

Facts Are Facts: Learn The Data Surrounding Covid-19

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Due to the nature of this subject, this booklet is subject to potential additions or subtractions, due to emerging data that may be released in the future.



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This booklet is meant to provide plenty of information surrounding Covid-19, from the safety measures, the data collected, and how it is treated.

Covid-19 has been subject of great controversy and contention on what should be done to combat this problem. Due to political bias and staunch disagreements, it has become increasingly difficult for individuals to have proper and equitable decision making.

This booklet has been formatted to purposely leave out as much as conjecture as possible, and rather, present the facts and opinions of others as they stand, with next to no additional commentary - allowing you the reader to come to your conclusions on the matter. Almost all of the commentary will be transitional to keep the flow going, but that is all.

My opinions and beliefs may greatly differ from yours and it would be wrong of me to force my conjectures onto you, but rather, it is far more equitable for me to present the information as it stands, unfiltered and undoctored, for you the reader to be fully persuaded in your mind, and to critically think to draw your own conclusions.

Additionally, The WinePress has done its best to compile as much as data as we could to help further allow you to draw your own conclusions. Though we cannot compile every single work in existence, we have done our best to provide information from a wide variety of sources, from medical professionals, acclaimed medical doctors and journals, official studies, and other statements and facts provided by the media, written or via telecast.

I hope this booklet will serve you well.

Data Collection

In this section we have provided some information concerning how the case and death data is collected and compiled.

The collection of the data is connected with the testing measures used to collect said data, so please see additional information under that section.

In early April of 2020, Dr. Deborah Birx, a member of the Coronavirus Task Force assembled by the United States Government, explained to the media and the public during a daily briefing, how certain cases were going to be counted in comparison to other countries.

She said, “There are other countries that if you had a preexisting condition, and let’s say the virus caused you to go to the ICU, and then had a heart or kidney problem; some countries are recording that as a heart issue or a kidney issue and not a Covid-19 death. Right now, we are still recording it – and the great thing about having forms that have come in and a form that has the ability to mark it as Covid-19 infection. The intent is right now that those – if someone dies with Covid-19 then we are counting that.”^{1 2}

In later April of 2020, Dr. Ngozi Ezike, Director of the *Illinois Department of Public Health* noted something similar:

“If you were in hospice and had already been given a few weeks to live and then you were also found to have COVID, that would be counted as a COVID death, despite if you died of a clear alternative cause, it’s still listed as a COVID death. So, everyone who is listed as a COVID death that doesn’t mean that was the cause of the death, but they had COVID at the time of death.”³

A few weeks later on May 15, the *Denver Post* stated this as well:

“The Colorado Department of Public Health and Environment is now clarifying that its death tally includes the total number of fatalities among people who had COVID-19, including those deaths in which the respiratory disease was not the cause of death listed on the death certificate.”⁴

Also, in April, the *Journal of the American Medical Association (JAMA)*, released a study noting that many people who were hospitalized due to Covid-19 had previous health conditions.

The journal, which was peer-reviewed, found that 42% were obese, 57% that suffered from high blood pressure, and 34% having diabetes. They noted a reoccurring factor, which was patient's had immune systems that were causing inflammation.

Helen Messier, an immunologist and Director of Altum Medical, told the journal this:

“It's almost like you're using all the immune system's resources just to keep this fire smoldering. When a viral infection happens during chronic inflammation, the immune system may either not be able to mount an appropriate immune response or, in the case of COVID-19, it doesn't have a good response initially but then tries to overcome it; the underlying inflammation can lead to an overpowering response, or 'cytokine storm.’”⁵

In the very beginning of September of 2020, the CDC released a new report concerning who was dying.

The official update read, “For 6 percent of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID- 19, on average, there were 2.6 additional conditions or causes per death.”^{6 7}

On September 22, the Trends Journal noted a few mainstream reports concerning the case numbers that were reported. They cited a report from *The Telegraph*, a U.K.-based news outlet, stated “[Covid-19] was not the leading cause of death for nearly a third of registered Covid-19 victims in July and August.”

The Telegraph cited a study from *Oxford University*, which said,

“This means that someone who has had a heart attack or even died in a traffic accident may have been included in the numbers if they also tested positive for coronavirus at some point or if doctors believed the virus made their condition worse.

Throughout the pandemic, about one in 13 people currently classified as Covid-19 victims did not have the disease as the underlying cause of death. This means that 3,877 deaths (7.8%) where the coronavirus was not the main cause are included in the numbers.

In July and August, that number rose to 28.8% of all registered deaths, meaning Covid-19 was not the leading cause of death in 465 out of 1,617 registered victims.”

One of the team members at *Oxford Center for Evidence-Based Medicine*, Dr. Jason Oke, additionally noted that many people were found to have “died with” Covid but not “from it.”

“The true death rate is important to know as it gives us an idea of the effects... The effects seem to be wearing off now and if that’s true – as it certainly looks right now because there doesn’t seem to be the same death rate – then that will guide risk management decisions, so it is important to get this number right.”

The Telegram report also quoted Paul Hunter, Professor of Medicine at the University of East Anglia, who gave corroborating statements to that of Oxford University’s:

“For example, let’s say you have a patient with leukemia, you get COVID and a few weeks later you die. There is evidence that they had some degree of pneumonia. So, what is the main cause of death? How much COVID causes is not easy to say.”⁸

In December, the Trends Journal also noted a report from *Johns Hopkins University* student newspaper, that was eventually removed, quoting Dr. Genevieve Briand, assistant program director of the Applied Economics master’s degree program at Johns Hopkins, reviewed death statistics from various diseases as compiled by the CDC, said this:

“All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary.”

The student paper also read, “After retrieving data on the CDC website, Dr. Briand compiled a graph representing percentages of total deaths per age category... which includes the period from before COVID-19 was detected in the U.S. to after infection rates soared. Surprisingly, the deaths of older people stayed the same before and after COVID-19. Since COVID-19 mainly affects the elderly, experts expected an increase in the percentage of deaths in older age groups. However, this increase is not seen from the CDC data. In fact, the percentages of deaths among all age groups remain relatively the same.”

Taking a chart from the CDC’s website - noting the decrease of comorbidities since April of 2020, except the last category.

Change in Deaths over previous week	Week ending 4/11/2020	Week ending 4/18/2020	Week ending 4/25/2020
Heart Diseases	+ 824	- 1,190	- 727
Cancers	- 52	- 356	+ 160
Chronic Respiratory	- 96	- 249	- 211
Cerebrovascular	+ 35	+ 11	- 145
Alzheimer	+ 86	- 56	- 96
Diabetes	+ 52	- 90	-179
Flu & Pneumonia	- 236	- 381	- 97
Nephritis	+ 88	- 31	- 106
Other Respiratory	- 4	- 95	- 31
Septicemia	- 98	- 92	- 13
Not Classified	- 44	+ 13	+ 48
TOTAL DECREASE	- 530	- 2,540	- 1,605
COVID – Heart Diseases	+ 486	+ 2,561	+ 1,651

Briand had this to say related to the data pertaining to the chart:

“If the COVID-19 death toll was not misleading at all, what we should have observed is an increased number of heart attacks and increased COVID-19 numbers. But a decreased number of heart attacks and all the other death causes doesn’t give us a choice but to point to some misclassification.”⁹

In mid-October, *The Public Health Initiative of the Institute for Pure and Applied Knowledge* released a report titled “COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective.”

According to the abstract of the report, the doctors involved made this statement:

“According to the Centers for Disease Control and Prevention (CDC) on August 23, 2020, “For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death.” For a nation tormented by restrictive public health policies mandated for healthy individuals and small businesses, this is the most important statistical revelation of this crisis. This revelation significantly impacts the published fatalities count due to COVID-19. More importantly, it exposes major problems with the process by which the CDC was able to generate inaccurate data during a crisis. The CDC has advocated for social isolation, social distancing, and personal

protective equipment use as primary mitigation strategies in response to the COVID-19 crisis, while simultaneously refusing to acknowledge the promise of inexpensive pharmaceutical and natural treatments. These mitigation strategies were promoted largely in response to projection model fatality forecasts that have proven to be substantially inaccurate. Further investigation into the legality of the methods used to create these strategies raised additional concerns and questions. Why would the CDC decide against using a system of data collection & reporting they authored, and which has been in use nationwide for 17 years without incident, in favor of an untested & unproven system exclusively for COVID-19 without discussion and peer-review? Did the CDC's decision to abandon a known and proven effective system also breach several federal laws that ensure data accuracy and integrity? Did the CDC knowingly alter rules for reporting cause of death in the presence of comorbidity exclusively for COVID-19? If so, why?"¹⁰

Tap News, also referencing that same October report, additionally cited a statement by *All Concerned Citizens*, a watchdog group that provided a statement to the National File: "[The CDC] illegally enacted new rules for data collection and reporting exclusively for COVID-19 that resulted in a 1,600% inflation of current COVID-19 fatality totals.

The research demonstrates that the CDC failed to apply for mandatory federal oversight and failed to open a mandatory period for public scientific comment in both instances as is required by federal law before enacting new rules for data collection and reporting."¹¹

Comorbidities and Other Killers

As alluded to in the previous section by the varying sources, comorbidities and other symptoms played a factor in the data collection. This section further expands on that thought, along with other factors and things that cause death in the world currently.

Dr. Eric Berg, trademarked as “The Knowledge Doc,” explains the severity of Covid-19 in relation to age and the individual’s immune system. Compiling a variety of research and studies, he summarized the contributing factors that may or may not make Covid-19 deadly.¹²

Based on the data he found, he separated people into four generalized age groups.

In those aged 65 and above with chronic disease or a weakened immune system, Covid would be considered deadly to them; additionally, noting that roughly 95% of people over the age of 65 have some type of chronic disease.

With those aged between 50-65 with a chronic disease or a weakened immune system, Covid would be considered potentially deadly. Berg notes that 60% of people in this age category have some sort of chronic illness.

In ages 40-50, Covid would be considered non-deadly. These individuals in this age group can have serious complications with Covid if they have a chronic disease or weakened immune system.

With those aged 40 and under, Covid is not considered deadly at all. Those aged 25 to 40 might suffer from a mild flu for a few days, or simply no symptoms. Those between the ages of 20-25 are likely to experience the symptoms of a common cold or no symptoms. Ages 10-20 almost always have no symptoms. Perhaps some of them may experience a bit of diarrhea. Those aged 10 and under – the likelihood of them not even contracting the virus is at least 99%, with no symptoms.

Dr. Berg provided many of the different sources where he gathered his conclusions:

- Association between age and clinical characteristics and outcomes of COVID-19¹³
- Covid-19 and Immunity in Aging Populations — A New Research Agenda¹⁴
- New research shows older adults are still often excluded from clinical trials¹⁵
- Older Adults: At greater risk of requiring hospitalization or dying if diagnosed with COVID-19¹⁶
- The Age-Related Risk of Severe Outcomes Due to COVID-19 Infection: A Rapid Review, Meta-Analysis, and Meta-Regression¹⁷
- The age distribution of mortality from novel coronavirus disease (COVID-19) suggests no large difference of susceptibility by age¹⁸

- The ‘silent massacre’ in Italy’s nursing homes¹⁹
- Prevalence of chronic disease in the elderly based on a national pharmacy claims database²⁰
- <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>²¹
- THE LIFETIME BURDEN OF CHRONIC DISEASE AMONG THE ELDERLY²²

Further discussing some of the comorbidities related to Covid-19, obesity and being overweight plays a factor.

According to *Trust for America’s Health*, American obesity is roughly at 42.4% of the nation. This is an increase 26% from 2008.

They note, “As recently as 2012, no state had an adult obesity rate above 35%; in 2000 no state had an adult obesity rate above 25%.”

John Auerbach, President and CEO of Trust for America’s Health, additionally adds this:

“Solving the country’s obesity crisis will require addressing the conditions in people’s lives that lead to food insecurity and create obstacles to healthy food options and safe physical activity. Those conditions include poverty, unemployment, segregated housing and racial discrimination. This year’s pandemic has shown that these conditions don’t only increase the risk of obesity and chronic illnesses, they also increase the risk of the most serious COVID outcomes.”²³

In 2017, the *University of Washington’s Institute for Health Metrics* released a report titled “Unhealthy Eating Linked to 400,000 US Deaths Per Year.”²⁴

These are not the only killers.

Also associated with eating habits, the *World Health Organization (WHO)* reports that an estimated 600,000 get sick annually due to food poisoning and/or contamination, with 420,000 dying. Diarrhoeal diseases are cited as being the most reported cause, with 230,000 dying and roughly 550 million each year getting sick due to consumption of contaminated foods.²⁵

The WHO estimates that influenza kills anywhere between 290,000-650,000 yearly worldwide.²⁶

According to the *CDC*, from October 1, 2019, through February 1, 2020, at least 12,000 people died from the flu, and may be as high as 30,000. From the 2017-2018 season, the *CDC* records roughly 61,000 flu-related deaths in America.²⁷

The WHO also estimates over 3.5 million people worldwide die due to water-related issues each year. This includes diseases such as typhoid, cholera, dysentery, and malaria. They report that roughly two billion people worldwide are drinking contaminated water, causing an estimated 485,000 deaths annually.²⁸

The *Office of the High Commissioner for United Nations Human Rights* released a report in 2018 stating one person dies every 30 seconds from exposure to toxic chemicals, globally. This equates to roughly 2.8 million workers dying each year.²⁹

Published in 2017, the United Nations' Human Rights Office of the High Commissioner, reported an estimated 200,000 acute poisoning deaths from the use of pesticides, annually. They stated, "Hazardous pesticides impose substantial costs on Governments and have catastrophic impacts on health and the potential for human rights abuses against farmers and agricultural workers, communities living near agricultural lands, indigenous communities, and pregnant women and children."³⁰

In 2019, the World Health Organization found that, worldwide, 134 million "adverse events" occur each year in hospitals of low-and middle-income countries, resulting in 2.6 million deaths, with most of the deaths related to misdiagnosis and/or administration of pharmaceutical products.³¹

The WHO, again, estimates that 7 million people die globally each year due to air pollution from fine particles leading to lung cancer, heart disease, and respiratory infections such as pneumonia.

Scientists from the German-based *Max Planck Institute for Chemistry and the University Medical Center Mainz*, released a study on March 3, 2020, reporting a loss-of-life expectancy caused by air pollution to be higher than many other killers such as smoking, infectious diseases, or violence.

Johannes Lelieveld, the Institute Director from the study, said,

"Air pollution exceeds malaria as a cause of premature death by a factor of 19; it exceeds violence by a factor of 17 and HIV/AIDS by a factor of 9. Given the huge impact on public

health and the global population, one could say that our results indicate an air pollution pandemic."³²

According to a study released by *Harvard and the University of Birmingham*, found that 8.7 million people worldwide died from fossil fuels in 2018.

Another Harvard study found that 30% of annual deaths - air pollution-related deaths, can be attributed to the nation of India. Additionally, *the Lancet*, a British medical journal, shared a report near the end of 2020 noting that air pollution played a direct role in premature deaths in India, a nation with a population over 1.35 billion people.

For each reported Covid death, 3.5 people died of air pollution. This is 356% greater than the over 2.4 million global Covid deaths, at the end of February and beginning of March in 2021.³³

In 2017 *the Lancet* reported a worldwide study of 40 scientists finding that over 1.5 million people in China die each year from environmental pollution.

ScienceDaily noted that in 2018 they found that 8.8 million people across the world dies of annually from air pollution.³⁴

The lead researcher from a *Cambridge University* study stated, "There is an overlap in the health conditions that both air pollution and COVID-19 cause, which needs to be explored further."³⁵

*At the time of this publication in early May of 2021, Worldometer*³⁶ reports additional death rates in a few other categories:

- Deaths of children under 5 this year currently are a little less than 2,685,000
- Over 109,000 mothers died during child birth
- 42,698,000 people worldwide are infected with HIV/AIDS
- Nearly 594,000 people have died from HIV/AIDS
- Over 2,900,000 people have died from cancer
- 139,300 died worldwide from Malaria
- Almost 1,766,000 have died due to smoking
- A little less than 844,000 people died from alcohol-related issues
- 379,000 people have taken their own lives and committed suicide
- Almost 477,000 died from road traffic-related accidents

Bloomberg reported this in March of 2020 concerning hand sanitizers:

“Some widely available hand sanitizers that American consumers snapped up last year to ward off coronavirus infection contain high levels of a chemical known to cause cancer, a testing firm’s analysis found.”

“Analyzed 260 bottles from 168 brands and found 17% of the samples contained detectable levels of benzene. Twenty-one bottles, or 8%, contained benzene above two parts per million, a temporary limit the Food and Drug Administration set for liquid hand sanitizers to ease the supply squeeze.”³⁷

On April 20, 2021, *CNN* posted a report titled “Disinfecting surfaces to prevent Covid often all for show, CDC advises.”

“[The] CDC determined that the risk of surface transmission is low, and secondary to the primary routes of virus transmission through direct contact droplets and aerosols.

In most situations, cleaning surfaces using soap or detergent, and not disinfecting, is enough to reduce the already low risk of virus transmission through surfaces. Disinfecting surfaces is typically not necessary, unless a sick person or someone positive for Covid-19 has been in the home within the last 24 hours.” -Vincent Hill, Chief of the Waterborne Disease Prevention Branch.

Hill also added,

“Putting on a show [to clean and disinfect] may be used to give people a sense of security that they are being protected from the virus, but this may be a false sense of security, if other prevention measures like wearing masks, physical distancing, and hand hygiene are not being consistently performed.

It also could make people feel less need to engage in these other important prevention measures.

Public inquiries indicate that some people may purposely drink, inhale, or spray their skin with disinfectants, without understanding that use of disinfectants in this way can cause serious harm to their bodies.

Nineteen percent wash food products with bleach, which could lead to their consumption of bleach that isn't washed off, which can damage the body because bleach is toxic. Eighteen percent used household cleaner on bare skin, which can damage the skin and cause rashes and burns.”³⁸

Koch's Postulates

On February 20, 2020, the *New England Journal of Medicine* released a report titled “A Novel Coronavirus from Patients with Pneumonia in China, 2019.”³⁹ In this study published in the Journal, they stated this in their concluding paragraph: “Although our study does not fulfill Koch’s postulates, our analyses provide evidence implicating 2019-nCoV in the Wuhan outbreak.”

The study makes reference to “Koch’s Postulates.” Who is Koch, and what did he postulate?

Robert Koch was born in 1843 and lived to 1910. He was a physician and microbiologist of German descent.

According to a Wikipedia description,⁴⁰

“As the discoverer of the specific causative agents of deadly infectious diseases including tuberculosis, cholera, and anthrax, he is regarded as one of the main founders of modern bacteriology. As such he is popularly nicknamed the father of microbiology (with Louis Pasteur), and as the father of medical bacteriology. His discovery of the anthrax bacterium (*Bacillus anthracis*) in 1876 is considered as the birth of modern bacteriology. His discoveries directly provided proofs for the germ theory of diseases, and the scientific basis of public health.”

Beyond this, Koch invented new devices and practices in the field of microbiology.

Additionally, the Wikipedia description notes this also:

“The methods Koch used in bacteriology led to establishment of a medical concept known as Koch's postulates, four generalized medical principles to ascertain the relationship of pathogens with specific diseases. The concept is still in use in most situations and influences subsequent epidemiological principles such as the Bradford Hill criteria. A major controversy followed when Koch discovered tuberculin as a medication for tuberculosis which was proven to be ineffective, but developed for diagnosis of tuberculosis after his death. For his research on tuberculosis, he received the Nobel Prize in Physiology or Medicine in 1905. The day he announced the discovery of tuberculosis bacterium, 24 March is observed by the World Health Organization as “World Tuberculosis Day” every year since 1982.”

As mentioned in this overview of his life, Koch developed four different postulates for virology and disease, still regarded today, per the *New England Journal of Medicine*.

His postulates⁴¹ are as follows:

- 1) The microorganism must be identified in all individuals affected by the disease, but not in healthy individuals.

- 2) The microorganism can be isolated from the diseased individual and grown in culture.
- 3) When introduced into a healthy individual, the cultured microorganism must cause disease.
- 4) The microorganism must then be re-isolated from the experimental host, and found to be identical to the original microorganism.

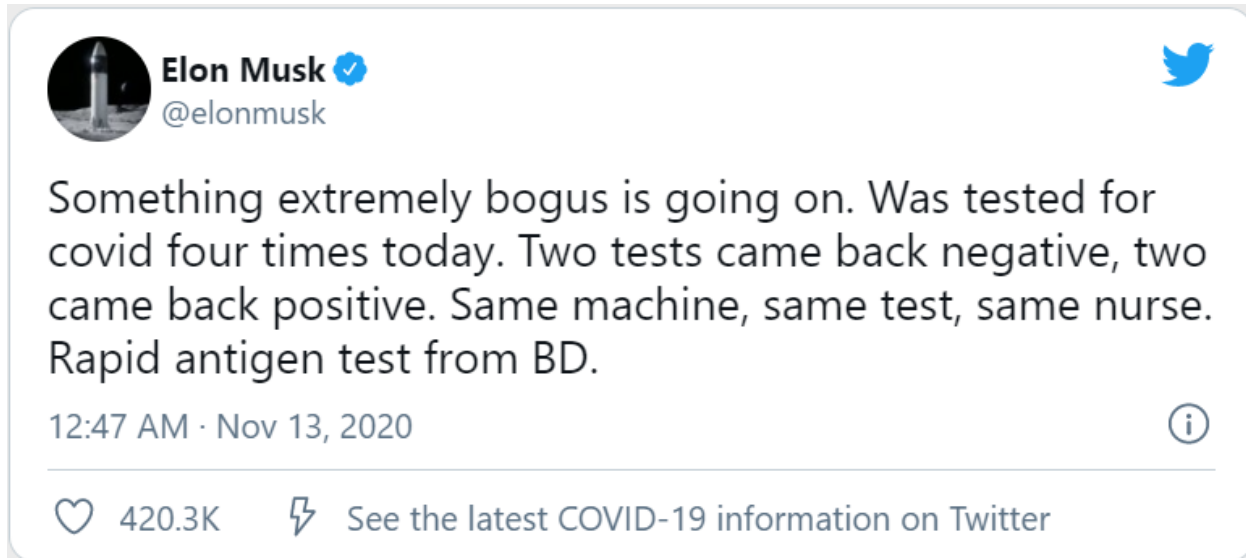
So, according to the New England Journal of Medicine, Covid-19 has failed Koch's postulates.

As alluded to in the previous sections by doctors, health journals, and the media; the first postulate fails because there have been numerous accounts of Covid-19 being found only in the infected, while healthy individuals have been noted as having the virus due to antibody samples and tests, but were unaware that they were in contact with Covid, or developed any symptoms. Because of this, postulate three has also failed, because, again, a variety of cases have been reported where the infected did not display any symptoms or signs of infection.

Covid-19 also fails the second postulate. Covid, according to a *CDC* document, has never actually been isolated (see next section for further explanation). Subsequently, if the subject matter has not been isolated, then the fourth postulate is not applicable.

Testing Measures

On November 13, 2020, Elon Musk, one of the richest men in the world, tweeted this:
 “Something extremely bogus is going on. Was tested for covid four times today. Two tests came back negative, two came back positive. Same machine, same test, same nurse. Rapid antigen test from BD.”



In December of 2020, Michael Schnedlitz, a member of the Austrian FPÖ Parliament, tested a cup of the soda pop Coca-Cola with a PCR test, one of the tests used for determining if someone is Covid-19 positive or not. To the surprise of his colleagues in Parliament, the Coke came back positive. Schnedlitz then emphatically stated this:⁴²

“...You can see how worthless and misguided these mass tests are.

The evidence is overwhelming, starting with the absolutely absurd mass tests that are currently being carried out, which are nothing more than a large-scale redistribution of tens of millions of euros in tax money from the population...it can’t go on like this.”

He also added on his Facebook page at the time, “The coronavirus mass tests are worthless! This was also shown by a simple experiment in parliament, in which cola got a positive result! But this government spends tens of millions in taxpayers’ money for precisely these tests.”

In mid-January of 2021, it was reported that thousands of containers of ice cream were reported to have tested positive for Covid-19 in China. According to an *Associated Press* report, less than 30,000 cartons in the batch were not sold to consumers, but according to Chinese officials, over 4,800 containers were estimated to be contaminated.⁴³

So why has Elon Musk felt something “bogus” is going on; along with an Austrian Parliament member calling the tests “worthless” and complaining about what he feels to be wasted tax dollars; and delicious deserts such as ice cream testing positive?

In 2020, the *CDC* released an official document titled “CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel.”⁴⁴ On page 39 of the document, the *CDC* makes this statement:

“The analytical sensitivity of the rRT-PCR assays contained in the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel were determined in Limit of Detection studies. Since no quantified virus isolates of the 2019-nCoV are currently available, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/ μ L) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.”

The phrase to notate is “Since no quantified virus isolates of the 2019-nCoV are currently available...” This confirms the analysis of the *New England Journal of Medicine*, that Covid-19 fails Robert Koch’s postulates – number two fails because there is no isolate of the virus itself, meaning, that number four also fails, too.

The same *CDC* document also says this on page 3:

“SARS-CoV-2 RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with SARS-CoV-2 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.”

The next paragraph on the same page says,

“Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.”

On January 20, 2021, the *WHO* made the following statements concerning Covid testing and the PCR tests:⁴⁵

“WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases. This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is

truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.”

“Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information.”

“WHO guidance Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed. The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient’s viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.”

In 1993 a man by the name of Kary Mullis was awarded a piece of the Nobel Prize in Chemistry for his invention of the PCR test. He is additionally noted for challenging the AIDS/HIV consensus during the 1990’s.⁴⁶

Mullis died in August of 2019.

Mullis, in an older interview, explained to an audience in a Q&A about the capabilities of his PCR test.⁴⁷ He said:

“...With PCR if you do it well you can find almost anything in anybody. It starts making you believe in the sort of Buddhist notion that everything is contained in everything else, right? Because if you can amplify one single molecule up to something that you can really measure, which PCR can do, then there’s just very few molecules that you don’t have at least one single one of them in your body.”

“PCR is separate from that, it’s just a process that’s used to make a whole lot of something out of something. That’s what it is. It doesn’t tell you that you’re sick and it doesn’t tell you that the thing you ended up with really was going to hurt you or anything like that.”

Mullis was also a critic of Dr. Anthony Fauci. In a separate video interview⁴⁸ (which appears to be filmed sometime during the 1990’s), he had this to say about Fauci at the time:

“Guys like Fauci get up there and start talking, you know, he doesn’t know anything really about anything and I’d say that to his face. Nothing. The man thinks you can take a blood sample and stick it in an electron microscope and if it’s got a virus in there you’ll know it. He doesn’t understand electron microscopy and he doesn’t understand medicine and he should not be in a position like he’s in.

Most of those guys up there on the top are just total administrative people and they don’t know anything about what’s going on in the body. You know, those guys have got an

agenda, which is not what we would like them to have being that we pay for them to take care of our health in some way. They've got a personal kind of agenda. They make up their own rules as they go. They change them when they want to. And they smugly, like Tony Fauci does not mind going on television in front of the people who pay his salary and lie directly into the camera.”

On July 16, 2020, *Statnews.com* stated this about the Covid testing measures:

“The U.S. should invest \$75 billion in order to fix its badly flawed system of diagnostic testing for Covid-19, according to a bipartisan committee of industry experts, investors, scientists, and former federal health officials assembled by the Rockefeller Foundation.”⁴⁹

On August 29, 2020, the *New York Times* ran a headline titled “Your Coronavirus Test Is Positive. Maybe It Shouldn't Be.” Analyzing data collected from New York, Massachusetts, and Nevada, the Times concluded that “up to 90 percent of people testing positive carried barely any virus.”⁵⁰

The following month the *New York Times* released another report questioning the effectiveness of the PCR tests. Investigative journalist Jon Rappaport wrote “COVID-19's PCR Test Shows an Overwhelming Number of False Positives and is Essentially Worthless.”⁵¹

Mr. Rappaport went on to say,

“Truth is, the PCR test is not able to produce ANY reliable number that reflects how much virus a person is carrying. A lot, a little, it doesn't matter.”

“The issue appears to be the ballooning sensitivity of the PCR test. It's so sensitive that it picks up inconsequential tiny, tiny amounts of virus that couldn't harm a flea – and it calls these amounts ‘positive.’ Therefore, millions of people are labeled ‘positive/infected’ who carry so little virus that no harm would come to them or anyone they come in contact with.”

In November of 2020 Mr. Rappaport again gave his thoughts about the testing measures employed:

“The COVID delusion is finished, blown apart... smoking gun. Jackpot. Right from the horse's mouth. Right from the man we're told is the number one COVID expert in the nation. What Fauci says is the golden truth...”

On the 16 July 16, 2020, podcast, ‘This Week in Virology:’ Tony Fauci makes a point of saying the PCR COVID test is useless and misleading when the test is run at 35 cycles or higher. He said, ‘... if you get to [perform the test at] a cycle threshold of 35 or more... the chances of it being replication confident [a.k.a. accurate] are miniscule... you almost never can culture virus [detect a true positive result] from a 37 threshold cycle... even 36.’”

“What Fauci failed to say on the video is: the FDA, which authorizes the test for public use, recommends the test should be run up to 40 cycles. Not 35. (This is confirmable on the CDC web site). Therefore, all labs in the US that follow the FDA guideline are knowingly or unknowingly participating in fraud. Fraud on a monstrous level, because... The total number of COVID cases in America – which is based on the test – is a gross falsity. The lockdowns and other restraining measures are based on these fraudulent case numbers.

Let me back up and run that by you again. Fauci says the test is useless when it’s run at 35 cycles or higher. The FDA says run the test up to 40 cycles, in order to determine whether the virus is there. This is the crime in a nutshell.”⁵²

On August 18, 2020, *MedRxiv*, ‘The Reprint Server For Health Sciences,’ posted a study titled “Diagnosing COVID-19 infection: the danger of over-reliance on positive test results.”⁵³ The study stated this:

“Data on PCR-based tests for similar viruses show that PCR-based testing produces enough false positive results to make positive results highly unreliable over a broad range of real-world scenarios. This has clinical and case management implications, and affects an array of epidemiological statistics, including the asymptomatic ratio, prevalence, and hospitalization and death rates.”

A few days later *USA Today* posted this headline: “Inaccurate results from rapid COVID-19 tests raise concerns about widespread screening.”⁵⁴

Dr. Robert H. Schmerling, Associate Professor of Medicine at *Harvard Medical School*, wrote on August 10, 2020, “Unfortunately, it’s not clear exactly how accurate any of these tests are.”⁵⁵

On October 6, 2020, Dr. Mike Yeadon, Chief Science Officer for the Pfizer pharmaceutical company, made the following statement concerning the Covid tests:

“Almost all tests for COVID are false positives... Were it not for the test data you get from TV all the time, you would rightly conclude that the pandemic was over, as nothing much has happened. Of course, people go to the hospital, moving into autumn flu season...but there is no science to suggest a second wave should happen.”⁵⁶

On November 27, 2020, a study examining the Covid testing measures, titled “External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results,” stated:⁵⁷

“Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned. Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws.”

In late January of 2021, *WebMD* reported the use of anal swabs to test for Covid-19.

“We propose anal swabs as the potentially optimal specimen for SARS-CoV-2 detection for evaluation of hospital discharge of COVID-19 patients,” said Li Tongzeng, Deputy director of the respiratory and infectious diseases department at Beijing Youan Hospital.⁵⁸

In May of 2021, the journal *Nature Connections* reported that the University of Illinois developed a new test that is said to be much more accurate and provides the results much more quickly than the common testing measures that were first employed.

“We developed a rapid, highly sensitive and accurate assay, and a portable, battery-powered device for COVID-19 testing that can be used anywhere at any time,” said chemical and biomolecular engineering professor Huimin Zhao.

The test is called the Scalable and Portable Testing (SPOT), which would cost \$78 to build and \$7 per use for the chemicals and supplies needed to carry out the test.

The designers say that SPOT can detect multiple virus genes in each sample.

“Based on the data reported in the literature, the accuracy of our test is comparable to or better than other SARS-CoV-2 tests.”

“We are interested in exploring this technology for detection of other diseases as well. One key advantage to this technology is its multiplexing capability, so in principle, we can detect many viruses simultaneously using the same device.”⁵⁹

Temperature Checks

This chapter is a short extension of the testing measures from the previous chapter, but directly focusing on the devices used to check temperatures with, to determine if an individual could have a fever, listed symptom of Covid-19.

In mid-May of 2020, *CBS* reported on a statement made by the Food and Drug Administration (FDA), who approved the technology for devices and camera that detect heat and the potential for Covid cases, often used since the pandemonium began – said the readings from remote cameras “can be disrupted by many factors, including head covers, environment and positioning on forehead.”⁶⁰

On August 18, 2020, Dr. Anthony Fauci stated the temperature checks are not reliable: “We have found at the NIH, that it is much, much better to just question people when they come in and save the time because the temperatures are notoriously inaccurate many times.”⁶¹

In Mid-September of 2020, an infectious disease expert at the Johns Hopkins University School of Medicine, Dr. David Thomas, told *the New York times* that these temperature checks are equivalent to “getting the oil checked before you go on a long car trip. It makes you feel better, but it’s not going to keep you from wrecking the car or prevent the tires from falling off. It’s not going to make your trip any safer.”⁶²

Önder Ergönül, the Chair of Infectious Diseases at the Koç University School of Medicine in Istanbul, told *Quartz* that the temperature checks are “tedious but minimally effective.”⁶³

Face Masks and Coverings

Face masks have been one of the most debated topics surrounding the Covid crisis. It has been a contentious subject that has been politicized with, for example, both of the most recent U.S. Presidents referring to them as “patriotic.”

“We are United in our effort to defeat the Invisible China Virus, and many people say that it is Patriotic to wear a face mask when you can’t socially distance. There is nobody more Patriotic than me, your favorite President!” –President Donald J. Trump⁶⁴

“Wearing a mask isn't a political statement — it's a patriotic duty.” -President Joseph Biden⁶⁵

This section shall present facts and opinions from many doctors, politicians, and other health institutes and journals.

On March 8, 2020, *CBS’ 60 Minutes* shared a video with Dr. Fauci explaining his current feelings on face masking in America:

“The masks are important for someone who is infected to prevent them from infecting someone else.

Now, when you see people and look at the films in China, South Korea, or whatever, everybody is wearing a mask. Right now, in the United States people should not be walking around with masks.

Right now people should not be – there’s no reason to be walking around with a mask. When you’re in the middle of an outbreak, wearing a mask might make people feel a little bit better, and it might even block a droplet, but it’s not providing the perfect protection that people think that it is; and often there are unintended consequences: people keep fiddling with the mask, they keep touching their face.

When you think masks, you should think healthcare providers needing them, and people who are ill. The people when you look at the films of foreign countries and you see 85% of the people wearing masks, that’s fine, that’s fine – I’m not against it, if you want to do it that’s fine.

-It could lead to a shortage of masks for the people that really need it.”⁶⁶

A little over a week before Fauci had that interview, Surgeon General, Vice Admiral Jerome Adams posted this on Twitter:

“Seriously people – STOP BUYING MASKS! They are NOT effective in preventing general public from catching #Coronavirus.”⁶⁷

On March 31st, Adams said this, too:

“The data doesn’t show [any effectiveness:] What the World Health Organization and the CDC have reaffirmed in the last few days is that they do not recommend the general public wear masks.

Wearing a mask improperly can actually increase your risk of getting disease.”⁶⁸

One day before Adams made that statement, Dr. Matt Ryan of the *World Health Organization* stated this:

“There is no specific evidence to suggest that the wearing of masks by the mass population has any particular benefit – in fact, there’s some evidence to suggest the opposite.”⁶⁹

A few days later, Ryan said something a bit differently concerning face masks:

“We can certainly see circumstances on which the use of masks, both homemade and cloth masks, at the community level may help with an overall comprehensive response to this disease.”⁷⁰

Though Dr. Ryan altered his position, the following month, on May 4th, the *WHO* officially stated this:

“There is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.”⁷¹

A public health specialist for the *WHO*, Dr. April Baller, gave her thoughts on face mask wearing:

“If you do not have any symptoms such as fever, cough or runny nose, you do not need to wear a mask. Masks should only be used by health care workers, caretakers or by people who are sick with symptoms of fever and cough.”⁷²

In May of 2020, the *CDC* released an official study titled “Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures.” This study examined data on the transmission of laboratory

confirmed influenza and different preventative measures, such as hand hygiene, surface and object cleaning, and the wearing of face masks. The CDC collected information from 1946 to July 27, 2018.⁷³

Here is some of what the CDC discovered:

“In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks.”

“Two studies in university settings assessed the effectiveness of face masks for primary protection by monitoring the incidence of laboratory-confirmed influenza among student hall residents for 5 months. The overall reduction in ILI or laboratory-confirmed influenza cases in the face mask group was not significant in either studies.”

“None of the household studies reported a significant reduction in secondary laboratory-confirmed influenza virus infections in the face mask group.”

“Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids. There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza.”

“There are still few uncertainties in the practice of face mask use, such as who should wear the mask and how long it should be used for.”

“We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility. However, as with hand hygiene, face masks might be able to reduce the transmission of other infections and therefore have value in an influenza pandemic when healthcare resources are stretched.”

Cambridge University Press reported in 2010 this statement about face mask use for the N1H1 outbreak:

“Influenza viruses circulate around the world every year.” Additionally, “many national and international health agencies recommended the use of face masks during the 2009 influenza A (H1N1) pandemic,” and that “there [is] fewer data to support the use of masks or respirators to prevent becoming infected.”⁷⁴

In 2008 a study titled “Preliminary Report on Surgical Mask Induced Deoxygenation During Major Surgery” was published. The conclusion summary stated:

“Considering our findings, pulse rates of the surgeon's increase and SpO₂ decrease after the first hour. This early change in SpO₂ may be either due to the facial mask or the operational stress. Since a very small decrease in saturation at this level, reflects a large decrease in PaO₂, our findings may have a clinical value for the health workers and the surgeons.”⁷⁵

Raina MacIntyre, a Professor at the School of Public Health and Community Medicine at the University of New South Wales, conducted a study in 2015 titled, “A cluster randomised trial of cloth masks compared with medical masks in healthcare workers.” Here is what was found in that study:

“This study is the first random control trial (RCT) of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated.”⁷⁶

In October of 2016, Dr. John Hardie, a doctor who has been investigating and studying infectious disease control for over 30 years, had his study “Why Face Masks Don’t Work: A Revealing Review,” published by the *Oral Health Group* in Canada. Here is some of what he said:

“With their original purpose being highly questionable it should be no surprise that the ability of face masks to act as respiratory protective devices is now the subject of intense scrutiny.

No matter how well a mask conforms to the shape of a person’s face, it is not designed to create an air tight seal around the face. Masks will always fit fairly loosely with considerable gaps along the cheeks, around the bridge of the nose and along the bottom edge of the mask below the chin. These gaps do not provide adequate protection as they permit the passage of air and aerosols when the wearer inhales.

Traditionally face masks have been recommended to protect the mouth and nose from the ‘droplet’ route of infection, presumably because they will prevent the inhalation of relatively large particles. Their efficacy must be reexamined in light of the fact that aerosols contain particles many times smaller than 5 microns.”⁷⁷

On May 18th, 2020, Dr. Russel Blaylock, a board-certified neurosurgeon, gave his assessment on face masking:

“As for the scientific support for the use of face masks, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, ‘none of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.’”

“Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus.”

“Several studies have indeed found significant problems with wearing such a mask. This can vary from headaches, to increased airway resistance, carbon dioxide accumulation, to hypoxia, all the way to serious life-threatening complications.”⁷⁸

Dr. Antonio Lazzarino, an epidemiologist at *University College London*, had this to say about wearing a face mask:

“Wearing a face mask makes the exhaled air go into the eyes. This generates an uncomfortable feeling and an impulse to touch your eyes. If your hands are contaminated, you are infecting yourself.”

“Face masks make breathing more difficult. For people with COPD – that’s chronic obstructive pulmonary disease, which causes a decreased airflow – face masks are in fact intolerable to wear as they worsen their breathlessness. Moreover, a fraction of carbon dioxide previously exhaled is inhaled at each respiratory cycle. Those two phenomena increase breathing frequency and deepness, and hence they increase the amount of inhaled and exhaled air.”⁷⁹

Dr. Jenny Harries, Deputy Chief Medical Officer for England, stated this:

“For the average member of the public walking down a street, it is not a good idea... What tends to happen is people will have one mask. They won’t wear it all the time, they will take it off when they get home, they will put it down on a surface they haven’t cleaned.”⁸⁰

Dr. Eli Perencevich, a professor of medicine and epidemiology at the University of Iowa’s College of Medicine, told *Forbes* this:

“The average healthy person does not need to have a mask, and they shouldn’t be wearing masks. There’s no evidence that wearing masks on healthy people will protect them.”

“They wear them incorrectly, and they can increase the risk of infection because they’re touching their face more often.”⁸¹

In a joint statement by the *New England Journal of Medicine* by doctors and medical experts from Harvard Medical School, the Division of Infectious Diseases at Massachusetts General Hospital, Harvard Pilgrim Health Care Institute, and Brigham and Women's Hospital in Boston, MA; officially stated this:

“We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”

The doctors note that wearing a face mask may make people feel safer overall, but they also state, “One might argue that fear and anxiety are better countered with data and education than with a marginally beneficial mask.”⁸²

On May 13, 2020, the State of California Department of Industrial Relations, Division of Occupational Safety & Health Publications Unit, made the following statement:

“Cloth face covers are not protective equipment and do not protect the person wearing a cloth face cover from COVID-19.”⁸³

Kathleen Pike, Executive Director of Columbia University's Global Mental Health Programs, stated this concerning wearing face masks and their effects:

“Joy, anger, fear, surprise, sadness, contempt, disgust. These basic building blocks of emotional experience are written all over our faces... We depend on facial expression to know and understand each other. With physical distancing, increased anxiety, and disrupted routines due to COVID-19, we are primed to seek emotional connection by simply seeing each other's facial expressions.”

“Masks block a lot more than COVID-19 droplets. We depend on nonverbal behavior, and particularly facial expression, to express ourselves and communicate to others. Those feelings above, and many more, get expressed on our faces. In some contexts, non-verbal communication accounts for the majority of what we understand in our social exchanges. With our faces half-covered, we lose key non-verbal information.”

“Many young children burst into tears or recoil when someone wearing a mask approaches. It's so common that some elementary schools prohibit masks at the school

Halloween parade. One reason for this is that the development of facial recognition is relatively weak in young children.”⁸⁴

Adding onto face masks related to children, Dr. Kang Lee of the University of Toronto said that children until around the age of 14 reach adult level skills in face reading. “Before then, kids tend to see individual facial features, rather than recognizing the person as a whole. By putting on masks, we take away information that makes it especially difficult for children to recognize others and read emotional signals, which is unsettling and disconcerting.”⁸⁵

Dr. Allan Detsky, Professor at the University of Toronto Institute of Health Policy and Department of Medicine, and Dr. Isaac Bogoch, Associate Professor, give their input about face masks:

“We believe that mask wearing likely provides a very small health benefit, mostly in protecting healthy people from infected people. But a significant benefit of wearing any kind of mask in public is psychological – it gives people a sense of control over the uncontrollable. In that case, we think people should do whatever they want on this issue. If they want to wear a mask... they should do so. If they choose not to wear a mask – the same.”⁸⁶

The National Academies of Sciences, Engineering, and Medicine, published their recent findings on the *Center for Infectious Disease Research and Policy’s (CIDRAP)* website. They concluded:

“Limited, indirect evidence from lab studies suggests that homemade fabric masks may capture large respiratory droplets, but there is no evidence they impede the transmission of aerosols implicated in the spread of COVID-19.”⁸⁷

On a separate study posted in April of 2020 on their website titled, “Masks-for all for COVID-19 not based on sound data,” by Dr. Lisa M. Brosseau and Dr. Margaret Sietsema, stated this:

“There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission.”

“Seeking a reason for the failure of cloth masks required for the public in stopping the 1918 influenza pandemic, it was found that the number of cloth layers needed to achieve acceptable efficiency made them difficult to breathe through and caused leakage around the mask.”

“A randomized trial comparing the effect of medical and cloth masks on healthcare worker illness found that those wearing cloth masks were 13 times more likely to experience influenza-like illness than those wearing medical masks.”

“In sum, given the paucity of information about their performance as source control in real-world settings, along with the extremely low efficiency of cloth masks as filters and their poor fit, there is no evidence to support their use by the public or healthcare workers to control the emission of particles from the wearer.”⁸⁸

On July 2, 2020, *Wired* magazine ran an article that stated this: “Even now, nobody really knows exactly how much masks help, or which kind of mask is better than another.”⁸⁹

On June 1, 2020, the *Association of American Physicians & Surgeons (AAPS)* released a study on the effectiveness of face masks and gave their conclusions:

“While cloth masks might capture 10-30 percent of some virus droplets in the air, all of the cloth masks and materials had near zero efficiency at 0.3 μm , a particle size that easily penetrates into the lungs.”

“N95 masks protect health care workers, but are not recommended for source control transmission.”

“Surgical masks are better than cloth but not very efficient at preventing emissions from infected patients.”

“Cloth masks will be ineffective at preventing SARS-CoV-2 transmission, whether worn as source control or as personal protective equipment (PPE).”

“Masks may confuse that message and give people a false sense of security. If masks had been the solution in Asia, shouldn’t they have stopped the pandemic before it spread elsewhere?”

At the conclusion of their study under a section “Final Thoughts,” they also state the following:

“Surgical masks are designed to protect the patient from the doctors’ respiratory droplets. The wearer is not protected from others airborne particles.”

“People do not wear masks properly. Most people have the mask under the nose. The wearer does not have glasses on and the eyes are a portal of entry.”

“The designer masks and scarves offer minimal protection – they give a false sense of security to both the wearer and those around the wearer.”

“If you are walking alone, no mask – avoid folks – that is common sense.”

“Remember – children under 2 should not wear masks – accidental suffocation and difficulty breathing in some.”

“If wearing a mask makes people go out and get Vitamin D – go for it. In the 1918 flu pandemic people who went outside did better. Early reports are showing people with COVID-19 with low Vitamin D do worse than those with normal levels. Perhaps that is why shut-ins do so poorly.”⁹⁰

Near the end of July in 2020, Tamara van Ark, The Dutch Minister for Medical Care, explained to the citizens of the Netherlands why they did not have to wear a face mask:

“Because from a medical perspective there is no proven effectiveness of masks, the Cabinet has decided there will be no national obligation for wearing non-medical masks.”

Additionally, the Director of the Netherlands National Institute for Public Health and the Environment, Jaap van Dissel, noted that wearing a face mask incorrectly would likely increase the chances of infecting others, giving the false perception to others of a sense of protection.⁹¹

Carl Heneghan, *Director of the Centre for Evidence-Based Medicine (CEBM) at the University of Oxford*, and honorary research fellow Tom Jefferson, released a study on July 23, 2020 which stated,

“The increasing polarized and politicized views on whether to wear masks in public during the current COVID-19 crisis hides a bitter truth on the state of contemporary research and the value we pose on clinical evidence to guide our decisions.”

They noted in their research that after examining 12 studies on the effectiveness of face masks, only one of the studies tested the cheap cloth face coverings the broad masses have been wearing. That study was conducted in Vietnam, which, “found ILI (influenza) rates 13 times higher in Vietnamese hospital workers allocated to cloth masks compared to medical/surgical masks.”

“Health authorities have given conflicting recommendations regarding the use of facemasks by asymptomatic individuals in the community to reduce the spread of COVID-19.”

“The undesirable effects of facemasks include the risks of incorrect use, a false sense of security (leading to relaxation of other interventions), and contamination of masks. In addition, some people experience problems breathing, discomfort, and problems with communication.” The *Norwegian Institute* report concludes, “There is no reliable evidence of the effectiveness of non-medical facemasks in community settings.”

“The small number of trials and lateness in the pandemic cycle is unlikely to give us reasonably clear answers... This abandonment of the scientific modus operandi and lack of foresight has left the field wide open for the play of opinions, radical views and political influence.”

“It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks.”⁹²

In August 2020, Dr. Anders Tengell, Sweden’s Sweden’s top infectious disease expert, stated,

“It is very dangerous to believe face masks would change the game when it comes to COVID-19.”

“With numbers diminishing very quickly in Sweden, we see no point in wearing a face mask in Sweden, not even on public transport.”

“The findings that have been produced through face masks are astonishingly weak, even though so many people around the world wear them.”

“I’m surprised we don’t have more or better studies showing what effect masks actually have. Countries such as Spain and Belgium have made their populations wear masks but their infection numbers have still risen.”⁹³

According to *The Brussels Times* on September 9, 2020, 70 doctors wrote a letter to Belgium’s Education Minister, Ben Weyts, to reverse the face masking mandates for schools, claiming that the masks could be more harmful than good.

“Mandatory face masks in schools are a major threat to their development. It ignores the essential needs of the growing child. The well-being of children and young people is highly dependent on emotional attachment to others.”

The report noted that the children have mentioned an increase in sleeping issues, increased anxiety, and “germaphobia.” The doctors of the letter additionally challenged the face masks in general:

“There is no large-scale evidence that wearing face masks in a nonprofessional environment has any positive effect on the spread of viruses, let alone general health.”

They believe only “sensible” action is to isolate teachers and students who are at the highest risk of infection.⁹⁴

On September 14, 2020, the *New York Times* quoted Kang Lee, Professor of Applied Psychology at the University of Toronto, and Dr. David Lewkowicz, a senior scientist at

the Haskins Laboratories and the Yale Child Study Center, commented on mask wearing for school children under the age of 12.

They say students wearing masks could have a difficult time recognizing people, the potential to miss social cues for others around them and interact with, and potential problems in speech recognition and development.

“Masks are not a great thing for communication in young kids,” said Dr. Lewkowicz.⁹⁵

In August of 2020, Tammy Clark, who has worked with the *Occupational Safety and Health Administration (OSHA)* for over 20 years, stated this:

“We’re starting to see some very serious adverse health effects caused by the wearing of masks, and that’s where I’m really speaking up about this because I’m the Personal Protective Equipment (PPE) expert and this is what I do... the average public are not hearing this.”

“You don’t just put people in face masks, cover their mouths and noses, and expect people to breathe normally and safely like that. When we started hearing about masks for everybody, especially with children, that really concerned me.”

“The coronavirus consists of particulates 0.125 to 0.3 microns. Even with an n95 respirator mask, the smallest particulate that it will filter out is 0.6 microns. So, it doesn’t matter if you have a face mask on, if you have an n95 surgical mask on, that virus is going to escape all around the airflow centers around the nose and the side of the face and it will cross through the membrane.”

“Let’s just stop and think about this from a commonsense perspective. It is not healthy to cover your mouth and your nose and to breathe without being able to really truly intake the amount of fresh oxygen that we need when we inhale and to exhale that carbon dioxide and waste gas pathogens viruses that may be in our system... it’s got to get out and dispersed into the ambient air. If you understand viruses, the outer shell of those viruses is very fragile actually, they melt in the sunshine and so they’re dispersed at that point.”

Ms. Clark additionally gave her thoughts on what the mainstream media has said about the effectiveness and necessity of the face masks to slow the spread of the coronavirus:

“[The majority of these control tests] were concentrated on healthcare workers using surgical masks designed to be worn in a sterile environment... they were never designed to prevent viral transmissions. A surgical mask will not stop a virus from passing through and somebody that you’re working around getting it... it’s only designed to catch bacteria from your mouth if you cough or sneeze while you’re doing surgery on a patient.”

Clark also gives her opinions on children wearing masks for prolonged periods of time outdoors:

“What we’re doing is we’re putting these people that now need fresh oxygen and probably oxygen therapy more than anybody, at risk and they’re running their immune system down when these are the very people that need their immune system functioning at a very high level, lots of fresh air lots of fresh oxygen sunshine. I’m not hearing anybody talk about immunity boost... our bodies can handle viruses if our immune systems are functioning as they should.”⁹⁶

On October 10, 2020, Dr. Paul Craig Roberts, Chairman of the *Institute for Political Economy*, former Senior Research Fellow at Stanford, and was the former Assistant Secretary of the Treasury for Economic Policy under President Reagan, commented on Ms. Clark’s remarks about face coverings:

“As I have reported from the beginning, unless the mask is N95 it provides zero protection against inhalation and exhalation of viruses. All masks raise CO₂ levels, reduce oxygen levels, and, if you are infected, increase the viral load that you are breathing. If a N95 mask has an exhalation valve, the CO₂ and contaminant levels are lower, but if you are infected the mask does not protect others from your exhalation of the virus. These facts are well known by experts, so why are masks being imposed by political authorities and why has OSHA turned its back on its own scientifically based requirements? The answer is that masks are a political agenda and have been weaponized against the people. The same for lockdowns.”

The doctor also commented on Michigan Governor Gretchen Whitmer’s decision (on October 2, 2020) to extend lockdown measures and renew mandatory face masking mandates:

“The executive orders issued by the Governor in response to the Covid-19 pandemic now lack any basis under Michigan law.”

“There is no basis in law for the mask and lockdown mandates. These are arbitrary illegal actions.”

“The American people have paid a high price for being uninformed or misinformed by Presstitutes and the agendas being served by the COVID virus.”⁹⁷

In Mid-October, 2020, two physicians and a group of businessmen from Tulsa, Oklahoma, filed a lawsuit against their Mayor G.T. Bynum and Tulsa Health Department Executive Director Bruce Dart, for their mask mandates.

The businessmen in the lawsuit claimed that the mandatory wearing of face masks for their businesses were causing some to feel sick due to wearing a mask for prolonged periods of time.

One of the doctors apart of the lawsuit, Dr. James Meehan, a preventive medicine specialist who has peer-reviewed thousands of medical studies, had this to say:

“I’m seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise.”

Meehan explained health issues arise because “untrained members of the public are wearing medical masks, repeatedly... in a non-sterile fashion. They’re becoming contaminated. They’re pulling them off of their car seat, off the rearview mirror, out of their pocket, from their countertop, and they’re reapplying a mask that should be worn fresh and sterile every single time.”

Dr. Meehan, who claims that he spent over 30 years researching the effectiveness of face masks to prevent viral infections, states that masks provide “very marginal, at best, efficacy, and those studies are in health care workers and hospital settings in which we have an optimal environment, nothing like our community is encountering.”

“The COVID-19 pandemic is about viral transmission. Surgical and cloth masks do nothing to prevent viral transmission. We should all realize by now that face masks have never been shown to prevent or protect against viral transmission. Which is exactly why they have never been recommended for use during the seasonal flu outbreak, epidemics, or previous pandemics.”

“If you can’t help but believe and trust the weak retrospective observational studies and confused public health ‘authorities’ lying to you about the benefits and completely ignoring the risks of medical masks, then you should at least reject the illogical anti-science recommendation to block only 2 of the 3 ports of entry for viral diseases. Masks only cover the mouth and nose. They do not protect the eyes.”

“If a surgeon were sick, especially with a viral infection, they would not perform surgery as they know the virus would NOT be stopped by their surgical mask.”

“Surgeons and operating room personnel are well trained, experienced, and meticulous about maintaining sterility. We only wear fresh sterile masks. We don the mask in a sterile fashion. We wear the mask for short periods of time and change it out at the first signs of the excessive moisture build up that we know degrades mask effectiveness and increases their negative effects. Surgeons NEVER re-use surgical masks, nor do we ever wear cloth masks.”

“In February and March, we were told not to wear masks. What changed? The science didn’t change. The politics did. This is about compliance. It’s not about science... Our

opposition is using low-level retrospective observational studies that should not be the basis for making a medical decision of this nature.”⁹⁸

Margarite Griesz-Brisson, M.D./Ph.D., a German doctor who specializes in neurology, neurophysiology, and environmental medicine, posted a video on October 5, 2020, giving her thoughts face masking and wearing them long-term.

“I do not wear a mask; I need my brain to think. I want to have a clear head when I deal with my patients and not be in a carbon dioxide-induced anesthesia.

There is no unfounded medical exemption from face masks because oxygen deprivation is dangerous for every single brain. It must be the free decision of every human being whether they want to wear a mask that is absolutely ineffective to protect themselves from a virus.

For children and adolescents, masks are an absolute no-no. Children and adolescents have an extremely active and adaptive immune system and they need a constant interaction with the microbiome of the Earth. Their brains are also incredibly active, with so much to learn. The child’s brain, or the youth’s brain, is thirsting for oxygen. The more metabolically active the organ is, the more oxygen it requires. In children and adolescents every organ is metabolically active.

The re-inhalation of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. We know that the human brain is very sensitive to oxygen deprivation.

To deprive a child’s or an adolescent’s brain from oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal. Oxygen deficiency inhibits the development of the brain, and the damage that has taken place as a result CANNOT be reversed.

The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of reaction time – reactions of the cognitive system...

However, when you have chronic oxygen deprivation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the under-supply of oxygen in your brain continues to progress.

We know that neurodegenerative diseases take years to decades to develop. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago.

While you’re thinking that you have gotten used to wearing your mask and rebreathing your own exhaled air, the degenerative processes in your brain are getting amplified as your oxygen deprivation continues.

I know how damaging oxygen deprivation is for the brain, cardiologists know how damaging it is for the heart, pulmonologists know how damaging it is for the lungs. Oxygen deprivation damages every single organ.”

“How can a veterinarian, a software distributor, a businessman, an electrical car manufacturer and a physicist decide on matters regarding the health of the entire population? Please, dear colleagues, we all have to wake up.”⁹⁹

On November 18, 2020, *Reuters* cited a recent Danish study on the effectiveness of masks. Of the volunteers involved, half of them wore masks regularly while the other half did not. After one month of study, only a 0.3% difference in infection rates was recorded between those that regularly wore a mask (1.8%) and those that did not wear a mask (2.1%).

“The study does not confirm the expected halving of the risk of infection for people wearing face masks,” said the authors of the study.

“The findings are consistent with previous research. Health experts have long said a mask provides only limited protection for the person wearing it.”¹⁰⁰

Former *New York Times* reporter Alex Berenson commented on this study and said the study was great due to its large number of participants, and it “essentially showed that wearing masks does not protect the wearer at all from the coronavirus... It was a very, very well- designed study. Frankly, if a drug company had a drug in trials that had this trial result, they would discontinue the drug. There is just no evidence that masks protect the wearer.”¹⁰¹

Kazunari Onishi, associate professor at *St. Luke’s International University* in Tokyo, Japan, did his own study in July of 2020 on the effectiveness of face masks, and his study corroborates with the Danish study; noting that the ordinary cloth mask the Japanese people were wearing revealed “a 100-percent rate in terms of airborne particles penetrating the fabric and through the gap between masks and faces, substantially raising the risk of infection.”¹⁰²

On December 18, 2020, staff members at the *University of Witten/Herdecke Medical School* from Germany, stated this:

“There are no manufacturer-independent studies on the use of masks for children and adolescents that are certified as medical products for occupational safety in professional applications.

In addition, due to the unknown materials used, there are no findings on the potential protective effects or side effects of the often home-made ‘everyday masks’ worn by the majority of children. In view of the ongoing measures to contain the COVID-19 pandemic, and, in particular, the varying obligations for children and adolescents to wear masks in school over a longer period of time, there is an urgent need for research.”

In the fall of 2020 over 20,000 participants were part of this study, the results found over two-thirds of parents reported that their children had suffered significant physical and psychological problems from regularly wearing face masks. 24 different symptoms were reported. Here are some of them:

- Headaches (53%)
- Concentration difficulties (49.5%)
- Impairment in learning (38%)
- Drowsiness (36.5%)
- Shortness of breath (29.7%)
- Dizziness (26.4%)
- Unwillingness to play (17.9%)
- Nausea (16.6%)
- Feeling of weakness (14.7%)
- Abdominal pain (13.5%)
- Accelerated breathing (12%)
- Tightness in chest (8%)
- Fainting spells (2.2%)

“Several thousand children seem to suffer from wearing the mask or who may experience health problems from the mask... Adults need to collectively reflect the circumstances under which they would be willing to take a residual risk upon themselves in favor of enabling children to have a higher quality of life without having to wear a mask.”¹⁰³

On April 1, 2021, a study was uploaded to *Global Research, Centre for Research on Globalization*, noting some of the masks created in recent times for Covid-19 may be laced with and containing poisonous chemicals and fibers.

Professor Michael Braungart, director at the Hamburg Environmental Institute and co-founder of the world-renowned Cradle to Cradle environmental standard, spoke to *Ecotextile News* saying that mask wearers are breathing in carcinogens, allergens and

tiny synthetic microfibers by wearing both textile and nonwoven surgical masks for prolonged periods time. Additionally, leading industry textile chemist Dr. Dieter Sedlak, managing director and co-founder of Modern Testing Services Augsburg, Germany, in partnership with Modern Testing Services Global, confirmed the assessment made by Professor Braungart.

“What we are breathing through our mouth and nose is actually hazardous waste,” said Professor Braungart.

Dr. Sedlak also added this as well:

“Honestly, I had not expected PFC’s would be found in a surgical mask, but we have special routine methods in our labs to detect these chemicals easily and can immediately identify them. This is a big issue.”

“It seems this had been deliberately applied as a fluid repellent – it would work to repel the virus in an aerosol droplet format – but PFC on your face, on your nose, on the mucus membranes, or on the eyes is not good.” He also discovered compounds such as formaldehyde and acetaldehyde in these masks that are being mass produced specifically in China.¹⁰⁴

On February 11, 2021, *CBS Denver* reported on concerns on what is being called “maskne” (mask + acne).

“(There’s) so much more irritation from the mask, whether it’s causing friction, moisture, the heat.” “We’re seeing a lot of new cases of patients coming in with new-onset acne who have never had acne before,” says Dr. Sarah Cannon of Cannon Dermatology.¹⁰⁵

Christine Ruggeri, CHHC, wrote an article in the summer of 2020 and was posted on *Dr. Josh Axe’s* website explaining what “maskne” is:

“[Maskne is] a specific form of acne that’s triggered by friction or pressure on the skin from heavy clothing or protective gear.”

“In addition to maskne, wearing a tight-fitting mask for multiple hours a day can also lead to eczema or dry, itchy skin.”

“Why does wearing a mask lead to increased breakouts? For starters, the mask traps sweat, dirt, oil and humidity, which are stuck on your skin throughout the day.”¹⁰⁶

Throughout the crisis the CDC has been updating their mask recommendations and guidance based on current developments and other research they claim to have found or

studied. On December 18, 2020, the CDC's provided guidelines for those who should and should not wear a mask.¹⁰⁷

Should:

- Everyone 2 years of age and older should wear a mask in public settings and when they are around people who do not live in their household.
- Wear a mask when caring for someone who is sick with Covid-19 (whether at home or in a non-healthcare setting). If you are sick with Covid-19 or think you may have Covid-19, wear a mask when you need to be around people or animals, even in your own home.
- CDC recognizes there are specific instances when wearing a mask may not be feasible. In these instances, consider adaptations and alternatives.

Should Not:

- Children younger than 2 years old.
- Anyone who has trouble breathing.
- Anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Wearing masks may be difficult for some people with sensory, cognitive, or behavioral issues. If they are unable to wear a mask properly or cannot tolerate a mask, they should not wear one, and adaptations and alternatives should be considered.

On February 10, 2021,¹⁰⁸ the guidelines were updated to read this:

Should:

- By people 2 years of age and older.
- Any time you are in a public setting.
- Any time you are traveling on a plane, bus, train, or other form of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- When you are around people who do not live with you, including inside your home or inside someone else's home.
- Inside your home if someone you live with is sick with symptoms of COVID-19 or has tested positive for COVID-19.

Should Not:

- By a child under 2 years of age.
- By someone who cannot wear a mask safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask.

- In a situation when wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace risk assessment.

Then CDC updated their guidance again on April 19, 2021. Here is what the latest of the three updates said:¹⁰⁹

Should:

- By people 2 years of age and older.
- Any time you are in a public setting.
- Any time you are traveling on a plane, bus, train, or other form of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- When you are around people who do not live with you, including inside your home or inside someone else's home.
- Inside your home if someone you live with is sick with symptoms of COVID-19 or has tested positive for COVID-19.

Should Not:

- A child under the age of 2 years;
- A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability;
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace risk assessment.

On July 29, 2020, Dr. Anthony Fauci in an interview with *ABC*, recommended the use of eye goggles or face shields for “perfect protection.”

“If you have goggles or an eye shield, you should use it. It's not universally recommended, but if you really want to be complete, you should probably use it if you can.”

“You have mucosa in the nose, mucosa in the mouth, but you also have mucosa in the eye. Theoretically, you should protect all the mucosal surfaces. So if you have goggles or an eye shield you should use it.”

“If you really want to be complete, you should probably use it if you can,” Fauci explained and noted that eyewear was yet to be recommended because “it's so easy for people to just make a cloth mask.”¹¹⁰

In late-January of 2021, Dr. Dave Hinda, Medical Editor at *KCNC-TV in Denver*, told the news,

“It has been backed up by research that two masks are, in fact, better than one. Specifically what we’re saying is that two masks may actually equal the protection you would get from N-95 masks, which is considered the best mask [since] there is short[age] of a complete respirator-type unit.”

“The reason for that is you do wind up getting more filtration of viral particles. It becomes more of an obstacle course for the viral particle to make its way from the air into your nose and throat and then into your lungs.”

Dr. Hinda believes three masks would be too much, but recommends double-masking.

“Even in my own family, when we have outside contact — as limited as it may be — we double mask. So the question is, ‘Is it effective?’ The answer is ‘yes’ — and it’s something you may want to consider.”¹¹¹

Not long after that, Shepherd Smith and Contessa Brewer from *CNBC* also promoted the idea of wearing two masks and hinting at the possibility of three. They also cited Dr. Fauci who on that same day told *NBC’s Today* that it was “common sense” to wear two masks.¹¹²

Not long after that report, Dr. Scott Segal, chair of anesthesiology at Wake Forest Baptist Health in Winston-Salem, North Carolina, hinted towards the idea of wearing four masks:

“If you put three or four masks on, it’s going to filter better because it’s more layers of cloth. But you’ll be taking it off because it’s uncomfortable.”¹¹³

On January 31, 2021, Dr. Fauci said this in an interview discussing masking:

“There are many people who feel ‘Ya know, if you really wanna have an extra little bit of protection, maybe I should put two masks on.’ There’s nothing wrong with that, but there’s no data that indicates that that is going to make a difference, and that’s the reason why the CDC has not changed their recommendation.”¹¹⁴

Then on February 2, 2021 Fauci said this in an interview with the *Washington Post*:

“In fact, you have probably seen me wearing a double-mask — is that you can make a general common sense extrapolation, if one mask is a physical barrier — if you put two on, if you are looking to enhancing [sic] the physical barrier, it makes common sense that certainly cannot hurt and might help. But it doesn’t yet reach the point of a[n] official recommendation from the CDC because of the lack of data; but, when people tell me or ask me ‘Should I be wearing two masks?’ — I say, ‘Ya know, if it makes you feel better to

do two masks, the chances are you are going to get an enhanced protection, so why not go ahead and do it.”¹¹⁵

On February 10, 2021, the *CDC* officially updated its recommendations to include a second mask, which said,

- “Use a cloth mask that has multiple layers of fabric.
- Wear one disposable mask underneath a cloth mask.
 - The second mask should push the edges of the inner mask against your face.”¹¹⁶

Then reported on February 23, 2021, the *CDC* also recommended the use of hosiery with a mask, additionally adding that wearing two masks at once could potentially constrict breathing:

“Other studies found that knotting and tucking a medical procedure mask or placing a sleeve made of sheer nylon hosiery material around the neck and pulling it up over either a cloth or medical procedure mask also significantly improved the wearer’s protection by fitting the mask more tightly to the wearer’s face and reducing edge gaps.”

“Finally, although use of double masking or knotting and tucking are two of many options that can optimize fit and enhance mask performance for source control and for wearer protection, double masking might impede breathing or obstruct peripheral vision for some wearers, and knotting and tucking can change the shape of the mask such that it no longer covers fully both the nose and the mouth of persons with larger faces.”¹¹⁷

The mass producing of face coverings have also led to reported increases on environmental pollution. A study that appeared in *Animal Biology* found that Covid-related pollution is becoming a new problem.

The researchers of the study found that in Canada and the U.K., birds and foxes were becoming entangled in discarded face masks, along with other creatures such as crabs, bats, seagulls, and hedgehogs. They also noted other reports of apes chewing on them and found a mask in the stomach of a penguin.

The research team also discovered a Coot’s nest in the Netherlands that was partially made with discarded face masks and gloves.

“Vertebrates and invertebrates on land, in freshwater, and in seawater become entangled or trapped in corona waste,” said Auke-Florian Hiemstra, biologist from Naturalis Biodiversity Center and one of the lead members of the research team.¹¹⁸

Lastly, the Hebrews under the Levitical law were given certain commands on how to deal with specific diseases and infections. In the case of Leprosy, the Jewish people were given one of these specific instructions:

“[45] And the leper in whom the plague is, his clothes shall be rent, and his head bare, and he shall put a covering upon his upper lip, and shall cry, Unclean, unclean. [46] All the days wherein the plague shall be in him he shall be defiled; he is unclean: he shall dwell alone; without the camp shall his habitation be (Leviticus 13:45-46. KJB).”

Social Distancing, Lockdowns, and Quarantining

This section covers the data and opinions regarding social distancing measures and recommendations, along with local, state, and national lockdowns, plus their effectiveness and outcomes.

This section will not cover data directly discussing the economic impacts. For more information on that, visit The WinePress for reports on that topic. Additionally, I recommend the Trends Journal as well for unbiased economics.

Near the end of August of 2020, the *British Medical Journal* published a study titled “Two Meters or One: What is the Evidence for Physical Distancing in COVID-19?” Here is some of what they concluded:

“Six feet seems to be the new standard of measurement in our world,” and “scientists from the Massachusetts Institute of Technology and the University of Oxford argue that the sixfoot rule is part of oversimplified, overly rigid, and outdated science.”

The researchers of this study say this rule was developed and derived from 100-year-old data.

“Given that small droplets can carry pathogens, it is important to consider their movement dynamics when developing social distance guidelines. This is particularly true for SARS-CoV-2 (the virus responsible for COVID- 19), which can attach to air particles and remain in the air for up to 16 hours.”

“Despite the general and persisting belief that six feet is a safe distance in most circumstances, scientific studies continue to prove this belief wrong. In a recent review of 10 studies on droplet emissions, eight of the 10 studies find that respiratory droplets can travel farther than six feet.”¹¹⁹

In mid-March of 2021, the *CDC* updated some of its social distancing recommendations. They were then comfortable with allowing school children to remain socially distant at 3 feet instead of the original 6 feet that they had urged. Additionally, Greta Massetti, leader of the CDC’s community interventions task force, stated this:

“We don’t really have the evidence that 6 feet is required in order to maintain low spread [of Covid-19].”¹²⁰

The medical journal *The Lancet* reviewed 172 different studies, Professors Heneghan and Jefferson published an article titled, “There’s No Scientific Evidence for COVID Two-

Metre Rule.” They concluded that “only a handful of the articles actually studied COVID-19, and they showed proximity had no impact.” “Much of the evidence in this current outbreak informing policy is poor quality.”¹²¹

The Pasteur Institute, in June of 2020, studied the spread of the coronavirus among over 1,000 French primary school students. Here are some of their findings:

“Children did not spread the infection to other students or to teachers or other staff at the schools.”

“There were three probable cases of SARS-CoV-2 infection in three different schools before the schools closed for the February vacation and then for the lockdown. These cases did not give rise to secondary cases among other school students or teaching staff.”

“The teachers were only marginally affected, with just 7.1% teachers infected in total, a similar figure to the number of parents of non-infected children in the study who were infected by the virus (6.9%).”

“For non-teaching staff, the proportion of infection was 3.6%. The rate of infection was very high among parents of infected children (61.0%), but just 6.9% among parents of non-infected children. This suggests that the parents were the source of infection of their children in several cases.”

“Only two individuals were admitted to hospital (1.4%) for COVID-19 out of the 139 recorded cases of SARS-CoV-2 infection, a figure that is not surprising for a relatively young population. Both individuals admitted to hospital were parents. There were no deaths.”

“Overall, the results of this study are comparable to those of studies carried out in other countries, which suggest that children aged between 6 and 11 are generally infected in a family environment rather than at school. The main new finding is that the infected children did not spread the virus to other children or to teachers or other school staff,” Dr. Arnaud Fontanet, Head of Epidemiology of Emerging Diseases at the Pasteur Institute, summarizing the report.¹²²

The British Journal of Medicine posted the study titled, “Association between living with children and outcomes from COVID-19: An Open Safely cohort study of 12 million adults in England.” Here is some of what that study concluded:

“This is the first population-based study to investigate whether the risk of recorded SARS-CoV-2 infection and severe outcomes from COVID-19 differ between adults living in households with and without school-aged children during the UK pandemic.”

“Among 2,567,671 adults >65 years, there was no association between living with children and outcomes related to SARS-CoV-2. We observed no consistent changes in risk following school closure.”

“We observed no consistent changes in risk of recorded SARS-CoV-2 infection and severe outcomes from COVID-19 comparing periods before and after school closure.”¹²³

In 2014 during the height the Ebola outbreak from Africa, state governors and officials in America were actively pursuing the mandatory quarantining and isolation of healthcare workers returning from regions where Ebola was spreading. When Fauci learned that states such as New York, New Jersey, Illinois, Virginia, Maryland, Georgia, and Florida, were quarantining his colleagues, Fauci told the media that quarantines were “draconian” and “unscientific.”



Fauci calls Ebola quarantines 'draconian'

BY TIM DEVANEY - 10/26/14 11:44 AM EDT



Just In...

NASA rover
Perseverance

Fauci also told Chuck Todd of *NBC's Meet The Press* this:

“The primary goal is to protect the American people, but there are ways to do that that may not necessarily have to go that far at all.”

“We have to be careful that there are [not] unintended consequences. We need to treat them, returning people with respect,” going on to call the lockdowns as unnecessarily “draconian.”

“Go with the science. You can monitor them in multiple different ways. You don't have to put them in a confined place.”¹²⁴

He also told *ABC's* Martha Radditz an identical statement:

 **Nick Timiraos**
@NickTimiraos

No quarantine for Anthony Fauci. He treated Nina Pham for Ebola but went on all five morning shows today:



5 Quotes From Sunday's Talk Shows

The Ebola virus and how best to deal with it dominated Sunday's political talk shows. But there was also the subject of terror threats and the ever-present issue of politics. Here are the top five quotes from this morning:

blogs.wsj.com

October 26th 2014

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"We appreciate the fears of the American people, but you don't want to have policy that would have negative unintended consequences... The scientific evidence is what needs to drive us. If you put everyone in one basket, even people who are clearly no threat, then we have the problem of the disincentive of people that we need."¹²⁵

Fauci was also in contact with someone who was in contact with Ebola but did not quarantine or social distance.

On April 17, 2020, Dr. Johan Giesecke, a renowned epidemiologist from Sweden, explained the benefits of not locking down Sweden like other nations were doing.

"The main reason is that we, or the Swedish government, decided early in January that the measures we should take against the pandemic should be evidence-based. And when you start looking around for the measures that are being taken now by different countries you find that very few of them have the shred of evidence base. But one we know, that's known for a hundred and fifty years or more, and that is washing your hands is good for you and good for others when you're in an epidemic. But the rest – like border closures, school closures, social distancing – there's almost no science behind most of these."

"It's not a strategy, but it's a by-product of the strategy. The strategy is to protect the old and the frail; try to minimize their risk of becoming infected, and taking care of them if they get infected. If you do that – the way we're doing it – you would probably get herd immunity and then – but that's a byproduct order, it's not the main reason to do it."¹²⁶

In late April of 2020, Dr. Anders Tegnell, Sweden's top medical epidemiologist, explained why his nation of Sweden did not lockdown and advocated for different methods.

"A recent survey from one of our hospitals in Stockholm found that 27% of staff there are immune... We think that most of those are immune from transmission in society, not the workplace. We could reach herd immunity in Stockholm within a matter of weeks."¹²⁷

On November 27, 2020, Søren Riis Paludan, a leading Danish professor of biomedicine, stated this concerning lockdown measures:

“The Swedish approach taught us what to do and what not to do in other Nordic countries... Now we don’t have to go into lockdown but know where to be more careful, particularly with the elderly.”

“Based on Swedish data, we learned that keeping schools open does not contribute to spreading the virus... There are certain groups that need to be protected, which now means we have a society that is relatively open save some restrictions on how many people can gather.”¹²⁸

On that same day, the *British Medical Journal* released a study titled “Covid-19: What Sweden taught Scandinavia for the second wave.” The article stated:

“Sweden’s ‘soft’ approach meant keeping bars, restaurants, and schools (for pupils up to the age of 16) open and giving only recommendations to wash hands, maintain social distance, and keep gatherings to under 50 people. This is in marked contrast to neighboring nations Denmark, Norway, and Finland, that went swiftly into lockdown.”

“Sweden had relatively low infection rates despite no mandatory lockdown. With a second wave sweeping through Europe and countries struggling to balance economic recovery with ongoing pandemic measures, Scandinavia as a whole seems to be taking the lessons of Sweden to heart.”

“Although total mortality is higher than in the rest of Scandinavia, Sweden’s current rates are relatively low, with an average of only three fatalities as a day compared with 100 a day in early April. Nationally, new intensive care unit intake averaged around two a day in October, compared with a peak of 40-50 a day between late March and early April.”

“These falls are partly due to improved treatment protocols in Swedish hospitals... Thomas Linde, of the Swedish National Board of Health and Welfare, said at a press conference that the number of COVID-19 patients in intensive care units was still relatively small at about 15% of capacity.”¹²⁹

Professor Rory O'Connor, an author from a research paper from the *University of Glasgow*, stated, “Increased social isolation, loneliness, health anxiety, stress and an economic downturn are a perfect storm to harm people’s mental health and well-being.”¹³⁰

Dr. Dana Garfin, a health psychologist, stated, “People in quarantine show signs of confusion, depression and anger.” She said that the longer the lockdowns continue,

trauma will increase, additional cardiovascular problems, depression, anxiety, and posttraumatic stress syndrome.¹³¹

Dr. Joshua Morganstein, a psychiatrist and disaster mental health expert with Uniformed Services University in Bethesda, Maryland, states, “For some people, a lack of social connectedness feels as impactful as not eating.”¹³²

On May 14, 2020, the *WHO* believed that a large mental health crisis could likely result from “the isolation, the fear, the uncertainty, the economic turmoil” due to the extended lockdown measures.¹³³

Dr. Elke Von Hoof, Professor of Health Psychology at Vrije University in Brussels, told the *World Economic Forum* “Lockdown is the world’s biggest psychological experiment – and we will pay the price.” He believes the lockdowns would lead to a “secondary epidemic of burnouts and stress-related absenteeism in the latter half of 2020.”¹³⁴

Dr. Fauci said in mid-May of 2020, “I don’t want people to think that any of us feel that staying locked down for a prolonged period of time is the way to go. We can't stay locked down for such a considerable period of time that you might do irreparable damage and have unintended consequences including consequences for health.”¹³⁵

According to a new survey from *the U.S. Census Bureau*, about one third of Americans show signs of clinical mental health disorders as a result of the enforced lockdown over the past months.

In early to mid-May, about one million households were contacted with 42,000 responses about how the coronavirus lockdown has affected employment, finances, and health, among other subjects.

Some of the key findings from the survey:

- Responding to questions used for evaluating mental health issues, 24 percent showed signs of clinical depressive disorder and 30 percent for anxiety disorders.
- The response to a particular question about depression showed a 100 percent increase compared to the same question asked in a 2014 survey.
- New York, the epicenter of the virus outbreak, was the 12th highest state in terms of percentage of these mental health symptoms. In Mississippi, a staggering 50 percent of

those polled said they were suffering anxiety and depression. Iowa showed the lowest, but it was still with about 25 percent of citizens reporting significant symptoms.

- Among young adults and women earning under \$25,000 a year, the rates of depression and anxiety were significantly higher. Almost two-thirds of those struggling financially said they were suffering from constant anxiety.
- In Ohio, which has been under one of the most restrictive lockdowns of any state, dramatic spikes in calls to crisis lines continue. In the city of Dayton, for example, a crisis hotline had more than 1,200 calls in less than a month. Drinking problems, the inability to deal with stress, and a doubling of accidental drug overdoses were among the issues most reported.¹³⁶

The U.K.'s Royal College of Psychologists in mid-May told *the Guardian*, "People with no history of mental illness are developing serious psychological problems for the first time as a result of the lockdown, amid growing stresses over isolation, job insecurity, relationship breakdown and bereavement, the Royal College of Psychiatrists has disclosed."¹³⁷

The Lancet published a study reviewing the psychological effects of extended lockdowns and quarantines from previous outbreaks. According to that report that was conducted across 10 different nations,

"Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies inadequate information and financial loss."¹³⁸

The International Journal of Social Psychiatry shared a study titled "Social Isolation in COVID-19: The Impact of Loneliness," which found:

"The timelines of this pandemic being uncertain, the isolation is compounded by mass panic and anxiety. Crisis often affects the human mind in crucial ways, enhancing threat arousal and snowballing the anxiety. Rational and logical decisions are replaced by biased and faulty decisions based on mere 'faith and belief.'"

"This important social threat of a pandemic is largely neglected. Mass hysteria has acquired a frantic pace and people's hope and aspirations are taking a merciless beating."

"Individuals are waking up every day wrapped in a freezing cauldron of social isolation, sheer boredom and a penetrating feeling of loneliness."

It also found one out of every three Americans is experiencing clinical levels of anxiety and depression due to the coronavirus pandemic. Additionally, 25% of respondents presented signs of “major depressive disorder.” Those aged 19-29 found almost half reported symptoms of anxiety and depression.¹³⁹

A South Korean study was reported by *Reuters* on July 21, 2020, which stated:

“South Korean epidemiologists have found that people were more likely to contract the new coronavirus from members of their own households than from contacts outside the home.

A study published by CDC on July 16 looked in detail at 5,706 ‘index patients’ who had tested positive for the coronavirus and more than 59,000 people who came into contact with them.

The findings showed that less than 2% of patients’ non-household contacts had caught the virus, while nearly 12% of patients’ household contacts had contracted the disease.”¹⁴⁰

On July 27, 2020, *the Lancet* published research by Johns Hopkins University on the effects of the lockdowns. They concluded that the lockdowns added to the suffrage of millions of children worldwide. They pointed to hunger and malnutrition causing over 10,000 children’s deaths per month and stunting the growth of 550,000 each month as well.

“The unprecedented global social and economic crisis triggered by the COVID-19 pandemic poses grave risks to the nutritional status and survival of young children in low-income and middle-income countries (LMICs).”

“Of particular concern is an expected increase in child malnutrition, including wasting, due to steep declines in household incomes; changes in the availability and affordability of nutritious foods; and interruptions to health, nutrition, and social protection services.”¹⁴¹

Henrietta Fore, Executive Director of *UNICEF*, gave her commentary on that study and said,

“It’s been seven months since the first COVID-19 cases were reported, and it is increasingly clear that the repercussions of the pandemic are causing more harm to children than the disease itself.”

“The wasting-focused estimates we present here are likely to be conservative, given that the duration of this crisis is unknown, and its full impacts on food, health, and social

protection systems are yet to be realized. The disruption of other health services during lockdowns will further compromise maternal and child health and mortality.”¹⁴²

Victor Aguayo, head of UNICEF’s nutrition program, also said “By having schools closed, by having primary healthcare services disrupted, by having nutritional programs dysfunctional, we are also creating harm.”¹⁴³

Four authors from the journal *Child and Adolescent Psychiatry & Mental Health* in the fields of child psychiatry and neurology, analyzed the effects of prolonged lockdowns.

“Isolation, contact restrictions and economic shutdown impose a complete change to the psychosocial environment in affected countries. These measures have the potential to threaten the mental health of children and adolescents significantly. Anxiety, lack of peer contact, and reduced opportunities for stress regulation are main concerns. Another main threat is an increased risk for parental mental illness, domestic violence, and child maltreatment. Especially for children and adolescents with special needs or disadvantages, such as disabilities, trauma experiences, already existing mental health problems, migrant background and low socioeconomic status, this may be a particularly challenging time.”

“In most countries, children have not been allowed to use regular playgrounds, social group activities are prohibited and sports clubs are closed. Social relations have been strongly limited to closest family members. In several countries, contact to peers has been prohibited or severely limited.

This can have a negative impact on children and adolescents given the importance of peer contact for well-being. Many countries have experienced a lock-down of schools. As pointed out by a recent review, school closures may not have a major impact on reducing infections and preventing deaths.

Hence, possible negative consequences such as loss of education time, restricted access to peers and loss of daily structure need to be taken into account when estimating the advantages and disadvantages of this particular measure.”¹⁴⁴

On August 13, 2020, the journal *Psychological Trauma: Theory, Research, Practice and Policy*, stated:

“Our analyses from shortly after the pandemic declaration are the tip of the iceberg. Over time... this will likely include more depression, PTSD, community violence, suicide, and complex bereavement.”¹⁴⁵

Executive Director of the *UN World Food Programme (WFP)*, David Beasley, stated in mid-August of 2020, “Malnutrition will grow by 80% by the end of the year ... a real disaster... a famine of biblical proportions.”¹⁴⁶

David Sbarra, PhD in clinical psychology and Professor at the *University of Arizona*, stated this concerning the lockdowns:

“We’ve reached a bit of a mental health breaking point. We’re stressed, isolated, lonely, burned out, and more depressed and anxious than we’ve been in a long time.”

“It’s not hard to see what’s driving this distress. We have mass unemployment and economic uncertainty. With the closures of schools, child care centers and summer camps, many of us are pulled between the worlds of work and caregiving in ways that were unimaginable just a few months ago. Older adults and others at the greatest risk are increasingly isolated from their loved ones, making loneliness especially common. On top of all this, the U.S. is facing an epic failure in its ability to get the virus under control and, as a consequence, uncertainty and despair are looming large in our everyday consciousness.”¹⁴⁷

On October 8, 2020, Dr. David Nabarro of the *WHO* made the following remarks concerning governments using lockdowns to slow the spread of Covid-19:

“We really do have to learn how to coexist with this virus in a way that doesn’t require constant closing down of economies but at the same time in a way that is not associated with high levels of suffering and death it’s what we’re calling the middle path and the middle path is about being able to hold the virus at bay whilst keeping economic and social life going and we think it’s doable.”

“The reality is it’s been a remarkably uncoordinated and disjointed response.”

“We in the World Health Organization do not advocate lockdowns as a primary means of control of this virus. The only time we believe a lockdown is justified is to buy you time to reorganize regroup rebalance your resources protect your health workers who are exhausted, but by and large, we’d rather not do it.”

“Just look what’s happened to the tourism industry for example in the Caribbean or in the Pacific because people aren’t taking the holidays. Look what’s happened to smallholder farmers all over the world because their markets have got dented. Look what’s happening to poverty levels. It seems that we may well have a doubling of world poverty by next year. We may well have at least a doubling of child malnutrition because children are not getting meals at school and their parents, in poor families, are not able to afford it.”

“This is a terrible, ghastly global catastrophe actually... and so we really do appeal to all world leaders. Stop using lockdown as your primary control method, develop better systems for doing it work together and learn from each other, but remember – lockdowns just have one consequence that you must never ever belittle, and that is making poor people an awful lot poorer.”¹⁴⁸

In October of 2020, Mike Ryan, Executive Director of the *WHO Health Emergency Program*, said this concerning the national lockdowns and the slow of Covid:

“What we want to try and avoid is these massive lockdowns that are so punishing to communities, to society and to everything else.”

“We don’t want to flip from no cases, everything’s open; a few cases, everything shuts down again because that’s exactly the sort of scenario we want to try and avoid. What we really need to focus on is ensuring that as cases come back – and they will and do come back... we need to make sure that we’re also focusing not just on restrictive measures.”

“We shouldn’t accept that in every country the return of cases should be seen as an immediate return of the need for lock-down restrictions at a national level. There are many things that can be done between those two points and we should make every effort to do so in order to keep our social and economic lives open and particularly schools and other vital services.”¹⁴⁹

66 doctors, all general practitioners in the United Kingdom, sent a letter to Health Secretary Matt Hancock on October 3, 2020, expressing their opinions about the lockdown measures:

“We urgently wish you to consider non-COVID harms and deaths with equal standing as the reported deaths from COVID.”

“We fully supported the first lockdown when little was known about the virus. The position is now transformationally different: after the short, initial lockdown phase, the harms to long-term health and wellbeing begin to outweigh the benefits... Now is a critical pivotal point: we must recognize our duty to do no harm.”

“A total of 30,260 excess deaths have occurred in private homes since March but less than 1 in 10 are due to Covid-19.”

“There is a concerning signal that child suicide death rates in the U.K. increased during lockdown and amongst those reported after lockdown, restriction to education and other activities, disruption to care and support services, tensions at home and isolation appeared to be contributing factors.”

“We do not wish to undermine the seriousness of pandemic management, but the wider harm to babies, children, young people and adults of all ages can no longer be ignored.”¹⁵⁰

MIND, the British non-profit group advocating mental health issues, stated,

“More than two thirds of adults with mental health problems reported that their mental health got worse during lockdown.

As a direct consequence of the pandemic and all that follows, many people who were previously well will now develop mental health problems... Restrictions on seeing people, being able to go outside, and worries about the health of family and friends are the key factors driving poor mental health.”

A young individual responded to the study reporting, “The lockdown is the biggest problem because I rely on being able to see the people I love as a coping mechanism for my anxiety and depression.”¹⁵¹

According to a *Washington Post* report in October, Japan reported the highest rise in monthly suicide in five years, bringing the total to 2,153. The report noted a 41% increase in suicides among women. The highest increase was those aged under 29.

In overall suicide, South Korea saw a decline but a saw increased rate of suicide of women under 29 by 43%.

Katsunobu Kato, the chief government spokesman in Japan, attributed these increased rates due to the coronavirus. He noted the closure of schools, overall isolation, and job loss. He said, “We need to seriously confront reality.”¹⁵²

In February of 2021, Japanese officials again announced a rise women’s suicide that they attribute to the outbreak.

“There’s no question that the coronavirus is related to this. What’s particularly concerning is that the largest increase is among women, which is not common in Japan,” said Michiko Ueda, a professor at Waseda University.¹⁵³

Near the end of 2020, Phil Magness, senior researcher for the *American Institute for Economic Research (AIE)*, reviewed some of the statements and policies that were designed to slow the transmission of Covid-19. He noted some statements by Dr. Fauci:

“On January 24, 2020, Fauci explained that lockdowns were not possible in America, commenting that the strict lockdowns imposed in Wuhan, China would not be accepted in the United States.

“I can’t imagine shutting down New York or Los Angeles, but the judgement on the part of the Chinese health authorities is that given the fact that it’s spreading throughout the provinces, it’s their judgement that this is something that in fact is going to help in containing it. Whether or not it does or does not is really open to question because historically when you shut things down it doesn’t have a major effect,” he told *CNN*.

Then on July 31 of that same year, Fauci credits the strict lockdowns in Europe for slowing the spread of Covid-19, testifying before a congressional committee.

“If you look at what happened in Europe, when they shut down or locked down or went to shelter in place – however you want to describe it – they really did it to the tune of about 95% plus of the (European) countries did that. When you actually look at what we did, even though we shut down, even though it created a great deal of difficulty, we really functionally shut down only about 50% in the sense of the totality of the country.”¹⁵⁴

According to a commissioned survey by *Vida Health* found that more than one in every six Americans entered therapy for the first time. Of the 2,000 people surveyed, 45% considered seeking treatment for mental stress since the arrival of the coronavirus, and 15% reported no increase in psychological stress.

62% said they suffer worse depression more in the winter months.

Almost 90% of those surveyed reported some level of serious mental trauma in 2020, specifically:

- Little interest or pleasure (52%)
- Trouble falling or staying asleep (52%)
- Feeling depressed or hopeless (51%)¹⁵⁵

On January 4, 2021 *USA Today* reported:

“Between the unpredictability, the isolation, and the newfound challenges in reaching their students – who mental health experts worry are also struggling – what little mental health support is extended to teachers feels like nowhere near enough.”

“The stress on her is so great, she isn’t sleeping. Before the pandemic, she suffered migraines every few months and called in sick on those days. Now, she has one a week, an increase she attributes to stress. She makes herself work through the pain. She’s exhausted.”¹⁵⁶

The European Journal of Clinical Investigation published a study titled “Assessing Mandatory Stay-at-Home and Business Closure Effects on the Spread of COVID-19,” which found,

“We do not find any significant benefits on case growth of more restrictive NPIs (non-pharmaceutical interventions). Similar reductions in case growth may be achievable with less restrictive interventions.”¹⁵⁷

Foundation for Economic Education (FEE) published an article titled, “Child Suicide is Becoming an ‘International Epidemic’ Amid Restricted Pandemic Life, Doctors Warn.”¹⁵⁸

In March 2021, *The American Psychological Association (APA)* published “Stress in America” poll. Here is some of what they found:

“A majority of adults (61%) experienced undesired weight changes – weight gain or loss – since the pandemic started, with 42% reporting they gained more weight than they intended.

Of those gaining weight, they gained an average of 29 pounds... and 10% said they gained more than 50 pounds.... Such changes come with significant health risks, including higher vulnerability to serious illness from the coronavirus.

For the 18% of Americans who said they lost more weight than they wanted to, the average amount of weight lost was 26 pounds.

Adults also reported unwanted changes in sleep and increased alcohol consumption. Two in 3 (67%) said they have been sleeping more or less than desired since the pandemic started. Nearly 1 in 4 adults (23%) reported drinking more alcohol to cope with their stress.”

“The majority of essential workers (54%), such as health care workers and people who work in law enforcement said they have relied on a lot of unhealthy habits to get through the pandemic.

3 in 4 (75%) said they could have used more emotional support than they received since the pandemic began. Essential workers were more than twice as likely as adults who are not essential workers to have received treatment from a mental health professional.

Hispanic adults were most likely to report undesired changes to sleep (78% Hispanic vs. 76% Black, 63% white and 61% Asian), physical activity levels (87% Hispanic vs. 84% Black, 81% Asian and 79% white) and weight (71% Hispanic vs. 64% Black, 58% white and 54% Asian).

Since the pandemic began. Black Americans were most likely to report feelings of concern about the future. More than half said they do not feel comfortable going back to living life like they used to before the pandemic and that they feel uneasy about adjusting to in-person interaction once the pandemic ends.”¹⁵⁹

In 2020 they reported that the mental health of many was collapsing while stress while rocketing higher.¹⁶⁰

On April 8, 2021, *Study Finds* posted research on Americans’ view about their sex life:

“Fifty-six percent of Americans agree that their anxiety about the state of the world had a negative impact on their sex life last year.

Roughly the same number (55%) add that stress resulting from work or job-seeking has dampened their sex drive during the coronavirus pandemic.”

Roughly 60% of those citing problems said increased anxiety caused them to have less intimacy than the previously.

Almost 75% report an increase in “performance anxiety.”

“Seventy-three percent of all respondents wish they had more spontaneous sex. However, 56 percent say they are too much ‘in their head’ about sex to enjoy new things the first time they try them.”¹⁶¹

A study that appeared in the magazine *Women’s Health*, found that mothers of young pre-school aged children, stress levels skyrocketed during the lockdowns, with most reporting a loss of sleep.

“Moms of young children are already less likely to get the recommended amount of sleep and physical activity than women who don’t have children. These shortfalls could raise the risk for obesity and poor health, and the lockdown worsened the situation by increasing the levels of stress and household chaos,” said Chelsea Kracht, Ph.D., a Postdoctoral Researcher in the Pediatric Obesity and Health Behavior Laboratory at Pennington Biomedical Research Center.

“Mothers, especially those with preschoolers, need a lot more than flowers on Mother’s Day. There are a number of ways moms can reduce stress, such as taking a break from the news and spending a few minutes unwinding before they go to sleep. But what moms really need is more support, from their family, workplaces and communities. They need systemic change,” said Amanda Staiano, Ph.D., Associate Professor and Director, Pediatric Obesity and Health Behavior Laboratory.

“One of our goals as a research center is to break the generational cycle of obesity. Research that shows how much the pandemic affected the health of mothers may help policymakers and providers take steps to better support mothers and avoid a related increase in chronic diseases like obesity, type 2 diabetes, and heart disease,” said Pennington Biomedical Executive Director John Kirwan, Ph.D.¹⁶²

Stanford University coined the term “Zoom Fatigue,” which includes “excessive amounts of close-up eye gaze” and an “increased self-evaluation” from the viewer constantly seeing themselves in the fee.

Jeremy Bailenson, a professor of communication at Stanford, said users see more of “themselves at a frequency and duration” that has not been “seen before in the history of media.”

“In the real world, if somebody was following you around with a mirror constantly – so that while you were talking to people, making decisions, giving feedback, getting feedback – you were seeing yourself in a mirror, that would just be crazy. No one would ever consider that.”¹⁶³

The Wall Street Journal published “Loneliness, Anxiety and Loss: the COVID Pandemic’s Terrible Toll on Kids,” which said,

“Rarely have America’s children suffered so many blows. And all at once, as during the pandemic’s last year.”¹⁶⁴

On April 4, 2021, *EuroNews* posted a report titled “Number of teenagers seeking psychiatric help soars amid pandemic.”

Angele Consoli, a child psychiatrist working at a Paris hospital, says since the lockdowns, hospitalizations requiring psychiatric care for those under 15 years of age have risen by 80%.

Marie Delhaye, head of the Belgian juvenile department at Erasmus Hospital, said psychiatric consultations have tripled since last September. Some of the young people needing help will have to wait three months for an appointment.

“We have young people who have lost 20 kg [44 lbs] and whose parents didn’t realize it. The third group is more related to serious depression or even psychosis, with some having a feeling of persecution or paranoia,” said Delhaye.¹⁶⁵

The health advocacy website *Naked Nutrition*, published findings from a survey conducted by *OnePoll* noting weight gain in conjunction with the prolonged lockdowns.

- About 50% said they will never get their pre-quarantine bodies back.
- The average American has put on about five pounds since lockdowns began in 2020.
- Almost two-thirds feel less healthy now than the months previous – the main reasons being lack of exercise and eating unhealthy foods.
- About 70% did not think home workouts were as effective as the health routines they had before the shutdown.¹⁶⁶

Dr. Barry M. Popkin, Distinguished Professor of Nutrition at the *University of North Carolina*, shared an article for the University's student paper, on the effects of the extended lockdowns:

“The pandemic’s resulting lockdown has led to a number of conditions that make it harder for individuals to achieve or sustain a healthy weight. Working from home, limiting social visits, and reducing everyday activities – all in an effort to stop the spread of the virus – means we’re moving less than ever. The ability to access healthy foods also has taken a hit. Economic hardships put those who are already food-insecure at further risk, making them more vulnerable to conditions that can arise from consuming unhealthy foods.”¹⁶⁷

Halifax reported this in early-February:

“At Eating Disorders Nova Scotia, the organization was running a monthly workshop one year ago. Once the pandemic hit, that workshop increased to every single week... eating disorders are triggered by stress, anxiety, and depression. Moreover, the disruption of routines, social isolation and disconnection from support on top of diet culture are likely all contributing to the rise.”¹⁶⁸

A week later *the Wall Street Journal* reported “pediatricians are warning the coronavirus pandemic’s protracted disruption of in-person schooling, sports, and other activities is leading to weight gain that could have long-lasting impacts on children’s health.”

Dr. Hai Cao, a pediatrician in Brooklyn, NY, told the Journal, “We’re seeing a lot of elementary school-aged kids who are gaining 20 to 30 pounds in a year.”

“Even kids in grammar school are getting depressed. They miss their friends. A lot aren’t doing as well academically. With depression also comes weight gain. They’re bored, and

I think they're comfort-eating," added Brittany Wilson, Staten Island physician assistant.¹⁶⁹

In May of 2020, *Bloomberg* reported liquor delivery services were up 400%.¹⁷⁰

Sarah Wakeman, an addiction medicine doctor at Massachusetts General Hospital in Boston, said, "I expect we're going to see pretty significant increases in what I call unhealthy alcohol use," reported the *New York Times*.¹⁷¹

Kaiser Health News reported that Keck University at the University of Southern California saw an uptick in alcoholic liver disease admissions by 30% compared to 2019. The report notes additional university hospitals across the U.S. saw upticks in similar admissions.

In September online sales continued to rise, with orders of beer, wine, and spirits were up 256% from 2019.¹⁷²

According to a *CDC* survey, 13% of respondents said they started or increased their substance, reported in the summer of 2020.¹⁷³

The Wall Street Journal reported a 48% increase in drug overdoses when compared to 2019.

Quoting the *Advocacy Resource Center*, "As the COVID-19 global pandemic continues, so does the nation's opioid epidemic. The American Medical Association is greatly concerned by an increasing number of reports from national, state, and local media suggesting increases in opioid-related mortality."¹⁷⁴

David Sternberg, a manager at the Helping Individual Prostitutes Survive (HIPS), drug user support group, which is frequented by sex workers and IV drug users, stated, "It's a pretty stark reality here. We've lost a lot of patients."¹⁷⁵

According to a September 15, 2020, *the Trends Journal* reported,

"The *WSJ* said it requested information from 50 of the country's largest counties and received information from 30 of them. It reported an upward trend in 21 of the counties which submitted data on overdose deaths. The increase appears to be spread throughout

the country, and health officials indicated fentanyl methamphetamines are adding heavily to the increase.

In its coverage, they noted the largest county among them, Los Angeles, saw almost a 50 percent rise in overdose deaths in just the first month and half of the coronavirus shutdown compared to 2019.

Gary Tsai, interim Director of Substance Abuse Prevention and Control for the county’s public health department, said those struggling with drug abuse “are indoors, they’re stressed, maybe they lost a job or a family member.”

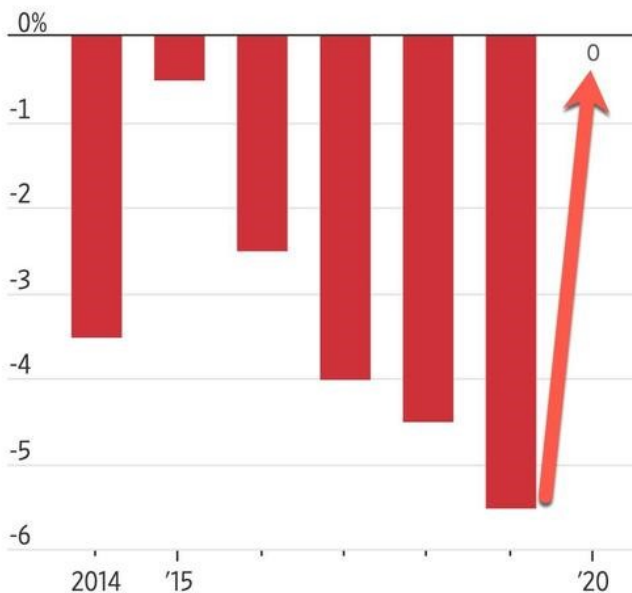
The Overdose Detection Mapping Application Program, which tracks overdoses nationwide, reported an 18 percent increase in suspected overdoses following the stay-at-home edicts by governors that began in March.

“When COVID hit, nobody was allowed to touch anybody, nobody was allowed to see anybody. The worst thing for someone chaotically using drugs is to be isolated,” said Shannon Hicks, head of Exchange Union, a West Virginia harm-reduction group.

The Association of American Medical Colleges (AAMC) states why drug abuse is increasing: more than 20 million people in the U.S. have a substance use disorder. Now, COVID-19 has left many locked down, laid off, and flooded with uncertainty. So far, experts see signs of relapses and rising overdoses, among other worries.”¹⁷⁶

Slower Burn

U.S. cigarette unit sales, annual change



Notes: 2015 data reflects consumers returning to cigarettes after trying first-generation e-cigarettes.
Source: Altria

ZeroHedge and the Wall Street Journal reported an uptick in cigarette use in 2020. Each year previously saw lower and lower sales, but reversed and returned to a flatline state in 2020.¹⁷⁷

The National Commission of COVID-19 and Criminal Justice reported evidence in a growth of murders in 2020, roughly 1,200 more than usual.

“COVID-related restrictions may have had an initial suppressive effect on homicides, but the waning of those restrictions, coupled with the strain on at-risk individuals and key institutions – aggravated further by the lack of outreach to such individuals – have all likely contributed to elevated homicide rates in 2020.”¹⁷⁸

Vaccines and Herd Immunity

This section will cover some of the data and history around the development of the vaccines used to inoculate against Covid-19, what they are made of, and how they are intended to work.

Since the start of the pandemonium that truly began in 2020, talks of a vaccine were already underway before Covid-19 was officially declared a pandemic in March of that year.

In order to keep the broad masses safe from Covid-19, what is known as “herd immunity” was to be achieved to put an end or at least a great hindrance to the spread of Covid.

According to *WebMD*, here is how they define herd immunity and ways to achieve it:¹⁷⁹

“Herd immunity, or community immunity, is when a large part of the population of an area is immune to a specific disease. If enough people are resistant to the cause of a disease, such as a virus or bacteria, it has nowhere to go.

While not every single individual may be immune, the group as a whole has protection. This is because there are fewer high-risk people overall. The infection rates drop, and the disease peters out.

Herd immunity protects at-risk populations. These include babies and those whose immune systems are weak and can't get resistance on their own.”

“You can develop resistance naturally. When your body is exposed to a virus or bacteria, it makes antibodies to fight off the infection. When you recover, your body keeps these antibodies. Your body will defend against another infection. This is what stopped the Zika virus outbreak in Brazil. Two years after the outbreak began, 63% of the population had had exposure to the virus. Researchers think the community reached the right level for herd immunity.

Vaccines can also build resistance. They make your body think a virus or bacteria has infected it. You don't get sick, but your immune system still makes protective antibodies. The next time your body meets that bacteria or virus, it's ready to fight it off. This is what stopped polio in the United States.

When does a community reach herd immunity? It depends on the reproduction number, or R_0 . The R_0 tells you the average number of people that a single person with the virus can infect if those people aren't already immune. The higher the R_0 , the more people need to be resistant to reach herd immunity.

Researchers think that the R_0 for COVID-19 is between 2 and 3. This means that one person can infect two to three other people. It also means 50% to 67% of the population

would need to be resistant before herd immunity kicks in and the infection rates start to go down.”

Many health officials have noted the importance of reaching herd immunity, most notably people such as Dr. Fauci, for example. Fauci, in October of 2020, discouraged the use of achieving herd immunity naturally. He believes that is “total nonsense.”¹⁸⁰

“If you talk to anybody who has any experience in epidemiology and infectious diseases, they will tell you that that is risky and you’ll wind up with many more infections of vulnerable people, which will lead to hospitalizations and death. So I think that we’ve just got to look that square in the eye and say it’s nonsense.”

Additionally, the *Lancet* published a report by 80 doctors that said, “Any pandemic management strategy relying upon immunity from natural infections for COVID-19 is flawed. Uncontrolled transmission in younger people risks significant morbidity and mortality across the whole population.”¹⁸¹

Dr. Fauci, as other health officials and politicians have stated, they believe herd immunity is anywhere between 70% to 85%.

In late December of 2020, Fauci, in an interview with *the New York Times*, said he would change his herd immunity percentages based on public acceptance and want for a vaccine.

“When polls said only about half of all Americans would take a vaccine, I was saying herd immunity would take 70 to 75 percent ...Then, when newer surveys said 60 percent or more would take it, I thought, ‘I can nudge this up a bit,’ so I went to 80, 85.”¹⁸²

Several days later Fauci was interviewed by *CNN*’s Dana Bash about herd immunity and vaccine rollout. He told Bash that he was basing his herd immunity numbers on Measles.

“The calculations that I made 70, 75% it’s a range. The range is going to be somewhere between 70 and 85%.

The reason I started saying 70, 75%, I brought it up to 85. That’s not a big leap.

When you get below 90% of the population vaccinated threshold with measles, you start seeing a breakthrough against the herd immunity.

So I made a calculation that COVID-19 is not nearly as transmissible as measles... I would imagine that you would need something that you need something less than the 90 percent — that’s where I got to the 85.”

Bash also asked Fauci if polling data influenced his herd immunity estimates, to which Fauci admitted that it did.

“I want to encourage the people of the United States and globally to get vaccinated and as many [people] as we possibly get vaccinated, we’ll get closer to herd immunity. The bottom line is it’s a guesstimate. I gave a range.”¹⁸³

As for the vaccine rollout,

Under President Donald Trump’s administration, the military Operation Warp Speed (OWS) was created. The name was derived from the media franchise Star Trek – using the term “warp speed,” which in the fictional universe, is faster than light speed. It was first unveiled to the media on April 29, 2020, and was officially initiated on May 15 by Trump as a private-public partnership. Before the plan was officially made known to the public, \$10 billion was initially granted per the CARES (Coronavirus Aid, Relief, and Economic Security) Act passed by Congress on March 27. Funding was eventually raised to \$18 billion in October of 2020.

The operation was led by Moncef Slaoui until January 2021 where he was then replaced by David A. Kessler until the end of February – which the operation was then officially placed in the cares of President Joe Biden’s administration. The operation’s official 285-day activation ended on February 24, 2021. General Gustave F. Perna also acted as the Chief Operating Officer.

OWS also involved many other government agencies to see to the success of the operation. Agencies such as the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), Biomedical Advanced Research and Development Authority (BARDA), the National Health Institutes (NIH); the Department of Defense (DOD), the Departments of Agriculture, Energy, and Veterans Affairs; along with other private firms were all involved.

In short, OWS was initiated to help mass produce a vaccine as fast as possible in order to end the spread of Covid-19 and to achieve herd immunity, granting immunity and protection from the virus.

Throughout the course of 2020 large pharmaceutical and medical research companies were given government grants to further research to ‘warp speed’ a vaccine for the general public.

Merck and IAVI were the first to receive funding on April 15th (prior to the Operation’s official announcement) of \$38 million. Merck eventually ended their research and projects in late-January of 2021.

In May, AstraZeneca, with the University of Oxford and Vaccitech, received \$1.2 billion.

In July Sanofi and GlaxoSmithKline, and Novavax, were granted \$2.1 billion and \$1.6 billion.

In August, Moderna and Johnson & Johnson received \$1.53 billion and \$ 1 billion.

Pfizer-BioNTech did not receive funding from America, but was granted €375 million (US\$445 million) from Germany to research and develop a Covid-19 vaccine. They had already begun to research and develop a vaccine in mid-January of 2020 under the heading of “Project LightSpeed.”

In an interview with the *Wall Street Journal*, Slaoui said vaccine recipients will be tracked and traced with precision monitoring, with tech companies such as Google and Oracle enlisted to help collect the data.¹⁸⁴

An official OWS document explained that vaccine recipients will be monitored for 24 months to examine the long-term safety effects of the vaccines.

“The key objective of pharmacovigilance is to determine each vaccine’s performance in real-life scenarios, to study efficacy, and to discover any infrequent and rare side effects not identified in clinical trials. OWS will also use pharmacovigilance analytics, which serves as one of the instruments for the continuous monitoring of pharmacovigilance data. Robust analytical tools will be used to leverage large amounts of data and the benefits of using such data across the value chain, including regulatory obligations.”¹⁸⁵

At the time of publication, four vaccines are in circulation to inoculate the broad masses against Covid-19: from Pfizer-BioNTech, Moderna, AstraZeneca, and Johnson & Johnson.

I will be listing the ingredients to each of the vaccines, and covering *some* of the ingredients. For more information on some of the ingredients, I encourage you to do your own due diligence as there is a lot of information that could be listed in this booklet. I will very seldomly delve into reported adverse reactions of the vaccines. For more on that, visit The WinePress for more details.

Here is the list of ingredients of the Covid vaccines (which can be found on a variety of sources, as with other vaccines):¹⁸⁶

Pfizer-BioNTech:

- Nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S) of SARS-CoV-2
- (4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis (ALC-3015)

- (2-hexyldecanoate),2-[(polyethyleneglycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)
- 1,2-distearoyl-snglycero-3-phosphocholine (DPSC)
- Cholesterol
- Potassium chloride
- Monobasic potassium phosphate
- Sodium chloride
- Basic sodium phosphate dihydrate
- Sucrose

Moderna:

- mRNA (Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2)
- Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)
- 1,2-distearoyl-sn-glycero-3-phosphocholine
- Cholesterol
- SM-102 (Proprietary to Moderna)
- Thromethamine
- Thomethamine hydrochloride
- Acetic acid
- Sodium Acetate
- Sucrose

Johnson & Johnson:

- Recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein
- Citric acid monohydrate
- Trisodium citrate dihydrate
- Ethanol
- 2 hydroxypropyl- β -cyclodextrin (HBCD)
- Polysorbate-80
- Sodium chloride

AstraZeneca:¹⁸⁷

- ChAdOx1 S (recombinant)

- L-Histidine
- L-Histidine hydrochloride monohydrate
- Magnesium chloride hexahydrate
- Polysorbate 80
- Ethanol
- Sucrose
- Sodium chloride
- Disodium edetate dihydrate
- Water for injection

mRNA is the main ingredient for the Moderna vaccine. It is also the primary ingredient for the Pfizer vaccines.

Moderna's website describes more about their vaccines, specifically, what the mRNA is designed to do:¹⁸⁸

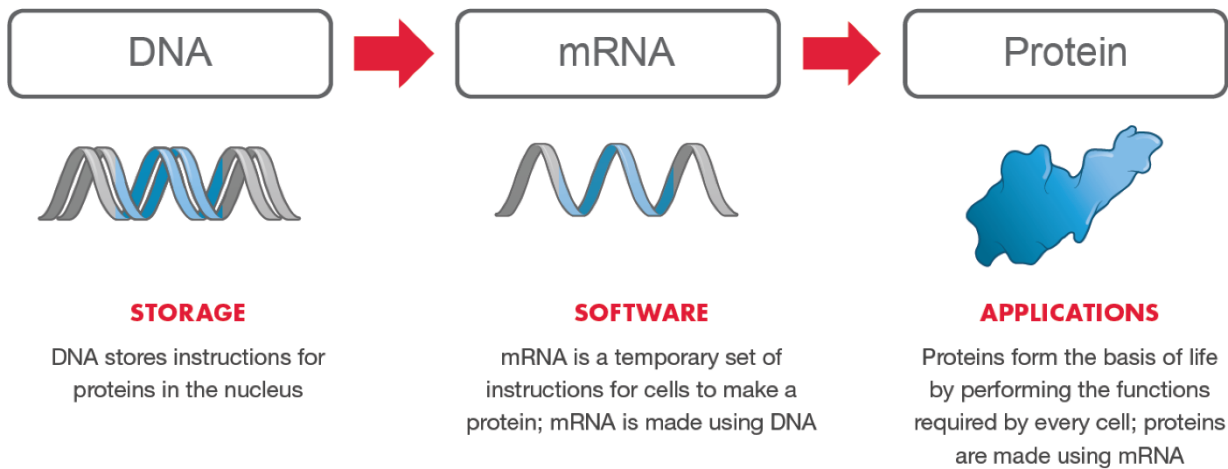
“Enabling Drug Discovery & Development:

We built Moderna on the guiding premise that if using mRNA as a medicine works for one disease, it should work for many diseases. And, if this is possible – given the right approach and infrastructure – it could meaningfully improve how medicines are discovered, developed and manufactured.”

Our Operating System:

Recognizing the broad potential of mRNA science, we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the “program” or “app” is our mRNA drug – the unique mRNA sequence that codes for a protein.

We have a dedicated team of several hundred scientists and engineers solely focused on advancing Moderna's platform technology. They are organized around key disciplines and work in an integrated fashion to advance knowledge surrounding mRNA science and solve for challenges that are unique to mRNA drug development. Some of these disciplines include mRNA biology, chemistry, formulation & delivery, bioinformatics and protein engineering.”

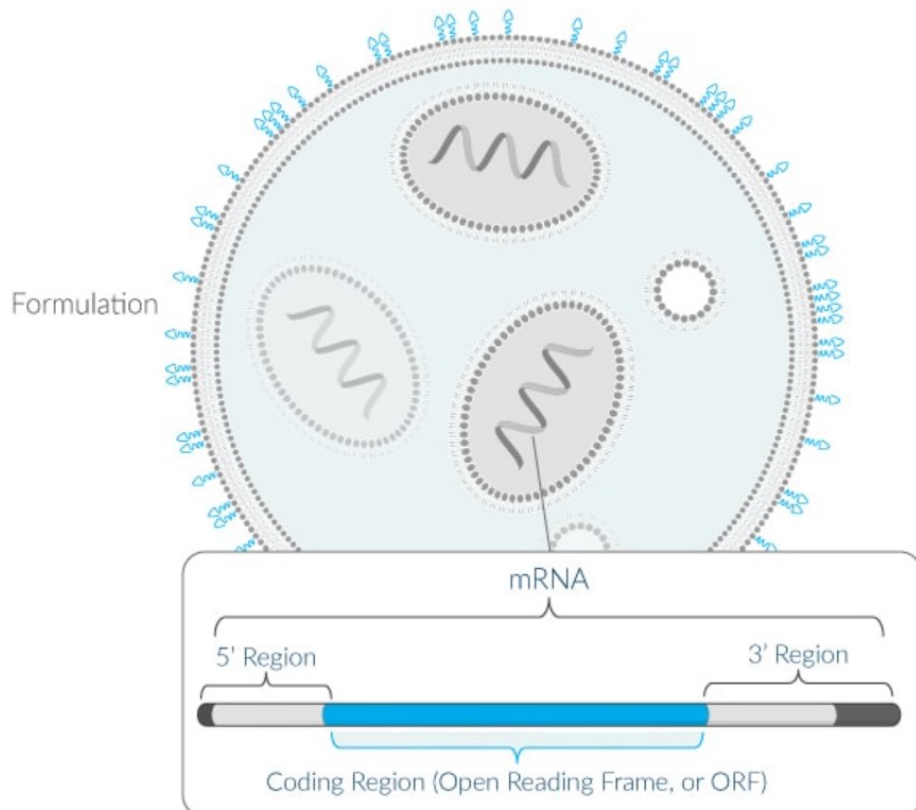


“Our mRNA Medicines – The ‘Software of Life’:

When we have a concept for a new mRNA medicine and begin research, fundamental components are already in place.

Generally, the only thing that changes from one potential mRNA medicine to another is the coding region – the actual genetic code that instructs ribosomes to make protein. Utilizing these instruction sets gives our investigational mRNA medicines a software-like quality. We also have the ability to combine different mRNA sequences encoding for different proteins in a single mRNA investigational medicine.

We are leveraging the flexibility afforded by our platform and the fundamental role mRNA plays in protein synthesis to pursue mRNA medicines for a broad spectrum of diseases.”



“Within a given modality, the base components are generally identical across development candidates – formulation, 5’ region and 3’ region. Only the coding region varies based on the protein/s the potential medicine is directing cells to produce.

Overcoming Key Challenges

Using mRNA to create medicines is a complex undertaking and requires overcoming novel scientific and technical challenges. We need to get the mRNA into the targeted tissue and cells while evading the immune system. If the immune system is triggered, the resultant response may limit protein production and, thus, limit the therapeutic benefit of mRNA medicines. We also need ribosomes to think the mRNA was produced naturally, so they can accurately read the instructions to produce the right protein. And we need to ensure the cells express enough of the protein to have the desired therapeutic effect.

Our multidisciplinary platform teams work together closely to address these scientific and technical challenges. This intensive cross-functional collaboration has enabled us to advance key aspects of our platform and make significant strides to deliver mRNA medicines for patients.”

In 2018 the *NIH* released an article titled “A novel mRNA modification may impact gene expression.” Here is some of what that study stated:

“Researchers at CCR identified a novel modification in human messenger RNA (mRNA). NAT10, an enzyme that was found to be responsible for the modification, has previously been implicated in cancer and aging. This is one of the first examples of a unique chemical modification to mRNA (a key factor in deciphering the genetic code) that causes an increase in protein production.”

“Deciphering the genetic code is a multi-step process that begins with transcribing information contained within DNA to a messenger RNA; the resulting mRNAs are then translated into proteins that comprise key components of the cell. It is known that RNA can be modified following the transcription process as a means to regulate function. This study provides a first example of a chemical modification to mRNA that enhances protein production. The investigators suggest the modification alters the rate by which the genetic code is read within each strand of mRNA.”¹⁸⁹

On April 30, 2021, the *Salk Institute* released a paper¹⁹⁰ explaining that the spike proteins associated with Covid-19 are a central tenet of symptoms and reactions to the virus. They say this new research concludes that Covid is actually a vascular disease.

Here is what some of the report explained:

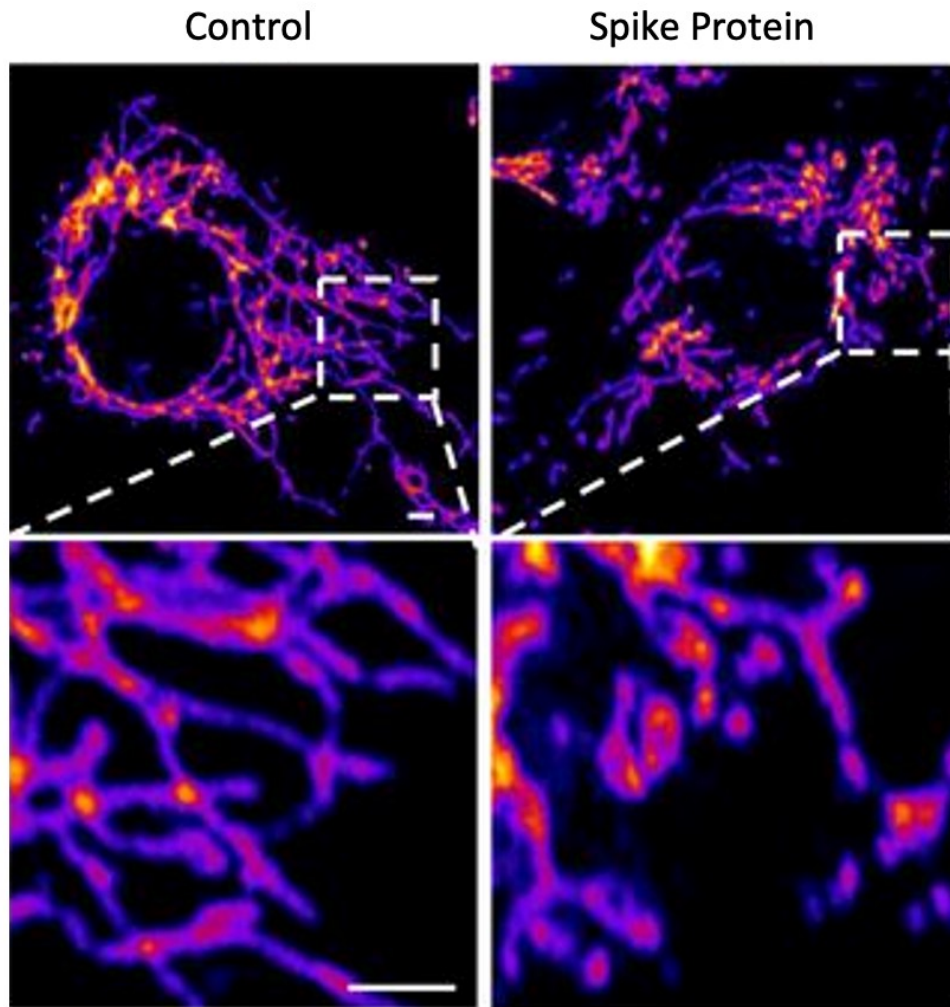
“There’s been a growing consensus that SARS-CoV-2 affects the vascular system, but exactly how it did so was not understood. Similarly, scientists studying other coronaviruses have long suspected that the spike protein contributed to damaging vascular endothelial cells, but this is the first time the process has been documented.”

“In the new study, the researchers created a “pseudovirus” that was surrounded by SARS-CoV-2 classic crown of spike proteins, but did not contain any actual virus. Exposure to this pseudovirus resulted in damage to the lungs and arteries of an animal model—proving that the spike protein alone was enough to cause disease. Tissue samples showed inflammation in endothelial cells lining the pulmonary artery walls.

The team then replicated this process in the lab, exposing healthy endothelial cells (which line arteries) to the spike protein. They showed that the spike protein damaged the cells by binding ACE2. This binding disrupted ACE2’s molecular signaling to mitochondria (organelles that generate energy for cells), causing the mitochondria to become damaged and fragmented.

Previous studies have shown a similar effect when cells were exposed to the SARS-CoV-2 virus, but this is the first study to show that the damage occurs when cells are exposed to the spike protein on its own.”

“If you remove the replicating capabilities of the virus, it still has a major damaging effect on the vascular cells, simply by virtue of its ability to bind to this ACE2 receptor, the S protein receptor, now famous thanks to COVID. Further studies with mutant spike proteins will also provide new insight towards the infectivity and severity of mutant SARS CoV-2 viruses,” says Assistant Research Professor Uri Manor, who is co-senior author of the study.



Mike Adams of *Natural News* says this new data is important because:

“Critically, all four covid vaccine brands currently in widespread use either inject patients with the spike protein or, via mRNA technology, instruct the patient’s own body to manufacture spike proteins and release them into their own blood. This floods the patient’s body with the very spike protein that the Salk Institute has now identified as the smoking gun cause of vascular damage and related events (such as blood clots, which are killing many people who take the vaccines).

Put simply, it means the vaccines were designed to contain the very element that’s killing people.”¹⁹¹

Pfizer released an official 137-page document covering the data of their three trials for the vaccine, titled “A Phase 1/2/3 Study to Evaluate the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals.”¹⁹² The document explains how the vaccine recipient has the ability to shed the ingredients to those who are not vaccinated.

On Page 62, under Section 8.3.5.1 Exposure During Pregnancy (EDP), says this:

An EDP occurs if:

- A female participant is found to be pregnant while receiving or after discontinuing study intervention.
- A male participant who is receiving or has discontinued study intervention exposes a female partner prior to or around the time of conception.
- A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure. Below are examples of environmental exposure during pregnancy:
 - A female family member or healthcare provider reports that she is pregnant after having been exposed to the study intervention by inhalation or skin contact.
 - A male family member or healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.

Section 8.3.5.2 Exposure During Breastfeeding on page 64 says this:

An exposure during breastfeeding occurs if:

- A female participant is found to be breastfeeding while receiving or after discontinuing study intervention.
- A female is found to be breastfeeding while being exposed or having been exposed to study intervention (ie, environmental exposure). An example of environmental exposure during breastfeeding is a female family member or healthcare provider who reports that she is breastfeeding after having been exposed to the study intervention by inhalation or skin contact.

Still on the same page, Section 8.3.5.3 Occupational Exposure explains the following:

“An occupational exposure occurs when a person receives unplanned direct contact with the study intervention, which may or may not lead to the occurrence of an AE (Adverse Event). Such persons may include healthcare providers, family members, and other roles that are involved in the trial participant’s care.

The investigator must report occupational exposure to Pfizer Safety within 24 hours of the investigator’s awareness, regardless of whether there is an associated SAE (Severe Adverse Event). The information must be reported using the Vaccines SAE Report Form. Since the information does not pertain to a participant enrolled in the study, the information is not recorded on a CRF (Case Report Form); however, a copy of the completed Vaccines SAE Report Form is maintained in the investigator site file.”

“ALC-3015” are nanoparticles that are designed to help transport the mRNA throughout the body.¹⁹³

Potassium Chloride is a substance used in lethal injections. “Potassium chloride intravenous injection is used in suicide attempts and lethal procedures for state-sanctioned punishment,” says the NIH.¹⁹⁴

“Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)” are also nanoparticles to help transfer the mRNA throughout the body.¹⁹⁵

“SM-102,” according to the *Occupational Safety and Health Administration (OSHA)*, is given the following warnings:

- H225 Highly flammable liquid and vapor.
- H302 Harmful if swallowed.
- H310 Fatal in contact with skin.
- H315 Causes skin irritation.
- H319 Causes serious eye irritation.
- H351 Suspected of causing cancer.
- H361 Suspected of damaging fertility or the unborn child.
- H372 Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure.
- H402 Harmful to aquatic life.
- H410 Very toxic to aquatic life with long lasting effects.

OSHA also says,

“May cause anemia, cough, CNS depression, drowsiness, headache, heart damage, lassitude (weakness, exhaustion), liver damage, narcosis, reproductive effects, teratogenic effects. No further relevant information available.”

OSHA labels SM-102 as a class 3 water hazard that is extremely toxic to the water, and aquatic animals and plant life.¹⁹⁶

“Tromethamine” has a long list of side effects and potentially death, according to *Drugs.com*, such as: peeling skin, trouble breathing, swelling of parts or the entire face, shaking, confusion, fever, weight gain, and tissue damage.¹⁹⁷

“Ethanol,” contained in both J&J and AstraZeneca vaccines, is, according to the *NIH*, a flammable liquid.

“Ethanol is a primary alcohol that is ethane in which one of the hydrogens is substituted by a hydroxy group. It has a role as an antiseptic drug, a polar solvent, a neurotoxin, a central nervous system depressant, a teratogenic agent, a NMDA receptor antagonist, a protein kinase C agonist, a disinfectant, a human metabolite, a *Saccharomyces cerevisiae* metabolite, an *Escherichia coli* metabolite and a mouse metabolite. It is a primary alcohol, an alkyl alcohol, a volatile organic compound and a member of ethanols. It is a conjugate acid of an ethoxide.”¹⁹⁸

“Polysorbate 80,” also known as “Alkest,” “Canarcel,” and “Tween,” found in the J&J and AstraZeneca vaccines, and also a common ingredient in ice creams, gums, cosmetics, soaps, and other items; have had a history of being linked to various diseases and ailments, such as: Crohn’s Disease, blood clots, heart attack, anaphylactic shock in women, infertility in mice, and more.¹⁹⁹

The *NIH* also said this concerning Polysorbate 80:

“Polysorbate 80 was found to have toxicity of a low order in both the mice and rats when given by i.p. and p.o. routes. It produced mild to moderate depression of the central nervous system with a marked reduction in locomotor activity and rectal temperature, exhibited ataxia and paralytic activity and potentiated the pentobarbital sleeping time.”

“The results of the present study indicate that polysorbate 80 can neither be used as a solvent for isolated tissue experiments nor when considered for intravenous administration.”²⁰⁰

J. Bart Classen, M.D., wrote and conducted a study that led him to the conclusion that the Covid vaccines could potentially cause Prion Disease, corroborating with similar findings to that of the Salk Institute.²⁰¹

“Prion diseases occur when normal prion protein, found on the surface of many cells, becomes abnormal and clump in the brain, causing brain damage. This abnormal accumulation of protein in the brain can cause memory impairment, personality changes, and difficulties with movement,” according to Johns Hopkins Medicine.²⁰²

Many people on social media reported that magnets were sticking to the injection site. Many on camera would place a small magnet on or very near the initial injection point of the vaccine. The magnet would magnetize but would not on other parts of the body.²⁰³

Natural Cures

This section will cover some ways to fight off the viral infections and ways to boost immunity.

First published on February 13, 2020, a study titled “Potential interventions for novel coronavirus in China: A systematic review”²⁰⁴ was printed in the *Journal of Medical Virology*. This study reviewed some potential cures and supplements from nature to help cure or prevent transmission of a coronavirus, and/or other viral infections.

The study lists some vitamins and minerals that would be effective against a coronavirus, and I have noted a handful of different foods, plants, and spices, etc., that contain sufficient amounts of the nutrient in it. Again, I ask to do your own due diligence. These nutrients can all be administered in a supplement form:

- **Vitamin A:** (Butternut/Winter Squash, Sweet Potato, Kale, Spinach, Carrot, Beef Liver, Dried Apricots, Broccoli, Persimmon Fruit)
- **Vitamins B2, B3, B6:** (Organic and natural yogurt, Spinach, Almonds, Eggs, Chicken, Tuna, Turkey, Grass-fed Beef, Avocado, Peanuts, Pistachios)
- **Vitamin C:** (Camu Camu, Acerola Cherries, Black Currants, Red Peppers, Kiwis, Oranges, Guava, Lemon, Strawberries)
- **Vitamin D:** (Natural Sunlight, Cod Liver Oil, Salmon, Grass-fed Butter)
- **Vitamin E:** (Sunflower Seeds, Wheat Germ Oil, Almonds, Hazelnuts, Spinach, Mango, Avocado)
- **Omega-3 polyunsaturated fatty acids:** (Cod and Salmon Oils, Walnuts, Chia Seeds, Herring, Flaxseeds)
- **Selenium:** (Brazil Nuts, Salmon, Tuna, Cottage Cheese, Chicken, Eggs, Grass-fed Beef, Non-fortified Oats)
- **Zinc:** (Pumpkin Seeds, Lamb, Hemp Seeds, Grass-fed Beef, Chick Peas, Lentils, Cocoa Powder)
- **Iron:** (Spirulina, Beef Liver, Dark Chocolate, Grass-fed Beef, Lentils, Spinach, Black Beans, Raisins)

Additionally, here are a handful of other great things you can eat to strengthen your health and build immunity. The list could be extremely large, but here are just a few – again, do your own due diligence of the benefits of these listed foods, spices, herbs, nutrients, etc.:

- Apple Cider Vinegar
- Unfiltered Raw Honey Local to the Area
- Ginger
- Cinnamon
- Turmeric
- Echinacea
- Cayenne
- Elderberry
- Beet Root
- Soursop (Guanabana)
- Feverfew
- Bee Pollen
- Chaga Tea
- Black Pepper
- Raw Blueberries
- Aloe Vera
- Non-GMO Apples
- Cat's Claw
- Pau Pereira
- Yerba Mate

Off to War

Gerald Celente, founder of the Trends Research Institute and creator of the weekly Trends Journal, often has a saying:

“When all else fails, they take you to war.”

In the midst of when Covid-19 was declared a pandemic, the Trends Journal posted an article on March 24, 2020, titled “Coronavirus: Political Leaders On The Warpath.”²⁰⁵ Here is the following report in full:

Since it first appeared this past December, COVID-19, which to date has killed some 17,000 in a global population of 7.7 billion, has now been declared a “war” by political leaders worldwide.

Last Wednesday, President Trump was asked by a reporter if he considered the country to be on a “war footing” in terms of fighting the virus. Trump replied, “It’s a war. I view it as a, in a sense, a wartime president.”

“This is a war,” said President Trump on Sunday, announcing he was activating National Guard units in New York, California, and Washington State to help fight the coronavirus, which he has repeatedly referred to as the “invisible enemy.”

Last Friday, President Trump invoked “emergency war powers” to increase the manufacturing of needed medical supplies... which the United States is woefully unprepared for. Beginning with NAFTA and accelerating with China’s admittance into the World Trade Organization in 2001, corporations have outsourced previously “Made in USA” products to cheap labor markets.

On 14 March, Vice President Joe Biden, when asked a question about coronavirus during the debate with Bernie Sanders, responded, “This is a crisis. We’re at war with a virus... In a war, you do whatever is needed to be done to take care of your people.”

On 16 March, New York City mayor Bill de Blasio described his vision of the virus issue: “We have to understand this as a pure war footing.” Two days later, he phoned General Mark Milley, Chairman of the Joint Chiefs of Staff, to discuss military options for dealing with the coronavirus.

“We had a detailed conversation about the capacity that the armed forces could bring to bear to address a crisis like coronavirus and we went over details in terms of different options of what the military might be able to provide.”

In France, last Monday, French President Emmanuel Macron addressed his nation with the words, “We are at war... The enemy is invisible and it requires our general mobilization.” He has ordered citizens to be in “lockdown mode,” only allowed out their homes to buy food and medicine.

In Britain, Prime Minister Boris Johnson stated last Tuesday, “We must act like any wartime government and do whatever it takes to support our economy.”

In her media address to the nation last Wednesday, German Prime Minister Angela Merkel proclaimed, “Since the Second World War, there has been no challenge to our nation that has demanded such a degree of common and united action.”

On 3 March, South Korea President Moon Jae-in said, “The entire country has entered war against the infectious disease.”

Ten days later, UN Secretary-General António Guterres declared, “We must declare war on this virus.”

On Sunday, Prime Minister Pedro Sánchez of Spain declared, “Europe is at war... we have to respond with our weapons.”

Media Declares War

- Stoking fear and joining the battle hymn against coronavirus, here are some representative samples of recent headlines:
- “America is at War, and There’s Only One Enemy” – New York Times
- “Our Big War” – Time Magazine
- “Rattled World ‘at war’ with Coronavirus as Deaths Surge in Italy, France” – Reuters
- “Inside France’s Public Health War against the Coronavirus” – The New Yorker
- “This is like a War: View from Italy’s Coronavirus Frontline” – The Guardian
- “This... Invisible Sense of Danger: Doing Journalism in the Coronavirus War” – Vanity Fair
- “War in the Time of Coronavirus” – The Hill
- “Dems Call for War on Coronavirus” – Atlantic Media
- “America’s Coronavirus War Has Only Just Begun” – Bloomberg
- “Coronavirus Is Not an Emergency. It’s A War” – Forbes

They then offer their commentary:

TRENDPOST: As Gerald Celente has long noted, “When all else fails, they take you to war.”

As evidenced, war has again been declared; the war drums are beating and the masses march in line.

Whether lying them into wars such as Vietnam and Iraq or the longest war in American history, Afghanistan, with the war on COVID-19, so, too, are the proclamations from “leaders” based on erroneous facts, ignoring readily available facts.

According to scientific data, virtually all who have died from the virus are older adults with chronic health problems. For the rest that have been infected with the virus, most

have experienced only mild symptoms, such as fever and coughing and almost everyone recovers.

Yet, the mass hysteria generated by the mainstream media and politicians dominates, and those who challenge the powers that be have been blacklisted from the media, just as they were when challenging the lies that Saddam Hussein had weapons of mass destruction. These facts were long detailed in previous issues of the Trends Journal.

TREND FORECAST: From North America to South America, Europe to Asia, nations around the world have called in the military and have imposed, by any other name, Martial Law in the name of fighting the COVID-19 War.

Italy and Spain are in total lockdown. Germany has banned more than two people to gather in public. France mobilized 100,000 police and gendarmes to enforce confinement laws, fining anyone leaving the house without a required form up to €135 for those who don't comply.

Yesterday, Prime Minister Boris Johnson of the UK announced the imposition of the most restrictive rules since World War II, locking down the nation and ordering the police break up any public gatherings and levy substantial fines for anyone breaking the rules.

“From this evening I must give the British people a very simple instruction – you must stay at home,” Johnson said.

In the United States, as with other nations, politicians have made up stringent “social distancing” rules and regulations, how many people can come in your house, who can go to work and who can't... and the people obey or suffer the consequences... the list of countries clamping down on freedom goes on and on.

As for violations of the Constitution, Bill of Rights, and doctrines of nations granting liberty and justice to all, a complicit mainstream media ignores the blatant violations of political leaders who lock people in their homes, close down business, put hundreds of millions out of work, and ban public gatherings.

There is virtually no dissent. Mass protests by the people are prohibited: COVID-19 = Orwell's 1984.

On April 24, 2021, the Trends Journal reported a *New York Times* article titled “Nation Faces “Hand-to-Hand Combat” to Get Reluctant Americans Vaccinated.” The report notes a similar mantra that was previously noted in March of 2020.²⁰⁶

Closing Remarks

I hope this booklet was informative for you in helping you to critically think, and discern, and decide for yourself your thoughts and beliefs on the issues surrounding Covid-19.

[31] Then said Jesus to those Jews which believed on him, If ye continue in my word, then are ye my disciples indeed; [32] And ye shall know the truth, and the truth shall make you free. [33] They answered him, We be Abraham's seed, and were never in bondage to any man: how sayest thou, Ye shall be made free? [34] Jesus answered them, Verily, verily, I say unto you, Whosoever committeth sin is the servant of sin. [35] And the servant abideth not in the house for ever: but the Son abideth ever. [36] If the Son therefore shall make you free, ye shall be free indeed. (John 8:31-36).

Buy the truth, and sell it not; also wisdom, and instruction, and understanding. (Proverbs 23:23).

Endnotes

(All citations were accessed between April 29 – May 20, 2021)

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