

CoViD Truth to Contrast with Official Narrative

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Abstract

With patients totally confused regarding the truth about CoViD, the best individuals to give them proven medical facts are their trusted sources, nurses. The facts are detailed here along with the evidence.

Reliable scientific evidence on CoViD confirms the lack of an existential threat to the general population. Roughly two percent of the populace is at significant medical risk of death; 75 percent are at low, flu-like risk; and children (23 percent of U.S. population) are at exceedingly low, almost no, risk. Washington's public health mandates, particularly lockdowns and mass vaccination, were unnecessary and did more harm than good.

Keywords: *CoViD Truth; Contrast; Official Narrative*

Introduction

Text

For two years, Americans have been bombarded by an official narrative that has created a "pandemic of fear," [1] related to coronavirus-19 disease (CoViD). Following Washington's lead, the mainstream media has terrified the public, touting an existential threat to all our lives.

Other names for the virus include CoViD-19, SARS-CoV-2 and the Chinese virus. Washington's mitigation plans denied Americans their medical autonomy.

President Biden's mandates required all Americans to: wear masks at all times, even when exercising alone; enter solitary confinement—no close contact and no gatherings, including prayer; lockdowns, i.e., cease work, and close the schools; and accept multiple injections of experimental gene therapy called mRNA vaccination [2].

Speech, writings, and published scientific data that dispute the official narrative have been summarily rejected, outright censored, or at least pushed to page 17 on Google. People like Dr. Scott Atlas [3] and Drs. Bhattacharya, Gupta, and Kulldorff, authors of the Great Barrington Declaration, [4] were repeatedly vilified in order to "cancel" their credibility [5].

Nearly everything Fauci, [6] Birx, Walensky, [7] Redfield, Collins, and Biden have said about CoViD is false. The complicit media repeated their narrative as fact, without verification. Even so, bit by bit, one piece at a time, the truth about CoViD has come out.

Following is the truth, the whole truth, nothing but the truth. It is based on review of more than 300 scientific studies and medical reports.

Beware of distorted terminology. The word “case” in any other medical context means a sick person. For CoViD, case refers to a person testing positive for the viral antigen. The vast majority of CoViD cases are asymptomatic individuals. [8] Furthermore, a positive test does not necessarily mean the person is infected. People have remnants of the virus still circulating in their blood with no live virus present [9,10].

Nearly fifty years ago, Steven Kerr proved how incentives effect behavior [11]. Since hospitals were paid more for each positive antigen test or “case,” it is not surprising that cases were over-reported [12-14].

Health risk from virus

Despite dire predictions from White House Coronavirus Response Coordinator Deborah Birx and NIAID Director Anthony Fauci, the risk of death in the general, healthy adult population from CoViD infection is similar to seasonal flu, 0.17 percent. [15-17] There is a small group of Americans who are at greater risk from CoViD: elderly Americans with multiple life-threatening pre-existing medical conditions, such as diabetes, cancer, compromised immune conditions and chronic lung, kidney or heart disease [18,19]. These high-risk patients were concentrated in nursing homes [20].

“CoViD deaths” implies these people died *because* they were infected with the virus. Data shows that only 12 percent to 23 percent of these deaths were *due to* the viral infections [21,22]. The majority died because of their serious pre-existing comorbidities. CoViD antigen being present was an incidental finding.

A man who died after a motorcycle accident whose blood tested positive was listed as a CoViD death [23].

Numerous officials have sought to cast doubt on the existence or protectiveness of naturally acquired immunity. Decades of virology data prove that humans develop both antibody and cellular immunity after viral infections, including CoViD [24-26].

The protective antibody response occurs early, within 2 - 4 days of infection. Over time, after attacking the virus, the antibodies fade so they are minimal-to-undetectable by 6 - 8 months after infection. This is why some authors claim that immunity is time- limited. However, this is incorrect.

After the antibodies begin circulating, cellular immunity is activated called T-cells and B-cells. These cells not only assist in fighting the virus, they also provide long-term memory so if re-infection occurs even years later, these cells are ready to identify the invading virus and initiate a full immune response, both antibodies and cellular.

According to an Israeli study, “...natural immunity confers longer lasting and strong[er] protection against infection, symptomatic disease and hospitalization...” [27].

Eventually and in private, Pfizer bio-scientists admitted that natural immunity is more protective than vaccine immunit [28].

The principal mode by which people are infected with CoViD is through airborne transmission of respiratory droplets carrying the virus. Unfortunately, reliable *in vivo* information on infectivity is not available because the imposition of PPE, social distancing, and lockdowns distorted the usual means of investigating contagion: contact tracing and clinical follow-up studies.

In vitro studies reported possible infection through contact with virus-laden surfaces. However, the risk is very low [29-32].

Federal mitigation plans

In the U.S., public health decisions are made at the state level. With early mathematical models predicting more than 2.2 million deaths in the U.S., [33] the federal government took control, established a White House Coronavirus Response Coordination Task Force led by Dr.

Deborah Birx. She communicated federal recommendations (mandates) to the state governors who initially simply followed Washington's lead.

Instead of presenting extensively vetted evidence by hundreds of clinicians and public health experts, Washington announced a CoViD mitigation plan, touting Drs. Redfield (Director of CDC), Anthony Fauci (Director of National Institute of Allergy and Infectious Disease), and Deborah Birx (Task Force Coordinator) as the sole experts.

None had any expertise in public health or practiced clinical medicine.

The strategy to quarantine a healthy population, ostensibly to "flatten the curve" and prevent transmission of CoViD cases, has never been done before, ever. There is no epidemiologic evidence to support the consequent social distancing, PPE, prohibition against public gatherings, travel bans, and lockdowns that prevent adults from working, children going to school, or family visits to nursing home residents.

There is ample data on the consequences of the federal mitigation plan: masks, social distancing, and lockdowns.

Studies show that cloth and surgical masks do not protect oneself or others, even according to the CDC [34-36]. Nonetheless Fauci and Biden constantly push mask-wearing, except when they are parties or dinner [37,38].

The mandate to mask ("facemask") the children is especially troubling [39]. Children are at exceedingly low risk of death from CoViD (see below.) Children do not spread the virus [40]. When children's masks were cultured after being worn, eleven pathogens were found including *Neisseria meningitidis*, *Mycobacterium tuberculosis*, *Borrelia burgdorferi* (Lyme disease), and *Streptococcus pneumoniae* [41]. Mask-wearing impairs communication between teacher and pupil hampering the learning experience.

Nonetheless, despite the exceedingly low risk [42] and possible harm, face masks are still required in schools [43].

Mandatory social distancing had adverse impacts. People were not allowed to gather, even for prayer, according to then-NYC Mayor Andrew Cuomo's Executive Order 202 (since deleted online). Elders in nursing homes died of loneliness as family visits were not allowed [44]. The damage to future generations due to loss of learning is literally incalculable when in-person schooling was stopped [3].

In addition to school closures, mandatory lockdowns included stay-at-home orders, no gatherings for work, prayer, or entertainment, travel and movement bans, as well as medical care shutdowns. The adverse social impacts of mandatory isolation, effectively solitary confinement for 330 million Americans, included increased drug usage, more suicides especially among teenagers, and decline in mental health [45].

Worst of all, lockdowns did not significantly lower mortality associated with CoViD [46]. Despite Pelosi's claims, "we were saving lives," lockdowns did not save Americans.

The adverse economic impact of Washington's mitigation plan was devastating.

Prevented *by mandate* from working, there were no paychecks. People had to use their savings just to buy food and stay sheltered. Washington printed trillions of fiat dollars [47] to substitute for employment compensation. More than 200,000 small businesses closed in 2021 with resulting loss of millions of jobs [48]. National productivity was reduced by more than five percent due to the federal mitigation response to CoVi [49].

Fear generated by the exaggerated CoViD danger caused avoidable deaths. People swamped hospital facilities and doctors' offices terrified that any respiratory symptoms were due to "deadly" CoViD. They crowded out those with serious illnesses. Meanwhile, afraid of possible contagion, people with cancer, heart, lung, or kidney disease stayed at home rather than seeking medical care [50,51].

The National Bureau of Economic Research compared the states with regard to the imposition of government interventions and impacts on mortality, the economy and education [52]. Their scoring system showed that states that opened up quickly and that eliminated restrictions on masking and gatherings had the fewest deaths and least damage to their economies and their children's education, viz., Utah, Nebraska and Florida. States that kept their people locked down and masked had the greatest harm: more deaths, more economic damage, and greater loss of education, viz., New Jersey, District of Columbia, and California.

Not measured in the NBER study is the loss of liberty [53]. Washington and other self-styled freedom-loving nations punished those who chose to exercise their freedom and decided not to comply with federal orders with public shunning, character assassination and loss of employmen [3,54,55]. In Australia, vaccination refuseniks have been incarcerated, [56] and internments camps are planned in Washington State [57].

Vaccination

The Biden administration mandated mRNA vaccination for everyone in the U.S. claiming that will “stop the virus,” “flatten the curve,” and “save precious lives.” Standard vaccinations, viz., DPT, polio, MMR, use a deactivated virus or part of one and inject it into a person to initiate an immune response: the body thinks it is infected by a live virus when it is not.

mRNA is gene therapy where artificially created messenger ribonucleic acid is injected into a person. mRNA technology has never been used for mass vaccination. The mRNA enters immune cells and tells the cell to start an immune (killing) response to one specific protein found on the surface of coronavirus-19. If the virus mutates to a form that does not have that mRNA-specific protein, vaccination will not initiate a immune response.

The mandate to accept mRNA vaccination ignores or outright rejects the protection of natural immunity one might have from prior CoViD infection [54].

Mandatory vaccination did not produce the promised benefits [58]. Vaccinated persons could still spread the virus to others [59]. Vaccination did not protect individuals from dying: in March 2022 in the United Kingdom, nine out of ten CoViD deaths occurred in vaccinated persons [60].

Life-threatening side effects after mRNA vaccination have been reported, particularly myocarditis (inflammation of the heart muscle) as well as blood clots [61-63].

A list was published on the internet of recently vaccinated young male athletes who died suddenly while playing sports, presumably due to cardiac events [64]. Legacy news outlets such as Reuters and Washington Post said they debunked these claims because the link between vaccination and death was not “conclusively proven.” [65]

It is difficult to develop accurate data about complications after CoViD. Pfizer Pharmaceutical company under-reported adverse impacts. [66] More important, VAERS (Vaccine Adverse Event Reporting System) has been proven to be unreliable as it both under-counts and under-reports complications [66-69].

Health risk from vaccination

A public service announcement has been running on TV announcing that CoViD vaccination is “safe, effective, doctor-approved.” This is false advertising. As shown above, the “jab” can cause adverse impacts, is often not effective, and while approved by bureaucrat-doctors, it is not supported by clinical physicians.

The legacy media has employed an aggressive campaign to censor any information that disputes the official narrative or the legality of Washington's mandates. Thus, it has been difficult to obtain objective, accurate scientific data. Note the paucity of citations from New

York Times, Washington Post, NPR, CNN, YouTube, or Twitter. Even academic medical journals censored research that did not support the Washington narrative [69].

The biggest risk associated with mRNA vaccination is the unknown. For every other vaccine in common usage, there are decades of clinical follow-up records. With mRNA, Washington ordered every American to take a medicine for which there was no long-term or even moderate term data. Reports have surfaced that vaccination causes changes in menstrual cycles. [70] No one knows what this means clinically, especially long-term.

A recent report states that, “Those at highest risk of dying from COVID-19 are also at highest risk of dying from the COVID shot.” [71] Another warned that, “heart inflammation [is] more prevalent among vaccinated than unvaccinated.” [72] Clearly, public concerns about taking the jab are justified.

Robert Malone, molecular biologist and architect of mRNA technology, wrote the following warning. *“These molecules [in the vaccine] are not natural mRNA, and they do not behave like natural mRNA.” “The question that most troubles and perplexes me at this point is why the biological consequences of these modifications and associated clinical adverse effects were not thoroughly investigated before widespread administration of random pseudouridine-incorporating “mRNA”-like molecules to a global population.* [emphasis per author] Biology, and particularly molecular biology, is highly complex and matrix-interrelated. Change one thing over here, and it is really hard to predict what might happen over there. That is why one must do rigorously controlled non-clinical and clinical research. Once again, it appears to me that the hubris of “elite” high status scientists, physicians and governmental “public health” bureaucrats has overcome common sense, well established regulatory norms have been disregarded, and patients have unnecessarily suffered as a consequence” [73].

Who should be vaccinated?

There are three risk stratifications for human CoViD illness or death: High risk, low risk, and very low risk.

There are 7.5 million Americans at high risk: 2.5 million in nursing homes or assisted living and approximately five million with multiple life-threatening pre-existing conditions [19-21]. Thus, 2.3 percent of U.S. population is in serious medical danger if infected with CoViD. They should opt for vaccination, but should not be forced.

There are 248 million healthy adult Americans, 75 percent of the population, who are at low risk: 0.17 percent chance of death with CoViD [16-18]. Neither vaccination nor boosters should be mandated. If they want vaccination, they should be free to get the “jab.”

There are 74.5 million children under 18 year of age, 23 percent of the U.S population. Their risk of death is 0.1 percent in the U.S. and “2 per million” in the U.K. [72,73], Thus, risk of death for children with CoViD is less than adults and even less than death due to seasonal flu.

Nonetheless, CDC urges mRNA vaccination for children [76].

Combining the exceedingly low risk of death with the unknown risks of vaccine complications and particularly lacking any long-term follow-up data, children should not be vaccinated.

Therapeutic (not preventative) drugs

Early in the pandemic, clinical physicians reported isolated cases of successful use of several drug treatments for CoViD illness: Hydroxychloroquine, [77] Ivermectin, [78- 80] and monoclonal antibodies [81].

The only acceptable *official* option is vaccination to “stop the virus.” Treating CoViD illness by any of the drugs above was not approved by the bureaucrat-MDs, though clinical physicians and patients want the drugs to be available. Mainstream media censored or discredited

any positive treatment reports, viz., belittling Ivermectin a “horse de-wormer” and publishing advisories not to use or even study the drug [80,82].

Given the lack of scientifically structured, statistically robust, properly analyzed clinical studies of therapeutic drugs for CoViD illness, no conclusions can be drawn. One could ask why NIH has not funded such studies, as that is its job?

Conclusion

How does one determine the truth about anything, CoViD for instance? There are two ways: do it yourself or have someone else do it for you.

Titled authorities in Washington say, “We follow the science. We have your best interest at heart. Just obey our mandates and everything will be fine.” This is called the Trust Me approach: no personal effort or responsibility involved.

The alternative is to consider all the evidence, listen to numerous experts, especially ones that disagree with each other, and decide for yourself what’s best for you. This is called the American way. It is built on the First Amendment’s “freedom of speech.”

The fourth estate – mainstream media, broadcast and online, news as well as social – has abrogated its duty to the public to be objective. Twitter, YouTube, and Google; New York Times and Washington Post; CNN and NPR offer only those *facts* approved by Washington. They censor [5,83] reports, research, and speech that disputes or even questions the official narrative, labeling them “misinformation.” For example, Robert Malone, architect of mRNA technology and the 45th President of the U.S., Donald Trump, were both banned from Twitter and thus denied their right to communicate freely with their fellow Americans [85,86].

The evidence presented above shows that decision makers for federal CoViD mitigation plans – Fauci, [87] Birx, [3] Collins, [5] Redfield, and Biden – did not follow the science. As a result, they did grave harm to our country by fear mongering and inappropriate mandates

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