Letter to policy makers and medical professionals:

It is time to end willful ignorance and failed COVID-19 policy measures.

We, the people, demand an immediate halt to all COVID-19 vaccine mandates.

We further demand, all health ministries, regulatory government bodies, and other responsible agencies, justify, through established scientific protocol and review, their recommendations for approving EUA of COVID-19 vaccines.

Many lawmakers are not well-versed in the scientific process as this is not their area of expertise. For this reason, it is understandable that governments look to their scientific and medical advisers for advice in these matters.

However, science is not a field based on consensus. Experts are allowed to have genuine opinions and make suggestions based on their understanding of facts and data; but the fundamental truth of scientific process is established by independent inquiry and the ability of a thesis to stand up to a challenge.

The unfortunate aftermath of politicizing a health crisis has led us to a place where a title of position or authority is taken as unquestionable truth. In science and medicine there is no such thing as unquestionable truths; every idea, policy and action needs to be challenged and should be able to stand up to such a challenge to have legitimacy.

The working ideas, given to us by, government and scientific advisers, had a weak basis, when first used, at the start of this pandemic, to justify unprecedented and harsh punitive measures never before implemented to manage a medical crisis.

In 2022, we have accumulated over two years of data to determine whether the assumptions made in 2020, based on opinions and ideas of government experts, are valid.

Analysis of the flawed public health policy being pursued in "lockstep" by governments worldwide reveals the following:

Health authorities and government bodies have glossed over the substance and given a cursory view of the subject. These authorities present flimsy evidence and promote it and interpret it in a way that goes against well-established scientific standards - and which now goes against the growing body of evidence from voluminous studies worldwide and that give strength to the voice of restraint in the use of the COVID-19 vaccines.

Governments claim to base their COVID-19 vaccine mandates on the following assumptions:

1. Risk of COVID-19 and its sequelae;
2. Risk of spreading COVID-19;
3. Benefits of vaccination; and
4. Risk/Concern with the COVID-19 vaccinations

Their analysis on each of these points is substantially flawed, as we will demonstrate. Just claiming there is overwhelming evidence does not mean it actually exists.

The scientific knowledge and data that has now emerged – that is at our disposal – must not be ignored. This evidence definitively leads us to the following indisputable medical and scientific facts:

1. The vaccines do prevent transmission;
2. The vaccines do not prevent infection;
3. The current vaccines do not meaningfully reduce hospitalization or deaths caused by new and evolving variants;
4. The long-term safety profile is unknown; and
5. There is accumulating data that multiple doses may result in long-term immunodeficiency.

While governments and health authorities present a handful of limited and stakeholder funded studies which are flawed and unduly biased in their methodologies, analyses, and conclusions - the numerous and ongoing studies and data collected from around the world from independent and reputable physicians and scientists speak in unison against the rush to mandate vaccines.

There are over hundreds of relevant studies on this issue, which all require review and consideration. While this is a time consuming endeavor, it is a necessary one and there is ample evidence to justify immediately halting vaccine mandates.

Politics should have no bearing on science. The political preferences of clinicians and scientists are irrelevant to vaccine safety and efficacy. Similarly, those who have concerns regarding the safety of COVID-19 vaccines should not be viewed through a political lens.

It should be the duty of every policymaker to be familiar with the actual facts and real time, real life data which is emerging. Willful ignorance cannot be used as an excuse to continue down the treacherous path governments are choosing to follow.

Based on the established, undisputed medical facts presented here, there is no logical, medical, ethical, scientific or legal basis for mandates, passports, segregation and discrimination based on an individual's health or vaccination status. Mandates and passport stem solely from political ambitions. We cannot

definitively say what the end goal of the leadership behind this political agenda is but for certain the health and well-being of their citizens is not the driving force.

Overall societal harm and public health damage will be many magnitudes greater with these questionable policies and mandates in place. This is not theoretical; there are over two years of data, which overwhelmingly establish the immense collateral damage resulting due to failed COVID-19 policies. Poverty, mental health, and disease burden have jumped by unprecedented numbers.

Following is a list of some of the ideas and practices promoted by Government Agencies and Medical-Professional Organizations. All of them can be challenged with valid arguments.

- Official Position: COVID-19 mRNA-based vaccines are "safe and effective". They are the only way out of this pandemic. People who refuse to be vaccinated are irresponsible and act against the common good. It is necessary to impose compulsory vaccinations against COVID-19 to the population with penalties against those who choose not to be vaccinated.

    - Challenge: There is no evidence to sustain the argument that "vaccines are the only way out of the pandemic". In fact, evidence is quite the contrary. There is abundant medical literature to justify concerns with the safety and efficacy of the vaccines, including data that suggest that the mechanism of action of these new vaccines can represent many risks to the recipients.
    - It is universally accepted now that these vaccines do not prevent infection. Data from many countries suggest that high vaccination rates are associated with increased infection rates.
    - Surveillance systems of adverse effects from these vaccines report a much higher number of adverse events compared with the experience of 30 years past. Trying to discredit the validity of these surveillance systems in the present, when they were never discredited in the past, is not an acceptable argument.
    - The association with adverse effects like myocarditis in young males is clear.
    - We cannot emphasize enough that an unvaccinated person, just for being unvaccinated <u>does not</u> represent a threat of harm or danger to anyone.
    - The fact that there are valid concerns, plus the principle of autonomy, should rule out the idea of making them compulsory. The precautionary principle in medicine always puts the burden of proof on the intervention, not the other way around. This is applied to all other pharmaceutical products in use. Coercing people to take the vaccines with privileges or penalties is unethical. Article 6 of the Universal Declaration for Bioethics and Human Rights establishes that any medical intervention – diagnostic, preventive or therapeutic, must be done with the fully informed consent of the individual.

- Official position: Measures like mask mandates, social distancing, quarantining those exposed to the disease, restrictions to mobility, suspension of social activities, curfews, and others need to be imposed. These measures are all based on the premise of "asymptomatic transmission".

    - Challenge: Past experience with other viral respiratory diseases demonstrates that the phenomenon of asymptomatic transmission of respiratory diseases is rare.
    - All the literature available post 2020, related to COVID-19 confirms that – as expected – asymptomatic transmission is also very rare in the case of this virus.
    - Measures that attempt to control spread of the infection based on this presumption are not effective. There is abundant literature that demonstrates the ineffectiveness of masks for transmission control in non-healthcare settings. Measures such as quarantining the exposed and travel restrictions have been intentionally omitted in past guidelines of epidemic control published by the World Health Organization.

- Official position: We need to establish surveillance by mass-testing the population with PCR and antigen tests.

    - Challenge: There is abundant literature about the problems with the PCRs. It has never been the practice in medicine to use any laboratory test as the exclusive means of defining a "case".
    - It is well known that diagnostic tests used in this manner will yield a high percentage of false positive results.
    - The practice of contact-tracing for respiratory infectious diseases has been intentionally omitted in past guidelines of epidemic control published by the World Health Organization.
    - Nefarious consequences of using diagnostic tests in the manner they have been used are: overestimation of all COVID events, including hospitalizations and deaths attributed to the disease, quarantining healthy individuals, requiring "PCR-negative proof" to be able to work, receive services or participate in society, and other.

Professionals who challenge and raise concerns about the above medical facts are criminalized and threatened with disciplinary action from licensing boards. Health professionals who practice evidence-based medicine and adhere to accepted norms of ethical practice should be supported, not demonized as "misinformers". Professional organizations and governments, in denigrating these professionals and misleading the public and media, are also entering perilous ethical and legal territory.

Mandates that assault a person's bodily autonomy are very rarely justified – if ever. In the case of COVID-19, no justification can be made for mandates. These vaccines do not stop transmission. So they have no utility in preventing spread. They do not stop

infection, so they have no role in keeping a person well. There is no debate that vaccines do not mitigate spread, therefore the current COVID-19 vaccine mandates and passports, are scientifically, morally, ethically and legally wrong.
Professional organizations and government agencies must stop misusing their position of trust and authority to mislead the public and follow the practices and standards that best represent the interests of their constituents- not an arbitrary agenda they have decided to pursue at all costs.

Supporting Studies:

Infection Fatality Rate

1. Ioannidis, PA. The infection fatality rate of COVID-19 inferred from seroprevalence data. Bulletin of the WHO. July 14, 2020. https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3
2. Ioannidis, PA. The infection fatality rate of COVID-19 inferred from seroprevalence data. Bulletin of the WHO. 2021; 99:19-33. https://www.who.int/bulletin/volumes/99/1/20-265892.pdf
3. Axfors, C. Ioannidis, PA. Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview. https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v2
4. Ioannidis, PA. Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations. Eur J Clin Invest. 2021; 51:e13554. https://doi.org/10.1111/eci.13554

Previous immunity

Summary statement – A high percentage of the population has previous immunity to SARS-CoV-2, through cell-mediated immunity. Probably this is due from exposure in the past to other coronaviruses, and a phenomenon vastly known for decades, called cross-immunity.

1. Bonifacius, A. et al. COVID-19 immune signatures reveal stable antiviral T cell function despite declining humoral responses. Immunity. 54, 340-354, 2021. https://doi.org/10.1016/j.immuni.2021.01.008
2. Doshi, P. (Ed). Covid-19: Do many people have pre-existing immunity? BMJ. 2020; 370:m3563 https://www.bmj.com/content/370/bmj.m3563
3. Echeverría G. et al. Pre-existing T-cell immunity to SARS-CoV-2 in unexposed healthy controls in Ecuador, as detected with a COVID-19 Interferon-Gamma Release Assay. International Journal of Infectious Diseases. (2021). https://doi.org/10.1016/j.ijid.2021.02.034
4. Le Bert, N. et al. Different pattern of pre-existing SARS-COV-2 specific T cell immunity in SARS-recovered and uninfected individuals. (2020). https://doi.org/10.1101/2020.05.26.115832
5. Tarke A. et al. Comprehensive analysis of T cell immunodominance and immunoprevalence of SARS-CoV-2 epitopes in COVID-19 cases. Cell Reports Medicine 2, February 16, 2021. https://pubmed.ncbi.nlm.nih.gov/33521695/

6. Swadling, L. et al. Pre-existing polymerase-specific T cells expand in abortive seronegative SARS-CoV-2. Nature (2021). https://www.nature.com/articles/s41586-021-04186-8

Asymptomatic Transmission

Summary statement – Asymptomatic transmission of an infectious disease is very rare, and never the driver of an epidemic. There is no reason to think that it would be different with COVID, and the data supports this statement.

1. Fauci, A. https://www.youtube.com/watch?v=w6koHkBCoNQ&amp%3Bfbclid=IwAR1KpZcOLcqJx19wUfg7YCNNr3bT_lWlLyiutZ_tBZKwvY1EDO9G17LQ2eg
2. Patrozou, E. Mermel, LA. Does Influenza Transmission Occur from Asymptomatic Infection or Prior to Symptom Onset? Public Health Reports. 2009. Vol 124. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2646474/pdf/phr124000193.pdf
3. Gao, M. et al. A study on infectivity of asymptomatic SARS-CoV-2 carriers. Respiratory Medicine 169 (2020) 106026. https://www.resmedjournal.com/article/S0954-6111(20)30166-9/fulltext
4. Madewell, Z. et al. Household Transmission of SARS-CoV-2: A Systematic Review and Meta-analysis. JAMA Network Open. 2020; 3(12). https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102
5. Pollock, AM., Lancaster, J. Asymptomatic Transmission of COVID-9. BMJ 2020;371 https://www.bmj.com/content/371/bmj.m4851
6. Cao, S et al. Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. Nature Communications. (2020) 11:5917. https://www.nature.com/articles/s41467-020-19802-w

Problems with PCRs

Summary statement – PCRs yield a very high percentage of false positive results, especially in asymptomatic individuals. This is consistent with a previously well-known concept of Epidemiology, which has to do with the low positive predictive value of tests done in asymptomatic individuals. The concept is demonstrated in studies done with the PCR for SARS-CoV-2. There have also been serious problems identified with the manner in which this particular PCR test was developed and authorized for use. For some reason, authorities persist in doing this test in asymptomatic individuals, and using it as criterion for defining a "case", quarantining individuals, and restricting access to services or places. This test (and other tests) should be used exclusively by physicians as a diagnostic aid in sick individuals.

1. Cohen, A. N., & Kessel, B. (2020, May 20). False positives in reverse transcription PCR testing for SARS-CoV-2. https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v2

2. Cohen, A. N., & Kessel, B., Milgroom, M. (2020, August). Diagnosing COVID-19 infection: the danger of over-reliance on positive test results https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v4
3. Surkova E. False Positive Results (2020). https://www.thelancet.com/pdfs/journals/lanres/PIIS2213-2600(20)30453-7.pdf
4. Bullard, J. et al. Predicting Infectious Severe Acute Respiratory Syndrome Coronavirus 2 from Diagnostic Samples. Clinical Infectious Diseases. 2020: 71 (15 November). https://academic.oup.com/cid/article/71/10/2663/5842165
5. Dahdouh, E. et al. Ct values from SARS-CoV-2 diagnostic PCR assays should not be used as direct estimates of viral load. Journal of Infection. 2020. October 24. https://pubmed.ncbi.nlm.nih.gov/33131699/
6. Jaafar, R. Aherfi, S. Wurtz, N. Grimaldier, C Hoang, VT. Colson, P. Raoult, D. La Scola, B. Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positives Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates. Clinical Infectious Diseases. 29 September, 2020. https://doi.org/10.1093/cid/ciaa1491
7. Jefferson, T., & Heneghan, G. el al. (2020) Are you infectious if you have a positive PCR test for COVID-19? https://www.cebm.net/covid-19/infectious-positive-pcr-test-result-covid-19/
8. Santos, Chiesa. PCR Positives. What Do They Mean? (Sept. 2020) https://www.cebm.net/wp-content/uploads/2020/09/PCR-test-Infectivity-Sep-2020.pdf
9. WHO. Information notice for IVD Users 2020/05 (2021). https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05
10. Gnomegen COVID-19 Digital PCR Detection Kit. Instructions for Use. P. 15. https://www.fda.gov/media/137895/download
11. LBL-0109-04-900251-EUA-CE-Smart-Detect (P. 26). http://i8sit3w4v3z1h99oi1gmrx61-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/LBL-0109-05-900251-EUA-CE-Smart-Detect-SARS-CoV-2-rRT-PCR-Kit-Package-Insert.pdf
12. Corman-Drosten Review Report. https://cormandrostenreview.com/report/

Overdiagnosis of COVID in Hospitalization and Mortality Statistics

Summary statement – There is much evidence demonstrating that hospitalization and mortality rates from COVID-19 have been grossly overestimated in most countries, basing estimates solely on testing with PCRs, disregarding clinical criteria.

1. https://www.msn.com/en-us/health/medical/over-half-of-covid-hospitalisations-tested-positive-post-admission/ar-AAMChoj?fbclid=IwAR09GuYb4_w_Z4MwT5u6QCFWuwSizegsv866wTmlLRVyeBA-pbm5R2oLyHk

2. Vital Statistics Reporting Guidance. Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID–19). Report No. 3. April 2020. https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf
3. McGowan, J. Are COVID Death Rates Comparing Apples and Oranges? Mathematical Software. January 25, 2021. http://wordpress.jmcgowan.com/wp/are-covid-death-numbers-comparing-apples-and-oranges/

Masks

Summary statement – All important scientific literature, and even guidelines previously published by the WHO and CDC irrevocably state that masks are not effective reducing community transmission of COVID-19, or any viral respiratory disease.

1. Association of American Physicians and Surgeons. Mask Facts. September 2020. https://aapsonline.org/mask-facts/
2. Bundgaard, H., Bundgaard, JS. Effectiveness of Adding a Mask Recommendation to other Public Health Measures to Prevent SARS-CoV-2 Infections in Danish Mask Wearers. Annals of Internal Medicine. 2020 Nov 18. https://www.acpjournals.org/doi/10.7326/M20-6817
3. Meehan, J. An Evidence Based Scientific Analysis of Why Masks are Ineffective, Unnecessary, and Harmful. November, 2020. https://www.meehanmd.com/articles/post/173679/an-evidence-based-scientific-analysis-of-why-masks-are-ineffective-unnecessary-and-harmful
4. Swiss Policy Research: Are Face Masks Effective? The Evidence (October 25, 2020). https://swprs.org/face-masks-evidence/
5. Xiao, J. et al. Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures. CDC PolicyReview. Vol 26:5. May, 2020 https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article?fbclid=IwAR1wgGi1n82n8eGLEFTIbzV3atyHqop9DqK-rhx7itJ0SY3eZm5erwTZw6g
6. WHO. Mask use in the context of COVID-19. Interim guidance. 1 December 2020. https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak
7. Horowitz, D. Comprehensive analysis of 50 states shows greater spread with mask mandates. https://www.theblaze.com/op-ed/horowitz-comprehensive-analysis-of-50-states-shows-greater-spread-with-mask-mandates
8. Rosner, E. Adverse Effects of Prolonged Mask Use among Healthcare Professionals during COVID-19. Journal of Infectious Disease Epidemiology. 2020, 6:130. https://clinmedjournals.org/articles/jide/journal-of-infectious-diseases-and-epidemiology-jide-6-130.php?jid=jide
9. Schwarz, S. et al. Corona children studies "Co-Ki": First results of a Germany-wide registry on mouth and nose covering (mask) in children. https://doi.org/10.21203/rs.3.rs-124394/v2

10. Techasatian, L. et al. The Effects of the Face Mask on the Skin Underneath: A Prospective Survey During the COVID-19 Pandemic. Journal of Primary Care and Community Health. 2020. 11: 1-7. https://journals.sagepub.com/doi/10.1177/2150132720966167
11. Dingwall, R. COVID Science and Politics – the Case of Face Masks. https://www.socialsciencespace.com/2021/08/covid-science-and-politics-the-case-of-face-masks/
12. Guerra, DD and Guerra, DJ. Mask mandate and use efficacy for COVID-19 containment in US States. International Research Journal of Public Health (2021), 5:55. https://escipub.com/irjph-2021-08-1005/
13. Alexander, PE. The CDC's Mask Mandate Study: Debunked. https://www.aier.org/article/the-cdcs-mask-mandate-study-debunked/
14. Members of EU Parliament oppose mask mandates. https://odysee.com/@Fingerbob:c/BREAKING-EU-PARLEMENT-OPPOSES-VACCINE-MANDATE-AGENDA:4

Ivermectin

Summary statement - There is enough evidence to support that Ivermectin is an effective medication to treat patients with early symptoms of COVID-19.

1. Kory, Pierre et al. Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19. American Journal of Therapeutics: May/June 2021 - Volume 28:3:p e299-e318 https://journals.lww.com/americantherapeutics/Fulltext/2021/06000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx
2. McCullough PA, Kelly RJ, Ruocco G, et al. Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. Am J Med. 2021;134(1):16-22. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7410805/
3. Bryant A, Lawrie TA, Dowswell T, et al. Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines. Am J Ther. 2021;28(4):e434-e460. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248252/

COVID in Children

Summary statement – COVID-19 does not affect children in any significant way. Children tend to have very mild symptoms or no symptoms at all from being infected with this virus. Neither do they tend to be highly infectious to others. There are many other respiratory agents that affect children to a higher degree.

1. Lee, B. et al. COVID-19 Transmission and Children: The Child is Not to Blame. Pediatrics August 2020, 146 (2) e2020004879; https://doi.org/10.1542/peds.2020-004879

2. Ludvigsson, J. et al. Open Schools, Covid-19, and Child and Teacher Morbidity in Sweden. NEJM. February 18, 2021. https://www.nejm.org/doi/full/10.1056/NEJMc2026670
3. Wood, R. et al. Sharing a household with children and risk of COVID-19: a study of over 300,000 adults living in healthcare worker households in Scotland. https://www.medrxiv.org/content/10.1101/2020.09.21.20196428v2
4. Child mortality and COVID-19. May, 2021. https://data.unicef.org/topic/child-survival/covid-19/
5. Children and COVID-19: State-Level Data Report. October, 2021. https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/
6. CDC. Provisional Death Counts for Coronavirus Disease 2019 (COVID-19). August 2021. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Vaccination in Children

Summary statement – The risk of myocarditis and other adverse effects from COVID-19 vaccination in children is considerable. With a very low risk of infection in children, it is absurd to justify vaccinating children against COVID-19.

1. Høeg, TB. Et al. SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis. https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1
2. https://www.pandata.org/covid-vaccine-for-children-risks/
3. Rogers, T. Pfizer COVID Vaccine Fails Risk-Benefit Analysis in Children 5 to 11.
https://childrenshealthdefense.org/defender/fda-pfizer-covid-vaccine-risk-benefit-analysis-nntv-children/
4. Chua, GT. et al. Epidemiology of Acute Myocarditis/Pericarditis in Hong Kong Adolescents Foollowing Comirnaty Vaccination. Clinical Infectious Diseases. 28 November, 2021. https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciab989/6445179
5. Patone, M. et al. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection. Nature Medicine. 2021. https://www.nature.com/articles/s41591-021-01630-0
6. Comment: https://vinayprasadmdmph.substack.com/p/uk-now-reports-myocarditis-stratified?justPublished=true

Vaccination in general

Summary statement – The reports and probability of serious adverse events from the COVID-19 vaccine cannot be ignored. These become even more important when the biological mechanisms by which these products act are considered, and the lack of sufficient data from short term clinical trials and experience. Considering compulsory vaccinations is unacceptable under any circumstances – but even more under these circumstances. Vaccinated individuals can become infected and may transmit the infection equally to unvaccinated individuals. Unvaccinated individuals,

if they are not sick, pose no risk to the population. The more vaccines, the higher risk for new infections.

1. https://www.openvaers.com/covid-data
2. https://www.openvaers.com/covid-data/mortality
3. The Israeli Public Emergency Council for the COVID-19 Crisis. Position Paper. The Science and the Ethics Regarding the Risk Posed by Non-Vaccinated Individuals. https://pecc-il.org/docs/position-paperthe-science-and-the-ethics-regarding-the-risk-posed-by-non-vaccinated-individuals/?fbclid=IwAR34_1WysslUWKhgP8Q3UPVbpjyz5AU1mFWmZX9_D4
4. Pollack, FP. Et al. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine https://pubmed.ncbi.nlm.nih.gov/33301246/
5. Olifaro, P. et al. COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room. https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext
6. https://rumble.com/vk5zfm-dr.-peter-mccullough-urgent-warning-about-poisonous-jabs-an-agonizing-situa.html?fbclid=IwAR3qrJj5Txk7NZFvEoCzylB9TA5jFAS2_iOJak4dCWZc5GItgY5nGeN6ayU
7. https://rairfoundation.com/warning-renowned-virologist-sucharit-bhakdi-warns-against-hastily-created-gene-altering-coronavirus-vaccine-video/
8. Riemersma, KK. Et al. Shedding of Infectious SARS-CoV-2 Despite Vaccination. August 24, 2021
https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4.full.pdf
9. Classen, JB. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity". Trends Int Med. 2021; 1(1): 1-6.
https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf
10. https://truthbasedmedia.com/2021/08/21/two-top-virologists-frightening-warnings-about-covid-injections-ignored-by-government-and-big-media/
11. https://basedunderground.com/2021/09/03/ultra-vaxxed-booster-heavy-israel-now-has-more-covid-infections-per-capita-than-any-country-in-the-world/
12. Vogel G. et al. American Association for the Advancement of Science. https://www.sciencemag.org/news/2021/06/israel-reports-link-between-rare-cases-heart-inflammation-and-covid-19-vaccination
13. http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html
14. Subramanian, SV. Et al. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. European Journal of Epidemiology. September, 2021. https://link.springer.com/content/pdf/10.1007/s10654-021-00808-7.pdf
15. Delepine, G. Covid-19 Vaccines Lead to New Infections and Mortality: The Evidence is Overwhelming. https://www.globalresearch.ca/covid-19-vaccines-lead-to-new-infections-and-mortality-the-evidence/5746393

16. Kampf, G. COVID-19: Stigmatising the unvaccinated is not justified. The Lancet. Vol 398:10314. P. 1871. November 20, 2021. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02243-1/fulltext#back-bib1
17. Gundry, SR. Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning. 8 Nov 2021Circulation. 2021; 144: A10712. https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712
18. Salvatore, P. et al. Transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July—August 2021. https://www.medrxiv.org/content/10.1101/2021.11.12.21265796v1
19. Hirsh, H. Bradley, G. Covid-19 Vaccine Mandates Fail the Jacobson Test. November 30, 2021
https://brownstone.org/articles/covid-19-vaccine-mandates-fail-the-jacobson-test/
20. Kampf, G. The epidemiological relevance of the COVID-19-vaccinated population is increasing. The Lancet. November 19, 2021. https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(21)00258-1/fulltext?s=08#%20
21. Lyons-Weber, J. In the United States, Vaccination Rates Are Associated with Increased Rate of Spread of SARS-CoV-2, But Not How They Should Be. https://popularrationalism.substack.com/p/in-the-united-states-vaccination
22. Beattie, K. Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A BigData Analysis of 145 Countries. https://www.researchgate.net/publication/356248984_Worldwide_Bayesian_Causal_Impact_Analysis_of_Vaccine_Administration_on_Deaths_and_Cases_Associated_with_COVID-19_A_BigData_Analysis_of_145_Countries

Vaccination in Pregnancy

Summary statement - A study published in NEJM in June, 2021 declares COVID-19 vaccines as safe during pregnancy. Further revisions of this study and article published in November, 2021 demonstrate the limitations and errors of this study and show the high rate of spontaneous abortions in women exposed to the vaccine during their first trimester of pregnancy.

1. Shimabukuro TT, Kim SY, Myers TR, et al. 2021. Preliminary findings of mRNA Covid-19 vaccine safety in pregnant persons. New England Journal of Medicine 384(24): 2273–82. https://www.nejm.org/doi/full/10.1056/nejmoa2104983
2. Brock AR, Thornley, S. Spontaneous Abortions and Policies on COVID-19 mRNA Vaccine Use During Pregnancy. Science, Public Health Policy and the Law Volume 4:130–143 November, 2021. https://cf5e727d-d02d-4d71-89ff-9fe2d3ad957f.filesusr.com/ugd/adf864_2bd97450072f4364a65e5cf1d7384dd4.pdf

Natural Immunity

Summary statement – There can be absolutely no doubt that natural immunity from acquiring an infection with SARS-CoV-2 is vastly superior to immunity provided by vaccination. Recommending that those who already have been infected with SARS-CoV-2 to receive the vaccine goes against any rational medical practice.

1. Girardot, M. Natural immunity vs Covid-19 vaccine-induced immunity. June 28, 2021. https://www.biznews.com/health/2021/06/28/covid-19-vaccine-immunity
2. Murchu, E. et al. Quantifying the risk of SARS-CoV-2 reinfection over time. May 18, 2021. https://onlinelibrary.wiley.com/doi/10.1002/rmv.2260
3. Radbruch A. et al. A long term perspective on immunity to COVID. Nature. Vol 595. July 15, 2021.
4. Abu-Raddad, LJ. Et al. SARS-CoV-2 antibody-positivity protects against reinfection for at least seven months with 95% efficacy. May 1, 2021. EClinicalMedicine 35 (2021) 100861. https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00141-3/fulltext
5. Haveri, A. et al. Persistence of neutralizing antibodies a year after SARS-CoV-2 infection in humans. European Journal of Immunology. September 27, 2021. https://doi.org/10.1002/eji.202149535
6. Gazit, S et al. Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. August 25, 2021. https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full-text
7. Shrestha, NK. Et al. Necessity of COVID-19 vaccination in previously infected individuals. August 24, 2021.

https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3

8. Cohen, KW. Et al. Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells. Cell Reports Medicine. July 21, 2021

https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791(21)00203-2#%20

9. Israel, A. et al. Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection. August 22, 2021

https://www.medrxiv.org/content/10.1101/2021.08.19.21262111v1

10. https://www.theblaze.com/amp/horowitz-15-studies-that-indicate-natural-immunity-from-prior-infection-is-more-robust-than-the-covid-vaccines-2654789339?__twitter_impression=true
11. https://www.nih.gov/news-events/news-releases/t-cells-recognize-recent-sars-cov-2-variants
12. AD Redd et al. CD8+ T cell responses in COVID-19 convalescent individuals target conserved epitopes from multiple prominent SARS-CoV-2 circulating variants. Open Forum Infectious Diseases DOI: 10.1093/ofid/ofab143 (2021).

Lockdowns

Summary statement – Lockdowns cause a lot of harm to the community, and no discernible benefits.

1. AIER (American Institute of Economic Research). Lockdowns Do Not Control the Coronavirus: TheEvidence. https://www.aier.org/article/lockdowns-do-not-control-the-coronavirus-the-evidence/
2. COVID-19 Alternative Strategy: A Case for Health and Socioeconomic Wellbeing (2020). https://www.aier.org/wp-content/uploads/2020/11/covid_recovery_ireland_white_paper_-_17th_nov.pdf
3. https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/
4. Chaudhry, R. et al. A country level analysis measuring the impact of government actions, country preparedness and socioeconomic factors on COVID-19 mortality and related health outcomes. EClinicalMedicine 25 (2020) 100464. https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30208-X/fulltext
5. Great Barrington Declaration: https://gbdeclaration.org/
6. Johnston, L. UK lockdown was a 'monumental mistake 'and must not happen again – Boris scientist says (2020). https://www.express.co.uk/life-style/health/1320428/Coronavirus-news-lockdown-mistake-second-wave-Boris-Johnson
7. Kulldorff, M. American Institute of Economic Research (2020). https://www.aier.org/article/twelve-principles-of-public-health/
8. McClintock, T. Lockdowns are killing us. Mountain Democrat. February, 2021. https://www.mtdemocrat.com/opinion/guest-column-lockdowns-are-killing-us/
9. Meunier, T. Full lockdown policies in Western Europe countries have no evident impacts on the COVID-19 epidemic (2020). https://www.medrxiv.org/content/10.1101/2020.04.24.20078717v1
10. Norway 'could have controlled infection without lockdown': health chief. https://www.thelocal.no/20200522/norway-could-have-controlled-infection-without-lockdown-health-chief
11. Schneider, P. Canadian Health Expert: Cost of Lockdowns are at least 10 times higher than benefits. January 15, 2021. https://phillipschneider.com/canadian-health-expert-costs-of-lock-downs-are-at-least-10-times-higher-than-the-benefits/
12. PanData: https://www.pandata.org/
13. PANDA. Protocol for reopening society. December, 2020. https://www.pandata.org/about/protocol-for-reopening-society/

References compiled by: R. Iván Iriarte, MD, MS