and are pseudoscience. [Lying with statistics](#) is a real thing. Anybody that has taken a course on statistics knows how easy it is to manipulate numbers and get what you need to support your argument. COVID19 is 0.125 um in size, so why does the CDC focus on particulates that range up to 10 um in size? Cloth masks do not stop or slow down COVID19 and from the studies below do not provide any benefit beyond a statistical assumption and modeling that "potentially" there could be some benefit. Math is not science, it is only a tool to help analyze data in the process of discovering the truth. Math and simulations alone are not good science.

Next time you are in a store that is handing out surgical masks for COVID19 look at the product box and instructions. You'll see that the product instructions specifically state that the surgical masks do not offer protection for you or others against COVID19. Why would you keep wearing masks when they do absolutely nothing to help you or others from catching COVID19? Blindly following authority and being a good obedient citizen is the wrong answer. If masks don't help then what is the real purpose for the government forcing people and businesses to wear them under threat of violence? If a business doesn't listen and enforce government dictation their business license is revoked and their business is forcibly shut down with the owner being [arrested](#) for [defying](#) tyranny. I can tell you that being forced to wear a mask is not about your safety nor the safety of others around you.

Our lungs are excretory organs and function by pulling clean oxygen into our bodies and dispelling nitrogen, carbon dioxide, and thousands of other potential chemicals that build up in our systems. We should not be breathing in what we exhale. Doing so can lead to respiratory infections like Pneumonia and Respiratory Syncytial Virus (RSV), which began to [spike](#) during the summer of 2021 when it should have peaked during winter of 2021. If you are using a mask when you exhale or cough the large respiratory droplets get caught in the mask contaminating the mask which you then breathe back in. Small respiratory droplets, the real driver of COVID19, pass through easily and contaminate the environment around you. As you touch surfaces and adjust your mask you contaminate the mask because every place you go is considered a contaminated environment, which you then breath in everything being caught in the mask. It gets even worse when you aren't replacing your masks every 45 minutes to an hour. You should always assume all environments

are considered contaminated unless you are in a clean room that was designated as being sterile, which takes a lot of effort to keep sterile. This is not happening in your home, in your vehicle, nor is it happening in stores you are shopping in.

Even surgical masks are only rated to be used during surgery, a sterile environment, and should only be used for 45 minutes before being replaced. In contaminated environments any potential benefit is significantly reduced and requires changing out the mask in shorter intervals. When looking at large datasets, studies have shown no statistical evidence that surgical masks reduce infection rates. Some studies have shown that when taken in small datasets there is a small decrease in infection rates but the statistical advantage goes away as more data is collected indicating that the reduced infection rates might only be a correlation instead of causation.

Cloth masks offer significantly lower “protection” than surgical masks in all laboratory studies and simulations. How often do you replace your mask? Are you sure your mask is working as promised? As you inhale with a mask on you are inhaling the contaminants on the mask back into your lungs. This is not appropriate for containing airborne viruses nor is it effective. Masks are not properly rated respirators and do not protect the individual who wears them. Where are all the biohazard bins in stores to dispose of used masks that have been contaminated?

As Omicron began to spread, so called “experts” on CNN started to come out [saying](#) cloth masks “are little more than facial decorations” and that everyone should switch to N95s, which are respirators. Even N95 respirators are not properly rated to fully protect against COVID19. Why have these media “experts” pushed masks, especially cloth masks, so hard for the past two years to only say they are merely facial decorations now? Why are children, who had the lowest risk to COVID19, still being forced to wear masks at public schools? Could it be that the government is actually pushing to create a delay in children’s education and social evolution possibly making them easier to control as they get older?

If masks actually offer no medical benefit, why were masks ever pushed to begin with? Why were medical licenses pulled from doctors and nurses who spoke out against the mask wearing mandates? Why are we still listening to government and health officials who constantly push incorrect standards and practices? Do you really think we only recently discovered the magical properties of cloth in fighting against infectious diseases? Why is cloth not used in any other medical setting? Maybe there is a different purpose in forcing the masses to wear masks?

Mask Studies

PubMed NIH: [Professional and home-made face masks reduce exposure to respiratory infections among the general population](#)

- PLoS One. 2008 Jul 9;3(7):e2618. doi: 10.1371/journal.pone.0002618.
- **“Masks worn by patients may not offer as great a degree of protection against aerosol transmission.”** – COVID19 is transmitted through small respiratory droplets, aerosol particulates.

PubMed NIH: [A cluster randomised trial of cloth masks compared with medical masks in healthcare workers](#)

- BMJ Open. 2015 Apr 22;5(4):e006577. doi: 10.1136/bmjopen-2014-006577.
- “This study is the first RCT of cloth masks, and the **results caution against the use of cloth masks**. This is an important finding to inform occupational health and safety. Moisture retention, **reuse of cloth masks and poor filtration may result in increased risk of infection.**”

PubMed NIH: [Disposable surgical face masks for preventing surgical wound infection in clean surgery](#)

- Cochrane Database Syst Rev. 2016 Apr 26;4(4):CD002929. doi: 10.1002/14651858.CD002929.pub3.
- “Surgical face masks were originally developed to contain and filter droplets containing microorganisms expelled from the mouth and nasopharynx of healthcare workers during surgery, thereby providing protection for the patient. However, **there are several ways in which surgical face masks could potentially contribute to contamination of the surgical wound, e.g. by incorrect wear or by leaking air from the side of the mask due to poor string tension.**”
- “We included three trials, involving a total of 2106 participants. **There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.** We identified no new trials for this latest update.”

PubMed NIH: [Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure](#)

- J Expo Sci Environ Epidemiol. 2017 May;27(3):352-357. doi: 10.1038/jes.2016.42. Epub 2016 Aug 17.
- “We included three trials, involving a total of 2106 participants. **There was no statistically significant difference in infection rates between the masked and unmasked group in any of the trials.** We identified no new trials for this latest update.”

PubMed NIH: [Facial protection for healthcare workers during pandemics: a scoping review](#)

- BMJ Glob Health. 2020 May;5(5):e002553. doi: 10.1136/bmjgh-2020-002553.
- “The COVID-19 pandemic has led to critical shortages of medical-grade PPE. **Alternative forms of facial protection offer inferior protection.** More robust evidence is required on different types of medical-grade facial protection.” – Cloth masks are not rated against COVID19 nor does it offer medical-grade protection.

PubMed NIH: [Physical interventions to interrupt or reduce the spread of respiratory viruses](#)

- Cochrane Database Syst Rev. 2020 Nov 20;11(11):CD006207. doi: 10.1002/14651858.CD006207.pub5.
- “We included nine trials (of which eight were cluster-RCTs) comparing medical/surgical masks versus no masks to prevent the spread of viral respiratory illness (two trials with healthcare workers and seven in the community). **There is low certainty evidence from**

nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18. There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants)."

- **"The pooled results of randomized trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza.** There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection." – cloth masks are worse.

Conclusion

Nothing in the thousands of years of history dealing with government shows us that we should blindly trust what they tell us; the government and its agents are not here to protect and serve us. Government, historically, has always led to tyranny. It was true thousands of years ago when Plato explained the lifecycle of government and it still holds true today. We should be challenging and standing against government overreach and tyrannical actions at every step or the future will be filled with nothing but tyranny for our children and their children. Is that what you really want? Are you really that scared from the 24/7/365 government propaganda being pushed that you are willing to accept tyranny for the long term? Without stepping up and speaking out this tyranny will only grow roots, dig itself deeper, and spread to a level we have never witnessed or experienced in the recorded history of humanity.

A dangerous and slippery slope of actions have begun that will only lead to economic disasters that will cost millions, potentially billions, of lives. Do you think that maybe that is exactly the goal by those dictating our lives through global policies and coordination efforts by the political rulers and wealthy elites? How often do you hear these same individuals speaking on the burden that overpopulation is causing?

Government lied about lockdowns being only for two weeks. Government lied about the number of vaccine doses you would need to get to return to normalcy. Government lied about masks and their benefits. Government lied about the origin of COVID19 and not being involved with the gain-of-function research in Wuhan, China. Government lies constantly without concern of accountability or facing criminal convictions. Trillions have been handed over to a select few while the economies around the world have started to collapse. Massive food, water, and energy shortages are just around the corner and will only make things worse.

Is this the new normal you really want? We are responsible for our own health, our own actions. We are not responsible for others' health and actions. We should focus on protecting ourselves not accepting government rhetoric at face value in the hope the government will take care of us because we can't. Government is not a parental figure taking care of children. It is a tool or action of control. It is controlling the masses through a monopoly on violence, lies, and intimidation. If we are being controlled then we are slaves to this tyrannical system forced upon us. Only standing up for our rights and the rights of the innocent people around us is how we enact real change. The issues we are in cannot be voted away or solved through a corrupt system that was created to keep us in control. You cannot vote your way to freedom.

Repeatedly injecting ourselves with liability free experiment gene therapy medical procedures, while eating McDonalds or other processed fast foods, is not a standard for health anyone should follow. Strong immune systems are our best protection against diseases and infections, which many government measures and restrictions, e.g. forcing gyms to close or require vaccines to work out in a gym, will weaken our immune systems. If you read through this entire analysis and still think vaccines are your best option forward in protecting your health then that is your decision to make and no one should vilify you for making that decision. It is your health and your life on the

line, you are responsible for it, only you should be making these decisions. The same goes for those who choose not to get vaccinated or get any booster shots. No one should vilify them for deciding to protect themselves in the way they think is best.

Nothing about our future looks bright and things will only get worse. We are allowing it to happen by going along with tyranny and not speaking out against the atrocities being committed around the world and here in the U.S. 2022 will be worse than 2020 and 2021 combined. I feel sad for my children and the innocent people around the world who will not understand the freedom I grew up with. That experience is all but gone as we head into the future with Big Brother always watching and at our side, controlling our every move. Welcome to the new Age of Tyranny.