1-1

RFK Jr Shocks: Covid "Vaccines" Were a 'Military Project From the Beginning' (Video)

August 2023

https://rumble.com/v38mj06-rfk-jr-shocks-covid-vaccines-were-a-military-project-from-the-beginning.html

2-1

EU Parliament COVID-19 Summit: "Covid-19 was an Act of Biological Warfare Perpetrated on the Human Race. It was a Financial Heist. Nature was Hijacked. Science was Hijacked" (VIDEO)

Jim Hoft May. 26, 2023

The EU Parliament held the International COVID-19 Summit III in Brussels, Belgium earlier this month.

In a recent address to the European Parliament, a US businessman specializing in patent auditing David Martin claimed that COVID-19 was not a natural occurrence but a calculated act of "biological warfare and a financial heist. Nature was hijacked, science was hijacked."

In his presentation in front of the EU parliament, Martin argued that the pandemic we said happened in the last few years did not overnight, citing sources in the public domain.

According to him, the coronavirus was first identified in 1965 and serves as a model pathogen. In addition, they learned that coronaviruses can be modified.

"But in 1966, the very first CoV coronavirus model was used as a transatlantic biological experiment in human manipulation. And you heard the date 1966. I hope you're getting the point of what I'm saying. This is not an overnight thing. This is actually something that's been long in the making. A year before I was born, we had the first transatlantic coronavirus data-sharing experiment between the United States and the United Kingdom."

According to Martin, "Later we started learning how to modify a coronavirus by putting them in animals such as dogs and pigs," and this led to the development of the first coronavirus spike protein vaccine by the US pharmaceutical giant Pfizer in 1990.

However, the medical community and pharmaceutical companies quickly learned that the vaccines were ineffective.

"Because the coronavirus is a malleable model, it mutates," Martin said. "Every medical publication concluded that coronaviruses escape vaccines because it modifies and mutates too rapidly for a vaccine to be developed."

More from the **Standard**:

In 2002, a university in North Carolina initiated a study to develop an "infectious replication defective," which Martin interpreted as "a weapon to target individuals, but not have collateral damage."

Characterizing the project as having "mysteriously preceded SARS by a year," Martin said the coronavirus that caused the highly deadly infection was not from China and that it was "engineered" instead of naturally occurring.

2-2

On Covid-19, Martin said the coronavirus – named as SARS-CoV-2 by the World Health Organization – was poised for human emergence in 2016, with a preview about an "accidental or intentional release of a respiratory coronavirus" from a laboratory in Wuhan.

He said the purpose of the coronavirus "release" was to boost global acceptance on universal vaccination.

Explaining the common concern among the medical industry, Martin said: "Until an infectious crisis is very real, present and at the emergency threshold, it is often largely ignored.

"To sustain the funding base beyond the crisis, we need to increase the public understanding of the need for medical countermeasures, such as the pan-influenza, or pan-coronavirus, vaccine. A key drive is the media and the economics will follow the hype.

"We [pharmaceutical firms] need to use that hype to our advantage to get to the real issue. Investors will respond if they see profit at the end of the process," he said.
Martin claimed that the United States "intentionally released" the Covid-19 coronavirus in Wuhan, China, with the goal of causing a global pandemic in order to increase public support for vaccines.

"This whole story started in 1965 when we decided to hijack a natural model and decide to start manipulating it. Science was hijacked when the only questions that could be asked were questions authorized under the patent protection of the CDC, the FDA, the NIH, and their equivalent organizations around the world," he said.

WATCH: https://twitter.com/saggiori/status/1660093879566102528

This is the most important video you will watch this year. Millions were killed with Covid-19 for profit.

"Covid-19 was an act of biological warfare perpetrated on the human race. It was a financial heist. Nature was hijacked. Science was hijacked." **pic.twitter.com/1sYnVMaIRN**

— Kim Dotcom (@KimDotcom) **May 25, 2023**

3-1

MUST WATCH: Expert Tells EU Parliament "COVID-19 Was An Act Of Biological Warfare" (Video)

May 26, 2023

https://www.infowars.com/posts/david-martin-exposes-timeline-of-biggest-democide-in-recorded-history/

4-1

Dr. John Campbell: 2% of Vaccine Reactions Reported (Video)

July 2023

https://rumble.com/v36vz5k-dr.-john-campbell-2-of-vaccine-reactions-reported.html

5-1

Governments & Universities Secretly Studied COVID Vaccine Before Rollout: Shots Killed 100% of Mice, Monkeys

August 11, 2023

Alex Jones breaks down Dr. Abdul Alim Muhammad's warning of how early COVID studies demonstrated a "100% death rate" in mice & monkeys:

https://banned.video/watch?id=64d56e913a4bee58423f0f93

6-1

Age-stratified COVID-19 vaccine-dose fatality rate for Israel and Australia

February 9, 2023 Denis G. Rancourt, PhD ; Marine Baudin, PhD ; Joseph Hickey, PhD ; Jérémie Mercier, PhD

ABSTRACT: It is now well established from autopsy studies and adverse effect monitoring that the COVID-19 vaccines can cause death. The vaccine-dose fatality rate (vDFR), which is the ratio of vaccine-induced deaths to vaccine doses delivered in a population, has recently been measured by us to be as large as 1 % in India and when "vaccine equity" campaigns were applied in high-poverty states of the USA, and to be 0.05 % in Australia, with data that is not discriminated by age group. Here, we provide the first empirical evaluations of age-stratified vDFRs, using national all-cause mortality and vaccine rollout data, for Israel and Australia. We find that the vDFR increases dramatically with age for older adults, being exponential with a doubling time of approximately 5.2 ± 0.4 years. As a result the vDFR is an order of magnitude greater in the most elderly population than the all-population value, reaching 0.6 % for the 80+ years age group in Israel and 1 % for the 85+ years age group in Australia, compared to < 0.01 % for young adults (< 45 year olds). **Our results imply that it was reckless to prioritise vaccinating those deemed to be in greatest need of protection.**

6-2

Age-stratified COVID-19 vaccine-dose fatality rate for Israel and Australia

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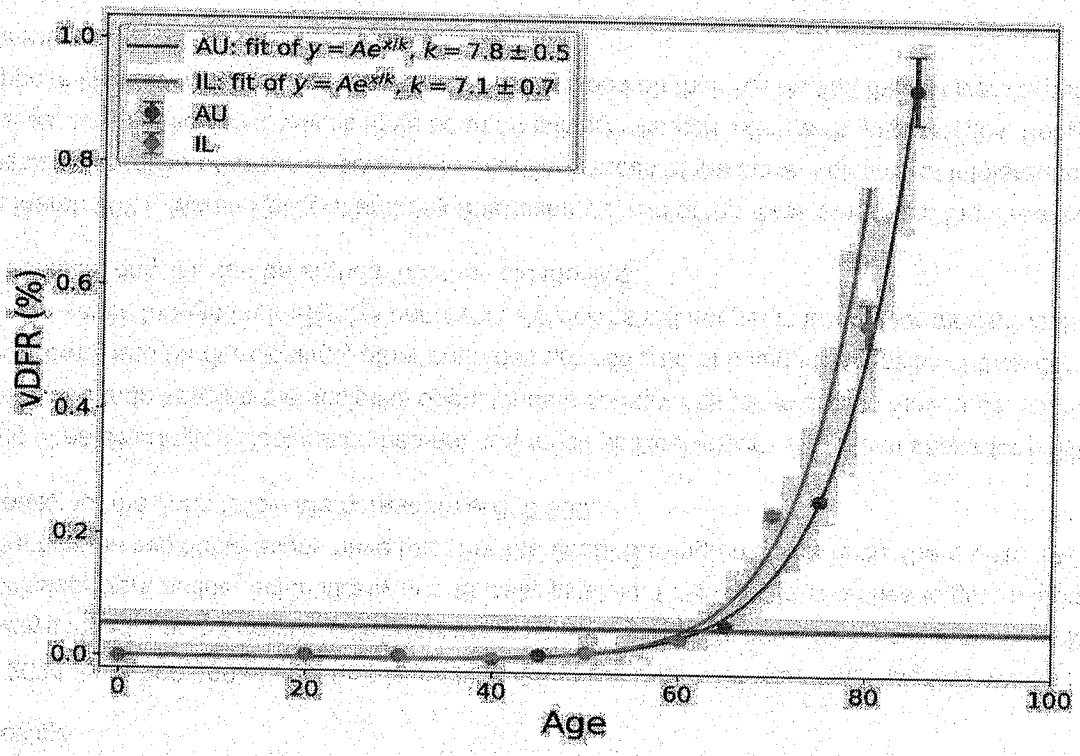

Downloads:

6-3

- Rancourt et al 2023 - vDFR by age ISRAEL-AUSTRALIA - article----9d.pdf
- Taux-de-mortalite-par-dose-de-vaccin-COVID-19-stratifie-selon-lage-pour-Israel-et-lAustralie.pdf

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Links:

- at Correlation Research in the Public Interest
- at ResearchGate
- at jeremie-mercier.com
- archived from ResearchGate
- at Ontario Civil Liberties Association (ocla.ca)
- au site de Guy Boulianne (en francais)
- at Global Research (availble in 51 languages)
- archived from GR
- at Canada Health Alliance - CHA
- at Dr Mark Trozzi website

VIEW OF DOWNLOAD:
Rancourt et al 2023 - vDFR by age ISRAEL-AUSTRALIA - article----9d.pdf

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CORRELATION
Research in the Public Interest

Brief Report |
9 February 2023

Age-stratified COVID-19 vaccine-dose fatality rate for Israel and Australia

Denis G. Rancourt,[1,*] PhD ; Marine Baudin,[2] PhD ; Joseph Hickey,[1] PhD ; Jérémie Mercier,[2] PhD

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[*] denis.rancourt@gmail.com

This Correlation report is simultaneously posted on several websites, including:
https://correlation-canada.org/
https://denisrancourt.ca/
https://www.researchgate.net/profile/Marine-Baudin
https://www.researchgate.net/profile/Joseph-Hickey
https://www.researchgate.net/profile/Jeremie-Mercier-2
https://ocla.ca/
https://www.jeremie-mercier.com/

6-5

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It is well established that the COVID-19 vaccines can cause death, as seen from:

- detailed autopsy studies (Choi et al., 2021; Schneider et al., 2021; Sessa et al., 2021; Gill et al., 2022; Mörz, 2022; Schwab et al., 2022; Suzuki et al., 2022; Tan et al., 2022; Yoshimura et al., 2022; Onishi et al., 2023),
- adverse effect monitoring (Hickey and Rancourt, 2022),
- a recent survey study (Skidmore, 2023),
- studies of vaccine-induced pathologies (e.g., Goldman et al., 2021; Kuvandik et al., 2021; Turni and Lefringhausen, 2022; Edmonds et al., 2023; Wong et al., 2023), and
- more than 1,250 peer-reviewed publications about COVID-19 vaccine adverse effects (React 19, 2022).

24-1

Epidemic of Sudden Adult Deaths Finally Made News

Dr. Joseph Mercola March 18, 2023

STORY AT-A-GLANCE

- Former BlackRock fund manager Edward Dowd is bringing attention to the surge in deaths and disability that has occurred since the COVID-19 shot campaign rolled out
- Group life policyholders, who are typically healthier than the general population, experienced mortality spikes of 40% in 2021
- Disability numbers among the workforce reached a high of 33.2 million in September 2022, with numbers still trending up — a highly unusual increase
- Central banks, pharmaceutical companies, Big Tech and the media all benefited from the pandemic and have an interest in covering up what Dowd describes as a "large global murder scene"
- Dowd believes there's enough alarming data to warrant the COVID-19 shot program being stopped immediately, as the death and disability from the shots could easily exceed that from COVID-19
- Former BlackRock analyst and fund manager Edward Dowd is one of the brave few who have been trying to get the word out about dangers of COVID-19 shots. While I've interviewed him twice — once about the mathematical certainty of a financial collapse and a second time about his book, "Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022," — his information is finally getting mainstream media attention.

In an interview with Tucker Carlson, he explains that media outlets like Yahoo have picked up on the undeniable increase in deaths among young, healthy adults. However, they're quick to state that such deaths are not due to COVID-19 shots.1 But Dowd isn't deterred. As A Midwestern Doctor noted on Substack:

"Ed Dowd has focused on utilizing a narrower set of evidence and tying it to one of the most persuasive arguments currently available for shifting the narrative. A statistically impossible spike in sudden deaths has occurred in the healthiest segment of the population and has happened in tandem with a spike in disability (this is why we are now having labor shortages)."

Dowd is intent on bringing global attention to this surge in deaths and disability that has occurred since the COVID-19 shot campaign rolled out, and he's not willing to let anyone, or any entity, stop him. "We have the data. We have the evidence," he says, "and there's a large global murder scene that just occurred."

Insurance Company Data Reveal 40% Death Surge

"Cause Unknown" details data showing the shots are a crime against humanity. Some of that data comes from private insurance companies, which love to sell group life insurance policies to large Fortune 500 corporations and mid-sized companies because they hardly ever have to pay out on a claim.

Workers at these corporations tend to be in good health, with industry data suggesting the group life policyholders have one-third the mortality rate of the general U.S. population. The death rates have historically been highly predictable among this group — until 2021. A report released by the Society of Actuaries4 found mortality spikes of 40% or more that year.

Insurance companies had sizeable increases in payouts for death and disability. Dowd tweeted February 1, 2022, that financial insurance company Unum reported a significant increase in their benefit ratio (payouts versus premiums) in their life segment. Dowd tweeted:

"In 2021 they saw a 17.4% increase vs 2020. This is higher than the 13.3% increase vs 2019. So the higher payouts in 21 are occurring with a miracle vaccine & less virulent strains ... In 2019 the unit had $266 million profit, last year a profit of $82 million & this year a loss of -$192 million. A swing of $458 million lower over 2 years. Important to remember these are employed working age folks."

7-1

Covid-19 vaccine boosters for young adults: A risk-benefit assessment and five ethical arguments against mandates at Universities

Kevin Bardosh, PhD; Allison Krug, MPH; Euzebiusz Jamrozik, MD, MA, PhD, et. al.
Trudo Lemmens, CandJur, LicJur, LLM, DCL
September 2022

Abstract

Students at North American universities risk disenrollment due to third dose Covid-19 vaccine mandates. We present a risk-benefit assessment of boosters in this age group and provide five ethical arguments against mandates. We estimate that 22,000 - 30,000 previously uninfected adults aged 18-29 must be boosted with an mRNA vaccine to prevent one Covid-19 hospitalisation.

Using CDC and sponsor-reported adverse event data, we find that booster mandates may cause a net expected harm: per Covid-19 hospitalisation prevented in previously uninfected young adults, we anticipate 18 to 98 serious adverse events, including 1.7 to 3.0 booster-associated myocarditis cases in males, and 1,373 to 3,234 cases of grade ≥3 reactogenicity which interferes with daily activities. Given the high prevalence of post-
infection immunity, this risk-benefit profile is even less favourable. University booster mandates are unethical because:

1) no formal risk-benefit assessment exists for this age group;

2) vaccine mandates may result in a net expected harm to young people;

3) mandates are not proportionate: expected harms are not outweighed by public health benefits given the modest and transient effectiveness of vaccines against transmission;

4) US mandates violate the reciprocity principle because rare serious vaccine-related harms will not be reliably compensated due to gaps in current vaccine injury schemes; and

5) mandates create wider social harms. We consider counter-arguments such as a desire for socialisation and safety and show that such arguments lack scientific and/or ethical support. Finally, we discuss the relevance of our analysis for current 2-dose Covid-19 vaccine mandates in North America.

Full study document at: https://www.scribd.com/document/593779723/COVID-19-Vaccine-Boosters-for-Young-Adults-A-Risk-Benefit-Assessment-and-Five-Ethical-Arguments-against-Mandates-at-Universities#from_embed

There are then the 'blue batches' clustered around the blue line, which are obviously associated with an extraordinarily high level of adverse events. As Dyker notes, no more than 80,000 doses of any of the blue batches were administered in Denmark – suggesting that these especially bad batches may perhaps have been quietly pulled from the market by public health authorities.

Nonetheless, these batches had as many as 8,000 suspected adverse events associated with them. Eight thousand out of 80,000 doses would give a reporting rate of one suspected adverse event for every 10 doses – and Dyker notes that some of the blue batches are indeed associated with a reporting rate of as high as **one suspected adverse event for every *six* doses**!

On Dyker's calculation, the blue batches represent less than 5% of the total number of doses included in the Danish study. Nonetheless, they are associated with nearly 50% of the 579 deaths recorded in the sample.

Finally, we have the 'yellow batches' clustered around the yellow line, which, as can be seen above, barely gets off the x-axis.

On Dyker's calculation, the yellow batches represent around 30% of the total.

Dyker notes that they include batches comprising some 200,000 administered doses which are associated with literally *zero* suspected adverse events.

As Dyker puts it, "malicious" observers might note that "this is how placebos would look".
And malicious observers might be right.

For Dyker and Matysik compared the batch numbers contained in the Danish study with publicly available information on the batches approved for release, and they made the startling discovery that almost none of the harmless batches, unlike the very-bad and not-so-bad batches, appear to have been subject to any quality-control testing at all.

Unbeknownst to most observers, it is precisely the German regulatory agency, the Paul Ehrlich Institute (PEI), which is, in principle, responsible for quality control of all the Pfizer-BioNTech vaccine supply in the EU. (The institute is named after the German immunologist and Nobel Prize winner Paul Ehrlich, not, of course, the Stanford biology professor of the same name.)

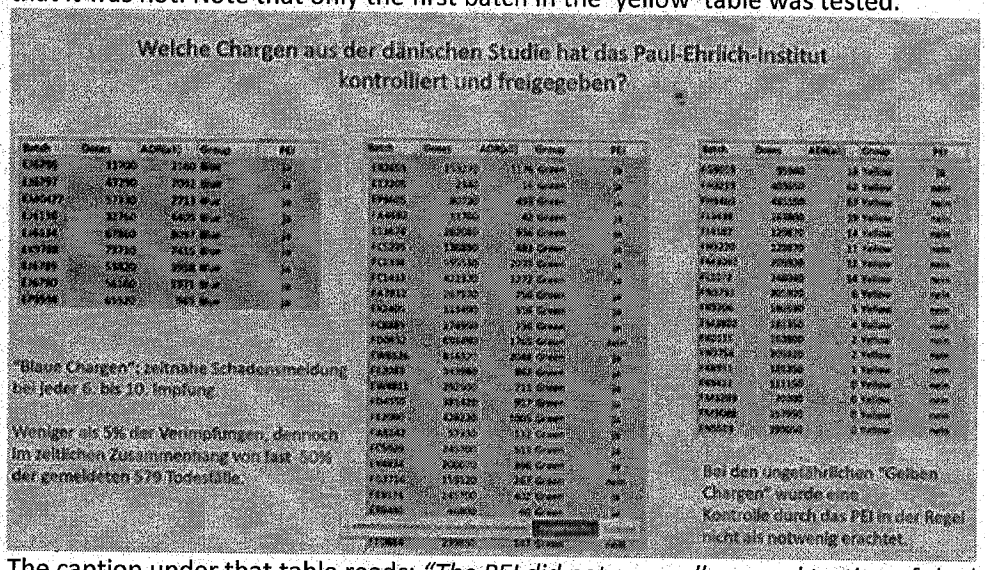
This reflects the fact that the actual legal manufacturer of the vaccine, as well as the marketing authorisation holder in the EU, is the German company BioNTech, not its more well-known American partner Pfizer.

Dyker and Matysik found that the PEI had tested and approved for release *all* the very bad 'blue' batches, the overwhelming majority of the not-so-bad 'green' batches, but *almost none* of the harmless 'yellow' batches – as if the PEI knew in advance that these batches were unproblematic.

This is shown in the below slide from Dyker's presentation during the *Punkt.Preradovic* interview. The title reads: 'Which batches from the Danish study did the Paul Ehrlich Institute test and approve for release?'

7-3

In the PEI column of each of the tables, "ja" means, of course, that the batch was tested, "nein" means that it was not. Note that only the first batch in the 'yellow' table was tested.



The caption under that table reads: *"The PEI did not generally regard testing of the harmless 'yellow batches' as necessary."*

As Dyker put it, with notable restraint, *"this would support the initial suspicion that they are maybe in fact something like placebos".*

Or, in short, to paraphrase the German scientists' findings on the variability of the Pfizer-BioNTech batches, it would appear that the good was bad, the bad was very bad, and the very good was saline solution.

8-1

Authors of Cleveland Clinic's Groundbreaking Study Release Another Finding Which Contradicts CDC Narrative: "Those Not 'Up-to-Date' on COVID-19 Vaccination Had a Lower Risk of COVID-19 than Those 'Up-to-Date'"

Jim Hoft June 22, 2023

Earlier this month, The Gateway Pundit **published an article** about the study conducted by the renowned Cleveland Clinic, ranked as the second-best hospital in the world, which found that the higher number of COVID-19 vaccine doses one receives, the higher the risk of infection with COVID-19.

The study can be found now in the June 2023 edition of *Open Forum Infectious Diseases*, Volume 10, Issue 6. The study is published at Open Forum Infectious Diseases (OFID), wherein the studies are **fully peer-reviewed.** The research was conducted with a large sample size within the Cleveland Clinic healthcare system.

Participants in the trial were all Cleveland Clinic Health System employees working at any Cleveland Clinic facility in Ohio on September 12, 2022, the first day the bivalent vaccine was first made accessible to staff and lasted over 180 days.

From the study: **"The risk of COVID-19 also varied by the number of COVID-19 vaccine doses previously received. The higher the number of vaccines previously received, the higher the risk of contracting COVID-19."**

Risk of COVID-19 Based on Prior Infection and Vaccination History

The risk of COVID-19 varied by the phase of the epidemic in which the study participant's last prior COVID-19 episode occurred. In decreasing order of risk were those never previously infected, those last infected during the pre-Omicron phase, and those last infected during the Omicron phase (Figure 1). The risk of COVID-19 also varied by the number of COVID-19 vaccine doses previously received. The higher the number of vaccines previously received, the higher the risk of contracting COVID-19 (Figure 2).

Source: Open Forum Infectious Diseases

The study added: **"The multivariable analysis also found that the more recent the last prior COVID-19 episode was, the lower the risk of COVID-19, and the greater the number of vaccine doses previously received, the higher the risk of COVID-19."**

last prior COVID-19 episode was the lower the risk of COVID-19, and the greater the number of vaccine doses previously received the higher the risk of COVID-19.

Bivalent Vaccine Effectiveness Among Those With Prior SARS-CoV-2 Infection or Vaccination

Among persons with prior exposure to SARS-CoV-2 by infection or vaccination, HRs for bivalent vaccination for individuals, after adjusting for time since proximate SARS-CoV-2 exposure, are shown in Table 3. Bivalent vaccination protected against COVID-19 during the BA.4/5-dominant phase (HR, 0.78 [95% CI, .70–.88; P <.001), but a significant protective effect could not be demonstrated during the BQ-dominant phase (0.91 [.78–1.07]; P = .25) or the XBB-dominant phase (1.05 [.85–1.29]; P= .66).

Source: Open Forum Infectious Diseases

8-2

Our report at The Gateway Pundit went viral—with almost 24,000 shares on Instagram alone—to such an extent that it was covered in its entirety by Joe Rogan on his show, "**The Joe Rogan Experience**," where he was joined by former Navy SEAL Andy Stumpf.

After it gained so much attention, the Health Feedback organization fact-checked our post almost two weeks later. The website claimed that the "Cleveland Clinic study didn't find that taking more COVID-19 vaccine doses causes increased COVID-19 risk; association alone doesn't imply causation."

On June 12, these same researchers from the Cleveland Clinic published a new study that further confirmed their earlier findings.

The pre-print study revealed that individuals not "up-to-date" on their COVID-19 vaccinations are at a lower risk of contracting COVID-19 compared to those who are "up-to-date."

This finding contradicts the Centers for Disease Control and Prevention's (CDC) established narrative.

The comprehensive study was conducted over a 100-day period starting from January 29, 2023, and it included 48,344 Cleveland Clinic employees who were in employment when the COVID-19 bivalent vaccine first became available and still employed when the XBB lineages of the virus became dominant.

In this study, researchers examined the risk of COVID-19 infection among individuals based on their vaccination status, specifically whether they were "up-to-date" or "not up-to-date" on their COVID-19 vaccines, according to the definition provided by the Centers for Disease Control and Prevention (CDC). Being "up-to-date" generally refers to having received all recommended doses of a COVID-19 vaccine.

Of the 48,344 subjects (Cleveland Clinic employees) included in the study, 1,445 (or 3%) of them had their data censored, or cut short, during the course of the study due to termination of their employment.

By the end of the study, 12,841 participants (or 27%) were "up-to-date" on their COVID-19 vaccinations according to the current CDC definition. The majority of these individuals, 11,187 (or 87%) of them, received the Pfizer-BioNTech vaccine, while 1,654 (or 13%) of them received the Moderna vaccine.

The study took place during a time when XBB lineages of SARS-CoV-2, the virus that causes COVID-19, were the most common strains circulating in the population. These lineages could refer to specific variants of the virus, but without further context, it's not possible to say which ones they might be exactly.

The study found that COVID-19 occurred in 1,475 employees (3%) during the study period. Interestingly, the cumulative incidence of COVID-19 was lower in the "not up-to-date" group than in the "up-to-date" group. The results remained consistent when considering only those 65 years and older as "up-to-date" after receiving two doses of the bivalent vaccine.

The current CDC definition, according to the findings of this study, may not provide an accurate classification of COVID-19 risk in the adult population.

According to the conclusion of the study, the results of the study question the current recommendation that every person should be "up-to-date" on their COVID-19 vaccinations, given that in this specific context they found a lower risk of COVID-19 infection among those not fully vaccinated.

From the **study:**

Table 1 shows the characteristics of subjects included in the study. Notably, this was a relatively young population, with a mean age of 43 years. Among these, 22 407 (46%) had previously had a documented episode of COVID-19 and 16 262 (34%) had previously had an Omicron variant infection. 42 160 subjects (87%) had previously received

8-3

at least one dose of vaccine and 44 432 (92%) had been previously exposed to SARS-CoV-2 by infection or vaccination. Altogether, 36 490 subjects (76%) were tested for COVID-19 by a NAAT at least once while employed at Cleveland Clinic. The propensity for COVID-19 testing ranged from 0 to 63.5 per year, with a median of 0.64 and interquartile range spanning 0.32 to 1.27 per year.

Risk of COVID-19 Based on Vaccination Status and Prior Infection

The risk of COVID-19 was lower in the "not up-to-date" state than in the "up-to-date" state, with respect to COVID-19 vaccination **(Figure 1)**. When stratified by tertiles of propensity to get tested for COVID-19, the "not up-to-date" state was not associated with a higher risk of COVID-19 than the "up-to-date" state in any tertile **(Figure 2)**.

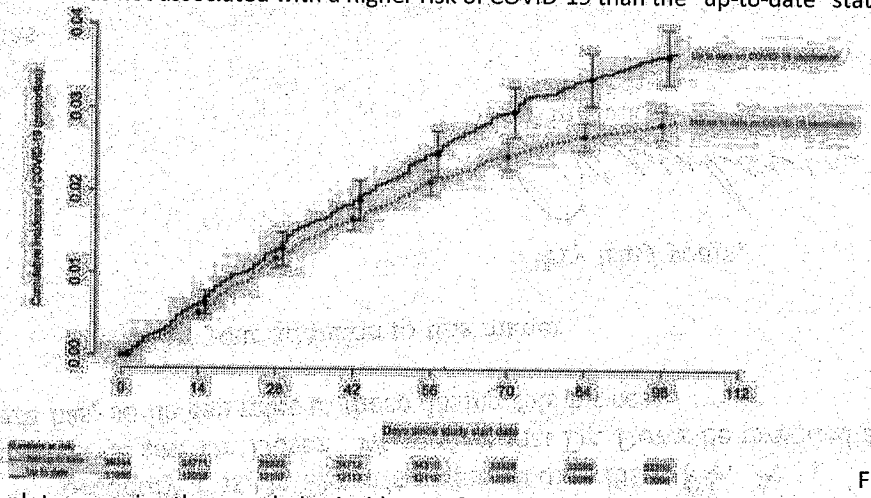
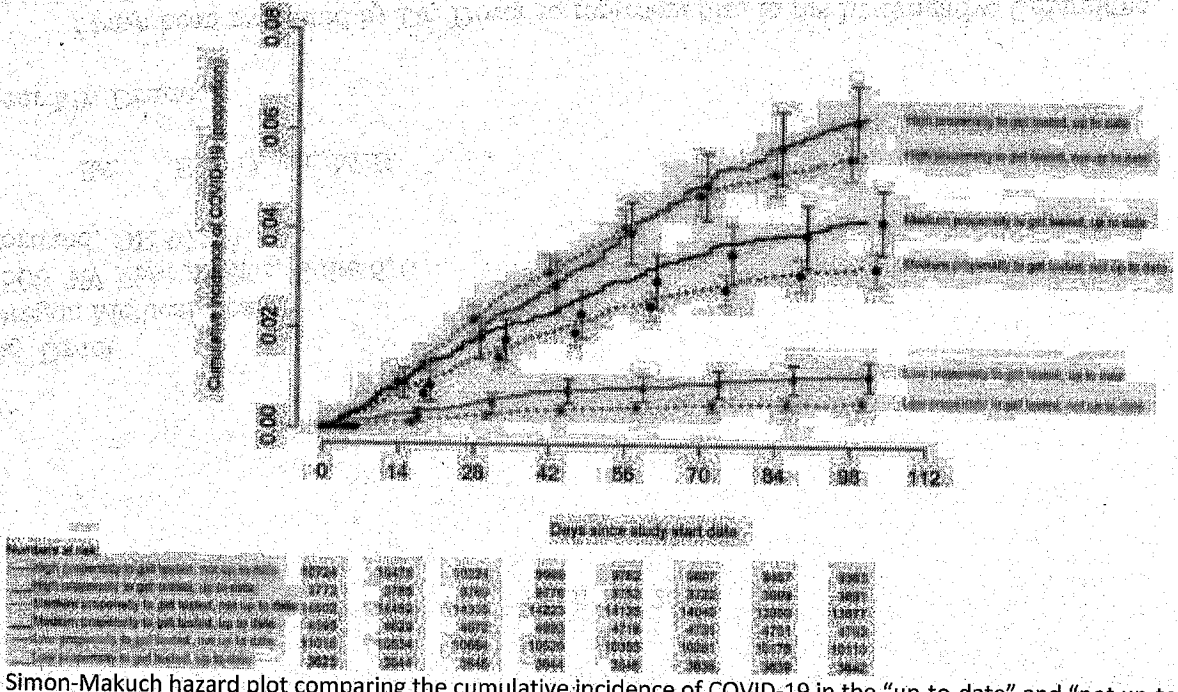


Figure 1. Simon-Makuch hazard plot comparing the cumulative incidence of COVID-19 in the "up-to-date" and "not up-to-date" states with respect to COVID-19 vaccination. Day zero was 29 January 2023, the day the XBB lineages of the Omicron variant became the dominant strains in Ohio. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility.



Simon-Makuch hazard plot comparing the cumulative incidence of COVID-19 in the "up-to-date" and "not up-to-date" states with respect to COVID-19 vaccination, stratified by tertiles of propensity to get tested for COVID-19.

8-4

Day zero was 29 January 2023, the day the XBB lineages of the Omicron variant became the dominant strains in Ohio. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility. Solid lines represent the "up-to-date" states while dashed lines represent the "not up-to-date" states.

Discussion

This study found that not being "up-to-date" on COVID-19 vaccination, using the current CDC definition, was associated with a lower risk of COVID-19 than being "up-to-date", while the XBB lineages were the dominant circulating strains of SARS-CoV-2.

This study's findings question the wisdom of promoting the idea that every person needs to be "up-to-date" on COVID-19 vaccination, as currently defined, at this time. It is often stated that the primary purpose of vaccination is to prevent severe COVID-19 and death. We certainly agree with this, but it should be pointed out that there is not a single study that has shown that the COVID-19 bivalent vaccine protects against severe disease or death caused by the XBB lineages of the Omicron variant.

At least one prior study has failed to find a protective effect of the bivalent vaccine against the XBB lineages of SARS-CoV-2. People may still choose to get the vaccine, but an assumption that the vaccine protects against severe disease and death is not reason enough to unconditionally push a vaccine of questionable effectiveness to all adults.

In conclusion, this study found that not being "up-to-date" on COVID-19 vaccination by the CDC definition was associated with a lower risk of COVID-19 than being "up-to-date".

This study highlights the challenges of counting on protection from a vaccine when the effectiveness of the vaccine decreases over time as new variants emerge that are antigenically very different from those used to develop the vaccine. It also demonstrates the folly of risk classification based solely on receipt of a vaccine of questionable effectiveness while ignoring protection provided by prior infection.

9-1

mRNA Disaster: Dr. McCullough Explains the Damaging Capabilities of Synthetic Code for WIV Spike – July 2023 – Video

https://rumble.com/v30cxbe-mrna-disaster-dr.-mccullough-explains-the-damaging-capabilities-of-syntheti.html

10-1

Former BlackRock Portfolio Mgr. Edward Dowd: The Covid "Vaccine" Is a 'Crime, Cover-Up, and Murder' (Video) – June 2023

https://rumble.com/v35yyeo-former-blackrock-portfolio-mgr.-edward-dowd-the-covid-vaccine-is-a-crime-co.html

11-1

COVID-19 Excess Deaths in Peru's 25 States in 2020: Nationwide Trends, Confounding Factors, and Correlations With the Extent of Ivermectin Treatment by State

Juan J. Chamie Jennifer A. Hibberd David E. Scheim August 08, 2023

Abstract

Introduction

In 2020, nations hastened to contain an emerging COVID-19 pandemic by deploying diverse public health approaches, but conclusive appraisals of the efficacy of these approaches are elusive in most cases. One of the medicines deployed, ivermectin (IVM), a macrocyclic lactone having biochemical activity against SARS-CoV-2 through competitive binding to its spike protein, has yielded mixed results in randomized clinical trials (RCTs) for COVID-19 treatments. In Peru, an opportunity to track the efficacy of IVM with a close consideration of confounding factors was provided through data for excess deaths as correlated with IVM use in 2020, under semi-autonomous policies in its 25 states.

Methods

To evaluate possible IVM treatment effects, excess deaths as determined from Peruvian national health data were analyzed by state for ages ≥60 in Peru's 25 states. These data were compared with monthly summary data for excess deaths in Peru for the period 2020-2021 as published by the WHO in 2022. To identify potential confounding factors, Google mobility data, population densities, SARS-CoV-2 genetic variations, and seropositivity rates were also examined.

Results

Reductions in excess deaths over a period of 30 days after peak deaths averaged 74% in the 10 states with the most intensive IVM use. As determined across all 25 states, these reductions in excess deaths correlated closely with the extent of IVM use ($p<0.002$). During four months of IVM use in 2020, before a new president of Peru restricted its use, there was a 14-fold reduction in nationwide excess deaths and then a 13-fold increase in the two months following the restriction of IVM use. Notably, these trends in nationwide excess deaths align with WHO summary data for the same period in Peru.

Conclusions

The natural experiment that was put into motion with the authorization of IVM use for COVID-19 in Peru in May 2020, as analyzed using data on excess deaths by locality and by state from Peruvian national health sources, resulted in strong evidence for the drug's effectiveness. Several potential confounding factors, including effects of a social isolation mandate imposed in May 2020, variations in the genetic makeup of the SARS-CoV-2 virus, and differences in seropositivity rates and population densities across the 25 states, were considered but did not appear to have significantly influenced these outcomes.

For entire 25 page study document: https://www.cureus.com/articles/172991-covid-19-excess-deaths-in-perus-25-states-in-2020-nationwide-trends-confounding-factors-and-correlations-with-the-extent-of-ivermectin-treatment-by-state#!/

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People Rarely Transmit COVID-19 Before Experiencing Symptoms: Lancet Study

SEP 05, 2023 Tom Ozimek

In a blow to the COVID-19 "silent spreader" narrative that has been used to push for universal masking, including controversially among schoolchildren, a recent study published in The Lancet suggests that **people who are non-symptomatic rarely have the ability to infect others.**

Silent transmission is the idea that those who are infected with COVID-19 but show no symptoms can still spread the virus to other people.

While all relevant studies show that presymptomatic and asymptomatic "silent spreaders" account for some proportion of infections in other people, the degree of silent transmission is less clear.

A number of early studies—in some cases affected by limitations that may have led to their proportion of presymptomatic transmission to be "artifactually inflated"—suggested that silent transmission accounted for around half of secondary infections, or even more.

The early studies led public health authorities to argue that everyone should wear a mask at all times when out in public or crowded places. This, in turn, helped drive draconian universal masking policies, including in schools, in a bid to reduce the spread of COVID-19.

For instance, Dr. Anthony Fauci, former director of the National Institute of Allergy and Infectious Diseases (NIAID), initially discouraged universal mask-wearing early in the pandemic but later did a U-turn.

Initially, "we didn't realize the extent of asymptotic spread," Dr. Fauci said in July 2020, adding that later, "we fully realized that there are a lot of people who are asymptomatic who are spreading infection."

"**So it became clear that we absolutely should be wearing masks consistently,**" Dr. Fauci said at the time.
But new research calls into question the significance of the threat of silent transmission, which comes as COVID-19 cases are on the rise in America, driving what some are calling a renewed pandemic "hysteria" and calls for a fresh round of restrictions, including mask mandates.

'Very Few Emissions' Before Symptom Onset

The new study, published in the **August issue of The Lancet's Microbe journal**, shows that people who are sick with COVID-19 but don't show any symptoms have a limited ability to spread the virus to other people.

Participants in the British study, which was carried out by researchers at Imperial College London, were unvaccinated healthy adults aged 18-30 who were intentionally infected with COVID-19.

The subjects were monitored under controlled circumstances while self-reporting symptoms three times per day, and researchers collected nose and throat swabs from them daily, checking for the presence of the virus.

The researchers also tested the inside of masks worn by the participants, checked their hands, and examined the air and surfaces of rooms that the subjects were kept in for a minimum of 14 days.

Ultimately, the researchers found that less than 10 percent of the viral emissions from infected participants took place before the first symptoms emerged.
"**Very few emissions occurred before the first reported symptom (7%) and hardly any before the first positive lateral flow antigen test (2%),**" the authors of the study wrote.

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The new study—which takes the form of a rigorous, controlled "challenge study" rather than the earlier modeling studies that relied on subjective inputs and assumptions of researchers—contradicts earlier research that set the tone for much of the prevailing narrative. That early research appears to have inflated the perceived threat of presymptomatic spread.

The latest study, suggesting that silent transmission is far less significant, comes amid a growing drumbeat of alarm as COVID-19 cases, hospitalizations, and deaths are on the rise—along with calls in some circles for renewed restrictions.

By contrast, many are calling for cool heads to prevail—or are urging civil disobedience if lockdowns or other mandates are reimposed.

'Artifactually Inflated'?

Some early studies, such as one published in August 2020 called "Temporal Dynamics In Viral Shedding and Transmissibility of COVID-19," suggested that people who were presymptomatic or asymptomatic accounted for a large proportion of secondary infections.

This particular study estimated that 44 percent of secondary cases were infected during the presymptomatic stage, while concluding that "disease control measures should be adjusted to account for probably substantial presymptomatic transmission."

The authors of the study admitted that it had several limitations, however, including potential "recall bias" that may have tended towards a delay in recognizing first symptoms.

"The incubation period would have been overestimated, and thus the proportion of presymptomatic transmission artifactually inflated," meaning that the study may have exaggerated the proportion of people who spread the virus before showing symptoms, they said.

Another study from July 2020 called "The Implications of Silent Transmission for the Control of COVID-19 Outbreaks" went even further, suggesting that people were most infectious during the presymptomatic phase and concluding that silent transmission was the "primary driver of COVID-19 outbreaks and underscore the need for mitigation strategies, such as contact tracing, that detect and isolate infectious individuals prior to the onset of symptoms."

That study relied on a range of assumptions and models, with different presymptomatic, asymptomatic, and symptomatic transmission rates calculated based on a complex mathematical model from another study.

Findings from earlier studies like the ones cited above led public health officials to argue that silent spreaders were a big factor in COVID-19 transmission and so to recommend that everyone should mask up.

13-1

Viral emissions into the air and environment after SARS-CoV-2 human challenge: a phase 1, open label, first-in-human study

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Published:June 09, 2023 DOI:https://doi.org/10.1016/S26665247(23)001015 *THE LANCET JOURNAL - MICROBE*

Summary

Background

Effectively implementing strategies to curb SARS-CoV-2 transmission requires understanding who is contagious and when. Although viral load on upper respiratory swabs has commonly been used to infer contagiousness, measuring viral emissions might be more accurate to indicate the chance of onward transmission and identify likely routes. We aimed to correlate viral emissions, viral load in the upper respiratory tract, and symptoms, longitudinally, in participants who were experimentally infected with SARS-CoV-2.

Methods

In this phase 1, open label, first-in-human SARS-CoV-2 experimental infection study at quarantine unit at the Royal Free London NHS Foundation Trust, London, UK, healthy adults aged 18–30 years who were unvaccinated for SARS-CoV-2, not previously known to have been infected with SARS-CoV-2, and seronegative at screening were recruited. Participants were inoculated with 10 50% tissue culture infectious dose of pre-alpha wild-type SARS-CoV-2 (Asp614Gly) by intranasal drops and remained in individual negative pressure rooms for a minimum of 14 days. Nose and throat swabs were collected daily. Emissions were collected daily from the air (using a Coriolis μ air sampler and directly into facemasks) and the surrounding environment (via surface and hand swabs). All samples were collected by researchers, and tested by using PCR, plaque assay, or lateral flow antigen test. Symptom scores were collected using self-reported symptom diaries three times daily. The study is registered with ClinicalTrials.gov, NCT04865237.

Findings

Between March 6 and July 8, 2021, 36 participants (ten female and 26 male) were recruited and 18 (53%) of 34 participants became infected, resulting in protracted high viral loads in the nose and throat following a short incubation period, with mild-to-moderate symptoms. Two participants were excluded from the per-protocol analysis owing to seroconversion between screening and inoculation, identified post hoc. Viral RNA was detected in 63 (25%) of 252 Coriolis air samples from 16 participants, 109 (43%) of 252 mask samples from 17 participants, 67 (27%) of 252 hand swabs from 16 participants, and 371 (29%) of 1260 surface swabs from 18 participants. Viable SARS-CoV-2 was collected from breath captured in 16 masks and from 13 surfaces, including four small frequently touched surfaces and nine larger surfaces where airborne virus could deposit. Viral emissions correlated more strongly with viral load in nasal swabs than throat swabs. Two individuals emitted 86% of airborne virus, and the majority of airborne virus collected was released on 3 days. Individuals who reported the highest total symptom scores were not those who emitted most virus. Very few emissions occurred before the first reported symptom (7%) and hardly any before the first positive lateral flow antigen test (2%).

Interpretation

After controlled experimental inoculation, the timing, extent, and routes of viral emissions was heterogeneous. We observed that a minority of participants were high airborne virus emitters, giving support to the notion of superspreading individuals or events. Our data implicates the nose as the most important source of emissions. Frequent self-testing coupled with isolation upon awareness of first symptoms could reduce onward transmissions.

For entire 35 page study document: https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(23)00101-5/fulltext

14-1

Excess Mortality Just Got Even Worse: Ed Dowd Drops Alarming New Data

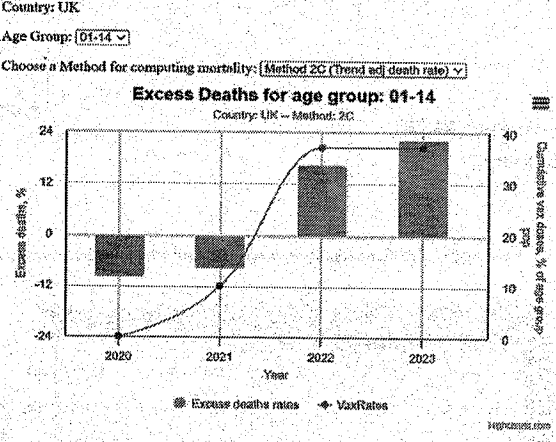
September 1, 2023

Former Blackrock asset manager and prominent data analyst Ed Dowd recently brought forth worrying data on the Dr. Drew show. Death rates among children in the UK are climbing — and fast.

There's a silent health crisis happening right now — and nobody wants to talk about it.

According to yearly excess death data, available at phinancetechnologies.com, the **years 2020 and 2021 had negative excess mortality rates, at -9% and -7%, respectively. This means that the death rate among children in that age group was** less **than anticipated for those years.**

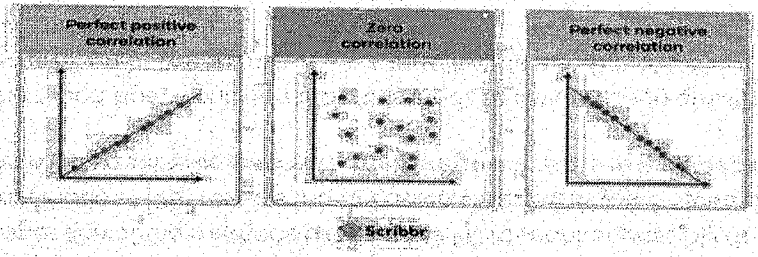
These rates dramatically shifted to **16% more deaths than anticipated in 2022** and a projected **22% more deaths than anticipated in 2023**. Dowd blamed this rise in mortality on the COVID-19 vaccine rollout for this age group, which commenced in **September 2021** for 12 to 15-year-olds and **April 2022** for 5 to 11-year-olds.



Unpacking the 0.94 Correlation Coefficient

In statistics, the **correlation coefficient** measures the strength and direction of the linear relationship between two variables. The value of a correlation coefficient ranges from -1 to 1, with 0 indicating no correlation, -1 indicating a perfect negative linear correlation, and 1 indicating a perfect positive linear correlation.

Correlation coefficient value	Correlation type	Meaning
1	Perfect positive correlation	When one variable changes, the other variables change in the same direction.
0	Zero correlation	There is no relationship between the variables.
-1	Perfect negative correlation	When one variable changes, the other variables change in the opposite direction.



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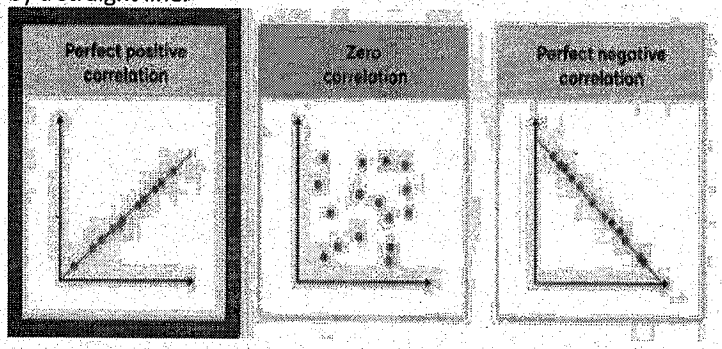
Alarmingly, Dowd found a correlation coefficient of 0.94 **between the vaccine rollout and excess deaths** among UK children. This suggests a very strong positive linear relationship between the two factors. So, as one variable increases (**vaccine uptake**), the other variable (**excess deaths**) also increases in a way that is closely approximated by a straight line.



But couldn't the excess deaths be because of COVID-19 and not the vaccines?

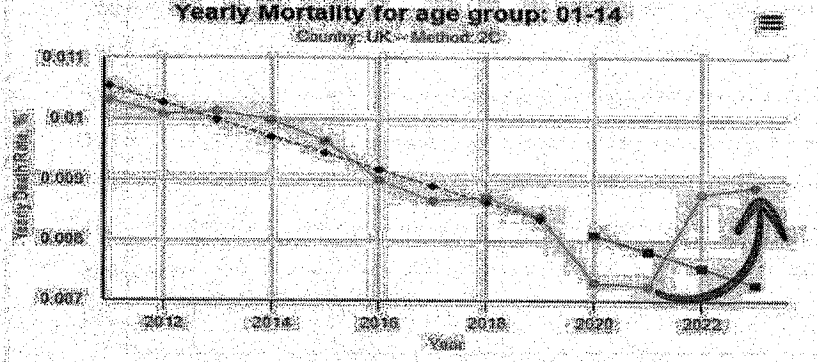
One, children are at a **very, very low risk** of dying from COVID-19. So, any increase in COVID-19 deaths one year over the other would hardly make a dent in overall deaths among children.

Covid-19 Infection Death Rate by Age Group

Age	Infection Death Rate
0-19	0.0027%
20-29	0.014%
30-39	0.031%
40-49	0.082%
50-59	0.27%
60-69	0.59%
70+ (non inst.)	2.4%
70+ (all)	5.5%

Source: https://www.medrxiv.org/content/10.1101/2021.07.09.21260210v1

Two, Dowd showed that excess deaths among UK children were **declining** until late 2021 before the COVID-19 vaccines were introduced. **After the vaccines were rolled out**, excess deaths began to rise significantly.



Dowd also questioned why COVID-19 would be responsible for the increase in excess mortality among children only after the vaccines were introduced, and not before. He pointed out that if COVID-19 were the cause of increased excess mortality, we would have expected to see these elevated numbers in 2020 and 2021 as well.

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