13-1

Bombshell Vax Analysis Finds $147 Billion In Economic Damage, Tens Of Millions Injured Or Disabled

MAR 28, 2023 ZEROHEDGE

A new report estimates that **26.6 million people were injured, 1.36 million disabled, and 300,000 excess deaths** can be attributed to COVID-19 vaccine damages in 2022 alone, which cost the economy **nearly $150 billion**.

Research firm Phinance Technologies, founded and operated by former Blackrock portfolio manager Ed Dowd, Yuri Nunes (PhD Physics, MSc Mathematics) and Carlos Alegria (PhD Physics, Finance), split the impact of the vaccines into four broad categories to estimate the human costs associated with the Covid-19 vaccine; **no effect** or asymptomatic, **those who sustained injuries** (mild-to-moderate outcome), **those who became disabled** (severe outcome), **and death** (extreme outcome). Data on vaccine disabilities and injuries comes directly from the Bureau of Labor Statistics (BLS), while the excess death figures are derived from official figures on deaths in the US via two different methods (methodology here).

It's important to note that people in one category (injured, for example) can move into latter categories of severity - which this analysis *does not* take into consideration.

"We need to remember that not only are these groupings an attempt to characterize different levels of damage from the inoculations, they are **not static and could interact with each other**," reads the report. "For instance, **there might be individuals who had no visible effects after vaccination but nonetheless could still be impacted**."

"**Individuals with mild injuries from the inoculations could, over time, develop severe injuries to the extent of being disabled**, or an extreme outcome such as death."

Estimating the economic cost

In analyzing each of the above categories, Phinance used absolute excess lost worktime (see previous report) to determine that **the direct economic cost of vaccine injuries was $79.5 billion in 2022, and $52.2 billion for those with severe disabilities**.

For deaths, Phinace used the average yearly absolute rise in excess deaths since 2021, which was 0.05% for the 25-64 year-old demographic, which amounted to **$5.6 billion in lost productivity**.

In total, they found a **total "economic cost" of $147.8 billion in 2022** due to the Covid-19 vaccines.

As Dowd notes, **these figures are just what can be currently measured**, as things like "The knock effects such as lost productivity due to a worker being present but working at say 50%-75% of capacity is missed plus burn out from those picking up slack."

"The multiplier effects are massive."

Now imagine the impact worldwide...

14-1

J Exp Clin Cancer Res

Ivermectin reverses the drug resistance in cancer cells through EGFR/ERK/Akt/NF-κB pathway

Lu Jiang, Pan Wang, Ying-Jian Sun, Yi-Jun Wu June 18, 2018

Abstract

Background: Discovery and development of novel drugs that are capable of overcoming drug resistance in tumor cells are urgently needed clinically. In this study, we sought to explore whether ivermectin (IVM), a macrolide antiparasitic agent, could overcome the resistance of cancer cells to the therapeutic drugs.

Methods: We used two solid tumor cell lines (HCT-8 colorectal cancer cells and MCF-7 breast cancer cells) and one hematologic tumor cell line (K562 chronic myeloid leukemia cells), which are resistant to the chemotherapeutic drugs vincristine and adriamycin respectively, and two xenograft mice models, including the solid tumor model in nude mice with the resistant HCT-8 cells and the leukemia model in NOD/SCID mice with the resistant K562 cells to investigate the reversal effect of IVM on the resistance in vitro and in vivo. MTT assay was used to investigate the effect of IVM on cancer cells growth in vitro. Flow cytometry, immunohistochemistry, and immunofluorescence were performed to investigate the reversal effect of IVM in vivo. Western blotting, qPCR, luciferase reporter assay and ChIP assay were used to detect the molecular mechanism of the reversal effect. Octet RED96 system and Co-IP were used to determine the interactions between IVM and EGFR.

Results: Our results indicated that ivermectin at its very low dose, which did not induce obvious cytotoxicity, drastically reversed the resistance of the tumor cells to the chemotherapeutic drugs both in vitro and in vivo. Mechanistically, ivermectin reversed the resistance mainly by reducing the expression of P-glycoprotein (P-gp) via inhibiting the epidermal growth factor receptor (EGFR), not by directly inhibiting P-gp activity. Ivermectin bound with the extracellular domain of EGFR, which inhibited the activation of EGFR and its downstream signaling cascade ERK/Akt/NF-κB. The inhibition of the transcriptional factor NF-κB led to the reduced P-gp transcription.

Conclusions: These findings demonstrated that ivermectin significantly enhanced the anti-cancer efficacy of chemotherapeutic drugs to tumor cells, especially in the drug-resistant cells. Thus, ivermectin, a FDA-approved antiparasitic drug, could potentially be used in combination with chemotherapeutic agents to treat cancers and in particular, the drug-resistant cancers.

15-1

Contract Confirms US Government Received $400 Million From Major COVID-19 Vaccine Manufacturer

MAR 27, 2023

Zachary Stieber via The Epoch Times

The U.S. government has released the licensing agreement it hammered out with vaccine manufacturer Moderna but has refused to confirm many payment details.

Moderna agreed to pay the U.S. National Institutes of Health (NIH) to license spike protein technology the company included in its COVID-19 vaccine, the contract confirms.

Moderna resisted for years acknowledging the work by government researchers on the spike protein but relented in late 2021 and announced the contract during an earnings call on Feb. 23.

Moderna said it provided a "catch-up payment" of $400 million to the National Institute of Allergy and Infectious Diseases (NIAID), which is part of the NIH, under the agreement.

The newly disclosed contract says that **Moderna would pay the NIH a "noncreditable, nonrefundable royalty in the amount of Four Hundred Million dollars."**

Portions that would confirm Moderna's statement that the company would pay "low single digit royalties" on future sales of its COVID-19 vaccines are redacted.

The contract, running 34 pages, has key sections redacted as to future royalties.

One section, for instance, says, "**The licensee agrees to pay to the NIAID earned royalties on net sales ... as follows.**" But the rest of the section is redacted.

The Epoch Times obtained the contract through the Freedom of Information Act.

The NIH cited for the redactions an exemption to the act that enables agencies to withhold "trade secrets and commercial or financial information obtained from a person and privileged or confidential."

"**They redacted the royalties, even though there have been press releases about the royalties,**" James Love, director of the nonprofit Knowledge Ecology International, told The Epoch Times via email. "It's common but [expletive] to redact royalties on a negotiated license on a government patent."

Unredacted information in the contract confirmed that Moderna had agreed to pay the NIH royalties before the agreement took effect in late 2022: a "minimum annual royalty," "earned royalties," and "benchmark royalties."

15-2

The contract was signed on Dec. 14, 2022, by Michael Mowatt, director of the Technology Transfer and Intellectual Property Office at the National Institute of Allergy and Infectious Diseases, and Shannon Klinger, chief legal officer at Moderna.

The payments would include a royalty within 60 days after government officials provided a "reasonable detailed written statement and request" for an amount "equivalent to a pro rata share of the unreimbursed patent expenses previously paid by the NIAID."

Moderna has made nearly $37 billion from its COVID-19 vaccines during the pandemic. It has forecast $5 billion in revenue from the vaccines in 2023. Moderna and Pfizer both received enormous government contracts for their vaccines, which helped in development and manufacturing.

Shares Ownership

The NIH shares ownership of the spike protein technology that Moderna utilized with researchers at Scripps Research Institute and Dartmouth University's Geisel School of Medicine. Both are named as partners in the contract.

While it's unclear from the contract what specific revenue the partners will receive from Moderna, Dartmouth said previously it would make money through the agreement.

*Read more **here...***

16-1

Nothing to See Here: Autism Rates Still Climbing, Vaccines Unexamined

John Jones, JD, PhD February 18, 2023

In January 2023, the CDC presented its **2018 survey of autism among eight-year-old American children**. The most recent numbers show **1 in 54 kids have autism**, nearly triple from 2002, when the number was 1 in 160. Amongst the autistic, the authors held that while the numbers of low functioning had doubled, the proportion in the average and above average IQ is five times greater than in 2002.

But do not be fooled. They grouped the IQ ranges of the children into three categories:

- Extremely Low IQ (below 70): 35.2%
- Low IQ (between 71-85): 23.1%
- Average and Above Average IQ (above 85): 41.7%.

(Note: Average IQ in the general population is 100. Ivy League undergraduates are around 120. At best, only 12% of children with autism have an IQ above 100.)

Appreciate, autism is not just another label for special needs, even though about 2/3rds of all intellectually impaired American children are diagnosed with autism. According to the Department of Education, in 2010, about 370,000 American children (ages 6-21), receiving services in special education, were autistic. By 2021, that number **grew to over 860,000** – while an additional 430,000 non-autistic children were diagnosed with an intellectual disability.

This Rising Tide Might Drown Us All

Mainstream science expects autism numbers to rise. Since WWII, data on children with autism is well-documented. Lotter (1966) examined eight-to ten-year-olds in Middlesex, UK, and estimated 4.5 per 10,000 children. Contemporary American estimates of the early 1970s were slightly lower at 2 per 10,000 (see **Weintraub 2011**). When Newschaffer et al. (1992) looked, it jumped to **19 per 10,000** in six-year-olds. Writing in **Nature**, Weintraub (2011) said that the autism rate in the United States, for 2009, was 1 per 110 (about 90 per 10,000).

(Arguably the U.S. does not lead the world. As of 2011, South Korea saw **1 in 38 children diagnosed with autism).**

What could be the cause? Ask Jon Poling, MD

In the year 2000, a father (medical doctor/neurologist) and mother (a registered nurse and lawyer), presented their daughter to a pediatrician. The 19-month-old girl was injected with 5 shots called:

diphtheria, tetanus, and pertussis (DTaP); Haemophilus influenzae B (Hib); measles, mumps, and rubella (MMR); polio (IPV); and varicella (Varivax).

Within 48 hours, the child was screaming and crying inconsolably. She could not walk (but was not diagnosed with poliomyelitis). Over the next three months, she developed a measles-like rash (but was not diagnosed with measles or rubella). Her pediatrician called it, **vaccine-induced varicella** (Offit 2008).

For three months, the child had spasms (opisthotonus – **not diagnosed as tetanus**); and her family saw autistic behaviors including: spinning and gaze avoidance. The girl was diagnosed with autism. Six years after her vaccine injury, Poling et al. (2006) said this about Hannah: she would regain some speech; and by age six, "she attended kindergarten, with an aide."

16-2

For parents Jon and Terry Poling, there was just one legal question: did those vaccines cause Hannah to suffer regressive encephalopathy?

The Legal Definition of Autism

One expert witness for the Vaccine Court was Andrew Zimmerman. He had testified, numerous times, that vaccines did not cause autism. But Zimmerman knew Hannah Poling and worked with her father. In November 2007, Zimmerman informed lawyers for Poling that due to her underlying mitochondrial dysfunction, **vaccines had caused her regressive encephalopathy.**

In 2008, the special master in the Vaccine Court agreed, and Poling was awarded compensation for vaccine injury. Unfortunately, a few months later, over 5,000 other families, claiming that vaccines caused autism in their children **saw their claims denied.**

Encephalopathy and Encephalitis and Vaccines

Before it was deleted from YouTube, I saw a presentation by Dr. Kenneth Stoller. (**See it here**). Stoller explains: autism is encephalopathy; that is, 'children, with brain damage, from a toxicological burden, often caused by vaccines, have autism.'

It is long-known that encephalitis follows vaccination. In the late 1800s, medical reports found encephalitis caused by smallpox vaccine as well as rabies vaccine (**Permezel et al. 2022**). By the end of the 1920s, medical professors, and government reports documented encephalitis post vaccination. This evidence moved the Netherlands to repeal mandatory vaccination laws. See **Wellcome Collection, Minority Report of the Royal Commission on Vaccination.**

As recently as 2008, an **Australian team** reviewed case-reports, from 1976 to 2007, and found associations between acute disseminated encephalomyelitis (ADEM) (also diagnosed as multiple sclerosis) and vaccinations for rabies; diphtheria–tetanus–polio (DTP); smallpox; measles, mumps, rubella; pertussis (whooping cough); influenza; hepatitis B; and more.

In 2012, the American Institute of Medicine noted that encephalitis and encephalopathy were associated with: varicella vaccine, MMR, DTaP, oral polio, and shots for Hepatitis B, influenza, and meningococcal disease. (Surprise, the **COVID jab causes encephalitis** too.)

Whiteley et al. (2021) show us the link between encephalopathy and autism thusly:

The term "autoimmune encephalitis (AE) covers a group of conditions, the most common being [labeled] Acute Demyelinating Encephalomyelitis (ADEM); LGI1/CASPR2- antibody encephalitis; and NMDA receptor encephalitis. ... Onset is typically acute and sudden, characterised by a [rash], with [flu-like] symptoms [of] fever, malaise and headache .... Various symptoms follow, affecting behaviour, cognition and neurology, ... includ[ing] seizures, hallucinations ... communication and memory issues, sleeping issues and [muscle spasms, seizures] and the repetitive [movements]."

(These spasms, also called dystonia, and its opposite – a lack of movement, catatonia – are **common in children diagnosed with severe autism).**

Sometimes, even if they see the evidence that autism is a function of encephalitis, doctors disavow any connection. In 2016, a British group, led by **Yael Hacohen**, announced that NMDA receptor encephalitis only mimics autistic regression – but is not the cause of, and is not autism.

What Causes Encephalopathy, Encephalitis, and or Neurodegenerative Disease?

16-3

At the Simpsonwood meeting of 2000, David Johnson, then State Public Health Officer of Michigan, and member of ACIP said:

"Aluminum and mercury are often, simultaneously administered to infants ... [yet] there is absolutely no data, [not even] animal data, about the potential for synergy, additivity ... [to] allow us to draw any conclusions [about] simultaneous exposure to these two [metals] in vaccines" (page 20).

Another attendee, Thomas Verstraeten, presented findings on the positive correlation between exposure to thimerosal-containing vaccines with neurological damage and physical disability. Months later, **Verstraeten would compile a report** concluding that if a child received 25 (or more) micrograms of thimerosal, from vaccines, rates of disease and diagnoses were (in descending order):

- ADHD: 11.35 times more likely;
- Autism: 7.62 times more likely;
- ADD: 6.38 times more likely;
- Tics: 5.65 times more likely; and
- Speech and Language Delay: 2.08 times more likely.

Testifying before Congress in May 2004, Dr. Rashid Buttar explained that there are over 1,400 references on the relationship between mercury and neurodegeneration – and noted that children with autism were not excreting mercury. "the autistic population ... [has] ... an impaired detoxification pathway, ... they cannot get rid of the mercury", he said. Through chelation, with glutathione and dimercaptopropanesulfonic acid (DMPS), Buttar successfully treated patients, including his own son.

Conclusion

In 2008, when the **rate of autism in American children was 1 in 150,** CBS reporter, Sharyl Attkisson asked, then-director at the National Institutes of Health, Bernadine Healy, about the vaccine-autism connection. **Director Healy said:**

"We do have the opportunity to understand whether or not there are susceptible children ... perhaps they have a metabolic issue, mitochondrial disorder, [or] medical issue that makes them more susceptible to vaccines ... or to a component of vaccines, like mercury."

From that above-mentioned 2011 article in **Nature,** conceding an exponential increase in autism, the editors offered:

"The prevalence of autism is rising steeply ... but the reasons ... are unclear. Causes ... include a complicated mixture of genetic and environmental factors, most unknown."

Still Nature (2011) admitted that genetic theories offer nothing: "no disruption of an individual gene, or set of genes, can reliably predict the condition."

I wrote to one of the authors of that 2023 CDC survey, Professor Josephine Shenouda. I asked if the team had investigated the vaccine records of the students. She offered a one-sentence reply: "Hi John, no, the dataset doesn't have vaccine data."

John Jones is a researcher who holds a Ph.D. and JD with expertise and interests in the philosophy of science, medical rhetoric, vaccine case law, and statistics. Since 2003, he has been investigating vaccines and helping people to heal and recover their vaccine-damaged children. He is the proud father of a healthy, vaccine-free daughter. This article is a synopsis of a full report entitled, ***What Dobbs means for mandatory vaccinations, Jones (2022)****, which can be downloaded here:* ***Jones 2022.07.12 Dobbs and vaccination US.***

17-1

Autism On The Rise: CDC Data

March 26, 2023 Zerohedge

Autism rates in US children have jumped from one in 150 in 2002 to one in 36 in 2020, or 2.8%, according to a new study published by the Centers for Disease Control and Prevention (CDC).

The findings come from the CDC-funded 'Autism and Developmental Disabilities Monitoring Network,' launched in 2000 "to collect data to better understand the number and characteristics of children with autism spectrum disorder and other developmental disabilities living in different areas of the United States."

The program spans 11 states, including Arkansas, Maryland and Tennessee.

Autism, also known as autism spectrum disorder, is a wide-ranging developmental disability that manifests in various ways - but which typically includes trouble with communication and social interactions.

The study also found that **boys were far more likely to have autism than girls**.

That said, the report also notes that the communities included in the program "are not representative of the entire United States," while other federal autism programs are meant to be nationally representative. As the *Epoch Times* notes, the last nationwide autism estimate for children aged 3 through 17 was 2.9%, in-line with the latest figures from this study.

Another new paper published by the CDC's Morbidity and Mortality Weekly Report found that **more 4-year-olds were being diagnosed with autism from 2016 through early 2020 vs. the previous four years**.

One explanation: "Our best guess, consistent with the general rise in autism prevalence rates, is that it is more equitable access to evaluations and diagnoses," according to Kelly Shaw, a CDC epidemiologist and one of the researchers, in a comment to *Today*.

18-1

Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020

Surveillance Summaries / March 24, 2023 / 72(2);1–14
CDC – Morbidity and Mortality Weekly Report (MMWR)

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Abstract

Problem/Condition: Autism spectrum disorder (ASD).

Period Covered: 2020.

Description of System: The Autism and Developmental Disabilities Monitoring (ADDM) Network is an active surveillance program that provides estimates of the prevalence of ASD among children aged 8 years. In 2020, there were 11 ADDM Network sites across the United States (Arizona, Arkansas, California, Georgia, Maryland, Minnesota, Missouri, New Jersey, Tennessee, Utah, and Wisconsin). To ascertain ASD among children aged 8 years, ADDM Network staff review and abstract developmental evaluations and records from community medical and educational service providers. A child met the case definition if their record documented 1) an ASD diagnostic statement in an evaluation, 2) a classification of ASD in special education, or 3) an ASD *International Classification of Diseases* (ICD) code.

Results: For 2020, across all 11 ADDM sites, ASD prevalence per 1,000 children aged 8 years ranged from 23.1 in Maryland to 44.9 in California. The overall ASD prevalence was 27.6 per 1,000 (one in 36) children aged 8 years and was 3.8 times as prevalent among boys as among girls (43.0 versus 11.4). Overall, ASD prevalence was lower among non-Hispanic White children (24.3) and children of two or more races (22.9) than among non-Hispanic Black or African American (Black), Hispanic, and non-Hispanic Asian or Pacific Islander (A/PI) children (29.3, 31.6, and 33.4 respectively). ASD prevalence among non-Hispanic American Indian or Alaska

18-2

Native (AI/AN) children (26.5) was similar to that of other racial and ethnic groups. ASD prevalence was associated with lower household income at three sites, with no association at the other sites.

Across sites, the ASD prevalence per 1,000 children aged 8 years based exclusively on documented ASD diagnostic statements was 20.6 (range = 17.1 in Wisconsin to 35.4 in California). Of the 6,245 children who met the ASD case definition, 74.7% had a documented diagnostic statement of ASD, 65.2% had a documented ASD special education classification, 71.6% had a documented ASD ICD code, and 37.4% had all three types of ASD indicators. The median age of earliest known ASD diagnosis was 49 months and ranged from 36 months in California to 59 months in Minnesota.

Among the 4,165 (66.7%) children with ASD with information on cognitive ability, 37.9% were classified as having an intellectual disability. Intellectual disability was present among 50.8% of Black, 41.5% of A/PI, 37.8% of two or more races, 34.9% of Hispanic, 34.8% of AI/AN, and 31.8% of White children with ASD. Overall, children with intellectual disability had earlier median ages of ASD diagnosis (43 months) than those without intellectual disability (53 months).

Interpretation: For 2020, one in 36 children aged 8 years (approximately 4% of boys and 1% of girls) was estimated to have ASD. These estimates are higher than previous ADDM Network estimates during 2000–2018. For the first time among children aged 8 years, the prevalence of ASD was lower among White children than among other racial and ethnic groups, reversing the direction of racial and ethnic differences in ASD prevalence observed in the past. Black children with ASD were still more likely than White children with ASD to have a co-occurring intellectual disability.

35 page article. See link below for full CDC report.

https://www.cdc.gov/mmwr/volumes/72/ss/ss7202a1.htm

19 -1

He Verbally, Sexually Abused Every Single Child in that Classroom! Hero Dad EXPLODES on School Board for Protecting Teacher Who Told Students to Describe X- Rated "Sexual Fantasies" – Parents Now Pushing to Recall School Board (VIDEO)

Cullen Linebarger April 1, 2023

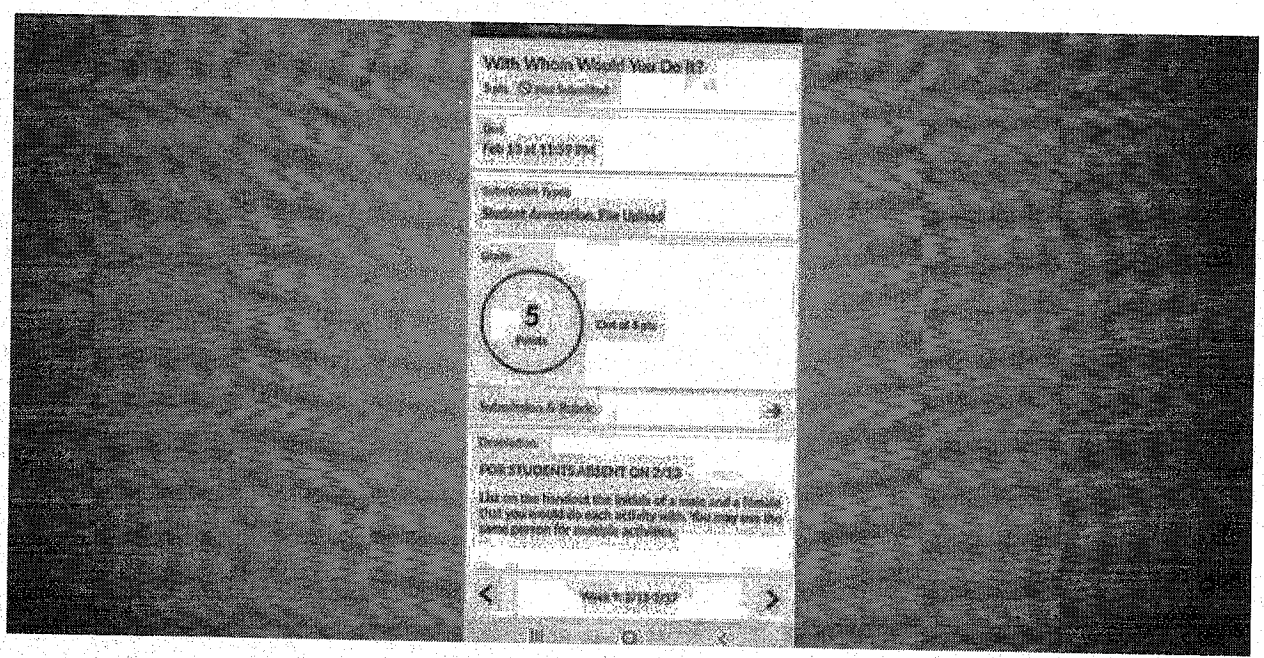
https://twitter.com/i/status/1641845705265369089

The reason the radical left hates to hear the word "groomer" is because this is exactly what they do to America's children in school classrooms and elsewhere.

One of the most vile examples of grooming happened earlier this month at **Churchill High School in Eugene, Oregon. A 10th grade teacher at the school named Kirk Miller** asked his students to describe their sexual fantasies in two disgusting assignments.

Here is the first assignment.

The second assignment was called "With Whom Would You Do it." The project involved a virtual spinning wheel labeled with multiple sexual categories.



Justin McCall, the father of one of these students went to a Eugene 4J School District school board meeting on March 16 to express his righteous outrage.

WATCH: https://twitter.com/i/status/1641845705265369089

McCall starts off by calling the school members "liars" over denying there was an assignment called "With Whom Would You Do It."

19-2

I want to first say you're a liar. It's not a rumor. I have the proof right here in my phone of the "with whom would you do it with?

McCall then revealed his daughter stated Miller put up a spinning wheel labelled with X-rated categories such as "anal penetration, oral sex, licking of the ear, kissing."

The teacher also wanted the students to write down the initials of a boy or girl that they would do these activities with.

Now, I don't know what's worse: wanting to know my child's sexual fantasy or who they're going to have anal penetration and oral sex with, said McCall.

McCall then told the board his daughter only participated in the assignment because "she was scared" and speculated the real purpose for the assignment was for Miller's own sexual pleasure.

Where is the assignment? Why hasn't she had it turned back to her with her grade on it?

Is he literally using this for his sexual deviant? These are questions that need to be answered. McCall then took a long pause and breath before exploding on the board again. He pointed out the teacher's actions meet the definition of verbal sexual abuse.

He also accused them of protecting Miller because he also serve as the football coach and the team performs well.

He verbally, sexually abused very single child in that classroom.

I gave you the paper for the definition of verbal, sexual abuse.

Sexual abuse is sexual abuse. So, where's the criminal charges? Why is he still teaching?

Is it because he's the football coach and Churchill's doing good? Don't want to lose that hype?

McCall finally vowed to remove every single board member unless Miller was fired.

This sexual deviant needs to be removed. If you do not remove him, I'm giving you my word today that tomorrow morning, I will go down to the county clerk's office, and I will file for the removal of every single one of you.

It appears McCall kept his word. Fox News **revealed** Thursday there is a strong push to recall the entire board for covering up Miller's deviant actions.

Parents in Oregon are calling to replace a local school board following reports of a sexually explicit book in the curriculum and at least two instances where a teacher organized activities discussing sexual acts.

19-3

Health class students at Churchill High School in Eugene, Oregon, were asked via Canvas, an online learning management system, to complete a 10-point assignment titled "Fantasy Story."

The assignment from teacher Kirk Miller also asked students to choose three items, such as candles, massage oil, feathers and flavored syrup, to use in the story.

Parent Justin McCall said his older daughter, who is in the 10th grade at Churchill High School, revealed the assignment had also been conducted in class and that the teacher had asked students to pick the sexual items written on a piece of paper out of a hat that he passed around.

Further scrutiny of the "Health 2 Human Sexuality" class found that students were also allegedly given an assignment called "With Whom Would You Do it." The project involved a virtual spinning wheel labeled with sexual categories. Students were allegedly instructed to respond when the wheel stopped and write the initials of the person they would engage in the sex act with.

The above allegations, as well as a flurry of other complaints from parents, have prompted calls for new leadership on the Eugene School Board, which is holding elections in May. In the event leadership stays the same, a group of parents is in the process of knocking on doors and setting up tables outside the district schools to gather signatures for a recall.

20-1

13 Numbers That Show How Dramatically We Have Failed America's Children

Michael Snyder February 15, 2023

The kids are not okay, and it is time for us to face the truth. As long as I have been writing, surveys have shown that the mental health of our young people has been steadily getting worse. But now we are learning that things really took an enormous turn for the worse during the pandemic. As you will see below, one expert is warning that the number of kids that are dealing with mental health issues "has increased exponentially since the pandemic".

The facts that I am about to share with you are likely to make you very angry. Our system does not work, and millions upon millions of young people are having their lives ruined as a result. The following are 13 numbers that show how dramatically we have failed America's children...

One recent survey found that 40 percent of U.S. parents "worry their children struggle with anxiety or depression".

During the pandemic, suicide became the second leading cause of death for U.S. children between the ages of 10 and 14.

Suicide is also the second leading cause of death for Americans between the ages of 15 and 24.

According to a recent Pew Research Center poll, 46 percent of U.S. kids between the ages of 13 and 17 have experienced cyberbullying.

40 percent of U.S. high school students "felt so sad or hopeless" in 2021 that "they were unable to do their regular activities".

According to the CDC, "more than 95% of children and adolescents in the U.S. spend much of their daily lives in school".

At 23 schools in Baltimore, not one single student is proficient in math.

At 30 schools in Illinois, not one single student can read at grade level.

At 53 schools in Illinois, not one single student can do math at grade level.

According to the CDC, nearly 20 percent of all adolescent female students experienced sexual violence in 2021.

According to the CDC, nearly 60 percent of all adolescent female students "experienced persistent feelings of sadness or hopelessness" in 2021.

According to the CDC, nearly 25 percent of all adolescent female students "made a suicide plan" in 2021.

The proportion of adolescent female students that actually attempted suicide in 2021 was 60 percent higher than a decade ago.

There is nothing "normal" about these numbers.

20-2

The mental health of our young people has been declining for years, and a spokesperson for the American Academy of Pediatrics is telling us that the number of kids and adolescents dealing with mental health issues "has increased exponentially since the pandemic"...

"I would say over the last 10 years, since I've been practicing as a general pediatrician, I have seen a shift both in the amount of patients and of all ages dealing with anxiety and depression. And their parents being concerned about this is a key issue," said Dr. Katherine Williamson, a pediatrician and spokesperson for the American Academy of Pediatrics. "Even before the pandemic, we were seeing skyrocketing numbers of kids and adolescents dealing with mental health issues, and that has increased exponentially since the pandemic."

We told our leaders that the incredibly sick and twisted mandates and restrictions that they were forcing upon our young people were going to have very serious mental health consequences.

And that is precisely what has happened.

But of course we must also acknowledge that the mental health of our young people was steadily deteriorating long before the pandemic ever came along.

It has become clear that no matter how much money we pour into our schools, it isn't going to make things any better.

In fact, to me it is quite apparent that our absolutely pathetic system of public education is a big part of the problem. If you want your teens to hate life, just put them into a public high school.

Having said that, I want to stress that having strong nuclear families is even more important to the mental health of our young people.

Unfortunately, a smaller percentage of U.S. children are being raised in a traditional home with a traditional father and a traditional mother than ever before.

And that has very serious implications for our future.

As we all get older, we are going to need the next generation to take care of us. According to the Washington Post, it is being projected that the number of elderly people in the United States will grow very rapidly in the years ahead...

That represents 55.7 million people, an increase of 15.2 million (38 percent) of people 65 and above since 2010, compared with just 2 percent growth in the under-65 population. It also reflects a consistent increase in the nation's older population since 1900, when there were 3.1 million Americans 65 and older (4 percent of the population).

The report projects a climb to roughly 80.8 million residents 65 and older by 2040, more than double the number in 2000. It also predicts a doubling of the number of even older residents by 2040, with the count of those 85 and older expected to grow from 6.7 million in 2020 to 14.4 million by 2040. In 2020, there were nearly 105,000 residents 100 or older.

When we are all old and gray, we will be depending on the next generation to be the leaders of tomorrow.

But thanks to our failures, the next generation is going to be incredibly messed up.

Our society is being "fundamentally transformed" right in front of our eyes, and that is really bad news for all of us.

21-1

US Expert Panel To Meet To Determine Which Adverse Events COVID-19 Vaccines Cause

MAR 27, 2023 *Zachary Stieber via The Epoch Times*

A group of U.S. experts is set to meet soon as part of a project to determine which adverse events the COVID-19 vaccines cause.

The National Academies of Sciences, Engineering, and Medicine (NASEM) has appointed **a committee to review evidence on the relationship between the vaccines and specific adverse events that have occurred after vaccination, including infertility and sudden death.**

The committee's process includes establishing methods, reviewing literature, drawing conclusions, and preparing a report.

"**The committee will make conclusions about the causal association between vaccines and specific adverse events**," the NASEM website states.

While their work is funded by the U.S. Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services (HHS), the sponsors will not be able to examine the report before it is published to the public, Kathleen Stratton, a NASEM official, said during a recent meeting.

"What that means is that if a sponsor doesn't like what the committee has to say—the conclusions of the committee—… the sponsor can't prevent the report from being made public," Stratton said. "This is a very powerful tool that we have."

Dr. Tom Shimabukuro, a CDC official, told panel members recently that the CDC would help members locate studies and data from the agency. "We very much value your expertise and your independence. We look forward to working with you, look forward to seeing the results of your findings," he said.

The upcoming meeting will be held on March 27 and March 31, the latter of which will include time for public comments. The rest of the two-day meeting will be held behind closed doors.

The panel already met on Jan. 25 and Feb. 1.

"**Your conclusions will help inform injury compensation recommendations and decisions when assessing whether specific adverse events are causally associated with vaccines**," Dr. George Reed Grimes, the official in charge of the HHS Division of Injury Compensation Programs, told panel members during the meeting.

The report is slated to be published in March 2024.

21-2

Specific Issues

HHS officials directed NASEM to convene the ad hoc committee to review "the epidemiological, clinical, and biological evidence" in assessing whether the vaccines cause certain conditions.

The adverse events include conditions that officials already say are caused by one or more of the vaccines, including myocarditis, a type of heart inflammation caused by all four of the vaccines available in the United States, and thrombosis with thrombocytopenia syndrome, an often-fatal condition caused by the Johnson & Johnson vaccine.

The other specific events are:

- Bell's Palsy
- Capillary leak syndrome
- Chronic headaches
- Chronic inflammatory demyelinating polyneuropathy
- Guillain-Barrè Syndrome
- Hearing loss
- Infertility
- Shoulder injuries
- Sudden death
- Thromboembolic events like pulmonary embolism
- Tinnitus
- Transverse myelitis

A NASEM panel last produced a vaccine adverse event report in 2012. The report ran nearly 900 pages.

*Read more **here...***

22-1

Pharma Exec Privately Admits Dangers of Vaccine to Rand Paul — What You Can Do to Keep Your Family Safe

March 23, 2023

In a shocking revelation during a Senate hearing, Senator Rand Paul told a Moderna executive that his colleague privately admitted that their COVID-19 vaccine led to an increase of myocarditis.

The CEO of Moderna, Stéphane Bancel, testified before a hearing held by the Senate Committee on Health, Education, Labor and Pensions and was
questioned by Senator Paul.

In particular, Senator Paul asked about myocarditis, an inflammation of the heart muscle, after individuals receive the COVID-19 vaccine. Moderna€™s CEO told Paul that the rate of myocarditis for those who received that Moderna vaccine is less than those who contract COVID-19.

In response, Paul told Bancel, "I also spoke with your president just last week and he readily acknowledged, in private, that yes there is an increased risk of myocarditis. The fact that you can't say it in public is quite disturbing."

This tragic fact, which Dr. Peter McCullough and his colleagues at the Wellness Company have warned us about since Day 1, is another reminder of why it is so important to do what you can to protect against spike protein (ordering through this link and the links below benefits The Liberty Daily).

The sad reality is that long after the mask mandates, the shut downs and vaccine requirements are little more than a distant memory, the legacy of COVID-19 and the COVID-19 vaccines will continue to haunt us in the form of spike protein.

Dr. McCullough was one of the most outspoken and bravest leaders during the pandemic, and today he is continuing his work to keep Americans healthy and safe in this new post-pandemic era of spike protein.

In a recent substack, Dr. McCullough wrote:

"Over three years into the pandemic with nearly the entire country having become sick with SARS-CoV-2, a virus engineered to invade the body, there are millions suffering with long-hauler syndrome. Approximately half of patients admitted to the ICU with COVID-19 will have post-COVID syndrome which is now understood to be due to persistence of the SARS-CoV-2 Spike protein within cells, tissues, and organs. Those vaccinated have been additionally loaded with Spike, so may have even a worse course with prolonged symptoms including fatigue, lethargy, brain fog, muscle loss, skin and hair changes, sleeplessness, and effort intolerance. The magnitude of the problem has driven an all-encompassing search for management strategies to resolve the syndrome(s).

"...I have found nattokinase, the Japanese product derived from natto (a traditional Japanese food made from whole soybeans that have been fermented with Bacillus subtilis var. natto.) to be the most compelling and scientifically supported approach to clear Spike protein out of the body *via proteolytic degradation."*

Dr. McCullough has gone as far as to say that nattokinase could be the "Holy Grail" of COVID-19 and vaccine detoxification.

23-1

Health Care Workers Cry Foul On FDA Claiming It Didn't Prohibit Ivermectin For COVID-19

JAN 04, 2023 *Katie Spence via The Epoch Times*

Dr. Yusuf Saleeby has practiced medicine for more than 30 years. He serves patients in South Carolina and until recently had never faced an investigation from his state medical board.

But after Saleeby started prescribing ivermectin to his patients, **he was reported to the board, which opened an investigation, despite the state's attorney general's promise that his office wouldn't prosecute doctors who prescribed off-label medications.**

Jennifer Wright, a nurse practitioner and clinical director who practices in Florida, but can prescribe across state lines, told The Epoch Times she received a letter from the Office of the Attorney General of New York ordering her not to prescribe ivermectin.

"You know, basically threatened me. If I don't stop prescribing, then they're going to fine me," Wright said about the letter, which threatened legal action with fines of up to $5,000 per violation.

The letter stated that the Food and Drug Administration only authorized ivermectin for use in humans when treating "parasitic worms and head lice and skin conditions like rosacea."

The citation in the letter appears to be from an FDA advisory issued in March 2021 titled "**Why You Should Not Use Ivermectin to Treat or Prevent COVID-19.**"

That advisory and other anti-ivermectin messaging from the FDA are now the subject of a lawsuit brought by three doctors against the agency. The doctors argue that the FDA illegally interfered with their ability to treat patients. The suit was dismissed but an appeal has been filed by the plaintiffs.

During a hearing in 2022, attorneys defending the government argued that the agency's missives were just a recommendation.

"**They did not say it's prohibited or it's unlawful. They also did not say that doctors may not prescribe ivermectin**," Isaac Belfer, one of the lawyers for the government, said during a Nov. 1, 2022, hearing in federal court in Texas.

The government's arguments differ greatly from the reality many doctors faced for prescribing ivermectin. Some lost their jobs, others were investigated by state medical boards, and many received threats from the New York attorney general because they were prescribing across state lines.

Matthew Dark, a spokesperson for Roots Medical and Colorado Healthcare Providers for Freedom, which has more than 275 physicians in the group, stated that several doctors in Colorado are facing investigations by the state medical board.

When asked about the FDA's new claim, Dark stated: "They knew it was safe for humans, and they made that very accusatory thing if you were a doctor prescribing this, you were an idiot. You were practicing like a hillbilly. So that message was loud and clear."

Dark referred to Twitter posts from the FDA, one of which said: "**You are not a horse. You are not a cow. Seriously, y'all. Stop it.**"

"Pharmacies were responding to the practice and providers trying to write [ivermectin] the same way the FDA was behaving," Dark said.

23-2

Wright concurred, and pointing to her letter from the New York attorney general, said, "It clearly states in this letter that according to the FDA, you must cease and desist in prescribing ivermectin to New York State residents."

Dr. Miguel Antonatos, a board-certified internal medicine physician who practices out of Illinois, but can prescribe to other states, told The Epoch Times via email that he, too, received a letter from the New York attorney general.

Nicole Sirotek is a registered nurse and founder of American Frontline Nurses, a patient advocacy network that boasts 22,000 nurses. She told The Epoch Times that her nurses often work with doctors in hospital settings.

At the height of the pandemic, Sirotek said patients would reach out to her advocacy network and beg for ivermectin, either for themselves or their loved ones dying in the hospital.

She stated that in five separate instances, doctors were fired or forced to resign for prescribing ivermectin as a home medication for nurses to administer in hospitals.

"That happened five times, and each physician was fired. That's five physicians in five different states and five different hospital systems."

Julie McCabe, a registered nurse and director of advocacy services for American Frontline Nurses, told The Epoch Times that the above doctors include Dr. Edith Behr in Pennsylvania, Dr. John Witcher in Mississippi, Dr. Mary Bowden in Texas, Dr. Robert Karas in Arkansas, and Dr. Paul Marik in Virginia. Bowden and Marik are two of the three doctors suing the FDA over its stance on ivermectin.

Bowden told The Epoch Times that Houston Methodist Hospital suspended her for merely writing on Twitter about ivermectin, and she had to overcome "numerous obstacles" when prescribing it to patients.

"The FDA was the key creator of these hurdles when it launched a social media campaign stating that ivermectin is dangerous and only for horses. When faced with a lawsuit, the FDA now claims it was merely making suggestions—suggestions that have threatened my ability to practice medicine and more importantly, interfered with life-saving early treatment of COVID patients," Bowden said.

Sirotek said members of the group Team Halo targeted her because of her stance on ivermectin. The group describes itself as "volunteer scientists and healthcare professionals from around the world, working to end this pandemic by contributing our time to address concerns and public health misinformation."

Members of the group filed several complaints to Nevada's state medical board, which Sirotek said costs her $5,000 per complaint to fight.

With tears streaming from her eyes, Sirotek said she'd also received death threats, pictures of her house, and threats to murder her children. Sirotek provided copies of these threats to The Epoch Times. Team Halo didn't respond to a request by The Epoch Times for comment.

Pushback Begins

23-3

In the spring of 2020, with COVID-19 spreading like wildfire through the population, finding a viable treatment was paramount in many doctors' minds. And as no drug was approved to treat the novel virus, they turned to off-label use, a standard medical practice even in non-pandemic times.

In March 2020, a group of leading critical care specialists joined forces and formed the Front Line COVID-19 Critical Care Alliance (FLCCC). Their mission was to examine different therapies and drugs and recommend possible COVID-19 treatments based on best medical practices and emerging data.

Almost immediately, ivermectin was put forward as a possible treatment. First approved for human use in 1987 and dispensed billions of times since then, ivermectin is traditionally prescribed to treat parasites. But it's safe and was already known to have an effect on viruses.

"This is a medication that is safer than Tylenol, safer than stuff we sell over the counter," Wright said.

Saleeby agreed.

"[Ivermectin is] probably one of the most prescribed drugs. It's given out like candy in Sub-Saharan Africa and Amazon basin or anywhere around water. ... It's doled out to children and pregnant women. ... As far as safety, it's probably safer than baby aspirin. It's probably the safest drug on the planet, to be honest.

"I was using [ivermectin] sporadically in some of my Lyme patients. It's effective against Lyme. We knew it had effectivity against viruses and other pathogens like Borrelia and Babesia."

Sirotek told The Epoch Times that, especially as the Delta strain increased hospitalizations and deaths in the United States, she and several nurses questioned why some countries seemingly remained unaffected. The answer, she believes, was widespread ivermectin use.

At first, prescribing ivermectin and obtaining it from a regular pharmacy wasn't an issue, Wright said. More importantly, it worked.
"We started using it very early on, and I could prescribe it to the pharmacy. I would prescribe it according to the FLCCC recommendations because they were the ones doing the research. I was just validating that, you know, this has some real stuff behind it."
When the pandemic began, ivermectin as an effective treatment was primarily a theory. But as health care workers reported that it worked, more and more studies were conducted to back up those early successes.
There have been 189 ivermectin COVID-19 studies, according to the aggregate site C19ivm.org. Of those studies, 139 have been peer-reviewed, and 93 compare treatment and control groups.
In the 93 studies, which had more than 133,838 patients in 27 countries, there were "statistically significant improvements are seen for mortality, ventilation, ICU admission, hospitalization, recovery, cases, and viral clearance," a real-time meta-analysis states.
Simply put, as health care workers saw firsthand that ivermectin worked in their practices, studies were simultaneously confirming the medicine's effectiveness.
Dr. Peter Raisanen, a naturopathic medical doctor in Arizona, said that once he started his patients on ivermectin, they typically started feeling better within a few days.
"**It seemed like it was within three to four days, like they [started feeling] better,**" Raisanen told The Epoch Times.
Raisanen said he treated about 200 patients with ivermectin, and none died. Almost all stayed out of the hospital. That's an experience several doctors attested to witnessing.
"We've probably collectively [at Roots Medical], treated 1,000 people with early COVID," Dark said.
He said that when a patient was treated early on in their illness, there was a clear improvement—often within hours.
"It's within two hours of that first dose that people start feeling noticeably better. And within two days, most symptoms are gone. Again, this is with starting early treatment, say days one to three, one to four, of infection or symptoms," Dark said.
*Read more **here...***

24-1

Pfizer is terrified of discovery in Brook Jackson's legal case against the company – "Pfizer lied. People died," says attorney

March 14, 2023 Ethan Huff

(Natural News) Earlier this month, Judge Michael J. Truncale met with whistleblower plaintiff Brook Jackson and defendants Pfizer, Ventavia, and ICON to hear Pfizer's motion to dismiss the False Claims Act case that Jackson filed against the pharmaceutical giant on behalf of the United States.

As you may recall, Jackson came forward with allegations against Ventavia, her former employer and the company that Pfizer partnered with to conduct clinical trials on its Wuhan coronavirus (Covid-19) "vaccine." Jackson is accusing the company of clinical trial fraud, which Pfizer obviously denies (has Pfizer ever even once told the truth about anything?).

Truncale was scheduled to hear Pfizer's argument against the case, which claims it cut corners and wasted taxpayer money to fast-track its covid injections to the market at *warp speed*. Pfizer also allegedly lied to the U.S. Food and Drug Administration (FDA), which was all too eager to emergency authorize the jabs under Operation Warp Speed.

Pfizer is reportedly hoping that Truncale will reject Jackson's claims, which will in turn prevent the discovery process from advancing. Should discovery occur, Pfizer will no longer be able to deny Jackson's allegations, so the company is working overtime to see that the case gets dismissed with prejudice.

"Pfizer promised to deliver a safe, effective vaccine for prevention of COVID based on honest clinical data," tweeted Robert Barnes, Jackson's attorney, about the matter. "Instead, they delivered a dangerous, ineffective gene therapy, preventing nothing. Pfizer lied. People died. Time for discovery."

Pfizer displaying "extraordinary arrogance and untouchable attitude" in attempt to get legal case against it dismissed

Appointed to the bench in 2019, Truncale allowed nearly four hours of oral arguments to be heard during the hearing. These testimonies centered around revelations of shoddy

practices at Ventavia. Truncale clarified that he will not be issuing a ruling from the bench.

As of March 6, there is still no decision that has been handed down, according to Barnes. The latest tweets from Barnes are all about the collapse of Silicon Valley Bank (SVB) and other financial news that has since taken over the headlines and news cycle.

It could take weeks or even months, Barnes earlier indicated, for Truncale to issue a written opinion. It just depends on how long it takes the court to review the case, which is lengthy and quite frankly landmark in terms of the scope of what it could accomplish on behalf of the American people.

The net effect of Pfizer's argument, the court warned, could be "that there's no role for the judiciary in overseeing what takes place if the FDA simply continues along with the Pfizer fraud."

Even if protocol violations occurred, defense attorneys further argued, the case should not move forward at all because the federal government was aware "but still granted emergency authorization to Pfizer's vaccine."

Pfizer at the time was racing against Moderna to unleash the world's first messenger RNA (mRNA) jab for the Fauci Flu, which is also the subject of much debate over where and how it originated.

"Even if rules were violated, the problems only affected a small number of trial sites," Pfizer is actually trying to argue, which came as something of a shock to Barnes who commented on the company's extraordinary arrogance and "untouchable attitude."

Keep in mind that, thanks to the Trump administration and Congress, Pfizer and the other drug giants that participated in Operation Warp Speed have special immunity from prosecution thanks to the PREP Act.

The latest news about Pfizer, Big Pharma, and the so-called covid "vaccines" that were unleashed on the masses through fraud and deception can be found at Corruption.news.

25-1

NOT MAKING HEADLINES – FAUCI'S DARKEST DAY – CAUGHT IN BRIBERY SCHEME TO SAVE HIS SKIN – Repeatedly Lied on COVID Origins – PAID OFF DOCTORS – Former CDC Chair Dr. Redfield Testifies, Confirms All (VIDEO)

Jim Hoft March 9, 2023

Former CDC Director Dr. Robert Redfield confirmed during testimony that he was excluded and kept out of the loop by Dr. Tony Fauci in early February 2020 after he suggested the COVID-19 virus was leaked from a laboratory and did not act like a naturally occurring SARS coronavirus.

Dr. Redfield believed COVID came from a lab so Fauci excluded him from phone calls early on as he persuaded other doctors to side with him by handing out millions of dollars in research grants.

The only thing that changed was the BRIBES and NOT THE SCIENCE!

Chairman Jim Jordan was ON FIRE – questioning Dr. Redfield about the origins of the COVID19 virus during the House Coronavirus Committee.

Nine Million Reasons to Change Your Mind–

Transcript from the video below:

JORDAN: Dr. Redfield, you ran the CDC and you were on the Coronavirus task force, is that right? That was formed on January 29, 2020, is that right?

REDFIELD: Correct.

JORDAN: Two days later, Dr. Fauci gets an email from Dr. Andersen which says what? The virus looks engineered, the virus is not consistent with evolutionary theory. Is that accurate?

REDFIELD: That's my understanding from what I've read.

JORDAN: **Did he share that email with you? As a member of the task force and head of the CDC, did he share that email with you?**

REDFIELD: **No.**

JORDAN: **Next day, February 1, Dr. Garry sent Fauci another email saying, "I don't know how this happens in nature but it would be easy to do in a lab." Did he share that email with you?**

REDFIELD: **No.**

25-2

JORDAN: You didn't see either one of those emails, even though you're head of the CDC? Even though you're on the Coronavirus task force that had been formed just two days earlier?

REDFIELD: No.

JORDAN: **Three days later, Dr. Andersen and Dr. Garry, who told us it came from a lab in emails to Dr. Fauci that Dr. Fauci wouldn't let Dr. Redfield see, three days later they change their position 180 degrees. The question is why.**

Mr. Wade, why would they chang their position that fast, when the only intervening event is a conference call with Dr. Fauci, the guy who wouldn't let Dr. Redfield see the very emails that they had sent him, Dr. Redfield, head of the CDC, on the Coronavirus task force, why would they change their position, Mr. Wade?

NICHOLAS WADE, FORMER "SCIENCE" MAGAZINE EDITOR: This question does lay at the heart of the issue. What is pertinent it seems to me is there is no new scientific evidence that we can see that became available between these dates.

So you have to ask if there were other kinds of influence available.

Now, it is true that Dr. Fauci and [British expert] Dr. Farrar in London were very powerful research officials... I don't know what the reason was... If you're looking at the timeline on May 21, **just a few weeks after the Nature Medicine article had come out, two of the signers of the original email to Dr. Fauci, that is Dr. Andersen and Dr. Farry, were rewarded a $9 million grant for the–**

JORDAN: So **there are nine million reasons why they changed their mind.** I knew you'd get to it, I read that last night. Three days after they say it came from a lab, they change their position and the only intervening event is a conference call with Dr. Fauci and Dr. Collins. Again, a call that Dr. Redfield was not allowed to be on, the head of the CDC and on the Coronavirus task. And then three months later, shazam, they get nine million bucks from Dr. Fauci. Well isn't that something?

That's why we want to talk to these guys.

This was Fauci's darkest day. He is running out of places to hide.

26 - 1

The UK Lockdown Files: Text Messages Reveal How Top British Health Officials Conspired to "Scare the Pants Off Everyone" and Asking "When Do We Deploy the New Variant?"

Richard Abelson March 5, 2023

The British* Telegraph *has obtained 100.000 text messages from former UK Health Secretary Matt Hancock, showing how the British government conspired to "frighten the pants off everyone" and asking "when do we deploy the new variant?"

The Telegraph received the WhatsApp messages from journalist **Isabel Oakeshott**, who wrote a book with Hancock called "**The Pandemic Diaries**". They show former Health Secretary Matt Hancock discussing with his media adviser Damon Poole on Dec. 13, 2020, who warned that Tory MPs were "furious already about the prospect" of stricter lockdown measures over Christmas and suggested "rather than doing too much forward signalling we can roll pitch with the new strain."

"We frighten the pants off everyone with the new strain," Hancock wrote back.

"Yep that's what will get proper bahviour [sic] change," Poole replied.

"When do we deploy the new variant?" Hancock asked.

"Been thinking about this and think we need to be more cautious. The strain that is," Poole wrote back. "Think you made the point earlier, but we need to keep schools off paperwork / agenda." The Christmas lockdown 2020 was surprisingly announced Dec. 19.

In Jan. 2021, Hancock was discussing further measures with Cabinet Secretary Simon Case, including "more mask wearing ... in all settings outside home". Case wrote that "the fear/guilt factor" is "vital" in getting more lockdown compliance.

"Basically, we need to get compliance up," Case wrote, but said some measures – like a ban on fishing – "will be parodied galore if it looks like we have suddenly decided fishing is the first step towards tier 5!"

"I honestly wouldn't move on any small things unless we move on a lot. The only big reamaining [sic] things are nurseries and workplaces," Hancock wrote.

"I agree – I think that is exactly right. Small stuff looks ridiculous. Ramping up messaging – the fear/guilt factor vital", Case replied.

In June 2021, Hancock had to step down as Health Secretary after photos emerged showing he had violated social distancing rules to pursue an extramarital affair with UK Department of Health employee **Gina Coladangelo**, who was earning £15,000 a month. Hancock and Coladangelo were both married at the time and have since left their families.

27-1

Fauci, Bowser rebuked while touring DC neighborhood

A section of "American Masters" showed Fauci and Washington, D.C. Mayor Muriel Bowser visiting the neighborhood of Anacostia in June 2021. The two officials went house to house in the neighborhood to encourage residents to get the COVID-19 vaccine.

In a voice-over recorded prior to the visit, Fauci explained that Anacostia is a historically marginalized Black area with low determinants of health, poor access to care and high rates of COVID-19 cases and vaccine hesitancy as a result.

"They're sort of the disenfranchised group that we've got to reach out to," he said.

While some of the locals warmly received Fauci and Bowser, some had hesitations with getting vaccinated and peppered them with questions. But one man unloaded on both officials.

"The people in America are not settled with the information that's been given to us right now," the Anacostia resident pointed out, alleging that the number of COVID-19 deaths is manipulated by the federal government.

"It's about inciting fear in people. You attack people with fear. That's what this pandemic is – fear."

Fauci and his party eventually left, failing to convince the man to get the COVID-19 vaccine. The man explained that he would not take in "vaccines that were developed in a short span of time."

Michael Kantor, executive producer of the "American Masters," said: "Dr. Fauci is a very controversial figure, and there are going to be people who are going to voice – just as in the film – great displeasure about what he's done and about his approach to things. But isn't that the whole point of public media? It is intended to make that conversation happen in the best possible way."

Not when there is censorship. But that's another story.

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LETTER TO THE EDITOR

Immunology WILEY

Rational harm-benefit assessments by age group are required for continued COVID-19 vaccination

To the editor,

We read with interest the letter by Dr. Gül and Dr. Öztürk,[1] which comments about the previous letter by Dr. Polykretis.[2] The letter by Dr. Polykretis aimed to underline the differences between the genetic vaccines against COVID-19 and vaccines based on inactivated or attenuated viruses in terms of immunization mechanism. Moreover, and most importantly, it sought to emphasize the necessity of biodistribution studies in front of the numerous publications reporting on a variety of serious adverse events among vaccinees.[2] Considering that some pharmaceutical companies, such as Pfizer/BioNTech, had 'to move at the speed of science, to really understand what is taking place in the market' to release the vaccines (as declared later on by Janine Small, President of International Developed Markets, to the European Parliament on Monday, October 10th, 2022), there is nothing of scientifically despicable or misleading in seeking for the collection of more accurate data about biodistribution.

Dr. Gül and Dr. Öztürk accuse the letter by Dr. Polykretis of being 'misinforming' and of containing some 'basic errors', arguing on the definitions of genetic vaccines and autoimmunity. We would like to address on both cases. Regarding the definition of genetic vaccines, the letter by Dr. Polykretis is not misleading, as scientific literature reports that: 'gene vaccines are a new approach to immunization and immunotherapy in which, rather than a live or inactivated organism (or a subunit thereof), one or more genes that encode proteins of the pathogen are delivered'.[3] As concerns the term autoimmunity, the Merriam-Webster medical dictionary it defines it as: 'a condition in which the body produces an immune response against its own tissue constituents'. Therefore, it is not misinforming or erroneous to define autoimmune reaction the response of the immune system against human cells that intake the lipid nanoparticles (LNPs) and translate the spike protein (in case of the mRNA vaccines), or that get infected by the adenovirus and express and translate the spike protein (in case of the adenovirus-based vaccines). Regarding the fact that even the 'traditional vaccines' cause the immune system to respond by attacking self-cells during the immunization process, there are some fundamental aspects that should be underlined: (i) The vaccines based on inactivated or killed viruses involve principally presentation to antigen presenting cells (APCs) including macrophages, monocytes, B cells and dendritic cells that phagocytose the virus particles and present the viral antigens to $CD4^+$ T-cells. The aforementioned classes of cells carry out this specific role within the organism, making them somewhat expendable, as there is a continuous turnover of such cells. (ii) The attenuated viruses have a reduced virulence and thus, the resulting infection involves a minor number of human cells. Instead, several sources of histopathological evidence demonstrate that the genetic vaccines exhibit an off-target distribution in tissues, which are terminally differentiated and subject to symptomatic injury. These include the heart and brain, which may sustain a massive production of spike protein which elicits a strong autoimmunological inflammatory response.[4,5] The above mentioned histopathological findings confirm exactly the mechanism previously theorized by Dr. Polykretis: "For instance, if the mRNA contained in the LNPs would get internalized by cardiac myocytes, and such cells would produce the spike protein, the resulting inflammation would likely lead to the necrosis of the myocardium, with an extent proportional to the number of involved cells".[2]

An independent secondary analysis of serious adverse events reported in phase III clinical trials of Pfizer and Moderna, found that the mRNA vaccines combined were associated with an excess risk of serious adverse events of 1 per 800 vaccinated individuals.[6] Nevertheless, indiscriminate COVID-19 vaccination has been expanded to include age groups and naturally immune with minimal chance of suffering major complications due to COVID-19. In these groups COVID-19 vaccination is not clinically indicated nor medically necessary. According to a large-scale risk-benefit analysis, between 31 207 and 42 836 young adults aged 18-29 years would need to receive a third mRNA vaccine dose to prevent one COVID-19 hospitalization over a course of six months.[7]

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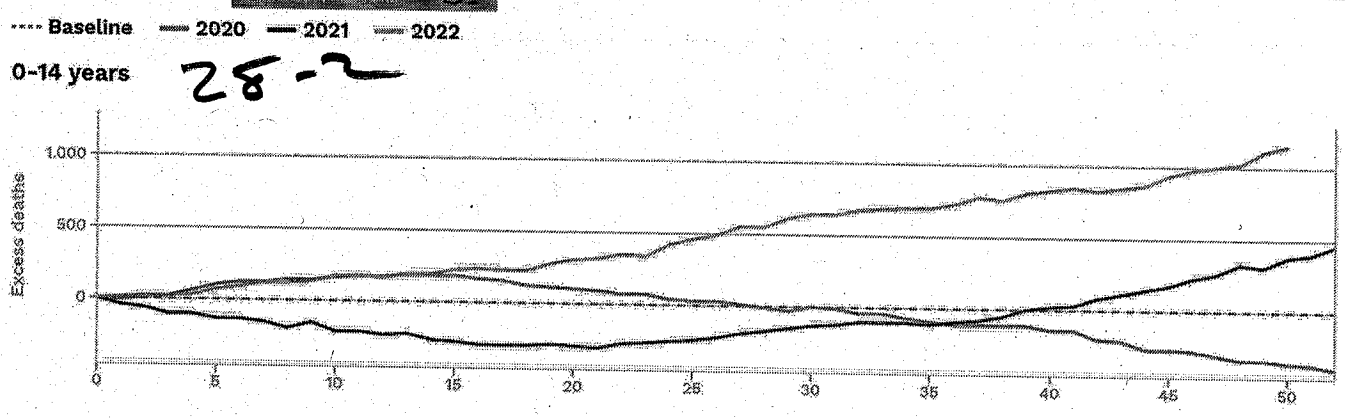

FIGURE 1 Graph showing the excess mortality in the age group 0–14 until week 2022–51, generated with data from 27 participating European countries (EuroMOMO 2022).

The authors estimate that at least 18.5 serious adverse events could occur for every COVID-19 hospitalization prevented. From January 2021 to the time of writing, 1598 athletes suffered cardiac arrest, 1101 of which with deadly outcome.[8] Notably, in a 38-years timespan (1966-2004), 1101 athletes under the age of 35 died (~29/years) due to various heart-related conditions, 50% of whom had congenital anatomical heart disease and cardiomyopathies and 10% had atherosclerotic heart disease with early onset.[9] According to a study done on 301 teenagers between the ages of 13 and 18 who had received two doses of the Pfizer/BioNTech vaccine, 29.24% of participants experienced cardiovascular complications such tachycardia, palpitations and 2.33% suffered myopericarditis.[10] It is noteworthy, that no statistically significant increase in the incidence of myocarditis or pericarditis was observed in un-vaccinated subjects after SARS-CoV-2 infection, in a large population study.[11] Since the end of 2021 and throughout 2022, young age excess mortality has substantially increased in many European countries (Figure 1), in concert with the vaccine program.[12]

In conclusion we thank our colleagues for advancing the discourse on the extremely concerning safety data after COVID-19 vaccination, which prompt us to emphasize again and more firmly the need of biodistribution studies as well as of rational harm-benefit assessments by age group.

CONFLICT OF INTEREST

The author declares that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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