A Plague on Both Your Houses

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By no means the final or absolute truth about the COVID, or anything else, these reflections are just the most plausible explanations that I've come up with so far, or at least possibilities worth considering. Uncertainty is the very essence of the catastrophe that we're living through as a result of it. Notwithstanding all the sources I've cited, the following remain simply my opinions. What's more, I truly hope that the worst of them are wrong.

1.

The first known cases were identified in Wuhan in December, 2019, and the first U.S. case came soon after in someone returning from China; by the end of January, 2020, there were already 10,000 confirmed cases worldwide, enough to prompt many epidemiologists to warn the CDC, then-President Trump, and the world that immediate precautions were necessary to avoid the risk of a global pandemic.[1] By then, the virus was also known to have infected and possibly been transmitted by large numbers of asymptomatic people,[2] suggesting an unusually high level of contagiousness, which made it imperative to find and test them on a large scale, especially in high-risk settings, such as residents of nursing homes and extended-care facilities, prisoners, medical personnel, and all those working in overcrowded locations, as well as increasing the

likelihood that the infection had been around well before its first official announcement of it in late December.

Trump's bland dismissal of the threat, combined with his outspoken disdain for science in general, and for the CDC in particular, gave irrefutable evidence to opponents and supporters alike of his utter incompetence and unfeigned disinclination to unite the nation and provide the kind of nonpartisan leadership that such a crisis clearly demands, and has made Dr. Fauci, the public face of his coronavirus task force, into an unlikely hero for daring to contradict the Commander-in-Chief at his daily press briefings and getting away with it.[3]

But in their eagerness to seize on Trump's disgraceful and indeed unapologetic indifference to the public interest, his Democratic opponents have been far too quick to ignore the equally shocking fact that the CDC has also failed us monumentally,

1) by not stockpiling adequate testing materials and safety equipment beforehand, which were widely available through WHO and immediately put to use more or less everywhere else in the world;

2) by not doing whatever else was necessary to prepare for such outbreaks in advance, despite having long predicted their likelihood; and

3) by not taking prompt and effective action once the virus made its presence known, above all by developing and executing an effective nationwide program for testing and contact-tracing those infected, both symptomatic and otherwise, especially in high-risk locations,[4]

as had already proved its worth in South Korea, Japan, Taiwan, China, and Hong Kong.

Even though Trump's dithering, denialism, and incompetence were more than enough to vote him out of office, to say nothing of all the other reasons, it certainly doesn't excuse the agency in charge of our public health from failing to do precisely the job it was created and equipped to do, one requiring scientific expertise that the President, the politicians, and the general public don't have and aren't expected to have. With unlimited access to the finest epidemiologists in the world, the CDC was well aware of their widely-shared consensus, articulated by Prof. Knut Wittkowski and many others, and based on long experience, that the accepted strategy for containing such outbreaks involves

1) keeping the children in school, allowing the virus to spread rapidly among this least vulnerable sector of the population;

2) isolating the people at highest risk, like the elderly, infirm, and chronically ill, and those living at close quarters in nursing homes and extended-care facilities; and

3) identifying asymptomatic carriers, locating their contacts, and thereby promoting the development of high-level immunity for the general population in the shortest possible time.[5]

Instead, by remaining silent and doing nothing for so many weeks, it allowed the President to have his way, until the surge in new cases threatened to overwhelm the capacity of hospitals and clinics to care for them, making containment of the outbreak seem impossible, and thus appearing to necessitate "flattening the curve," by means of a generalized lockdown and shutdown of the economy, even though these measures

would necessarily prolong the outbreak and very likely insure the emergence of mutant strains as well. So whatever the reason for it, even if they were genuinely unnerved and uncertain, their prolonged hesitation has brought about a disaster of epic proportions, not to mention the fact that, if Trump's blustering, bullying, and threats of retaliation had actually cowed them into submission, their timidity would be even harder to forgive.

In any case, by far the simplest explanation, which would also help explain why their response continues to be half-hearted and chaotic even now, is that the CDC leadership actually wanted and indeed planned for the event to evolve in that way, because they had already decided to invest their time, money, and energy in developing and promoting a new vaccine against the virus, which had long since become their default strategy for dealing with infectious diseases of every kind.

Given the official line, and the censoring of all competing versions, this conjecture would already qualify as a "conspiracy theory" of sorts; but what gives it a lot more credence than it should have is the coincidence that CDC officials actively participated in an elaborate wargame-simulation exercise in October, 2019, that envisioned and indeed actively planned for a coronavirus pandemic uncannily like the one we are now living through, just two months before the first cases were announced to the world.[6]

Organized jointly by the Johns Hopkins Center for Health Security, the World Economic Forum, and the Bill and Melinda Gates Foundation, the so-called "Event

201" invited legislators, corporate executives, health policy makers, and representatives of the news and social media to attend, and postulated a global crisis involving millions of deaths and a massive economic shutdown lasting 18 months, until either an effective vaccine became available, or 80-90% of the world's population had already been exposed and thus developed a robust, natural, "herd" immunity, whichever came first, although flattening the curve and thus prolonging the outbreak was rapidly pre-empting the second possibility.[7]

In late January, just three weeks after the first cases appeared in China, the World Economic Forum duly announced its own COVID Action Platform, a global partnership to expedite vaccine development, followed a few days later by the WHO declaring a Public Health Emergency, signing on to precisely the same 18-month scenario that the organizers of Event 201 had already mapped out.[8]

Simply by waiting and doing nothing further to arrest or contain it, the CDC's subsequent actions for flattening the curve, above all locking down homes and businesses and outlawing large public and private gatherings, came to be perceived by the general public as the most prudent course of action, even though it would necessarily prolong the outbreak, and the fear that goes with it, as well as giving ample time for mutant strains to develop, and thus making further waves of COVID-19 much more likely, so that the mounting fears of most people became entirely reasonable, whether deliberately planned for or not.

In a 2020 interview, the well-known author and activist Naomi Klein seized upon the pandemic as a perfect illustration of "disaster capitalism," a term she coined in her 2007 book, *The Shock Doctrine: the Rise of Disaster Capitalism*:

> Disaster capitalism describes [how] private industries profit from large-scale crises. Disaster and war profiteering really deepened under the Bush administration after 9/11, when the administration declared this sort of never-ending security crisis, and simultaneously privatized it and outsourced it—this included the domestic, privatized security state, as well as the invasion and occupation of Iraq and Afghanistan.
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> The "shock doctrine" is the political strategy of using large-scale crises to push through policies that systematically deepen inequality, enrich elites, and under-cut everyone else. In moments of crisis, people tend to focus on the daily emergencies of surviving that crisis, whatever it is, and tend to put too much trust in those in power. We take our eyes off the ball in moments of crisis.
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> The shock is the virus, [and its being] managed in a way that is maximizing confusion and minimizing protection. I don't think that's a conspiracy, it's just the way the U.S. government [has] utterly mismanaged the crisis. It's the worst-case scenario, combined with the fact that the U.S. doesn't have a national health care program, and its protections for workers are abysmal.[9]

In any case, flattening the curve and locking down quickly became the official narrative of what was happening, such that natural herd immunity seemed increasingly impossible, and indeed actually undesirable, as Dr. Fauci was quick to point out, since those who achieved it might no longer want or seem to need a vaccine.[10] The crowning irony, then, no matter how often and how vehemently Trump vented his spleen against Fauci, the CDC, and the "Deep State" they allegedly represent, is that the ex-President's debunking inaction, echoed by that of the party he still holds captive despite losing the election, was actually a giant step toward fulfilling the very agenda he claimed to despise,

not to mention letting Fauci and the CDC off the hook, and indeed widely celebrated as the true voices of reason, science, and public health.

2.

Given the enormous but still imprecisely known number of asymptomatic cases and others still unidentified, the true death rate is unknown, but clearly much lower than the calculated ratio of confirmed to fatal cases. We know that the vast majority of even confirmed cases recover, and that even larger numbers contract and recover from the infection without bothering to see a doctor, getting tested, or indeed feeling sick in any way.[11]

But two highly unusual properties of the virus have amplified not only the panic and uncertainty surrounding it, but also the global reach of the COVID illness linked to it, into what has become a truly worldwide menace that seemed and still seems to warrant its pandemic status. The first is the unprecedentedly large percentage of asymptomatic or very mild infections, aggravated by our tardiness, indifference, and failure to locate and identify them both early and widely enough, as we saw, which has generated a crippling fear and uncertainty about the actual trajectory of the outbreak and where on its curve we happen to be situated at any given moment.

The second, which relates directly to the vaccine scenario, is its extraordinary mutability, as indicated by recurrent, cyclical phases of sharp declines in the number of reported cases, followed by equally dramatic surges of new cases in various parts of the

world associated with new mutant variants.[12,13] In 2021, with the advent of mass vaccination, several of these have already created new surges in reported cases,[14] with every likelihood that the vaccines will actually accelerate these mutations,[15,16] if indeed they haven't already done so.

As with the influenza vaccines, but perhaps even more so, this genetic instability will probably limit the effectiveness of vaccines developed against a particular strain to relatively brief windows of time, and persuade the industry, the CDC, and the WHO to develop new ones at least every year, if not oftener. So we have every reason to expect that not just one new vaccine, but almost certainly a whole battery of them, are coming our way with all possible speed, and that our dithering with the outbreak, protecting the children from getting sick, and our massive vaccination program will all keep the virus around for much longer than the year and a half that it has already lived and taken life among us.

In addition, independent scientists have identified a number of different ways in which the case numbers and deaths have been inflated in America and elsewhere, casting serious doubt on the high death rates reported in the official statistics, and thus discrediting the CDC narrative that adds to that fear and spreads it far and wide. To begin with, the unprecedentedly high number of asymptomatic or only mildly symptomatic cases strongly indicate that there are many, many more cases of infection and many, many fewer deaths legitimately attributable to it than have been reported so

far, and that this discrepancy will very likely continue, even when the pandemic begins to recede, as more and more people are tested.

In an attempt to determine the true incidence of cases, including those infected or in contact with the virus but showing few or no symptoms, one survey designed by Prof. John Ioannidis of Stanford tested all residents of Santa Clara County, California for specific antibodies, and found them at a rate of 50 to 85 times higher than the number of confirmed cases, which if extrapolated to the general population would bring the actual death rate down to the same range as the typical seasonal flu, in the neighborhood of 0.12 to 0.2% of those infected.[17]

In addition, the data from almost everywhere indicate that the vast majority of deaths occur among the ranks of the elderly, infirm, and chronically ill; and in most American hospitals, cities, and states, patients who tested positive but died from their significant comorbidities were nevertheless signed off as having died *from* rather than simply *with* the COVID,[18,19] a major source of ambiguity, and still further exaggerated by the extra compensation that hospitals receive for their COVID-19 cases, with even larger awards for their deaths, potent incentives for padding their statistics with even "probable" cases that were never confirmed by test.[20]

Another source of inaccuracy is the test that the case numbers are based on, the Polymerase Chain Reaction or PCR, which is designed to detect coronavirus RNA fragments rather than live virus, and is thereby subject to numerous false positives, and thus to further manipulations in that direction.[21,22] For precisely these reasons, the late

Kary Mullis, who invented the test and was awarded a Nobel Prize for it in 1993, warned early on against using it to diagnose infectious diseases.[23]

An especially troubling feature of the CDC agenda was its "warp-speed" program for fast-tracking the development of new vaccines, which has allowed the firms involved in the competition to skip the time-consuming but critical step of animal testing and proceed immediately to human trials, an omission that will inevitably and gravely jeopardize both their safety and effectiveness. Jaded vaccine-watchers with a taste for the macabre will doubtless find grim amusement in the newfound scruples of Dr. Peter Hotez and Dr. Paul Offit, darlings of the industry who almost never meet a vaccine they don't like, suddenly arguing against fast-tracking these futuristic vaccines without large-scale studies to prove their efficacy,[24] or animal testing to insure their safety,[25] belated pangs of conscience long overdue, to put it mildly.

So here we are, more than 330 million of us in this country alone, marooned in Dr. Fauci's overcrowded lifeboat, with still no land in sight, and no reliable treatment recommended or made widely available when we do get sick, except anti-inflammatory and antiviral drugs of admittedly limited effectiveness, while several other promising pharmaceuticals are ignored, discredited, or set aside, and natural medicines of proven worth, like herbs, vitamins, nutritional supplements, and homeopathics, are scornfully dismissed as old-fashioned and of no value.

3.

The CDC has developed and matured its staunchly and almost exclusively pro-vaccine agenda over a period of many decades. Its original mission, like that of many other agencies of the Federal government, exemplified the activist spirit of the New Deal, FDR's massive campaign of public works to revive the country from the ravages of the Great Depression, and was carried out by a professional civil service, recruited mainly from the biological sciences and medicine.

Since the 1970's, when the radical right gained control of the Republican Party, one of its main purposes has been to roll back these achievements by defunding the Federal bureaucracy and downsizing its career civil service, especially those agencies assisting the most vulnerable -- the poor, the elderly, the sick and handicapped, as well as infants and children -- and thereby neglecting its functions of insuring occupational safety, and of protecting the air, water, soil, and food supply from toxins, pollutants, and other hazardous by-products of industry.[26]

The CDC, FDA, and NIH, the main Federal agencies within the Department of Health and Human Services, have survived these cuts by accepting huge infusions of cash from the drug industry and super-wealthy private donors, and by approving and promoting their products by way of thanks. In place of time-honored and labor-intensive public health priorities, like hiring boots on the ground to test air, water, food, and soil and trace the spread of epidemic diseases, they have come to rely more and more on drugs, chemicals, and above all vaccines, as their magic wand for warding off infectious diseases of every kind. In 2003, as a UPI reporter summarized it,

> The CDC is in the vaccine business. Under a 1980 law, it has 28 licensing agreements with companies for vaccines and vaccine-related products. Members of its Advisory Committee get money from manufacturers by sharing their patents, owning their stock, performing their research, monitoring their tests, and funding the academic departments to which they belong. This situation, while legal, gives reason to worry that vaccine side-effects are worse than CDC officials say.[27]

A 2013 press release from the industry website listed 270 new vaccines already in the pipeline at various stages of the clinical trial process or under FDA review.[28]

The manufacturers achieved their ultimate victory in 1986, after parents of infants brain-damaged from the DPT won damages in court, and pressured Congress to establish a Federal mechanism for identifying vaccine injuries in children and compensating them swiftly and generously without requiring a lengthy trial.[29] At the last minute the industry threatened to stop making vaccines entirely unless the law shielded them from financial liability in the future, a free ride granted to no other industry;[30] and Congress gave in, accepting the industry's minimal list of compensable reactions as their own, and setting up a Federal mechanism for compensating victims that is heavily stacked against them, such that very few of them succeed.[31] In 2011, the Supreme Court upheld the law, on the basis that vaccines are "unavoidably unsafe," in Justice Scalia's memorable phrasing, as if worthy of and hence forever in need of such protection.[32]

Thus freed from all damage claims, the manufacturers now have carte blanche to manufacture vaccines against any diseases or infirmities they wish, often for no better

reason than that they have the technical capacity to do so, with the CDC and the FDA all but guaranteed to approve them. Aided by the widespread veneration that vaccines have continued to inspire in the general public and the medical profession, the CDC has completed its transformation from an independent agency protecting the public interest into the head cheerleader for the pharmaceutical industry it was supposed to be regulating, while still going through the motions of its original purpose.

Its secret for keeping up that pretense lies in its impossibly strict standards for vaccine injuries, which are identical to those vanishingly few listed in the safety trials of the manufacturers, and make a mockery of accepted scientific standards, avoiding placebo controls of unvaccinated persons, rejecting adverse events occurring more than a week or two after the shot, as well as those not already approved on the list, and giving the lead investigator absolute authority to disallow reported injuries for any reason at all.[33]

The inevitable result has been a massive underreporting of chronic diseases, acute injuries, and deaths occasioned by vaccines, estimated by a former head of the FDA to be only 1% of the actual figure,[34] which has helped to convince the general public and most of the medical profession that these products are ideally safe, and that it is therefore entirely permissible and indeed desirable to pile on as many as we want, and to give them as often as we like,[35] despite ample scientific research to the contrary, and candid revelations of malfeasance from agency and industry insiders.

In 2014, a senior CDC scientist issued a formal apology that agency higher-ups had suppressed experimental data proving that the MMR frequently caused autism:

> I regret that my co-authors and I omitted significant information in our 2004 article in *Pediatrics,* that African-American males who received the MMR before 36 months were at increased risk of autism.[36]

In a documentary on the HPV vaccine, a former Vice-President of Pfizer all but boasted of his strong-arm tactics to promote their products, in flagrant violation of the ethical standards that Pfizer still subscribes to, which nevertheless remain standard practice throughout the industry:

> Universities and health organizations are begging for money. The only ones who have money are the big corporations, and they have lots of it. They give grants for research, pay doctors thousands to speak at conferences and make profits for their products. Safety trials are supposedly third-party and independent, but the money won't keep coming unless they say what you want them to say. Everybody knows this is how things work. Only the public doesn't know it.[37]

The industry has added more and more vaccines to the recommended list,[38] together with their steadfast insistence, seconded by the CDC and most of the medical profession, that the skyrocketing prevalence of chronic diseases, and the ever-increasing number and variety of adverse reactions being complained of by parents, their friends, and their doctors, have nothing to do with them.[39]

Even before COVID, the vaccine manufacturers launched a global campaign for maximizing vaccination rates everywhere, backed by WHO and funded by many of the same wealthy donors who back the CDC.[40] In the United States, they persuaded several

blue states to propose laws eliminating non-medical exemptions entirely, some of which were enacted. In Europe, they convinced the EU and several member countries to propose sweeping new mandates and to enforce them by making passports and drivers' licenses contingent on full compliance,[41] which led to massive street demonstrations in France, Italy, and elsewhere to protest them,[42] along with the hi-tech control of personal data that such surveillance would require.

Appearing as if coincidentally in the thick of these efforts, the COVID pandemic, whatever may have caused it, has provided the drug industry and its obscenely wealthy benefactors the perfect opportunity to upstage their critics and achieve their ultimate goals, as grandly set forth in the WHO Prospectus:

> Immunization is a global health success story, saving millions of lives every year. It is the foundation of primary health care, an indisputable human right, and one of the best investments that money can buy. With the support of countries and partners, WHO is leading the creation of a new global strategy for the next decade. It envisions a world in which everyone, everywhere, and at every age fully benefits from vaccination to improve health and well-being.[43]

By branding the COVID a pandemic, the CDC, the WHO, the vaccine industry, and their mega-rich donors have cultivated an atmosphere of urgency, fear, and uncertainty by prolonging the economic shutdown, opposing effective treatments for the illness, and thus helping to bring about the conditions for the general public in most of the world to long for a vaccine as their only hope of escaping from the crisis and returning to a semblance of the life they were forced to leave behind.

4.

Although coronaviruses had been known and studied for decades, the SARS epidemic of 2002-03, a zoönosis originating in bats, became the starting-point for accelerated investigations of them at military and non-military virology labs around the world.[44] The U. S. Army bioweapons facility in Maryland subjected them to bioengineering "gain-of-function" research, to make them even more contagious and virulent than the wild types, up to and including the hypothetical capacity to unleash global pandemics.[45]

In 2011, many scientists voiced deep misgivings about the risk of such "superbugs" escaping from their laboratory environments and infecting the general public.[46] Three years later, when a few such leaks were reported to have occurred from a CDC facility,[47] the Obama Administration finally declared a halt to all gain-of-function research.[48] Early in 2017, shortly after Trump was inaugurated, the National Institute of Allergy and Infectious Disease, a division of NIH headed by Dr. Fauci, gave a grant of $3.7 million to the Chinese government lab in Wuhan to resume them.[49] In 2020, Trump belatedly terminated them to try to escape responsibility for his part in the pandemic, shifting the blame to China, home of the first known case, and President Obama, his bête noire of record, falsely insisting that the grant had been his idea.[50]

It also came out that the moneys in question, while bearing the name of the NIH, were actually being paid out and administered by a consortium of universities and

private companies known as the EcoHealth Alliance, just one of an extensive network of similar public-private partnerships of which the public was largely unaware.[51] The labyrinthine auspices of these partnerships raised troubling ethical questions as to who actually owns and profits from the drugs and vaccines developed under their auspices.[52] In addition, they enable super-rich investors to write off their contributions as charitable donations, while profiting vaccine manufacturers and other companies that they own or are heavily invested in, a thus far entirely legal "new philanthropy" that generates huge profits, outsize influence, and a cachet of respectability because of the seemingly worthy causes they so righteously support.[53]

In any case, it is clear that the United States military and scientific communities have been actively studying, designing, and manufacturing ever-deadlier coronaviruses for quite a long time. The program was in full swing from 2004 until 2014, when President Obama brought it to a halt, only to be revived shortly after Trump was elected and throughout Trump's term in office, until shortly before the 2020 election, when the COVID was at its height, this time with funding provided by NIH grantees to China's Wuhan lab, under Dr. Fauci's sponsorship. For that reason alone, the additional facts

1) that the virus outstrips all others we know of in the percentage of infected people who are asymptomatic or only mildly ill,

2) that it selectively kills and cripples those who are already chronically ill,

3) that it appears to be even more mutable then the influenza viruses, and

4) that it has brought about a rapid and eerily fatal termination in some patients

that is still not completely understood,

all make it appear highly probable

5) that it was manufactured in the Wuhan lab, to a great extent with our help, if not at our behest,

6) that it escaped, presumably by just the sort of accident that our scientists have long been worried about, and

7) that the program had succeeded brilliantly in accomplishing precisely what its paymasters had in mind.

As far as I'm aware, nobody is openly congratulating our soldiers, scientists, and philanthropists for a job well done; but we need to make it clear to them and everyone else that it's a job we need to stop doing once and for all, since the morbidity and mortality that the COVID has already caused are only the beginning of the dire threat it continues to pose to everyone on the planet.

In any case, the fact that advocates of mass vaccination have been predicting just such an event for years, and even staged the infamous Event 201 to plan for it, only adds further weight to the suspicion of some scientists that the outbreak actually began months earlier, in the late summer or fall of 2019, such that at least the organizers of Event 201 were already aware of it. But whether or not the CDC was forewarned,

8) what we were doing with the Chinese in Wuhan was a disaster waiting to happen, if not now, then at some future time;

9) Trump and his cronies bear major responsibility for it, as do Dr. Fauci and the CDC, however much they keep blaming each other; and

10) the strategy of flattening the curve and locking down until the vaccine comes to the rescue, regardless of precisely when it was devised and settled on, has brought about a national and global catastrophe far more grievous than anything that the virus, bioengineered or not, would have achieved on its own.

5.

The pandemic has thus exposed some sobering truths about our pre-existing state of health. Its striking predilection for the elderly, infirm, and chronically ill, especially those residing in crowded nursing homes and extended-care facilities, was evident from the start. By March, 2020, almost 2500 Italians had died with the COVID, and over 99% of them had chronic diseases: 25% with one, 26% with two, 49% with 3 or more, and less than 1% with none; their average age was 79.5.[54,55] Already the outbreak was a warning to attend to the underlying state of our health, the terrain that gives it life.

As I witnessed repeatedly in my practice, making worse what's already there is a regular, built-in consequence of every vaccine,[56] suggesting that the COVID illness is itself vaccine-like, and that the adverse effects of vaccines developed against it might travel much the same path.

In the countries hardest hit, the illness has similarly targeted the aged and chronically ill with remarkable consistency. In the U. S., residents of nursing-homes, assisted-living, rehab, and other extended-care facilities, comprising only 0.6% of the

population, accounted for 42% of the deaths linked to COVID-19 in 2020, and 81.4% of those in Minnesota, 77.0% in Rhode Island, and 70.0% in Ohio.[57]

Similarly, a large majority of Americans dying with the COVID were already suffering from one or more chronic diseases. In New York State, 86.2% of the deaths involved one or more comorbidities,[58] creating a similar confusion as to whether the virus was the primary cause of death, a precipitating factor, or merely a coincidence.

Other major factors are poverty, malnutrition, socioeconomic and political oppression, and the poor health, pollution, and lack of good medical care that so often accompany them, which are also huge systemic causes of chronic disease generally. These neediest, disproportionately non-white subpopulations comprise the other huge clustering of cases, hospitalizations, and deaths: low-wage workers who can't afford to stay home, the indigent and unemployed needing public assistance that isn't there, and asylum-seekers, detainees, prisoners, and homeless with nowhere else to go.[59] Here, too, chronic ill-health and COVID go tragically and predictably hand-in-glove.

These two huge, overlapping reservoirs of chronic ill-health thus empower the COVID phenomenon, with an overall death rate in the neighborhood of a bad seasonal flu, to attain the outsized dimensions of a global pandemic, and to devastate a number of the most populous and powerful first-world countries, especially our own.

The shocking prevalence of chronic disease in America thus long predated the COVID, set the stage for it, and will doubtless assume even greater importance if and when it ends. In 2008, the CDC surveyed the incidence of 6 important chronic diseases,

namely, diabetes, cardiovascular disease, COPD, asthma, cancer, and arthritis, and found that 60.0% of all adults had been diagnosed with 1 or more of them, as had 78.0% of those 55 and older, and 85.6% of those 65 and older, while 40.0% of adults had been diagnosed with 2 or more, as had 47.0% of those 55 and older, and 56.0% of those 65 and older.[60]

The commonest of the six, and the leading comorbidity in those dying of COVID, is hypertension, a subtype of cardiovascular disease, estimated in 2013 to affect 33.3% of all adults, 54.5% of those 55-64, 67.4% of those 65-74, and 76.1% of those 75-84.[61] Other major chronic diseases included

1) obesity, very common in the worst COVID cases, and found in 42.4% of all adults;[62]
2) arthritis, diagnosed in 22.7% of all US adults;[63]
3) chronic lung diseases, especially asthma and COPD, in 15% of all adults;[64.65]
4) chronic kidney disease, in an estimated 15%;[66]
5) diabetes, diagnosed in 10.5% of the total US population;[67]
6) cancer, in an estimated 50% of males and 33% of females at some point in their lifetime;[68] and
7) dementia, diagnosed in 13.9% of US adults 71 and older.[69]

Even more striking is the burden of chronic disease in children, supposedly our healthiest demographic, and contributing relatively few deaths from COVID so far. In 2008, a study of 91,000 children found that 43% of them suffered from at least 1 of the

20 chronic diseases surveyed, and that adding obesity and neuropsychiatric disturbances to the list raised the total to 54.1% of all children afflicted with some form of chronic disease.[70]

But the most dramatic increases that I witnessed in my practice fall under the general heading of brain dysfunction, including ADHD, autism, dyslexia, and various learning, sensory, motor, and developmental disabilities, all of which were distinctly rare when I began practicing in the late 1960's, and still relatively uncommon in the 1970's, but have been increasing rapidly ever since the late '80's, to the point that by 2017 the National Center for Learning Disabilities reported that approximately 20% or one-fifth of all children ages 3-17 struggled with some form of learning disability,[71] with those enrolled in Special Ed ranging from 9.2% in Texas to 19.2% in New York, or 13.7% overall.[72]

The CDC has rarely shown much interest or curiosity about what might be fueling these massive epidemics of chronic disease and brain dysfunction. Nor is it any great mystery why the U. S. and the whole industrialized world have become so afflicted. We already know and largely disregard the pesticides, herbicides, fluorohydrocarbons, endocrine disruptors, and innumerable other chemicals that pollute our air, water, soil, and food, not to mention the electromagnetic emissions and ionizing radiations from our machines and devices, the pathophysiology of our fast-paced and stressful way of life, and perhaps most of all, the morbidity and mortality of poverty, war, racism,

oppression, incarceration, and homelessness, all of which are more prevalent in the United States than in any other wealthy, industrialized country.

But one formidable cause of chronic disease that still flies under the radar is vaccination. Vaccines are explicitly targeted to the entire population, especially children, and injected directly into the blood, giving them free and immediate access to our internal organs on a long-term basis. In practice, I began witnessing their major contribution to our chronic disease burden more than 30 years ago,[73] and it has since been amply confirmed in both clinical and basic-science research.[74] Yet most of us are still unaware of it, and go to great lengths to deny it when doctors, scientists, and the parents of vaccine-injured children try to point it out.

Many of the kids I saw already had asthma, eczema, allergies, ear infections, ADHD, autism, or learning disabilities; and their original illnesses often began several weeks or even months after their shots, well beyond the narrow limits set by the CDC for an adverse reaction to be acknowledged as vaccine-related.[75] At first, all I noticed was that they got worse after their vaccines; and with so many vaccines being given so close together, it was often difficult to make even that connection until they recovered with the help of natural medicine and remained well for some months, but then worsened dramatically after the next shots, when it became obvious to the parents as well.[76]

But this pattern was common enough to be the rule, rather than the exception, no matter what disease the children were suffering from, or which vaccine happened to

precipitate it, all of which made it clear that, far from being merely aberrations or "side effects" of this or that vaccine, or rare, coincidental tendencies of each hypersensitive child, they are routine, baseline responses to some inherent property of the vaccination process itself.[77] The logical inference seemed to be that even the most serious reactions -- autism, brain damage, life-threatening autoimmune diseases, and death -- might turn out to be special cases built upon that same foundation. This line of reasoning has gained added credence from research studies showing that the risk of adverse reactions has mainly to do with the total number of individual vaccines given both simultaneously at the same visit[78] and also cumulatively over the patient's lifetime.[79]

These findings reminded me that most of the infections we vaccinate against are *acute* phenomena, involving fever and a massive outpouring of the entire immune system working in concert to expel the invading organism from the blood,[80,81,82] so that the resulting natural immunity not only protects against reinfection later in life, but primes the immune mechanism to respond acutely and vigorously to whatever other invading organisms it may encounter in the future. The incomparable value of this gift to our health is hinted at by further research to the effect that those who recover from measles, mumps, chickenpox, and influenza as children are much less prone to develop chronic autoimmune diseases and cancer later in life than those merely vaccinated against them.[83]

Vaccines, by contrast, are injected directly into the blood, with no incubation period, no acute illness, no massive outpouring, and thus no effective way of getting rid

of them. In fact, they are designed to remain inside the body more or less permanently, to continue stimulating antibody synthesis on a long-term basis. To produce a vigorous and sustained antibody response, the "non-living" vaccines made from bacteria (DTaP, pneumo, HiB) and bioengineered viruses (Hep B, HPV) require chemical adjuvants, notably water-soluble aluminum salts, which are toxic all by themselves, and form complexes of high molecular weight that cannot be excreted in the urine,[84] while the live-virus vaccines (MMR, varicella, rotavirus, shingles) are capable of entering host cells and remaining there indefinitely as "episomes" attached to their genetic material.[85]

In short, vaccination is by definition a *chronic* phenomenon; and the partial, temporary, and essentially counterfeit immunity it provides does nothing to prime the immune mechanism as a whole, much less protect us from developing chronic diseases in the future. On the contrary, as we saw, vaccines are an important starting-point for chronic disease, though certainly not the only one, and mainly subclinical at first, but all too often a lot more than that. It is thus profoundly misleading, if not the exact opposite of the truth, to claim that a vaccine somehow protects us from an acute infection if it gives it to us chronically instead, such that we're incapable of getting rid of it, and are somewhat less capable of responding acutely to it if it reappears in the future, and perhaps to other foreign antigens as well.

Mostly what we're being told by manufacturers, the CDC, and the medical profession is that vaccines are uniformly and miraculously safe and effective, so that it is entirely acceptable and even desirable to pile on as many and to repeat them as often

as we like,[86] while the general public and the bulk of the medical and scientific communities cling to the belief, with a fervor reminiscent of born-again religion, that vaccines have saved countless lives and have caused many deadly diseases to disappear from the earth.

In that vein, the CDC, the WHO, and the multinational drug industry that essentially funds and controls these agencies have already injected COVID vaccines into hundreds of millions, and are now promoting and mandating them worldwide, as our last hope of deliverance from the pandemic, and a return to a semblance of our former way of life, without the slightest acknowledgement that, no matter what else they do or fail to do, they will surely contribute their own huge and to some extent irreversible load to the momentous and fast-growing burden of chronic disease that we already bear.

Based on my years of experience caring for vaccine-injured children, I appeal to my readers to hear the voices of thousands upon thousands of parents who personally witnessed the deaths and crippling illnesses and injuries of their children as the result of their vaccinations, and must live every day amid the wreckage of their shattered lives, sufficient to break any heart, that cries out at the very least for caution, restraint, and simple compassion for the viewpoint of those whose lived experience, whatever may have caused it, is so tragically different from that of everyone else privileged enough to be ignorant of or somehow unmoved by their loss.

The simplest way to say it is that, if vaccines were truly as safe and effective as the CDC and the drug industry would have us believe, the vast majority of these parents would have to be either lying, ignorant, deluded, or stupid, like those "anti-vaxxers" demonized in the media, clinging to a wildly-flawed, anti-scientific ideology. Having cared for many, many such children, I can say with complete assurance

1) that their parents are none of these, but simply eyewitnesses to tragedy, who must now bear the burden of that grief and the expense of caring for their loved ones for the rest of their lives;

2) that "ex-vaxxers" would be a more accurate term, since their only mistake was to have done exactly what they were told;

3) that they are asking for nothing more than a public acknowledgment of their plight, although they surely deserve a great deal more than that; and

4) that caring parents are far better judges of what happened to their kids than those who make, sell, and profit obscenely from the products that did the damage, and can't even be sued for it.

6.

In any case, regardless of how we got here, we are now in the midst of a global plague and the enormous, interconnected crises arising from it, with no choice but to figure out how to live and thrive as best as we can, and to end the nightmare we all share.

The only answer I think we all can agree on is that *we don't know,* that the lack of sufficient, accurate information leaves us with a profound uncertainty that feeds our fear, and makes us yearn to put our faith in Dr. Fauci, the CDC, and their vaccine-based

agenda, even when both science and common sense point in precisely the opposite direction.

We still don't know precisely how many of us are sick, how many are infected but not sick, how many are neither infected nor sick, and how many were infected, whether sick or not, but are so no longer. One thing we can say with assurance is that many, many more people have already been infected than we have any record of. But with even more contagious variants popping up, we still don't know how long the outbreak will last, or for how long those who've already had it and recovered will be immune to a recurrence. Recent data indicate that they will enjoy a robust immunity,[87] longer and stronger, I'm guessing, than what any vaccine can provide. On the other hand, many patients who seemed to recover have since developed the "long-haul" COVID, with serious, persistent complications whose future remains uncertain.

The test for specific antibodies against the SARS-CoV-2 virus reliably becomes positive within 10-14 days of becoming infected, and is thus valuable proof of having recently contacted the virus.[88] But it would be oppressive to quarantine or penalize those who claim to have been ill with the virus in the past, but no longer have the antibodies to prove it. We shouldn't assume that those with high titers have acquired the desired level of immunity, or that those showing no antibodies are still susceptible and should be revaccinated for that reason.[89]

But we make both mistakes routinely, because antibodies are how we define immunity, and vaccines are designed to generate high titers for a long time. The natural

response to infection is a massive, co-ordinated process, of which antibodies are only the finishing touch.[90] Once we recover, they're no longer needed, because the memory of the virus is encrypted within the B and T cells.[91] In other words, we're measuring the wrong thing: the immune process is directed by those cells, which then preserve the immunity we've earned, in ways that we don't seem to know or even care how to measure.

It is now generally accepted that most if not all severe and fatal cases of COVID are associated with hyperimmune, antibody-derived enhancement reactions like "cytokine storm," with unusually high levels of inflammatory cytokines,[92] and that long-haul COVID also involves persisting hyperimmune reactions of lower intensity.[93] Similar reactions were observed in animal trials against the SARS and other early coronaviruses,[94] and more recently during a vaccination campaign against dengue fever in the Philippines.[95] In both cases, the subjects developed wonderfully high levels of specific antibodies soon after the vaccines were given, but suffered and often died from severe hyperimmune reactions when they contacted the virus some time later. Such dramatic misfortunes caused the programs making use of these vaccines to be terminated, and alarmed even pro-vaccine advocates to plead for caution and shy away when the first COVID vaccines were fast-tracked using the same technology.[96]

So, once again, these bottom-line uncertainties leave us all in a vast no-man's-land, somewhere between all those well-meaning people who fear that the danger of COVID remains extreme, such that the lockdowns must continue, and that large cohort

of anti-science libertarians and far-right nut cases who dismiss the pandemic as a hoax, and insist that we no longer need to wear masks or keep up social distancing, and can resume our normal lives.

What I'm looking for is a third way, not just a compromise between these extremes. The shutdown of our economy and our way of life is so much more destructive than the virus itself that we need to find a path to moving beyond the extreme fear and panic that have driven us to try to prevent every possible case of the disease. However brand-new and dangerous the virus seems to be, after a year and a half we need to learn how to live with it, as we already do with our annual flu outbreaks, and as the ongoing parade of further variants will eventually force us to do.

This clearly means learning how to tolerate a certain number of cases in those at lowest risk, like schoolchildren, adolescents, and young adults, and treating them effectively when they do occur, while doing our utmost to protect our elderly, chronically ill, and otherwise most vulnerable. This is the time-honored way for developing natural herd immunity as rapidly as possible; and if we had done that in the beginning, the outbreak would most likely have ended last year, with many, many fewer casualties. Still more lives would have been saved had we deigned to *treat* the illness, rather than simply waiting for the vaccine that we were misled into believing would prevent it.

Unfortunately, that eminently sensible and humane recommendation, made by reputable epidemiologists and clinicians throughout the world,[97] was disregarded; and

now, with the delta variant and others resurgent around the world, the threat of further lockdowns, vaccine mandates, and vaccine "passports" to force people into compliance are all conspiring to push the society in precisely the opposite direction.

One seemingly minor but important step toward recovery would be to skip the annual flu vaccine for the duration, because reputable studies have shown that a recent flu shot increases the risk of respiratory infections with coronaviruses and others.[98] Further research is needed to determine if, as seems likely, it makes the illness more severe, and, if so, to ascertain the extent to which other vaccines accumulated over the lifespan might also be contributing. My educated guess is that patients severely ill, hospitalized, and dying from COVID will also prove more likely to have received more vaccines over their lifetime than those who test positive but are less severely ill or not ill at all.

7.

Apart from the health risks of the COVID vaccines themselves, the most astonishing, disturbing, and infuriating aspect of the rollout is the official line of the CDC and other public health officials that the unvaccinated are responsible for prolonging the outbreak, and that vaccination is our last, best, and indeed our only hope for ending it, despite knowing full well that flattening the curve has already kept it alive much too long, offering no effective treatment for the illness once it appears, and

ignoring or opposing reliable, inexpensive treatments that physicians and health professionals have nevertheless been using on their own.

A good example is Chinese herbal medicine, with thousands of years of history and experience behind it, and many studies in accredited journals attesting to its value in treating COVID,[99] which may help explain why the Chinese have dealt with the outbreak so much more effectively than we have.

A number of American physicians have reported consistently excellent success in both preventing and treating the COVID with nutritional supplements, such as Dr. David Brownstein's high-dose regimen of oral Vitamin A, C, D, and iodine, plus intravenous infusions of the same for those most seriously ill.[100] In his series of 520 confirmed, symptomatic cases, there have been only 9 hospitalizations and no deaths.[101] In China, another group of physicians documented shorter hospital stays for seriously ill COVID inpatients using high doses of vitamin C intravenously.[102]

Hydroxychloroquine, a widely-used antimalarial and anti-inflammatory drug, has shown considerable effectiveness in numerous anecdotal reports and several reputable studies, as has Colchicine, another plant-based drug still used in the treatment of gout.[103] Most recently, Ivermectin, a well-known and relatively nontoxic antiparasitic drug, has generated the most excitement of all for its record in treating COVID at every level of severity, and in preventing and relieving the hyperimmune states that represent its leading cause of death.[104] But the NIH finds insufficient evidence for recommending any of them, and the CDC remains icily indifferent or hostile to them all.[105]

Although still in limited supply, monoclonal antibodies purified from convalescent plasma may become an exception, since the FDA granted Emergency Use Authorization for them,[106] and several recent studies found them highly effective in hastening improvement and shortening hospital stays in severely-ill patients.[107]

Finally, although still widely ignored and even ridiculed by the medical profession, homeopathic medicine, my own subspecialty for the past 46 years, has been in continuous use for over two centuries, and enjoyed notable success in treating scarlet fever, cholera, yellow fever, typhoid fever, influenza, and other epidemic diseases in the past.[108]

In Kerala, a populous state in South India with only 23 confirmed deaths in the first wave, its success in minimizing the impact of COVID was widely ascribed to the provincial government's policy of distributing homeopathic medicines preventively to all citizens.[109] After some months, vaccines were administered on a large scale, and with the arrival of the delta variant the number of cases and deaths rose sharply, to levels more comparable to those in neighboring states.[110]

Similarly in Cuba, the government's first response to the pandemic was to make the homeopathic medicine *Arsenicum album* available to everyone, to use both preventively and as needed for treatment; with a population of 11 million, they recorded only 14,600 cases and 150 deaths in all of 2020.[111] But then, just as in Kerala, the government rolled out its own massive vaccination program, and their numbers skyrocketed to 540,000 cases of the delta variant, 120,000 in August alone, and 4200 deaths, figures in the same range as those of their neighbors.[112]

Clinically, a group of 50 symptomatic patients in Italy with confirmed or probable COVID recovered without a single hospitalization or death under homeopathic treatment.[113] Under the care of an expert Canadian homeopath, a number of critically-ill COVID patients in a French nursing home recovered and remained in stable condition using the classical method of one homeopathic medicine at a time, as he described in a webinar presented by the American Institute of Homeopathy.[114] Compiled by the same Institute, a database of hundreds of cases treated by our members thus far, and ranging from mild to severe, has demonstrated a high rate of cure using many of the same medicines most commonly employed during the usual flu season, as well as others individualized to severe cases with more distinctive symptomatology.[115]

Whether because or in spite of its apparent helplessness and/or disinterest in actually treating the COVID, organized medicine in the United States has never invited leading homeopaths, naturopaths, or integrative physicians to help with this crisis that we all share. Yet the obvious and well-documented benefits of both traditional and complementary medicine in preventing and treating the illness give ample reason to hope and expect that the COVID phenomenon will eventually, and indeed sooner rather than later, go the way of other flu-like illnesses, with substantial, long-lasting immunity, and maybe periodic recycling in the future, whether because or in spite of the spate of vaccines that are sure to follow.

I hope that our embattled sense of humor can still appreciate the fact that all three COVID vaccines authorized for emergency use by the FDA no longer even claim to

prevent infection or transmission of the virus, as vaccines are meant to do, and that ironically, after waiting so long for them, all they do seem to be capable of doing is precisely to *treat* the illness, to relieve its symptoms, soften its impact, and lessen its severity, palliative effects which stretch our concept of "vaccine" as a preventive well beyond what it can reasonably bear.

As a clinician, I vote for treating the illness with the tools that we already have and know about, rather than trying to prevent it with vaccines, which they fail to do in any case,[116] or to use them merely for symptom relief, because they carry such formidable risks of their own. I need go no further than the virtual certainty that the natural immunity acquired by recovering from the COVID, however long it lasts, will prove itself superior to the poor semblance of it that vaccines can provide, as well as protecting us against variants arising in the future.[117]

According to Luc de Montagnier, the Nobel Prize-winning virologist, a second big reason for avoiding the COVID vaccines in the midst of the pandemic is that they already have and will undoubtedly continue to generate new variants increasingly resistant to them, and that the risk of hyperimmune reactions when contacting the virus will be higher in the vaccinated, in direct proportion to the level of specific antibodies in the blood.[118]

A third reason is that, at the very least, they will do what all vaccines do, as I've said, namely, making worse what's already there, reactivating, exacerbating, and making more chronic whatever chronic tendencies are already latent or manifest in each

individual recipient, which will also mean, in this particular case, making worse the baseline pathology of the COVID illness itself. Presumably most of these reactions will still develop insidiously and subclinically at first, and be just as difficult to recognize as they have always been, but augmented by the substantial risk of death or crippling injury occurring acutely in highly-sensitized individuals.

The official VAERS statistics, underreported though they are, already amount to 571,831 adverse events, 77,490 serious injuries, and 12,791 deaths between December 14, 2020, and August 6, 2021, numbers far in excess of those that scandalized and ended the swine flu vaccine campaign in 1976.[119]

A fourth, brand-new reason to avoid the COVID vaccines is the bioengineered fragment of the SARS-CoV-2 spike protein, which is both the main source of the antibody-producing information conveyed in the mRNA vaccines and decisive in the pathogenesis of the COVID sickness. Professor Byram Bridle and other Canadian virologists have shown that the spike protein is quite toxic all by itself, and does not simply disintegrate at or near the injection site, as the manufacturers claim, but circulates widely through the blood after vaccination, and poses a significant risk of damaging the heart, lungs, liver, spleen, bone marrow, adrenals, ovaries, and other organs.[120]

If that much is true, it seems very likely that these toxic reactions will prove to be autoimmune in nature, just like the COVID itself, as well as the microscopically similar ADE reactions like "cytokine storm," whether widely-disseminated or localized

to particular organs or tissues, and of varying degrees of severity and chronicity, as in the "long COVID" cases that complicate the original illness.

In any case, fear and uncertainty are a huge part of what this pandemic is all about, as we saw; and the financial investment, global scale, and economic and political fallout of the vaccination rollout probably mean that, regardless of whether or to what extent it was deliberately intended and planned for in advance, many more deaths and crippling injuries will have to happen before the full magnitude of the artificial, manipulated component of this disaster is even acknowledged; rectified it can never be.

8.

At this point, most educated and public-spirited people in this country have already been vaccinated, genuinely feel relieved and protected by having done so, and openly regard those of us who haven't as seriously misguided, ideologically rigid, at high risk for refusing it, and selfishly threatening everyone else in so doing. These reactions are all very much in line with the official narrative provided by the CDC and the drug industry, conveyed through the media, and enforced by anonymous "Fact-Checkers" whose job it has become to remove any and all anti-vaccine content from public view, including social media, even if it consists of nothing more than raising doubts and asking questions, just as I'm doing.

As I've said, that narrative is based on assumptions that are false; but I certainly can't blame the general public for believing it, since they have every right to expect and

trust that the government's official reports and statistics are accurate. So even though we disagree, I'm far from blaming or putting them down; quite the contrary, on the whole I find their reasons entirely understandable, persuasive, and in many cases even admirable. So it seems fitting for me to conclude this essay with trying to find the right words to say to them that they might now or eventually be willing and able to hear. I'll begin with a disclaimer,

1) that we don't know where we're really at with the outbreak, or where we're going;

2) that my thoughts about the virus being bioengineered and released are beliefs, opinions, hypotheses and speculations, merely the most probable I've come up with so far, or at least worth considering, and I truly hope they're wrong;

3) that our shared uncertainty lies at the core of our experience living through it all; and

4) that the fear that follows from it is what drives us to act in ways that may well prove to be either unwise and counterproductive, or prudent and lifesaving, or perhaps both.

That much at least we *do* know.

I haven't taken any vaccines myself for more than 60 years, for all the reasons I've already cited. The COVID vaccines are quite different, in that they're given not to prevent the infection in the future, but rather in the midst of an actual outbreak, originally to prevent its spread, which the CDC now admits it fails to do, but now mainly, it turns out, to treat the illness if it does appear, and thus reduce the likelihood

of severe illness, hospitalization, and death, which it does seem to be doing somewhat effectively so far.

Many of the people I know don't trust everything the CDC says, or even deny the possibility that the vaccine may create chronic problems in the future. The only reason they've agreed to get a COVID shot and feel genuinely protected by it is that they're depressed by and fed up with the lockdown, and just want to live a decent life in the here and now, to visit family and friends, and to travel and engage with the outside world as before, without having to hide their faces and keep their distance. Downgrading the COVID from a life-threatening illness to a mild one like the flu makes that goal seem achievable.

Nor would I disagree that a legitimate government must have the authority to impose certain restrictions temporarily in the event of a genuine public health emergency, such as an imminent terrorist attack, provided it is carefully thought out and used judiciously, in response to a truly grave threat, backed up by a clear scientific consensus, and ended as soon as the threat is over.

But although the COVID phenomenon is indeed a serious threat, it is far from meeting that standard. To begin with, it cannot be understood in a vacuum, apart from the recent history of active research into coronaviruses that began with SARS-CoV-1, as we saw, and the worldwide campaign funded by the drug industry and proclaimed by the CDC and WHO, to achieve their long-standing goal of vaccinating everybody against everything. In the United States, largely in response to several relatively modest

measles outbreaks in recent years, the CDC began pressuring state governments to eliminate personal-belief exemptions to existing vaccine mandates, and to further restrict even medical exemptions, which were always difficult to obtain. When several states changed their laws accordingly, members of Congress directed Facebook and other social media to remove all anti-vaccine content, in clear and flagrant violation of the First Amendment, as a result of which nameless "fact-checkers" were duly appointed and installed to enforce the censorship, in flagrant violation of the First Amendment, and without even the semblance of an emergency to justify it.

In that setting, the COVID provided the perfect opportunity for the government, the airlines, and a number of private businesses to require vaccine "passports" for foreign and domestic travel and other purposes, even without formally declaring a State of Emergency, not only to force the unvaccinated into compliance, but also to justify the surveillance of our personal information on a permanent basis.

So the question remains: is the COVID a bona-fide emergency that warrants imposing such requirements by force? Agreed, it's very contagious; but even I, though at higher risk for being seriously ill if I develop it, still stand an excellent chance of recovering from it, and indeed, for all I know, might already have done so without ever knowing I had it. Nor it is true, despite what we're being told on a daily basis, that the unvaccinated are mainly if not solely responsible for spreading the virus and prolonging the outbreak.[121] For all of the reasons cited above, there's plenty of evidence that quite

the opposite is true, as it was for the CDC's similar claim for those measles outbreaks the year before.

What of the more than 600,000 deaths so far, in the US alone? Doesn't that qualify as an emergency? Well, it might, except for the fact that those figures have been inflated to an unknown but clearly massive extent by the preponderance of deaths among patients in nursing homes, extended-care facilities, hospitals, prisons, and so forth, who merely tested positive for the virus but died of their pre-existing comorbidities, while patient deaths occurring shortly after receiving their COVID vaccines are routinely signed off as due to their comorbidities. In short, these figures have been and are still being manipulated in both directions as we speak, and are therefore unreliable to a very large albeit unknown extent.

So the bottom line is that we unvaccinated are being pressured, bullied, and pleaded with to be injected with a bioengineered foreign antigen into our blood that is designed to alter our chemistry more or less permanently, even if the agent itself is quickly inactivated and can no longer be detected chemically, simply to prevent us from dying or becoming seriously ill from an illness that we would very probably recover from on our own, with or without treatment, and that doing so would provide a more robust and long-lasting immunity against reinfection than any vaccine could conceivably provide.

To that choice, I must still say, no thank you, so long as I have a choice; to resist with all my power if I am required by law or mandate to receive it; and to hope that

everyone else will escape unscathed from having made a choice which, however sincere and well-intentioned, they didn't need and will surely do them harm. So I hope that they will come to understand and forgive me for what I've decided, that my speculations about the virus and the vaccines are mistaken, that the vaccination campaign will prove a great success, with no more variants appearing, and that the outbreak will soon end, leaving us alive and free to live happily ever after.

If I come down with the COVID, and all my vitamins, homeopathic medicines, and whatever else don't help me recover, such that I die of it, so be it; but I'd still rather take my chances with it than willingly subject my body and soul to what I truly believe is something at best only partially and temporarily effective, as well as profoundly dangerous both now and for the future. And if I'm right, I hope that the truth about the COVID will emerge before more damage is done, and that those who planned for it, are keeping it going by flattening the curve and manipulating the statistics, and thus make almost everyone on the planet long for these GMO toxins will be exposed, discredited, and brought to justice.

Notes.

1. Holshue, M., et al., "First Case of 2019 Novel Coronavirus in the United States," ***New England Journal of Medicine,*** NEJM.org, January 31, 2020.

2. Cf., for example, Cai, J., "Indirect Virus Transmission in Cluster of COVID-19 Cases, Wenzhou, China, 2020," ***Emerging Infectious Diseases***, CDC, cdc.gov, March 12, 2020.

3. Cf., for example, Woodward, A., "The life and rise of Dr. Anthony Fauci, the

public-health hero who has become the face of America's Coronavirus response team," ***Business Insider,*** businessinsider.com, March 27, 2020.

4. Cf. Chen, C., et al., "Key Missteps at the CDC Have Set Back Its Ability to Detect the Potential Spread of the Coronavirus," ***ProPublica,*** propublica.org, February 28, 2020.

5. Cf., for example, "Perspectives on the Pandemic II: a Conversation with Dr. Knut Wittkowski, The Press and the Public Project, thepressandthepublic.com, April 2, 2020.

6. Prof. Mary Holland, "What We Can Learn from a Pandemic "Tabletop Exercise," ***Children's Health Defense,*** March 25, 2020, childrenshealthdefense.org.

7. Ibid.

8. Ibid.

9. Cf. Naomi Klein, "Coronavirus is the Perfect Disaster for Disaster Capitalism," Interview with Marie Solis, ***RSN Focus***, March 14, 2020.

10. Anthony Fauci, CNN Interview with Jim Sciutto, April 21, 2020, CNN.com.

11. "Facts about COVID-19," ***Swiss Propaganda Research***, March 14, 2020, updated April 18, sprs.org.

12. Cf. Weise, E., "8 strains of the coronavirus are circling the globe. Here's what clues they're giving scientists," ***USA Today,*** March 27, 2020, www.usatoday.com.

13. Cf. also MacKay, D., "Los Alamos National Laboratory team studies new virus strain," ***Albuquerque Journal,*** May 6, 2020.

14. Cf., for example, Mercola, J., "New Delta Virus Variant Escalates Lockdowns," mercola.com, June 23, 2021.

15. Richard Harris, "COVID-19 Vaccines Could Add Fuel to Evolution of Coronavirus Mutations," Interview with Paul Bienasz, Rockefeller Institute, NPR, npr.org., February 10, 2021.

16. Krause, P., et al., "SARS-CoV-2 Variants and Vaccines," Special Report, ***New England Journal of Medicine*** **385:**179, July 8, 2021.

17. Bendavid, E., et al.,"COVID-19 Seroprevalence in Santa Clara County, California," medR$_x$iv, Cold Spring Harbor Laboratory and ***BMJ*** Yale, April 14, 2020, connectmedrxiv.org., reported by Prof. John Ioannidis, Stanford University.

18. "Facts about COVID-19," op. cit.

19. "CDC: 94% of COVID-19 Deaths Had Underlying Medical Conditions," Microsoft News, msn.com, September 1, 2020.

20. Rogers, M., "Fact Check: Hospitals get paid more if patients listed as COVID-19," ***USA Today*** Network, April 24, 2020, updated April 27, usatoday.com.

21. Dr. Joseph Mercola, "PCR Testing Saga: Were We Duped?" Children's Health Defense, childrenshealthdefense.org, February 23, 2021.

22. "CDC Changes Rules for Counting Breakthrough Cases," Children's Health Defense, childrenshealthdefense.org, May 7, 2021.

23. "Coronavirus: the Truth about the PCR Test Kit from the Inventor and Other Experts, Video, ***State of the Nation,*** October 7, 2020.

24. Steenhuysen, J., As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing," ***Health News,*** March 11, 2020, reuters.com.

25. Johnson, C., "Inside the extraordinary race to invent a coronavirus vaccine," ***Washington Post,*** May 3, 2020, washingtonpost.com.

26. This powerful, oligarchic movement, reversing FDR's New Deal, and promoting laissez-faire capitalism, the free market, and the doctrine of states' rights that originated in the slave states of the antebellum south, is skillfully told and thoroughly documented in MacLean, N., ***Democracy in Chains: the Deep History of the Radical Right's Stealth Plan for America,*** Penguin, 2017.

27. Benjamin, M., "UPI Investigates: the Vaccine Conflict," ***United Press International***, July 21, 2003, upi.com.

28. "Medicines in Development: Vaccines," Press Release, PhRMA, September 11, 2013, phrma.org.

29. Cf. Prof. Mary Holland, "Unanswered questions from the Vaccine Injury

Compensation Program," ***Pace Environmental Law Review*** **28:**480, March 28, 2011.

30. Holland, "Liability for Vaccine Injury: the United States, Europe, and the World," ***Emory Law Journal*** **67:**415, 2018.

31. Holland, 2011, op. cit., and with Robert Krakow, Esq., "The Right to Legal Redress," in ***The Vaccine Epidemic,*** Skyhorse, New York, 2011, pp. 39-40.

32. ***Bruesewitz v. Wyeth***, 2011.

33. Moskowitz, Richard, ***Vaccines: a Reappraisal***, Skyhorse, New York, 2017, pp. 29-37.

34. Dr. David Kessler, "Introducing MEDWatch: a New Approach to Reporting Medication and Device Adverse Effects," ***Journal of the AMA*** **269:**2765, June 2, 1993.

35. Cf., for example, "History of Vaccine Safety," CDC, cdc.gov.

36. "Statement of William Thompson, Ph. D., Regarding the 2004 Article Examining the Possibility of a Relationship between the MMR Vaccine and Autism," Press Release, Morgan Verkamp LLC, August 27, 2014.

37. Interview with Dr. Peter Rost, in Gardasil documentary, ***One More Girl,*** posted by Arjun Wala, July 7, 2015, collective-evolution.com.

38. Cf. "Recommended Immunization Schedule for Persons Age 0-18 years," Advisory Committee on Immunization Practices, cdc.gov/vaccines/acip, 2016, which adds up to 70 separate doses of individual vaccine components by the time the child enters college; and "Recommended Adult Immunization Schedule," ibid, which adds 71 more doses by age 65, for a lifetime load of 149 doses by age 65, not counting the extra doses for seniors above 65, pregnant women (and their unborn fetuses), and other special indications.

39. "Vaccine Myths Debunked," ***Public Health***, 2020 PublicHealth.org.

40. Robert F. Kennedy, Jr., "Gates' Globalist Vaccine Agenda: a Win-Win for Big Pharma and Mandatory Vaccination, ***Children's Health Defense,*** childrenshealthdefense.org., April 9, 2020.

41. "Vaccination: European Commission and World Health Organization join forces to promotethe benefit of vaccines," Joint News Release, WHO, Brussels, September 12, 2019, who.int.

42. Cf. Harris, C., "Anti-vaxxers most prominent in Bulgaria, Latvia, and France," ***Euronews,*** Oct. 26, 2018; de Benedetti, F., "How the anti-vaxxers are winning in Italy," ***Independent,*** September 28, 2018, www.independent.co.uk.

43. "Immunization 2030: a Global Strategy to Leave No One Behind," WHO Prospectus, April 2, 2020, who.int.

44. Niedowski, E., "At Ft. Detrick, scientists race to find a treatment for SARS," ***Baltimore Sun,*** April 27, 2003.

45. Cf. Selgelid, M., "Gain-of-Function Research: Ethical Analysis," ***Science and Engineering Ethics*** **22:**916, 2016.

46. McNeil, D., "A Federal Ban on Making Lethal Viruses Lifted," ***New York Times***, December 19, 2017.

47. Ibid.

48. McNeil, "White House to Cut Funding for Risky Biological Study," ***New York Times,*** October 17, 2014.

49. Trager, R., "US funder ends coronavirus research with Wuhan lab amid political pressure,"***Chemistry World,*** May 5, 2020.

50. Ibid.

51. "There are more than 1 million viruses that we know absolutely nothing about," EcoHealth Alliance Prospectus, ecohealthalliance.org. Cf. also Helen Branswell, "Finding the world's unknown viruses before they find us," STAT, statnews.com, December 13, 2015.

52. Cf. Branswell, H., "NIH awards $7.5 million grant to EcoHealth Alliance, months after uproar over political interference," STAT, statnews.com, August 27, 2020.

53. Cf. "Gated Development: Is the Gates Foundation Always a Force for Good?" Global Justice Now, 56 pp., globaljustic.org.uk; RFK, R., "Gates' Globalist Vaccine Agenda: a Win-Win for Big Pharma and Mandatory Vaccination,"

Children's Health Defense, childrenshealthdefense.org, April 9, 2020; and "Beware the COVID-Vax Scheme!" State of the Nation, stateofthenation.com, January 4, 2021.

54. Ebhardt, T., et al., "99% of Those Who Died from Virus Had Other Illnesses, Italy Says," ***Bloomberg News,*** March 18, 2020.

55. Ibid.

56. Moskowitz, 2017, op. cit., pp. 60-68.

57. Roy, A., "The Most Important Coronavirus Statistic: 42% of Deaths Are from 0.6% of the Population," ***Forbes,*** May 26, 2020.

58. Frankl, R., "Comorbidities the rule in New York's COVID-19 deaths," ***The Hospitalist***, April 8, 2020, the-hospitalist.org.

59. Cf., for example, "COVID-19 is hitting black and poor communities the hardest," ***The Conversation***, April 9, 2020, theconversation.com; and "Address Impact of COVID-19 on Poor: Virus Outbreak Highlights Structural Inequalities," ***Human Rights Watch,*** March 19, 2020, hrw.org.

60. "Chronic Diseases in America," National Health Interview Survey, CDC, 2008, cdc.gov.

61. "High Blood Pressure," Statistical Update 2013, American Heart Association, heart.org.

62. "Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017-18," ***National Health and Nutrition Examination Survey*** (NHANES), CDC, cdc.gov.

63. "Arthritis: National Statistics," ***National Health Interview Survey*** (NHIS), CDC, cdc.gov.

64. "Asthma: Data, Statistics, and Surveillance," CDC, 2018, cdc.gov.

65. "COPD: Facts, Statistics, and You," ***Healthline***, May 14, 2019, healthline.com.

66. "Chronic Kidney Disease in the United States, 2019," CDC, cdc.gov.

67. "Statistics about Diabetes," American Diabetic Association, 2018, diabetes.org.

68. "Cancer Statistics 2020," American Cancer Society, cancer.org.

69. Plassman, B., et al., "Prevalence of Dementia in the United States," ***Neuro-epidemiology*** **29:**125, 2007.

70. Bethell, C., et al., "A National and State Profile of Leading Health Problems and Health Care Quality for U. S. Children," Supplement, ***Academic Pediatrics*** **11:**S22, May-June 2011.

71. "The State of LD: Understanding the 1 in 5," National Center for Learning Disabilities, May 2, 2017, ncld.org.

72. Riser-Kositsky, M., "Special Education: Definition, Statistics, and Trends," ***Education Week,*** December 19, 2019.

73. Moskowitz, "Vaccination: a Sacrament of Modern Medicine," **Journal of the *American Institute of Homeopathy* 84:**96, December 1991.

74. Cf. Moskowitz, 2017, op. cit., pp. 147-178, and Neil Z. Miller, ***Review of Critical Vaccine Studies***, New Atlantean Press, 2016.

75. "How are vaccines evaluated for safety?" insidevaccines.com. Cf. also the vaccines' package inserts.

76. Moskowitz, R., 2017, op. cit., pp. 60-68.

77. Ibid.

78. Cf. Glanz, J., et al., "A Population-Based Cohort Study of Under-Vaccination in 8 Managed-Care Organizations across the United States," ***JAMA Pediatrics*** **167:**284, 2013.

79. Cf. Goldman, G., and Miller, N., "Relative Trends in Hospitalizations and Mortality among Infants by the Number of Vaccine Doses and Age, Based on the VAERS Reporting System, 1990-2010," ***Human Experimental Toxicology*** **31:**1012, 2012.

80. Davis, B., et al., ***Microbiology,*** 2nd Ed., Harper, 1973, p. 1346.

81. Roitt, I., et al., ***Immunology,*** 5th Ed., Mosby, 1998, p. 23 et seq.

82. Mims, C., et al., ***Medical Microbiology,*** 2nd Ed., Mosby, 1998, p. 63 et seq.

83. Cf., for example, Albonico, H., et al., "Febrile Infectious Childhood Diseases in the History of Cancer Patients and Matched Controls," ***Medical Hypotheses*** **51:**315, 1998.

84. Exley, C., "Aluminum and Medicine," in ***Molecular and Supra-Molecular Bio-Inorganic Chemistry,*** Nova Biomedical Books, 2009, pp. 45-68.

85. Cf. Loessner, H., et al., "Employing Live Microbes for Vaccine Delivery," ***Development of Novel Vaccines***, February 18, 2012, pp. 87-124.

86. Cf. Dr. Paul Offit, et al., "Addressing Parents' Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System?" ***Pediatrics*** **109:**124, 2002, in which Dr. Offit claims that an infant can easily tolerate 10,000 vaccines given simultaneously!

87. "Lasting immunity found after recovery from COVID-19," NIH, nih.gov, January 26, 2021.

88. "Interim Guidelines for COVID-19 Antibody Testing," CDC, cdc.gov, March 17, 2021.

89. Cf., for example, Edmonson, M., et al., "Mild Measles and Secondary Vaccine Failure During a Sustained Outbreak in a Highly-Vaccinated Population," ***JAMA*** **263:**2467, May 9, 1990, in which many typical acute cases of measles were found in vaccinated children with high and supposedly immune levels of antibodies, while the atypical, mild form was found predominantly in vaccinated kids with no detectable antibodies at all.

90. Vide supra, notes 80, 81, 82.

91. Abbas, A. K., et al., ***Cellular and Molecular Immunology,*** 6th Ed., Saunders, 2007, p. 16.

92. Melo, A. K. G., et al., **"**Biomarkers of cytokine storm as red flags for severe and fatal COVID-19 cases: A living systematic review and meta-analysis," ***PLOS One*** **10:**1371, June 29, 2021.

93. Bland, J., "The Long Haul of COVID-19 Recovery: Immune Rejuvenation versus Immune Support," ***Integrative Medicine*** **6:**18, December 19, 2020.

94. Tseng, C. T., et al., "Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the Virus," ***PLOS One*** **10:1371,** April 20, 2012.

95. "Dengue Vaccine Controversy in the Philippines," NPR Global Health, npr.org, May 2, 2019.

96. Vide supra, notes 24, 25.

97. Cf. the Great Barrington Declaration, gbdeclaration.org, October 4, 2020.

98. Cowling, B., et al., "Increased Risk of Noninfluenza Respiratory Virus Infections Associated with Receipt of Inactivated Influenza Vaccine," ***Clinical Infectious Diseases*** **54:**1778, June 15, 2012; and Wehenkel, C., "Positive Association between COVID-19 Deaths and Influenza Vaccination Rates in Elderly People Worldwide," ***Peer Journal*** **10:**7717, September 2020, and ResearchGate, **researchgate.net.**

99. Cf., for example, Yang, Y., et al., "Traditional Chinese Medicine in the Treatment of Patients Infected with New Coronavirus SARS-CoV-2," ***International Journal of Biological Sciences*** **16:**1708, March 2020.

100. Brownstein, D., "The Right Wat to Fight Viruses," ***Natural Way to Health*** Newsletter, August 2021.

101. Ibid.

102. Anderson, P., "Intravenous Ascorbic Acid for Supportive Treatment in Hospitalized COVID-19 Patients," ***Journal of Orthomolecular Medicine*** **35:**1, March 24, 2020.

103. Schlesinger, N., et al., "Colchicine in COVID-19: Old Drug, New Use," ***Current Pharmacology Reports,*** July 18, 2020, p. 1.

104. Press Release, Pierre Kory, M. D., Frontline COVID Critical Care Alliance, ***YouTube,*** December 9, 2020: "In multiple Random-Controlled Trials, involving over 1500 patients, Ivermectin has been miraculously effective in COVID-19, preventing cytokine storm, and reducing hospitalization and death. If you take it, you won't get sick!"

105. Ivermectin, NIH, COVID-19 Treatment Guidelines Panel, January14, 2021, covid19treatmentguidelines.nih.gov:"The Panel has determined that currently there are insufficient data to recommend either for or against the use of Ivermectin for the treatment of COVID-19."

106. "Coronavirus Update: FDA Authorizes Monoclonal Antibodies for Treatment of COVID-19," News Release, fda.gov, November 21, 2020.

107. Taylor, P., "Neutralizing Monoclonal Antibodies for Treatment of COVID-19," ***Nature Reviews Immunology*** **21:**382, April 19, 2021.

108. On its fine record in the 1918 influenza pandemic, for example, cf. Davidson, J., and Dantas, F., "A Century of Homeopaths: Their Influence on Medicine and Health," ***The Pharos*** **71:**5, 2008.

109. Cf. Jordan, L., "What? Only 23 pandemic deaths out of 35,000,000 people in a state in India? How did they do it?" aurumproject.org.au, June 6, 2020.

110. Statista, statista.com, August 16, 2021. Cf. Tamil Nadu, population 72,000,000, with 2,600,000 cases, 34,500 deaths; Karnataka, population 61,000,000, with 3,000,000 cases, 37,000 deaths; and Andhra Pradesh, population 50,000,000, 2,000,000 cases, and 14,000 deaths.

111. Cf. "Cuba Promotes Homeopathy to Fight the Coronavirus," ***Miami Herald***, April 7, 2020; and "Cuba's Response to COVID-19: Lessons for the Future," ***Journal of Tourism***, emeraldinsight.com, March 11, 2021.

112. Statista, statista.com, August 19, 2021. Cf. Jamaica, population 3,000,000, with 60,000 cases, 13,000 deaths.

113. Valeri, A.,"Symptomatic COVID-19 positive patients treated by homeopathic physicians: an Italian descriptive study," Società Italiana di Medicina Omeopatica, homeomed.net, April 2020.

114. Saine, A., "Case Management of the COVID-19 Patient with Homeopathy," AIH Webinar, May 2, 2020, homeopathyusa.org.

115. Nossaman, N., ed., "Guidelines for the Use of Homeopathy to Treat the Patient with Flu-like Symptoms during the COVID-19 Pandemic," and Gold, P., Ed., "Comprehensive Database of COVID-19 Cases," American Institute of Homeopathy, Summer 2020, homeopathyusa.org.

116. "Delta Variant: New Data on Covid-19 Transmission by Vaccinated Individuals," Johns Hopkins School of Public Health, jhsph.edu, August 2, 2021. "New data was released by the CDC last week showing that vaccinated people infected with the delta variant carry viral loads similar to those of people who are unvaccinated."

117. "COVID-19 Survivors May Possess Wide-Ranging Resistance to the Disease," Emory University, news.emory.edu, July 22, 2021: "Investigators were surprised to see that convalescent participants also displayed increased immunity against common human coronaviruses as well as SARS-CoV-1, a close relative of the current coronavirus. The study suggests that patients who survived COVID-19 are also likely to possess protective immunity even against some SARS-CoV-2 variants."

118. Luc de Montagnier, "COVID Vaccine Is Creating the Variants," Interview with Pierre Barnérias, Hold-Up Media, RAIR Foundation (USA), ***YouTube,*** May 18, 2021.

119. "Reports of Injuries, Deaths after COVID Vaccines Climb Steadily, as FDA, CDC Sign off on Third Shot for Immunocompromised," ***Public Defender,*** Children's Health Defense newsletter, August 16, 2021.

120. Dr. Byram Bridle, Interview with Alex Pierson, "See More Rocks," ***You Tube,*** May 30, 2021.

121. Vide supra, note 116.

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