I wish to discuss several important issues concerning the COVID pandemic and injections, including 1) the public health policy response, 2) the effectiveness of the injections, 3) the safety of the injections, 4) treatment as an alternative to vaccination, and finally 5) an ethical question.

1. The Public Health Policy Response: NPIs (Non-pharmaceutical interventions)

Lockdowns: I am aware of no pandemic or epidemic in history where the public health policy response was to lockdown the entire healthy population. Known sick individuals were isolated for a period; the word “quarantine” comes from Latin and refers to a 40-day isolation period. American public health policy in the early years of the 21st century explicitly rejected the idea of a mass lockdown as too disruptive to society, and not worth the social and economic cost. Those planners could not imagine the psychological impact of encouraging hundreds of millions of people to be terrified of the proximity of other human beings.

Masks: The common surgical mask has not been proven effective at preventing transmission of an airborne virus. Its traditional use in the operating room has been to prevent the contamination of bodily fluids into open wounds. However, I understand that the diameter of the Wuhan coronavirus is far smaller than the pores in the common surgical mask, causing the mask to be as effective in stopping viral transmission as a chain-link fence is in stopping mosquitos. Masks are risky themselves[1].

2. Effectiveness of the COVID Injections

Available data seems to indicate that not only do COVID injections fail to provide protection to the public; to the contrary, the incidence of COVID increases along with injection rates. A major study of international data was conducted by Subramanian and Kumar[2]. Their data was analyzed further in Switkay[3]. Figure 1 below clearly shows the strong association between increasing injection rates (on the horizontal axis) and rates of new COVID cases (on the vertical axis).

[1] https://12ft.io/proxy?q=https%3A%2F%2Fwww.theepochtimes.com%2Fpathogenic-bacteria-and-fungi-found-on-masks-study_4632947.html
[2] https://doi.org/10.1007/s10654-021-00808-7
[3] https://pdmj.org/papers/Comment_on_Subramanian_and_Kumar

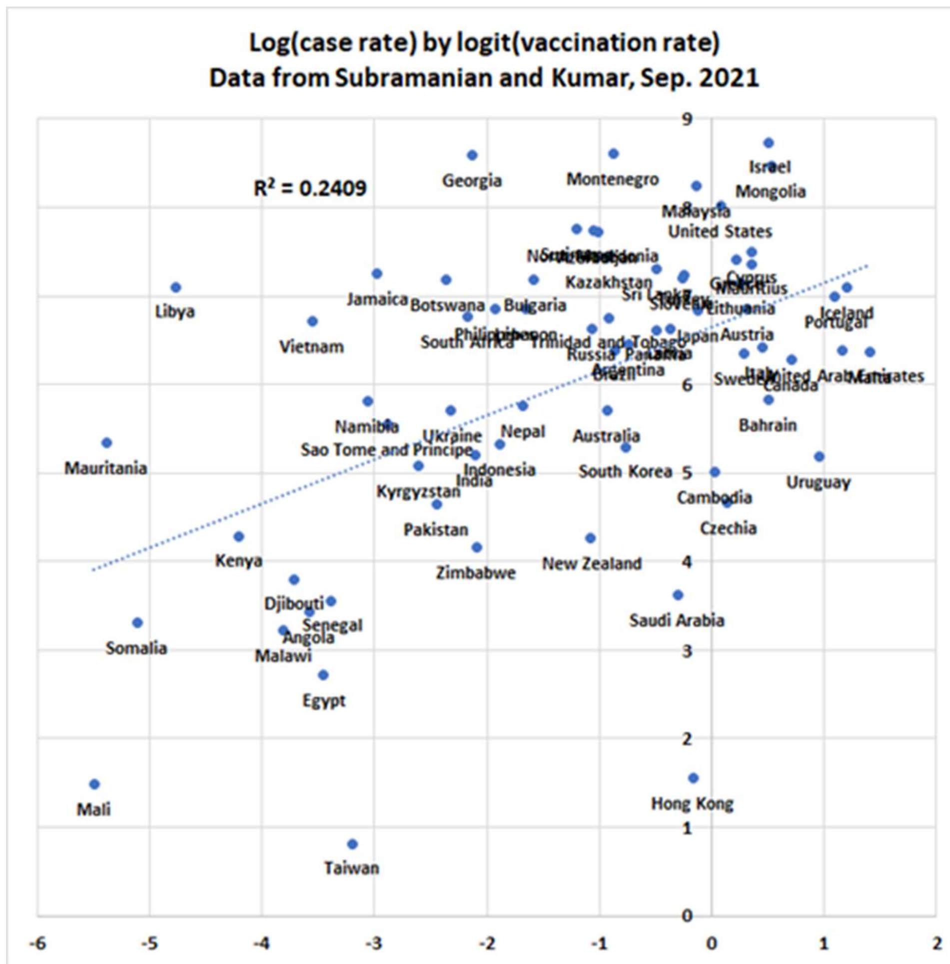

Figure 1. The positive association of national COVID injection rates with new COVID case rates

The value of R-squared, approximately 24%, means that about 24% of the variability of new case rates in nations can be explained by knowing those nations' injection rates. In such a study with 68 nations, 24% is considered high. The result is called statistically significant (p-value = 0.00002), in the following sense: if new case rates were utterly unrelated to injection rates, data like the above would be observed only about one time in 46,597 times – quite rarely!

A study[4] of employees of the Cleveland Clinic was conducted to determine the effects of increasing the number of doses of COVID injections. The result was that the more injected employees were more likely to become sick with COVID. The effect is shown in figure 2.

[4] https://www.medrxiv.org/content/10.1101/2022.12.17.22283625v1.full-text

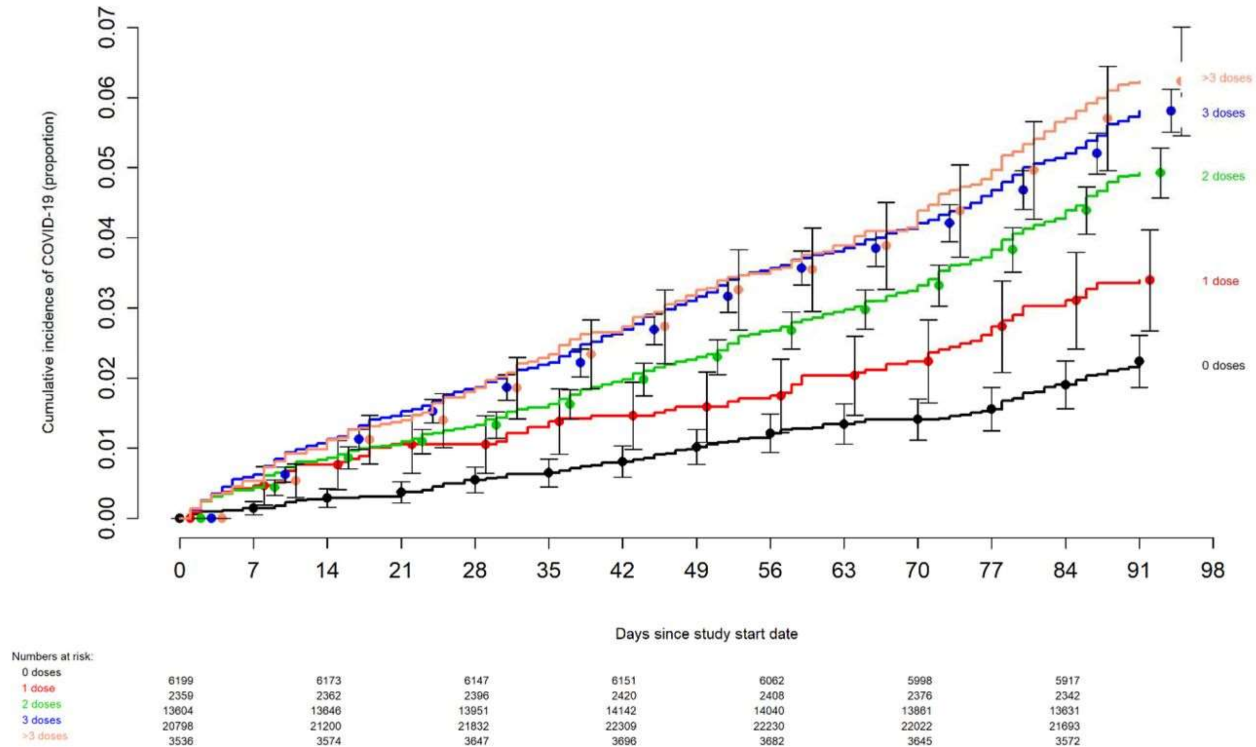

Figure 2. Increasing cases of COVID with increased COVID injection doses

The paper co-authored by Dr. Peter McCullough (the world's most published cardiologist), MIT Professor Stephanie Seneff, et al[5], suggests that the COVID injections work, paradoxically, by destroying the patient's immune system, leading to the adverse events discussed below. Dr. Colleen Huber explains this phenomenon further[6].

Note that I have deliberately used the phrase "COVID injection" rather than "COVID vaccine". This is because the new injections fail to satisfy the CDC's original definition of a vaccine: "A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease." To cover the deception, the CDC changed their definition of a vaccine in between August[7] and September[8], 2021. Now it says that a vaccine is: "A preparation that is used to stimulate the body's immune response against diseases." Now, protection is not guaranteed.

There are entities that have been granted immunity: the injection manufacturers. They are immune from liability, should a patient be harmed or die, as long as the injections are operating under EUA (emergency use authorization). The injections that have been approved by the FDA are not available for distribution in America. The only injections being distributed are under

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[5] https://www.researchgate.net/publication/357994624_Innate_Immune_Suppression_by_SARS-CoV-2_mRNA_Vaccinations_The_role_of_G-quadruplexes_exosomes_and_microRNAs
[6] https://colleenhuber.substack.com/p/a-colossal-failure-around-the-world
[7] https://web.archive.org/web/20210826113846/https:/www.cdc.gov/vaccines/vac-gen/imz-basics.htm
[8] https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm

EUA. Under federal law, mandates are forbidden for medications under EUA because they have not been fully approved. The public has been deceived into thinking that the available injections are indeed fully approved; they are not[9].

The rapid pace ("warp speed") of the COVID injection deployment should be of great concern as well. From the acknowledgment of a public health emergency in March 2020 to the administration of injections to the public in December 2020 was less than one year. In contrast, vaccine development typically takes many years of testing, with a median of 8.1 years required before the public receives any doses; only 25% of vaccines could be administered in less than 6.1 years[10].

The injections are said to reduce hospitalizations. This dangerous lie is based on two deceptions. First, it includes data from the period before the injections were widely available, a period when by definition nearly all patients were "unvaccinated". Second, the CDC has declared that patients are not considered "vaccinated" until two weeks have passed since their injections; hence the injuries and illnesses that frequently occur after the injections are attributed to "unvaccinated" people – a cruel judgment.

3. Safety of the COVID Injections

The number of injuries and deaths from COVID injections is monstrously large and growing. It is reported weekly, every Friday morning, on the CDC VAERS (Vaccine Adverse Event Reporting System) report. A convenient summary, also updated weekly, is provided by the Open VAERS Project[11].

It has been suggested that VAERS is mostly unreliable, because of the alleged ease of submitting false reports. The allegation is false. It is time-consuming to submit a complete report; it is a crime to submit a false report; the CDC monitors the system and removes questionable reports. Based on the studies I have seen, VAERS does not suffer from too many false reports, but rather from under-reporting: underestimating the true incidence of injection-related harm. This seems to be confirmed by the accounts of healthcare whistleblowers who report tremendous pressure by administrators to not report injection injuries and deaths. The reason for this pressure, in turn, is the financial incentive created by the federal government, which awards healthcare facilities for dead patients!

Steve Kirsch[12] with Dr. Jessica Rose and Matthew Crawford have done substantial work[13] on the URF (under-reporting factor); based on anaphylaxis events, they believe the URF is 41. The

[9] https://dossier.substack.com/p/ghost-shot-pfizer-quietly-admits?s=r
[10] https://www.uspharmacist.com/article/review-tracks-fda-vaccineapproval-process-over-last-decade
[11] https://openvaers.com/
[12] https://www.skirsch.io/vaccine-resources/
[13] http://www.skirsch.com/covid/Deaths.pdf

work cited below by professors Spiro Pantazatos and Herve Seligmann, discussed in further detail below, implies that the URF for deaths is about 8.

Figure 3 below estimates several URF numbers by comparing the better-known VAERS data[14], as a fraction of total doses of COVID injections administered in the United States[15], to the more easily used V-Safe monitoring system[16]. The URFs range between 17 and 209.

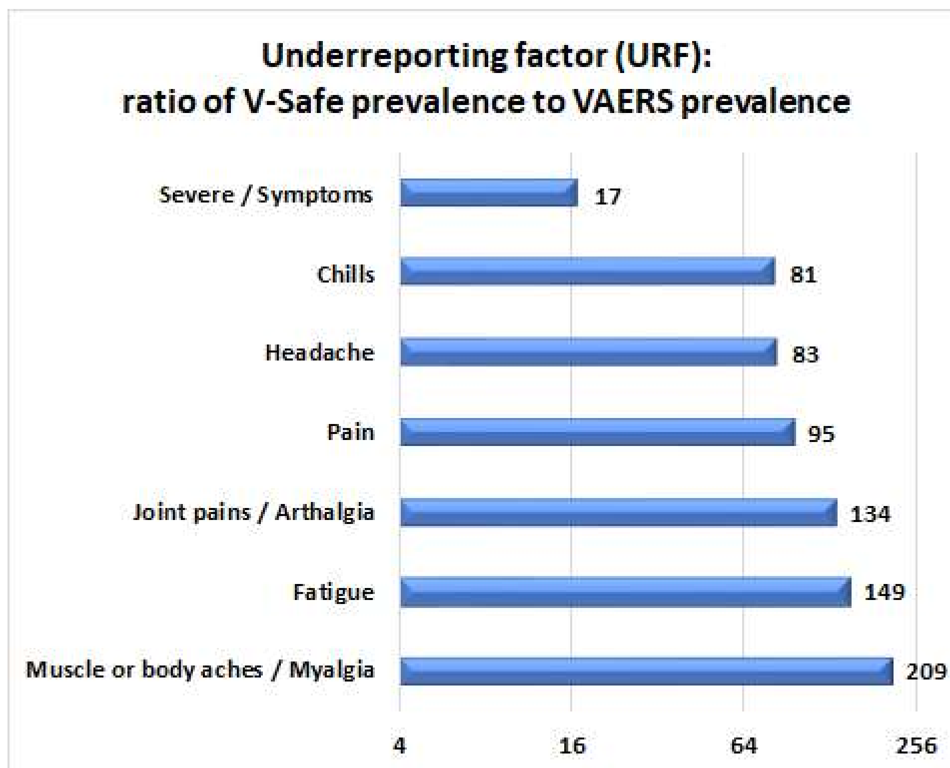

Figure 3. V-Safe prevalence as a multiple of VAERS prevalence

Even if there were no under-reporting at all, however, the results are horrific, and are illustrated in the following graphics, whose underlying data was retrieved directly from CDC VAERS[17].

Figure 4 below shows the worst vaccine adverse events, including deaths, permanent disabilities, birth defects, cancer, heart attacks, strokes, and so on, every year since 2001. The blue curve represents non-COVID vaccines; the red curve represents COVID injections. In 2021, the COVID injection was 28.9 times as dangerous as all other vaccines combined. In 2022, as of December 30, that multiple is 24.3.

[14] https://wonder.cdc.gov/vaers.html
[15] https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-additional-dose-totalpop
[16] https://icandecide.org/v-safe-data/
[17] https://wonder.cdc.gov/vaers.html

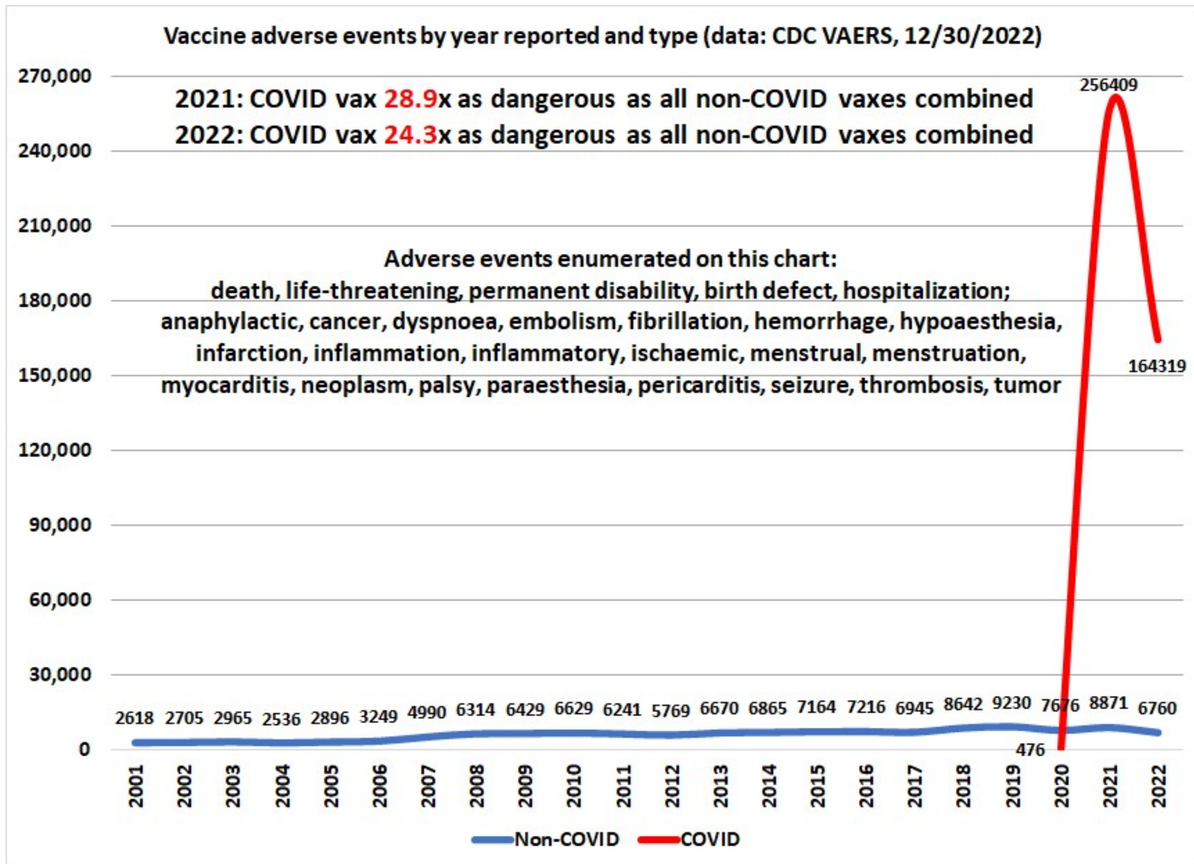

Figure 4. Vaccine adverse events by year and type (COVID vs. non-COVID)

Grouping all vaccine types together, Figure 5 below shows that there was an enormous spike in adverse events of many different types in 2021, by factors of 28 to 145 times previous levels. Grouping all these adverse event types together, the spike is 33.9 times the levels seen in 2015-2020 with all vaccines combined. The dip shown at the end of the chart merely signifies that 2022 is not over yet, but projecting the existing numbers as of August 19, 2022, I expect the spike of adverse events to remain about 30.3 times the levels seen in 2015-2020 with all vaccines combined.

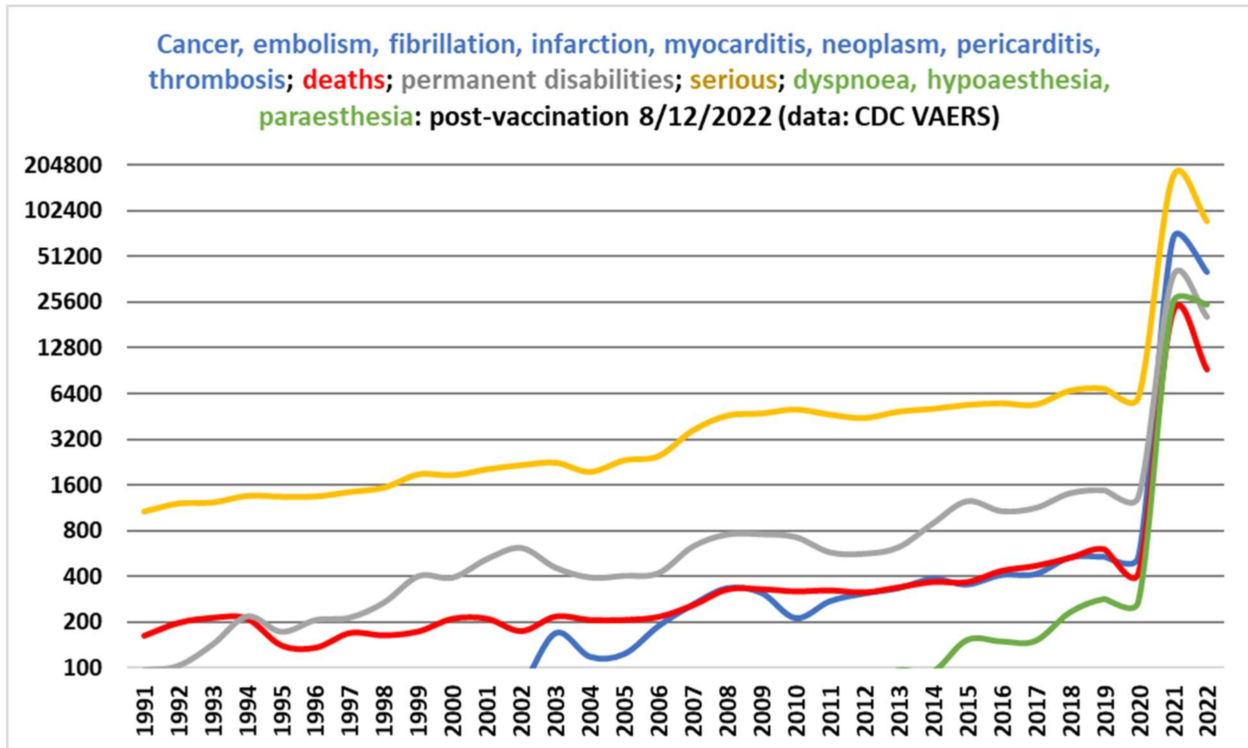

Figure 5. Adverse event time series, 1991-2022 (incomplete)

In Figure 6 below, the worst types of adverse events are broken into 11 categories. All adverse events attributed to COVID injections are shown on the left side of the bar, in red; all those attributed to non-COVID vaccines are shown on the right side of the bar, in gray. In each category, COVID injections account for more than 67% of vaccine harm since 1988, and over 95% of vaccine-associated cases of embolism, myocarditis, pericarditis, and thrombosis. This is unprecedented.

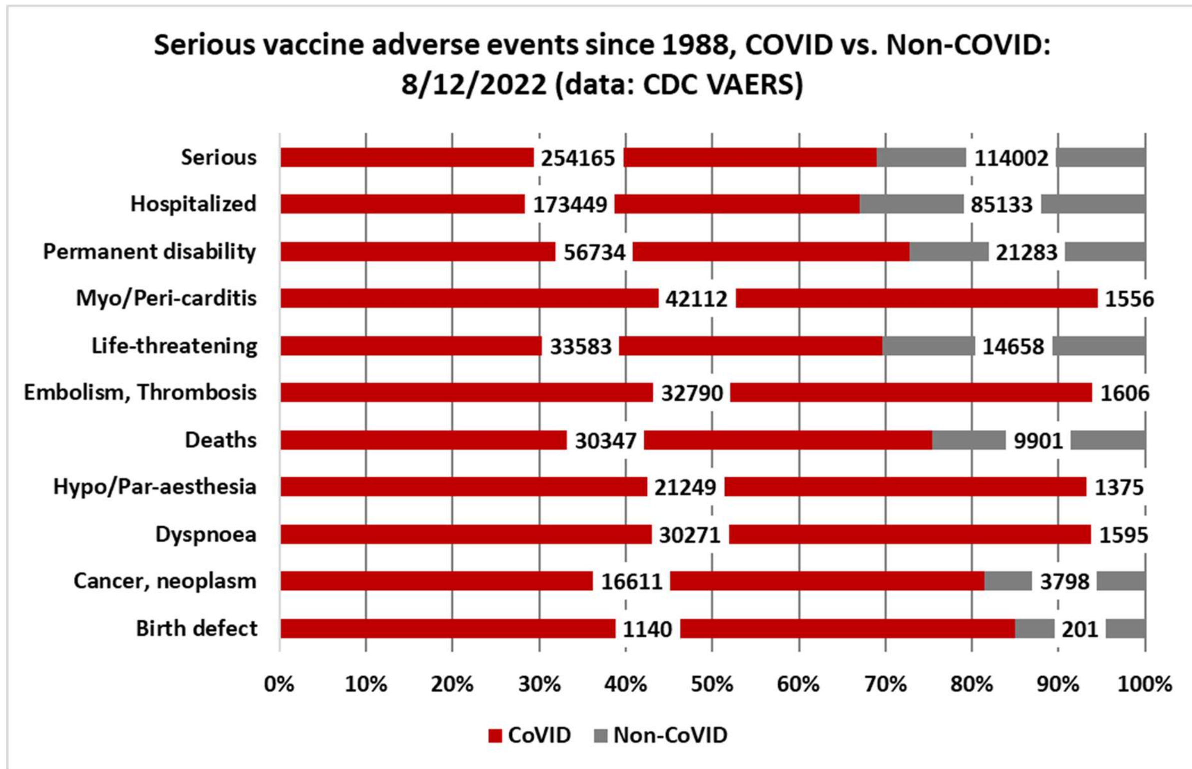

Figure 6. Adverse event categories, by vaccine type (COVID vs. non-COVID)

Figure 7 below focuses solely on adverse events reported and received by CDC VAERS in 2021 and 2022, for events in 2021 and 2022 subsequent to injections in 2021 and 2022. The adverse events chosen for display are the most dangerous: the "serious" events in the CDC's terminology (death, life-threatening, permanent disability, birth defect, hospitalization), together with cancer and other dangerous cardiovascular, menstrual, or neurological outcomes. These are broken out by vaccine type. 96.76% of the total were associated with COVID injections.

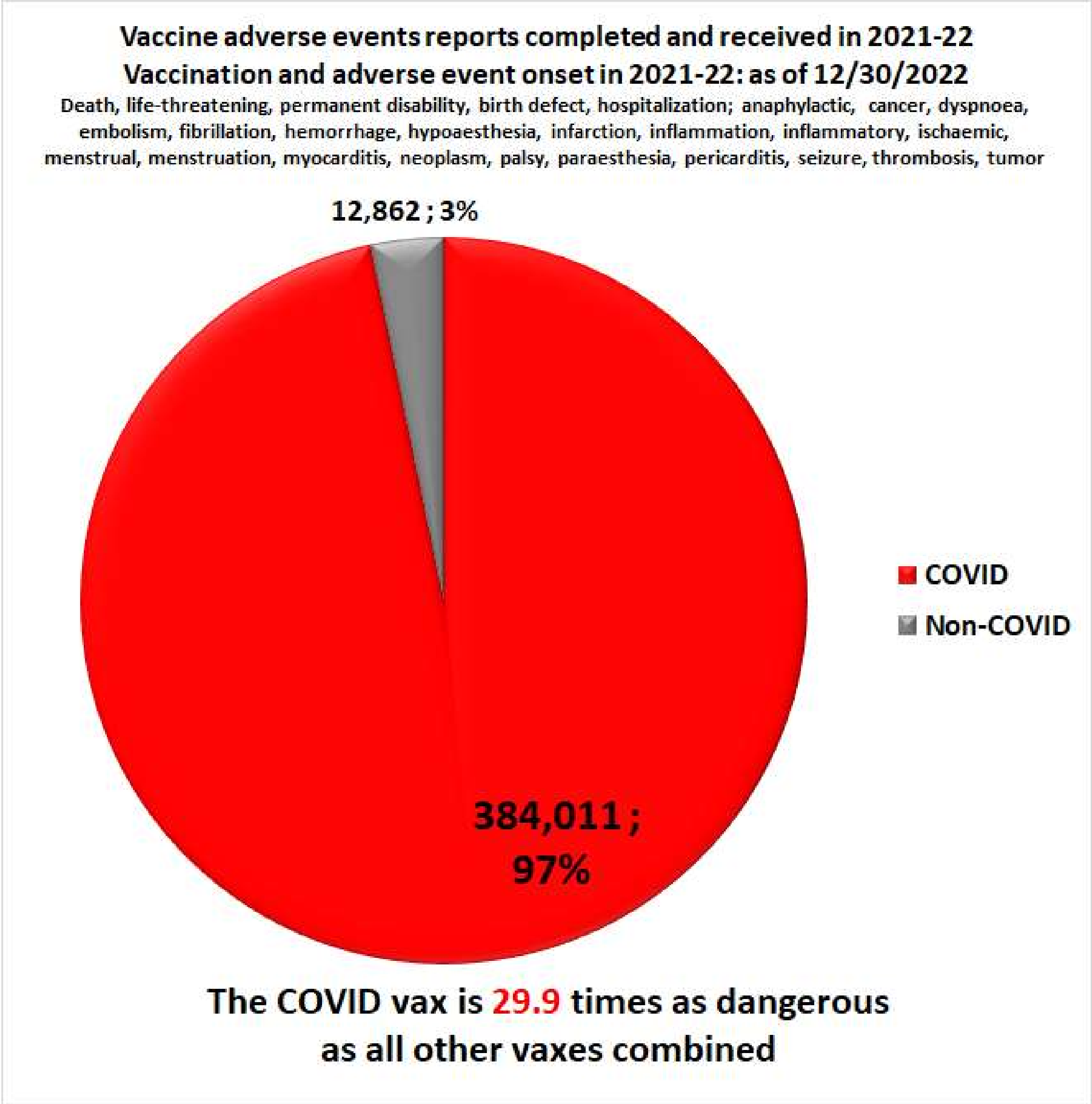

Figure 7. The most dangerous adverse events in 2021 and 2022, by vaccine type

Figure 8 below depicts excess mortality in 2020 (the pandemic outbreak), 2021 (the injection rollout), and 2022 (projected) compared to a baseline in 2018-19, and broken down by age. The surge in deaths during the injection rollout is astonishing.

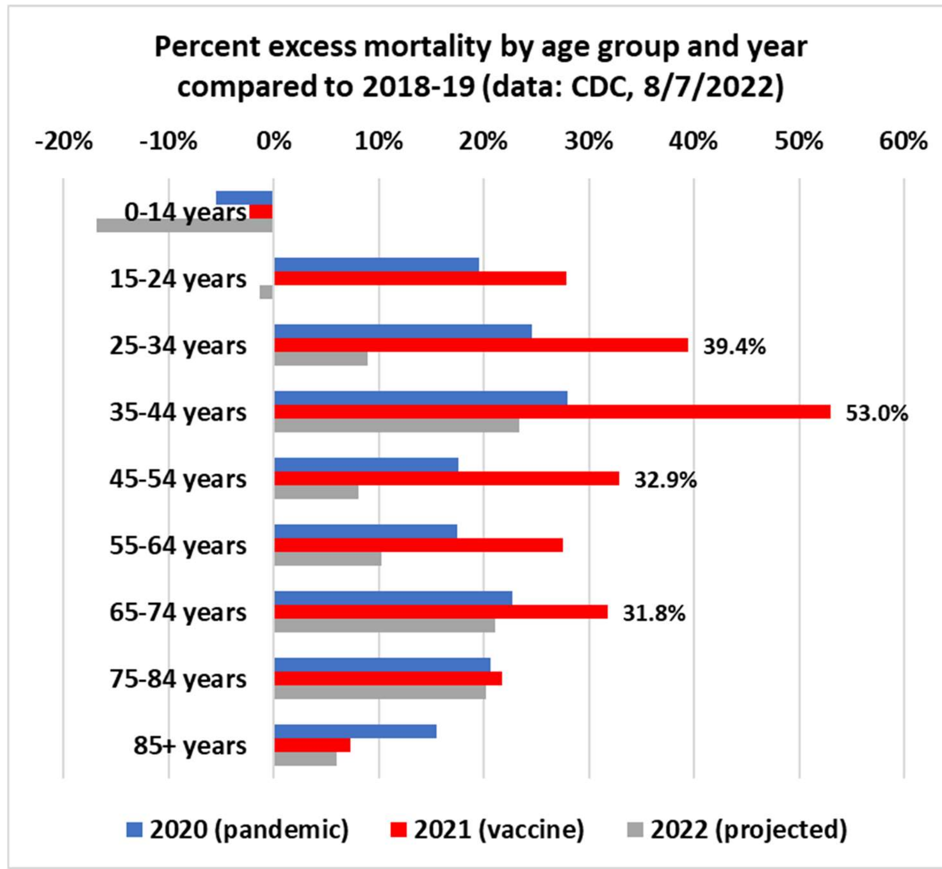

Figure 8. Excess mortality by year and by age group

Remember that the federal government stopped the 1976 swine flu vaccination program when 25 deaths were reported. This was a time when doctors followed the Hippocratic oath: "First, do no harm". In contrast, the following must be emphasized.

As of December 30, 2022, the CDC reports over 33 thousand deaths, and over 61 thousand permanent disabilities, from COVID injections.

Lest one argue that the death toll from the COVID injections is so much smaller than the death toll attributed to COVID, consider that the CDC itself acknowledges[18] that only some 5-6% of deaths with COVID were actually caused by COVID alone. Thus the approximately one million deaths attributed to COVID in America were deaths with COVID; but American deaths caused by COVID numbered about 50-60 thousand, equivalent to a bad flu season. Those who died with COVID were found to have a median of four additional co-morbidities (causes of death). This includes a family member of an acquaintance, who died at age 97 with long-standing heart and kidney disease, but his death was called a COVID death.

[18] https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

Readers need to be aware of the recent deaths of 30 young doctors in Canada shortly after their COVID shots, at least 7 of which were in late July[19]; and the deaths of 900 young athletes shortly after their COVID shots[20]. How much is too much?

Ever since the medical debacle of Thalidomide, the FDA has had specific safety guidelines in place to help monitor new therapies and prevent unnecessary harm. Some of the guidelines they have traditionally followed include: Any death occurring in a person receiving a new product is attributable to that product for 30 days following administration of the product. If 25 or more deaths fall into this category, the therapy is automatically halted, as indeed happened with the swine flu vaccine. In the past, any other product/therapy that would have yielded even a fraction of the covid vaccine adverse effects numbers we are seeing now would have resulted in its use being halted immediately.

It is critical to monitor all-cause mortality data in new products. Tragically, it was known by Pfizer prior to the rollout that those receiving their product were more likely to die over 6 months than those who did not receive it. This continues to hold true as worldwide data show excess mortality continues to be high in countries where vaccines have been pushed, excluding actual COVID infection as a cause of those deaths.

Note that the injection manufacturers are fighting tooth and nail against the release of their clinical trial data. However, professors Spiro Pantazatos and Herve Seligmann have estimated[21] all-cause mortality in the first five weeks following the COVID injection at about 0.04%, or one in every 2500 doses. 600 million doses delivered in America would imply 240 thousand deaths. 18 million doses delivered in Israel would imply 7200 deaths.

There are concerns regarding the quality of the evidence that has been used to recommend these injections for both adults and children.

- Products cannot be fully approved if they have not undergone a complete series of human studies. That is why mRNA "vaccine" authorization remains under emergency use authorization only even now.
- Neither Pfizer nor Moderna products have completed all levels of human studies, yet they are currently being widely used. In essence, they are still experimental. Yet those getting vaccinated with them have not been informed of this fact. Something that is not fully vetted cannot truly be considered safe or effective.
- The initial studies performed by Pfizer were designed to follow the vaccinated and unvaccinated groups for 2 years to be able to better assess potential long-term side effects. However, 6 months into the study this plan was abandoned, and the unvaccinated group

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[19] https://stevekirsch.substack.com/p/over-30-deaths-of-young-healthy-canadian

[20] https://goodsciencing.com/covid/athletes-suffer-cardiac-arrest-die-after-covid-shot/

[21] https://www.researchgate.net/publication/355581860_COVID_vaccination_and_age-stratified_all-cause_mortality_risk

was offered vaccinations. Thus, there are no studies that have been able to truly evaluate long term side effects. Historically, a product that has such a significant change in their study design would not be approved for any use by the FDA.

- Additionally, the longest period any child was followed is just a few months. Obviously, this is not enough time to study the impact of the vaccine on children who have yet to go through puberty. Therefore, it is impossible to make guarantee complete safety for young children. A fact that is unknown to the public at large is that only 7 children were reported out of 4500 recruited. Three thousand dropped out of the trial.
- Pfizer requested that all data that the FDA used to make their initial recommendation for emergency use authorization of their product be sequestered from public review for 75 years. This point alone should be of utmost concern to all of us. Several months ago, Pfizer's request was overturned by a judge, and independent scientists have since evaluated Pfizer's data and found multiple grave concerns.

Unfortunately, busy practicing physicians rely on the FDA, CDC, and other agencies to diligently uphold all these safety regulations. Individual physicians lack the time and resources needed to spend evaluating drugs or therapies. Practitioners who are continuing to follow FDA and CDC guidance, without vetting the data themselves, will likely NOT be aware of the points addressed in this letter. Anyone relying on the CDC statement stating that these "vaccines" are safe and effective may very well not be completely informed of the actual data.

There is no evidence of a need for children to be protected against SARS COV-2 infection.

- Per the CDC and FDA, most US children are currently immune to this infection. Additionally, if a child does become infected, their risk of death is almost zero.
- A new study in Lancet followed 1.7 million unvaccinated children ages 5-11 years and observed two deaths with Covid, one in a child with serious comorbidities and the other with no information about comorbidities. So even if the deaths were from Covid, it would be well less than 1 in a million risk for children in this age range, and likely similar for the younger age group newly authorized for the shots.
- Thus, we must ask, what exactly are we trying to protect them from? And with the risk of death being so low, any prevention methodology must be risk free. Yet, as outlined above, there is evidence that points to a significant level of known (and unknown) risk.
- The initial MRNA vaccine studies were done on children who had never been previously infected. Since the majority of US children HAVE been infected already, we have no data on whether or not these children would have any benefit at all from receiving these "vaccines".
- We are all born with an immune system that includes innate immunity. There are strong signals of potential harm to the immune system in those who are vaccinated. This is a complicated topic. However, Dr Paul Alexander summarizes it by essentially explaining that immunizing with these products prevents the normal maturation of a child's innate

immune system, thereby putting them at risk for present and future harm including but not limited to myocarditis, stroke, infertility, autoimmune disease, and death.

At this point it is clear from data in the US, Europe, Canada, and Israel that those who have received this vaccine are much more likely to become infected. A human being cannot die from something that he is not infected with. The infections are occurring because these vaccines do not completely neutralize nor sterilize the virus and there is evolving evidence that the vaccinated have weakened natural immune systems. Thus, when somebody becomes infected with the virus after inoculation, the infection does not prevent them from becoming ill or passing the infection to another person. Vaccinated people are making up more than 90% of those who are dying from COVID 19 in the UK, New Zealand, Australia, and Israel, all heavily vaccine-mandated countries.

There are several complex, interrelated issues involved in the introduction of an attempted vaccine for a novel virus. The case of the avian virus causing Marek's disease is instructive[22]. The attempted vaccine made the virus more dangerous, thanks to the concept of "immune escape". The virus, in its earliest, most mutable stage, was driven to evolve to become resistant to the new vaccine. We were fortunate that the evolution of the Wuhan coronavirus so far has been in the more common direction: more contagious but less lethal. (An extremely contagious and lethal virus would kill all its potential hosts quickly, thus killing itself.) We should be concerned that the attempt to vaccinate against every conceivable variant of the Wuhan coronavirus may drive its evolution in a more deadly direction[23].

Another critical issue is the safety of a whole new type of vaccine based on mRNA (messenger RNA) technology. Previous vaccines were based on the concept of challenging our immune systems with inactivated virus or viral fragments. The new mRNA vaccine, in contrast, turns our cells into factories that pump out spike proteins, putting our immune systems under constant attack – perhaps forever. Studies have shown[24],[25] that, contrary to denials, it is indeed possible for the injected mRNA to "reverse transcribe" itself into our bodies' own DNA, there to stay forever, causing permanent auto-immune disease.

When the spike proteins start appearing on cell walls, those cells may be attacked by our immune systems. When the cells in question form the lining for one of the extremely narrow capillaries in our circulatory system, a clot will form – a microthrombosis, as it were. If something similar happens in other blood vessels in other parts of the body, the results could include heart attacks, strokes, or inflammation of the heart muscle itself. These conditions are not mild and do not

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[22] https://www.pbs.org/newshour/science/tthis-chicken-vaccine-makes-virus-dangerous
[23] https://igorchudov.substack.com/p/boosters-now-promote-covid-deaths?r=53evw
[24] https://www.mdpi.com/1467-3045/44/3/73/htm
[25] https://www.researchgate.net/publication/363207023_Potential_Mechanisms_for_Human_Genome_Integration_of_Genetic_Code_from_SARS-CoV-2_mRNA_Vaccination

resolve themselves. The spike protein also appears in the reproductive glands, which may lead to infertility; and indeed some countries are reporting plummeting fertility rates post-vaccination[26]. All organs are at risk due to vascular damage[27].

Very useful overviews of the main safety issues appear here[28] and here[29]. The life insurance industry is reporting massively increased deaths in people aged 18-64 starting mid-2021[30]. Google Trends is showing that searches on the phrase "died suddenly" remained relatively unaffected during the first year of the pandemic and the injection roll-out, only to double very recently[31]; see figure 9 below.

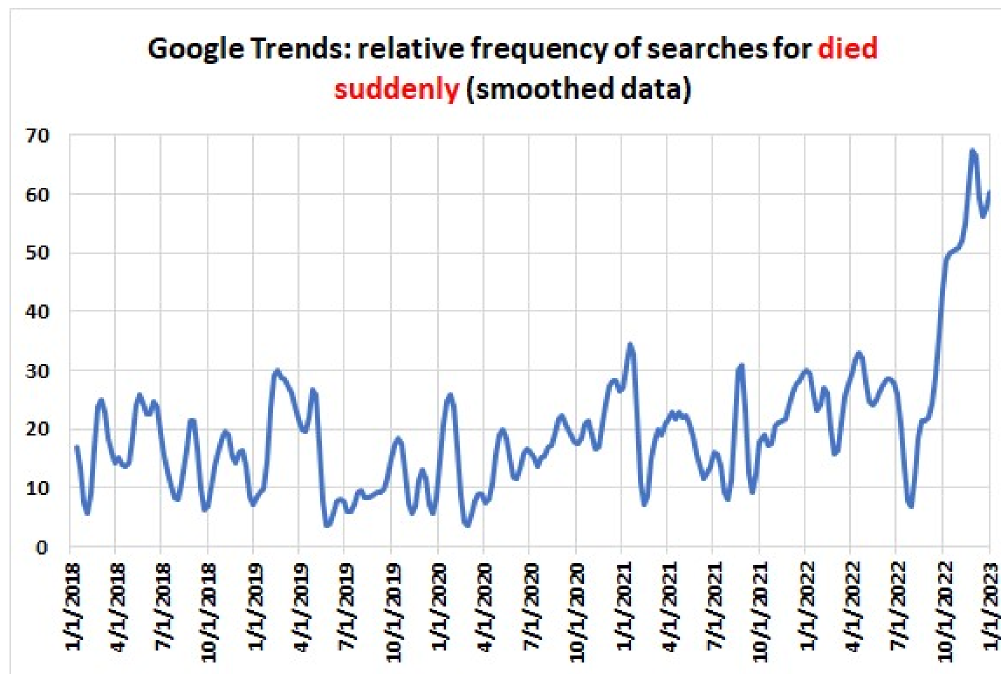

Figure 9. Relative frequency of Google Trends searches for "died suddenly"

Overall, it is quite possible that
the COVID injections have killed more people than the original disease.

4. Treatment for SARS-COV-2

There has not been any infectious disease in my memory where the medical advice was to avoid treatment until the patient needs to go to the emergency room; yet that has been the case for

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[26] https://igorchudov.substack.com/p/hungary-most-vaccinated-counties
[27] https://doctors4covidethics.org/vascular-and-organ-damage-induced-by-mrna-vaccines-irrefutable-proof-of-causality/
[28] https://truth613.substack.com/p/the-truth-admissions-from-high-places
[29] https://americafirstreport.com/shocking-testimonies-from-the-covid-jab-injured/
[30] https://stevekirsch.substack.com/p/unprecedented-deaths-in-indiana-for
[31] https://trends.google.com/trends/explore?date=today%205-y&geo=US&q=died%20unexpectedly

COVID. It seems relevant that federal law forbids the approval of a potentially lucrative vaccine if safe and effective treatment is available.

There is indeed safe and effective treatment. There is a database[32] with 3384 studies of treatments around the world. They provide a meta-analysis of each proposed COVID treatment, comparing all the published studies for that treatment and calculating an overall score assessing the percent improvement in morbidity (illness) and mortality (death). They further analyze whether treatments are even more effective when given prophylactically (as prevention) or in early treatment (rather than waiting until the patient is at death's door).

They found that early treatment greatly improves the outcome, and that delay of even one week can allow irreversible harm. For sheer cost effectiveness, ivermectin (IVM) appears to be the most effective when given as prophylaxis, while hydroxychloroquine (HCQ) appears to be the most effective when given as early treatment. Both IVM and HCQ have been used safely for decades around the world; both are on the World Health Organization's list of essential medicines; both are available over the counter in many countries; both are claimed to act as zinc ionophores, easing the entry of virus-killing zinc into our cells.

It should be noted that COVID illness and death are exceptionally low in Africa, where both IVM and HCQ are common, and "vaccination" is low. A fascinating study[33] was done of India's most populous state, Uttar Pradesh, home to over 200 million people. Their burgeoning COVID outbreak was crushed almost to zero by the extensive use of ivermectin, but this story is not told on American media.

Figure 10 below compares the pandemic performance of Africa, Europe, India, Israel, and the United States[34]. America, Europe, and Israel are the most highly "vaccinated", but suffered the highest case rates and death rates. Africa and India chose treatment and have been less affected.

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[32] https://c19early.com/
[33] https://pierrekory.substack.com/p/the-miracle-not-heard-around-the
[34] https://ourworldindata.org/explorers/coronavirus-data-explorer?zoomToSelection=true&time=2020-03-01..latest&uniformYAxis=0&pickerSort=asc&pickerMetric=location&Metric=Vaccine+doses%2C+cases%2C+ICU+patients%2C+and+deaths&Interval=7-day+rolling+average&Relative+to+Population=true&Color+by+test+positivity=false&country=USA~IND~Africa~Europe~ISR

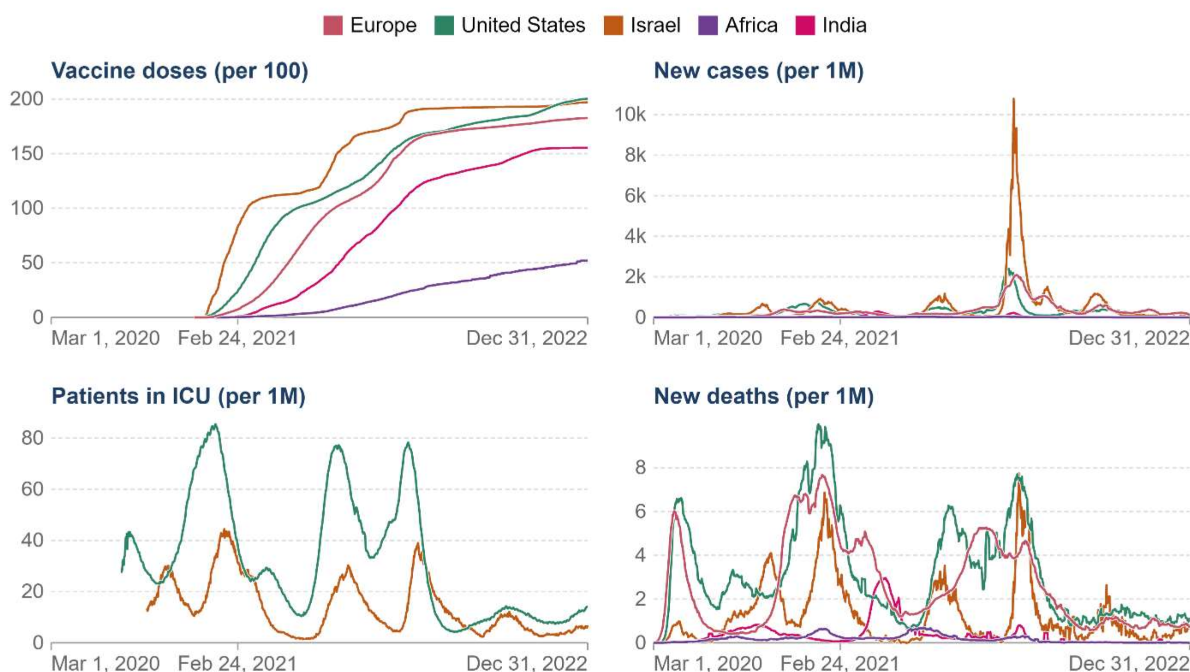

Figure 10. Vaccination, case, hospitalization, and death rates in 3 countries and 2 regions

The government-media-pharmaceutical campaign to demonize IVM, HCQ, and the doctors that prescribe them has been a disgrace. The success of some jurisdictions in actually outlawing the prescription of these drugs for COVID is a crime against humanity, and is responsible for the destruction of hundreds of thousands of lives that could have been saved. An excellent new peer-reviewed prospective study[35] of 88 thousand patients proves that prophylactic use of ivermectin reduces COVID mortality by 92%.

Dr. Paul Alexander discusses the efficacy of the povidone-iodine nasal wash here[36].

Prevention and treatment protocols have been developed by the AAPS[37], AFLDS[38], FLCCC[39],[40],[41],[42],[43], the World Council for Health[44],[45], and the late Dr. Vladimir Zev Zelenko[46],[47].

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[35] https://www.cureus.com/articles/111851-regular-use-of-ivermectin-as-prophylaxis-for-covid-19-led-up-to-a-92-reduction-in-covid-19-mortality-rate-in-a-dose-response-manner-results-of-a-prospective-observational-study-of-a-strictly-controlled-population-of-88012-subjects?email_share=true&expedited_modal=true
[36] https://palexander.substack.com/p/jama-publication-september-2020-showed
[37] https://aapsonline.org/covidpatientguide/
[38] https://aflds.org/index/covid/hydroxychloroquine/treatment-protocols/
[39] https://covid19criticalcare.com/covid-19-protocols/i-prevent-covid-protection-protocol/
[40] https://covid19criticalcare.com/covid-19-protocols/i-care-early-covid-treatment/

A new study[48] provides a valuable survey of methods of detoxification in the presence of the dangerous COVID spike proteins, whether encountered through infection or injection. Among pharmaceutical interventions, ivermectin is highly effective. Among non-pharmaceutical interventions, vitamins D and C, zinc, NAC (N-acetyl cysteine), quercetin, resveratrol, curcumin, magnesium, nattokinase, EGCG, bromelain, turmeric-curcumin, and fish oil are effective.

In addition to the over-the-counter supplements listed above, our household regularly uses nasal saline spray (including baking soda), the nasal spray Xlear™ when we go out, the nasal spray Enovid™ when we feel we have been exposed to a virus, and the Chinese herbal tea banlangen when we start to feel symptomatic with a respiratory virus. These strategies have kept our household largely virus-free during the last few pandemic years. Note: I am not a medical doctor, and am offering only personal observations.

Historically, the field of medicine has not been free of controversy. Physicians with new ideas have suffered censorship over the years. Some notable historical examples include Dr. John Snow who discovered that cholera was transmitted via water supplies and was not air borne as was commonly thought among doctors, politicians, and boards of health at the time, including the now prestigious Lancet medical journal. And Dr. Ignaz Semmelweis, the obstetrician who suggested hand washing between patients would prevent the spread of disease, was viciously attacked.

Both men lived in the 1850s and were heavily criticized and ostracized by others in their field. Multiple physicians practicing today have suffered the same type of censorship as Dr. Snow and Dr. Semmelweis, particularly those who are treating SARS-COV-2 infected patients. These physicians are reporting what they are doing to successfully treat their patients and keep them out of hospitals. Rather than the world welcoming this information with great hope and excitement, these physicians have suffered immense censorship, accused falsely of spreading "misinformation", and some of these long practicing doctors had their licenses revoked. With the lack of publication of this truly remarkable work, we are left to assume the only way to protect ourselves is by vaccination. That is NOT the case.

I implore you to consider all the facts presented here. The recommendation[49] of the World Council for Health, an organization with thousands of participating physicians, is a call to all

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[41] https://covid19criticalcare.com/covid-19-protocols/i-recover-post-vaccine-treatment/
[42] https://covid19criticalcare.com/covid-19-protocols/i-recover-long-covid-treatment/
[43] https://covid19criticalcare.com/covid-19-protocols/math-plus-protocol/
[44] https://worldcouncilforhealth.org/resources/early-covid-19-treatment-guide/
[45] https://worldcouncilforhealth.org/resources/spike-protein-detox-guide/
[46] https://vladimirzelenkomd.com/prophylaxis-protocol/
[47] https://vladimirzelenkomd.com/treatment-protocol/
[48] https://www.mdpi.com/2076-2607/11/5/1308
[49] https://worldcouncilforhealth.org/campaign/covid-19-vaccine-cease-and-desist

physicians to cease and desist in supporting the use of any of the COVID-19 “vaccine” products. I strongly agree with this recommendation.

5. An ethical question

Are there circumstances in which all the members of the community can be ordered to risk their lives in order to prevent a potential but uncertain future threat? The answer is no, based on a passage of Talmud[50], in which Rabba asks, “Who says that your blood is redder than his?”

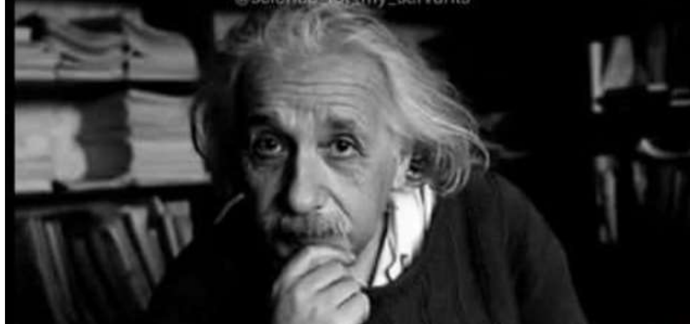
Note the ruling[51] of a Jewish religious court composed of Ha-Rav Shlomo Alexander Halevi Pollak (Lakewood), Ha-Rav Yoel Moshe Friedman (Monsey), and Ha-Rav Doniel Yonoson Green (Crown Heights) in November, 2021, opposing this “injection” (their choice of words).

“Where are all the experts who know the dangers of the COVID shots?” Unfortunately, government, news media, and social media have conspired to silence and punish dissenting voices[52],[53]. One of the original authors of this document is afraid to be identified lest he lose his medical license. Steve Kirsch ably documents[54] the success that government and media have had in intimidating doctors who have known about the relationship between vaccines and autism.

Experts have begun to speak out in defiance of the establishment narrative: for example, the Great Barrington Declaration[55] and the Medical Crisis Declaration[56].

Despite what government, news media, and social media have proclaimed, science does not function according to majority opinion, but rather according to objective truth. Galileo’s and Einstein’s scientific theories were proven correct, even though they were condemned by a majority of contemporary scientists.

[50] https://steinsaltz.org/daf/sanhedrin74/
[51] https://pandemictimeline.com/2021/11/a-rabbinical-court-in-new-york-city-rules-against-covid-vaccines/
[52] https://pierrekory.substack.com/p/nursing-reports-from-the-front-lines
[53] https://stevekirsch.substack.com/p/why-doctors-arent-speaking-out
[54] https://stevekirsch.substack.com/p/vaccines-cause-autism
[55] https://gbdeclaration.org/
[56] http://medicalcrisisdeclaration.com/



The COVID injections, which are neither effective nor safe, should be forbidden, and certainly they must never be mandated. Thank you for your consideration.