

HOW TO END THE COVID-19 PANDEMIC WITHOUT WAITING FOR A VACCINE
BE IN CHARGE OF YOUR FIGHT AGAINST THE DISEASE

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DEDICATION

To my brothers and sisters in humanity

PREFACE

Dear brother and sister,

A Rasmussen poll conducted in December 2022 revealed that 28% of adults in the USA say they personally know someone whose death they think may have been caused by side-effects of Covid-19 vaccines [source : 'Died suddenly'? More than 1-in-4 think someone they know died from Covid-19 vaccines; published in Politics; date: January 02,2023]. We were told that the vaccines are effective. Make no mistake about it, the vaccines are effective indeed in destroying America. WE MUST STOP THIS CARNAGE.

Dr. Steven Gundry, the American world-famous heart surgeon, studied certain biological markers that are predictive of the risk of a heart attack in his patients, and he found that Covid mRNA vaccines double the risk of having a heart attack. He published his study in the journal Circulation on November 8,2021 [for details, see chapter 12]. So if you want to double your risk of having a heart attack, go ahead and take a Covid vaccine. If you do not want to increase your risk of having a heart attack, stay away from the Covid vaccines.

It is now public knowledge that the vaccinated account for the majority of Covid deaths in the USA [source: " Covid is no longer mainly a pandemic of the unvaccinated. Here 's why" by McKenzie Beard in the Washington Post, date: November 23, 2022].

In December 2022, researchers at the prestigious Cleveland Clinic found that the Covid vaccines increase the odds of catching Covid [source: " Bury the lead : New claims about Covid vax failure" a YouTube clip on channel of Dr. Rick Kelly – Crossroad Health DPC , date: 12/31/22]. The Cleveland Clinic ranks among the top 5 medical institutions in the USA.

We were told that the vaccines have saved 3.2 million lives in the USA. Let us consider the following. The mortality rate of Covid is 0.2%. The US population is 330 million. If you let Covid rip through the entire US population , without any mitigating measures, the maximum loss of life would be 660,000 lives. How can you save 3.2 million lives when the maximum expected loss is 660,000 lives ?!!! A tree is known by its own fruit. The fact that the US lost more than 1 million lives to Covid [when the total loss would have been 660,000] is an indication that the vaccine-centric approach was not only a dismal failure but a total disaster. The US population is 4% of the world population. As of February 2023, the world has lost 6.9 million lives to Covid. How can 4% of the world population account for 16% of the total world mortality?

The official narrative that the Covid vaccines are safe and effective has crumbled. Banning the use of the Covid vaccines is a most logic, rational, sensible and responsible decision that one can make.

Vaccine advocates have lost control over the situation and they cannot specify when and how does the pandemic end because they cannot stop the virus from mutating ; the virus is always several steps ahead of them.

Is there an alternative plan to the failed vaccine-centric plan that can end the pandemic and restore our pre-pandemic normality and freedom? The answer is a categorical YES. My book outlines this plan which is based on the instructions and findings and recommendations of world-famous doctors. This alternative plan has 2 pillars: control of risk factors that predispose to severe Covid-19 plus early outpatient treatment. This plan can obliterate the pandemic in a few months.

Covid -19 is a mild illness in the majority of patients. In a small subset of patients, it can be severe or lethal. This happens in individuals who have certain vulnerabilities or risk factors. This book will show you those risk factors and how to correct them. Once you identify your risk factor(s) if any and correct them, you can downgrade Covid-19 from a lethal disease to a non-lethal one [there is a lot that you can do to help yourself]. Vitamin D deficiency is a risk factor for severe Covid-19. Researchers found that bringing the **vitamin D level in the blood to 50 ng/ml** [ng means nanogram] **can cut Covid-19 mortality to zero** which is great news [see chapter 1 for details]. According to CDC data, **78% of Covid-19 hospitalizations happen in obese people**. If obese people lose weight, hospitalizations due to Covid-19 will be slashed by 78%. Easy and feasible steps can render Covid-19 a non-lethal disease and end the pandemic .

On the treatment front, I have great news to share with you. **Covid-19 is now a treatable and a curable disease**. **Dr. Thomas Borody** (a world- famous infectious diseases specialist) has developed a treatment protocol that consists of **Ivermectin, Doxycycline and Zinc**; the protocol is 100% effective ,safe and with minimal side effects ; the medicines that he uses are readily available, cheap and repurposed for the treatment of Covid-19. In the USA, **Dr. Peter McCullough**, a distinguished cardiologist and public health official in Dallas[Texas] has published in a **peer-reviewed journal** an excellent treatment protocol for the early and outpatient treatment of Covid-19 [see chapter 11 for details].

So cheer up and do not feel like a helpless sitting duck waiting for the Grim Reaper to harvest your soul. Your own personal effort can make all the difference. A good dose of rugged individualism will serve you well during this pandemic.

I am a naturalized US citizen and I am Board certified in Internal Medicine. I believe that a doctor has the moral obligation to say the truth without any personal agenda in mind. In this book, I shall give you the facts (supported by references). I strongly encourage you to verify the veracity of the information provided and double check it with your own doctor and then forge ahead with your plan (with the help of your doctor) . In a nutshell : **BE IN CHARGE**.

PS I do not own any stocks and I do not have any financial interests in any pharmaceutical company .

Disclaimer: This book is intended as an educational tool and does not establish a doctor/patient relationship. You need to continue to seek medical advice and treatment from your doctor.

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A final word

Chapter 1

Vitamin D your reliable shield in the war

Vitamin D is a hormone that is produced by the skin when it is exposed to the ultraviolet B rays of the sun. Vitamin D promotes the absorption of calcium in the intestines. An inadequate amount of vitamin D in the body can result in soft and weak bones [a condition called rickets in children or osteomalacia in adults]. Also when vitamin D is inadequate, the serum calcium level drops and this triggers the parathyroid glands [glands adjacent to the thyroid gland in the neck] to increase the production of the parathyroid hormone; this hormone “borrows” calcium from the skeleton to stabilize the level of calcium in the serum; unfortunately this comes at the expense of the bones which become brittle , a condition called osteoporosis.

The function of vitamin D is not limited to maintaining healthy bones and teeth. Vitamin D is a hormone that has many vital functions. It plays a crucial role in the **proper function of the immune system** and protects the body against high blood pressure, diabetes, infections, immune disorders (e.g. rheumatoid arthritis, asthma, allergies), multiple sclerosis and cancers of the colon, prostate and breast.

Symptoms of vitamin D deficiency include: fatigue, depression, bone pain, muscle weakness and aches. [source: “ Vitamin D deficiency” ; my.clevelandclinic.org ; October 16, 2019].

Vitamin D deficiency .

According to the US National Center for Health Statistics, **an estimated 70% of individuals in the US may be considered vitamin D deficient. A study in the pediatric population showed that 7 of 10 US children have very low levels of vitamin D .** [source: “ The important role of vitamin D” by Yvette C. Terrie, RPh; www.pharmacytimes.com ; February 15, 2010]. Vitamin D deficiency is a worldwide problem. The Covid-19 pandemic hit a worldwide population that is vitamin D deficient and thus vulnerable to respiratory viruses. The widespread vitamin D deficiency in the USA is not a surprise. Most of us live and work indoors without much exposure to the sun. Excluding foods that are fortified with vitamin D, vitamin D is naturally present in a limited number of foods e.g. cod liver oil, salmon, tuna, sardines, beef liver and egg yolk. With the exception of cod liver oil and salmon, vitamin D is present in small amounts that will not provide the daily requirements of the vitamin when those foods are consumed in average servings. [for details on the vitamin D content of a given food, please consult the above mentioned reference of “ Vitamin D deficiency” from the Cleveland Clinic].

It is important to note that vitamin D deficiency is more common in Blacks and in the elderly population. A black person has a pigment in the skin called melanin that blocks the sun rays and consequently interferes with the production of vitamin D. The melanin content of the skin varies according to the ethnic group of the individual but it is most pronounced in Blacks. An elderly person (above the age of 50) regardless of the ethnicity, is more prone to be vitamin D deficient because the ability of the skin to produce vitamin D becomes more sluggish as the age advances.

Your vitamin D status can be determined by a simple blood draw that your doctor can order. Oral vitamin D supplements are cheap and available over the counter (without prescription). Some preparations state the vitamin D content in IU [International Units] or in microgram. For your information: 1000 IU of vitamin D3 are equivalent to 25 micrograms [2000 IU of vitamin D3 are equivalent to 50 micrograms].

A helpful tip : Vitamin D is a fat-soluble vitamin. If you have to take oral vitamin D supplements, take them with a meal that contains some fat e.g. butter, egg yolk, meat, cheese, fatty fish (salmon, sardines), vegetable oil (canola oil, olive oil...etc), nuts. If you take your oral vitamin D supplement on an empty stomach or with a fat free meal or snack (e.g. a banana with some orange juice), your vitamin D supplement will be poorly absorbed into the blood and it will be wasted and you will notice that you cannot correct your vitamin D deficiency when your doctor schedules your follow-up blood test.

A word of caution: Sunscreens block the sun rays and interfere with the ability of the skin to make vitamin D. Exposure of the skin to the sun without sunscreens increases your odds of developing skin cancer. It is safer to take vitamin D in the form of foods and oral supplements.

Now it is time for some medical jargon.

How does the Covid-19 virus infect the human cell ?

Your house key allows you access to your house when you insert the key in the keyhole that is on the door knob. The keyhole functions as a receptor for the key.

SARS-CoV-2, the coronavirus that causes Covid-19, has outer spikes made of a protein called protein S. That spike protein binds to the ACE2 receptor [Angiotensin Converting Enzyme 2] present on human cells. The ACE2 receptor is a protein (and an enzyme) present on the cell membrane of cells in different human organs and tissues like the lungs, arteries, heart, kidneys, intestines and brain. Using the analogy of the key and keyhole, the outer spike of the virus is the key and the ACE2 receptor is the keyhole. The spike protein of the virus binds to the human ACE2 receptor on the cell membrane and allows it to gain access to the inside of the cell. It is important to note that the presence of the ACE2 receptor is not restricted to the respiratory tract but it is present in many organs, which means that Covid-19 can be a systemic illness that can be expressed as respiratory symptoms (e.g. cough, shortness of breath) as

well as other symptoms (e.g. vomiting, diarrhea, loss of the sense of smell and taste...etc).

What are the cytokines ?

The armed forces of a given nation have different branches e.g. ground forces, naval forces, air forces. Likewise our immune system is made up of different branches (each branch has specific functions and roles) that work in concert. Cytokines are the messengers (made of proteins) that allow the different branches to communicate with each other[as in war, the ground forces can call the air forces for help].

Our immune system includes : **neutrophils** (cells that rapidly ingest microorganisms and kill them), **lymphocytes** which include B lymphocytes (cells that differentiate into plasma cells which produce antibodies or immunoglobulins), T lymphocytes and NK cells (Natural Killer cells), **monocytes** (or macrophages) which are large cells that engulf microbes , and some other cells. [source: “The immune system and primary immunodeficiency” ; primaryimmune.org].

Cytokines are proteins that are produced by different cells of the immune system. They regulate the immune and the inflammatory response of the immune system. If they are produced by the lymphocytes, they are called lymphokines (many of them are called interleukins). If they are produced by the monocytes (macrophages), they are called monokines. Interleukin-1 and Interleukin-6 are mediators (facilitators) of inflammation. [source: “ What are cytokines” ; www.sinobiological.com].

Pro-inflammatory cytokines like Interleukin-1 and Interleukin-6 can trigger a cascade of reactions that leads to the formation of blood clots inside blood vessels [source : “ Covid-19 : How blood clots are involved – and how they could be deadly “ ; science.thewire.in ; June 1, 2020].

What is the cytokine storm that develops in Covid-19 ?

When SARS-CoV-2 is inhaled and reaches the lung tissue, it uses its outer spike to bind to the ACE2 receptor that is found on the cells of the alveoli of the lungs. The alveoli are the tiny air sacs of the lungs where the gas exchange between the air and the blood in the capillaries occurs. Once the alveoli are invaded and infected by the virus, the immune system goes in “attack mode”. Cytokines are produced by different immune cells. In some patients, the response of the immune system is very vigorous and produces excessive amounts of cytokines, hence the term cytokine storm. The cytokine storm can be very dangerous and even lethal. As stated above, some cytokines are mediators of inflammation. The intense inflammation that is generated, leads to the flooding of the alveoli with fluid, making the oxygenation of the blood in the capillaries inefficient. The oxygen saturation of the blood plummets and the patient becomes very short of breath. The filling of the lungs with fluid makes the lung stiff and when the process is severe and diffuse , we call this situation “ Acute Respiratory Distress Syndrome” or ARDS ; at that stage, the patient usually requires mechanical ventilation (i.e. connected to a ventilator);

the prognosis of such a situation is usually poor and can end with a fatal outcome. In addition to the flooding of the alveoli with fluid, the pro-inflammatory cytokines can trigger blood clots inside the blood vessels ; if the clots develop in the coronary arteries , the result is a heart attack ; if in the arteries of the brain, the result is a stroke; if in the arteries of the lungs (pulmonary arteries), the oxygen saturation of the blood plummets further ; if in the arteries of a limb, the result is a gangrene, and an amputation of a limb becomes necessary. Covid-19 can be deadly because of ARDS or because of a blood clotting complication or both.

Several articles have established a very strong correlation between vitamin D deficiency and Covid-19 mortality. [source:“ Vitamin D levels appear to play role in Covid-19 mortality rates. Patients with severe deficiency are twice as likely to experience major complications”; www.sciencedaily.com ; May 7, 2020]. In this article, Professor Vadim Backman at Northwestern University found a **strong correlation between vitamin D level and the cytokine storm**. He stated that vitamin D prevents our immune system from becoming dangerously overactive. This means that **having healthy levels of vitamin D could protect patients against severe complications, including death from Covid-19**. His analysis shows that a healthy level of vitamin D will not prevent a patient from contracting the virus but it may reduce complications and prevent death. **He concludes that vitamin D deficiency is harmful and can be easily addressed with supplementation**. He also notes that the severity of Covid-19 in Blacks and the elderly correlates with the fact that Blacks and the elderly are more prone to be vitamin D deficient.

In another article[“ Does vitamin D status impact mortality from SARS-CoV-2 infection ?” by Paul E Marik, Pierre Kory, Joseph Varon ; www.ncbi.nlm.nih.gov ; April 29, 2020], the researchers found correlation between vitamin D deficiency and Covid-19 mortality. In the article, the researchers state that vitamin D dampens excessive inflammation; vitamin D deficiency is a risk factor and a driver of the exaggerated and persistent inflammation that is a hallmark of acute respiratory distress syndrome (ARDS); vitamin D deficiency has been associated with an increased risk of respiratory infections such as influenza and tuberculosis; **vitamin D deficiency enhances the cytokine storm that may be particularly lethal in patients with SARS-CoV-2 infection**.

Researchers at the University of Chicago studied a cohort of 499 patients who had a vitamin D level measured a year before being tested for Covid-19. They found that **patients who had vitamin D deficiency were twice as likely to test positive for Covid-19 compared to patients who had sufficient levels of vitamin D**. [source : “ Vitamin D deficiency may raise risk of getting Covid-19” ; www.uchicagomedicine.org ; June 10, 20] .

An Indonesian retrospective study of 780 Covid-19 patients indicated that **the majority of death cases had below-normal vitamin D levels** [source: “ Vitamin D affects Covid-19 mortality”; www.pharmaceutical-technology.com ; June 11, 2020].

German researchers reviewed multiple studies on the relation of vitamin D blood level and Covid-19 mortality and came to the conclusion that a level of vitamin D in the blood of 50 ng/ml can bring Covid-19 mortality to zero [source : “ Covid-19 mortality risk correlates inversely with vitamin D3 status, and a mortality rate close to zero could theoretically be achieved at 50 ng/ml 25(OH) D3; results of a systematic review and meta analysis” by Lorenz Borsche, Bernd Glauner, Julian von Mendel published in the journal “ Nutrients” on October 14,2021 ; link : www.mdpi.com]. This is great news; if each one of us can optimize his/her vitamin D blood level to 50 ng/ml , Covid-19 becomes a non-lethal disease and the pandemic ends [this endeavor is quite easy and feasible ; swallowing a pill of vitamin D3 supplement is not climbing Mount Everest].

[source : “ Covid-19 mortality risk correlates inversely with vitamin D3 status, and a mortality rate close to zero could theoretically be achieved at 50 ng/ml 25(OH) D3; results of a systematic review and meta analysis” by Lorenz Borsche, Bernd Glauner, Julian von Mendel published in the journal “ Nutrients” on October 14,2021 ; link : www.mdpi.com]. This is great news; if each one of us can optimize his/her vitamin D blood level to 50 ng/ml , Covid-19 becomes a non-lethal disease and the pandemic ends [this endeavor is quite easy and feasible ; swallowing a pill of vitamin D3 supplement is not climbing Mount Everest].

Now let us put two and two together. Assuming that you do not know your vitamin D status, what would be your intuitive response if researchers are telling you that there is a strong correlation between vitamin D deficiency and severe/lethal Covid-19, and that there is a 70% chance that you (and your children if you have any) have vitamin D deficiency, and that bringing your vitamin D blood level to 50 ng/ml will render Covid-19 a non-lethal disease ? I think the logic response would be : I would like to know my vitamin D status and start vitamin D supplementations if I were deficient and aim to reach a level of 50 ng/ml [the normal range for vitamin D in the blood is 30-60 ng/ml , so aim to be in the range of 50-60 ng/ml] . Put yourself in the driver seat and forge ahead with your plan. Be in charge. Call your doctor and your child pediatrician to arrange for a check on your vitamin D status as well as that of your children. If you are deficient, your doctor will advise you on the proper dose of the vitamin D supplementation (to correct the deficiency) and arrange for a proper and timely follow-up.

Correcting your vitamin D deficiency is not a license to ignore proper infection control measures and engage in reckless behavior e.g. hugging a coughing/sneezing Covid-19 patient; in such a scenario you can receive a “direct hit” with a large dose of the virus and end up with a severe infection.

When you correct your vitamin D deficiency, you will be hitting 2 birds with one stone: downgrading Covid-19 from a lethal to a non-lethal disease as well as reaping the other benefits of an adequate level of vitamin D e.g. protection against diabetes, high blood pressure, infections and immune disorders, multiple sclerosis and some types of cancer as outlined at the beginning of the chapter.

In the next chapters, I shall identify more risk factors for severe Covid-19. If each and every one of us can identify and correct his/her risk factor(s), in addition to practicing proper infection control measures at the same time, we can collectively downgrade Covid-19 from a lethal disease to a non-lethal disease.

If we have an effective therapy for the virus, we can further downgrade Covid-19 from a non-lethal disease to a treatable disease. There is excellent news on that front. Therapies with cheap, safe and available medicines have demonstrated efficacy against the virus in observational or randomized controlled trials. Those therapies can bring to the world much awaited relief without relying on a vaccine. A vaccine is not the only option available to tackle an infectious disease. Therapies [e.g. antivirals] can successfully treat an infectious disease. I shall discuss those therapies in chapter 11“Cheer up! Help has arrived”.

Smile, please.

Frequently asked questions about vitamin D.

Correction of vitamin D deficiency is a highly effective **preventive** measure against Covid-19. Correction of vitamin D deficiency with oral supplements of vitamin D3 does not happen overnight. Usually it takes 2-3 months to achieve the correction. It is important to note that taking large doses of vitamin D3 without medical supervision and without monitoring the blood level of vitamin D can result in excess of vitamin D in the body which is **not** desirable. As a rule of thumb, it is not advisable to take more than 4000 IU of vitamin D3 per day without medical supervision. If you take oral supplements of vitamin D3 on a regular basis but unable to bring your blood level to the target range, the following 4 tips can be helpful : (1) as stated above, take vitamin D3 with a meal that contains fat. (2) Taking a reasonable dose of vitamin D3 e.g. 2000 or 3000 IU per day is better absorbed by some individuals than taking a mega dose e.g. 50,000 IU per week or month. (3)Some individuals, by genetic predisposition, do not absorb oral vitamin D3 properly; they can add to their oral vitamin D3 a skin patch that delivers vitamin D3 through the skin[your doctor can help you with this matter]. (4)Orally ingested vitamin D3 has to undergo an activation process in the liver and then in the kidneys before it becomes the “ active” form of the hormone utilized by the body. Persons who have advanced liver or kidney disease might not be able to produce the active form of the hormone; they can benefit from taking the active form of vitamin D3 [your doctor can help with this matter if you have advanced liver or kidney disease].

For an optimum blood level of vitamin D in the pediatric population, please consult with the pediatrician treating your child.

Chapter 2

Uncontrolled hypertension as a risk factor for severe Covid-19

According to the Centers for Disease Control and Prevention (CDC), the incidence of hypertension (high blood pressure) in the US adult population is 29 %.

Obesity is a risk factor for hypertension. Hypertension tends to run in families. Individuals whose parents have hypertension have an elevated risk of developing the condition, particularly if both parents are affected.

Hypertension is a risk factor for coronary artery disease, heart failure, kidney disease, stroke and other ailments. Most patients have no symptoms related to their hypertension, hence hypertension is known as **“the silent killer”**.

Hypertension is more prevalent in and tends to be poorly controlled in Blacks and Hispanics than in Whites.

Individuals with uncontrolled or untreated hypertension may be at risk of getting severe Covid-19[source: “ Covid-19 and high blood pressure : Am I at risk ? “; www.mayoclinic.org] . The author of the article used the words “uncontrolled “ and “ untreated” with the implication that this risk does not apply to those who have hypertension that is well controlled.

Poorly controlled hypertension being more prevalent in Blacks and Hispanics is one of the several causes of the higher prevalence of severe Covid-19 in Blacks and Hispanics [other causes are vitamin D deficiency and diabetes].

Assuming that you do not know whether you have hypertension or not, there is a 29% chance that you have hypertension and you do not know it. Please call your doctor and ask him/her for an appointment to check your blood pressure. If you have hypertension and you bring it under control, you are sparing yourself the risk of severe Covid-19 and at the same time protecting yourself from the ravages of hypertension like coronary artery disease, heart failure, stroke and kidney failure [in the USA, the 2 leading causes of end stage kidney disease that requires dialysis, are diabetes and hypertension].

Chapter 3

Obesity and diabetes as risk factors for severe Covid-19

Obesity and diabetes have been identified as risk factors for severe Covid-19. Obese or diabetic patients are prone to develop the cytokine storm when they are infected with SARS-CoV-2 (the virus causing Covid-19). [sources: “ Obesity is a risk factor for severe Covid-19 infection” by Naveed Sattar, MD ; www.ahajournals.org ; July 7,2020 . “Obesity and diabetes as high-risk factors for severe coronavirus disease 2019 (Covid-19)” by Yue Zhou ; onlinelibrary.wiley.com ; June 26, 2020].

According to the CDC, the **prevalence of obesity** in the US adult population is 42.4%.

For children and adolescents, the prevalence is 20.6% (12-19 years) , 18.4 % (6-11 years) , 13.9% (2-5 years).

This means that a sizeable proportion of adults and children in the USA is at risk of developing severe Covid-19 if they catch the virus and fall ill.

How can an individual determine if he/she is obese?

A Body Mass Index (BMI) of 30 or more means obesity.

A BMI less than 18.5 is considered underweight; a BMI of 18.5-24.9 is considered normal ; a BMI of 25-29.9 is considered overweight.

You can find your BMI by using an online BMI calculator; go to “adult BMI calculator” www.cdc.gov or “Calculate your BMI “ www.nhlbi.nih.gov. The online calculator is user-friendly; you will enter your height and body weight and the calculator will compute your BMI.

How is diabetes diagnosed?

Diabetes is diagnosed when the Fasting Blood Sugar (FBS) is 126 mg/dl or more on 2 separate occasions. A FBS less than 100 mg/dl is normal; a FBS between 100-125 mg/dl indicates prediabetes [source : “Diabetes – Diagnosis and treatment “ www.mayoclinic.org]. Prediabetes is a condition that can progress to diabetes; with proper treatment, it can be reversed and the FBS returns to the normal range.

Being overweight or obese is a risk factor for prediabetes, diabetes and hypertension. Even losing 10-15 lbs can make a big difference.

Plan of action.

Please calculate your BMI and determine whether you are overweight or obese. If you are overweight or obese, you will need to determine your FBS to check for diabetes or prediabetes . Even if your weight is normal, you need to check your FBS [you might have prediabetes and you can halt the progression to diabetes with proper treatment]. Call your doctor and ask for an appointment. If you are overweight or obese and your FBS indicates prediabetes or diabetes, your doctor will instruct you on how to treat your prediabetes or diabetes and instruct you on how to lose weight. If your FBS is normal, your doctor will instruct you on how to lose weight. Your strategy is to identify all your risk factors for severe Covid-19 and correct them. In one single visit with your doctor, you can determine your vitamin D status, FBS and blood pressure; together with your doctor you can proceed with a plan of action in order to protect yourself from severe Covid-19.

It is interesting to note that **according to CDC data, 78% of people who have been hospitalized, needed a ventilator or died of Covid-19 have been overweight or obese** [source : “ CDC study finds about 78% of people hospitalized for Covid were overweight or obese” by Berkeley Lovelace Jr, website of CNBC, date: March 8, 2021]. Two simple words of advice: lose weight , given to the overweight or obese can slash hospitalizations by 78% and bring huge relief to the exhausted nurses, doctors and other healthcare workers. We usually advise our patients to lose no more than 1 pound / week; depending on the degree of obesity/overweight , a patient will need several weeks or months to move from the obese/overweight category to normal body weight , and the beneficial impact on the course of the pandemic will be tremendous.

In chapter 1, we have learned that children can have vitamin D deficiency. In this chapter, we have learned that they can be obese but with a lower prevalence than the adults. In real life, children tend to have very mild Covid-19 if they get the virus and they have a mortality rate much lower than the adults. Professor Vadim Backman at Northwestern University explained that by saying that the children rely on their innate immune system and they do not have a fully developed acquired immune system [source: “Vitamin D levels appear to play role in Covid-19 mortality rates” ; www.sciencedaily.com ; May 7, 2020]. The innate immune system does not overreact and does not produce a cytokine storm.

Chapter 4

The self-inflicted wounds of unemployment , stress and high cortisol levels

With the start of the Covid-19 pandemic, most countries of the world ,with the exception of Sweden, went into a lockdown and essentially shut their economies. Lockdowns had a devastating effect on the economy and the education of the children and youth. According to the Wall Street Journal, **30 million** Americans lost their jobs during the Coronavirus pandemic [source : “ How many U.S. workers have lost jobs during Coronavirus pandemic ? There are several ways to count” by Eric Morath ; www.wsj.com ; June 3, 2020]. The loss of a job is an extremely stressful situation; with no job, there is no income to buy food and pay rent. People can lose their lives because of hunger and homelessness. Assuming that each of those workers is a bread winner and the provider for 2 dependents, this means that we have 90 million Americans in a state of distress and agony [almost one third of the entire population]. We know that during stress the body produces a hormone called **cortisol** (which suppresses the function of the immune system and put people at risk of catching infections). Researchers in the UK have found that Covid-19 patients who were admitted to the hospital and who had extremely high levels of the stress hormone cortisol were more likely to deteriorate quickly and die. [source : “ High cortisol levels associated with greater risk of death from Covid-19” by Imperial College of London ; medicalxpress.com ; June 18 ,2020].

When it comes to a life and death decision, we have to let the citizen decide and not a public health official. The citizen decides on whether he/she will work and risk catching Covid-19 or die of hunger, malnutrition and homelessness due to unemployment. The citizen decides on the lesser of two evils because the evil affects the citizen and not the public health official. The waitress, who works in a restaurant and who needs her earnings to feed her children and pay rent, is the one who decides on whether she continues to work or not. No one can tell a worker your job is essential or non-essential. Each worker considers his/her livelihood and job as essential. Each US citizen has the right to life, liberty and the pursuit of happiness according to the US Constitution. There is no provision in the US Constitution that states that the US Constitution can be suspended during a national emergency. A public health official has the duty to inform the citizens about how a disease is transmitted, how to avoid the infection, the mortality rate, the groups of people at risk and the segment of the population whose mortality is highest, so the citizens can make an informed decision based on adequate and accurate data; a public health official does not have the authority to force people to lose their job.

All the segments of the economy are intertwined. With massive unemployment, there are home foreclosures, bank failures, financial crisis, hunger, looting, skyrocketing crimes , lawlessness...etc. We have not witnessed that because the government has stepped in with trillions of dollars of emergency funds. But again, at what cost? Before the pandemic , the national debt of the USA was well above 20 trillion dollars. In a few months into the pandemic, we have added approximately another 5 trillion dollars. The total wealth of US households is around 85 trillion dollars.

If our debt equals our wealth, we lose our sovereignty and independence. We have a moral duty towards future generations not to burden them with a crushing debt.

The worldwide lockdown brought economic ruin to the entire world. Economists estimate that the worldwide debt will rise to 101% of the world GDP. They expect that 130 million persons worldwide will plunge into abject poverty because of the lockdown. What a disaster!

Now I would like to address the argument that the lockdown was necessary to protect the hospitals from being overwhelmed by a flood of patients. We know that Covid-19 is severe and lethal in certain groups who have risk factors e.g. vitamin D deficiency, obesity, diabetes, uncontrolled hypertension, stress with elevated cortisol level in the blood, old age..etc. If each one of us identifies his/her risk factors (if any) and correct them , then we can avoid a severe infection if we are exposed to the virus i.e. we develop a mild disease or no symptoms and we do not end up in the hospital or the intensive care unit . Protecting the hospitals from being overwhelmed is dependent on our own effort and diligence in correcting our risk factors.

We can alleviate the hospitals burden by providing care to a subgroup of patients who can be managed at home. If a patient needs hospital admission because he/she has low oxygen level in the blood and requires supplemental oxygen, we can provide the patient with a portable oxygen concentrator at home. The oxygen concentrator is a machine that uses electricity to generate concentrated oxygen from the ambient air. It can be plugged in a regular electric outlet in the house; it is user-friendly and easier to operate than a coffee maker, a food processor or a microwave oven.

Chapter 5

Addiction is a foe

According to the CDC, smoking is a risk factor for severe Covid-19. The percentage of the US population that smokes is 15.5 %.

Marijuana suppresses the immune system. Pot-smokers are more susceptible to infections. [source : “ How marijuana suppresses the immune system “ ; www.livescience.com ; November 29, 2010]. 35 million Americans are regular users of marijuana.

Excessive alcohol consumption impairs the immune system and increases the susceptibility to pneumonia and ARDS. [source : “ Alcohol and the immune system” by Dipak Sarkar ; www.ncbi.nlm.nih.gov ; 2015]. 12.7% of the US population meet the criteria for alcohol use disorder.

Cocaine use compromises the function of the immune system. [source: “ Cocaine may compromise immune system, increase risk of infection” by Patrick Zickler ; archives.drugabuse.gov ; February 1, 2004]. 0.8% of the US population use cocaine.

Use of drugs and alcohol is a real foe that can suppress the immune system and render the user susceptible to infections and Covid-19. Anyone who smokes or uses drugs/alcohol needs to call his/her doctor and seek professional help to quit ; this will improve his/her odds in the fight against Covid-19.

In the previous chapters and the current one, I have identified several risk factors that can put an individual at risk for severe Covid-19. A panoramic view of the US population shows that many of us are unhealthy: 70% have vitamin D deficiency, 42% are obese, 29% have hypertension, 15% smoke, 9% use marijuana, 12% are alcoholics. Many segments of the population are at risk for severe Covid-19. Fortunately, it is in the reach of every one of us to identify his/her risk factor and correct it with the help of his/her doctor ; thus we can downgrade Covid-19 from a lethal to a non-lethal disease ; each one of us can be in charge of his/her fight against the disease. We do not need a handout from anyone. May be the cloud of the pandemic has a silver lining ; the pandemic will force us to adopt healthy habits.

It is important to note that there are other conditions that can predispose an individual to severe Covid-19, e.g. chronic kidney disease, liver disease, lung disease (e.g. cystic fibrosis), heart disease (e.g. heart failure), impaired immunity (e.g. HIV infection, suppression of the immune system with medications following organ transplant operations). Those conditions cannot be reversed without creating new problems; advanced kidney or liver disease, and cystic fibrosis can be treated with organ transplantation. Following transplantation, the patient must receive a lifelong treatment regimen with medicines that suppress the immune system to prevent the body from rejecting the graft. Suppression of the immune system will predispose the person to severe Covid-19. So we are solving one problem and creating a new one.

Chapter 6

The pot of simmering water

As discussed in the first 3 chapters, vitamin D deficiency, uncontrolled hypertension and obesity are risk factors for severe/lethal Covid-19.

According to the CDC, 8 out of 10 Covid-19 related deaths in the USA have been among adults aged 65 years and older. [source: " Older adults" ; www.cdc.gov].

Is there an underlying common factor in vitamin D deficiency, uncontrolled hypertension, obesity and old age?

The answer is yes. There is a common underlying factor which is inflammation in the body. Let us look at some facts.

There are 2 laboratory tests that we use in clinical practice to detect ongoing inflammation in the body and those tests are: ESR (Erythrocyte Sedimentation rate) and CRP (C-Reactive Protein).

Low vitamin D is associated with an increased level of CRP. [source : " Vitamin D and inflammatory markers : cross-sectional analysis using data from the English Longitudinal study of Ageing (ELSA) " by Cesar de Oliveira ; www.ncbi.nlm.nih.gov ; January 12, 2017].

Uncontrolled hypertension is associated with higher blood levels of CRP. [source: "Resistant arterial hypertension is associated with higher blood levels of complement C3 and C-Reactive Protein " ; by Eli Magen MD ; onlinelibrary.wiley.com ; September 24, 2008].

Obese patients have higher levels of C-Reactive Protein and ESR. [source: " Obesity influences rheumatoid arthritis diagnostic tests " by David Millett ; www.gponline.com ; April 11, 2017].

Old age causes an increase in ESR. [source: " Hematology update- Douglass Hanly Moir Pathology"; www.dhm.com.au].

In all 4 conditions: vitamin D deficiency, uncontrolled hypertension, obesity and old age, there is an ongoing simmering inflammation in the body; when SARS-CoV-2 [the Covid-19 virus] hits the body, the immune system starts to attack the virus generating a surge of more inflammation that adds up to the baseline inflammation and the cytokine storm is triggered [like a pot of simmering water ; you turn up the heat and the water boils].

I hope that skeptics who doubt that an adequate level of vitamin D protects against severe/lethal Covid-19 will change their mind when they review the above mentioned evidence.

Chapter 7

Nurture a healthy gut microbiome and recruit an ally

The term gut microbiome refers to the trillions of bacteria that reside in the gut. Some are helpful, others are potentially harmful. The microbiome performs vital functions for the body; **it stimulates the immune system** and produces vitamins and amino acids [building blocks for proteins]. A high fiber diet promotes the growth of the beneficial bacteria and a healthy microbiome ; a low fiber diet reduces the amount of the beneficial bacteria and promotes the growth of harmful bacteria. [source: “ The microbiome” ; www.hsph.harvard.edu].

A recent study has shown that a healthy gut microbiome favors a better outcome in Covid-19 infections. [source: “ Can gut microbes predict Covid-19 severity ? A healthy gut microbiome might improve Covid-19 outcomes” by Scott Anderson; www.psychologytoday.com ; May 1, 2020].

How can you develop and nurture a healthy gut microbiome?

1. Consume a high fiber diet [the daily recommended amount is **25-30 grams of fiber**; unfortunately the average amount in the American diet is 15 grams which is a half of the required amount]. Good sources of fiber: whole grains e.g. wheat, oat, barley; vegetables; fruits; lentils; peas; beans [**NB** beans can cause flatulence; if you are not used to eating beans, start with a small amount first and gradually build up in order to avoid the flatulence]
2. Eat yogurt with live active bacterial cultures [source : see the above source “ The microbiome”]. Please do not eat yogurt if you are allergic to dairy products. If you do not like yogurt, try it once a week; you do not have to eat yogurt every day .
3. Avoid artificial sweeteners. Artificial sweeteners are toxic to the gut bacteria [source: “ Artificial sweeteners have toxic effects on gut bacteria” ; neurosciencenews.com ; October 1, 2018].

With simple diet changes, you can develop a healthy gut microbiome and recruit an ally in your fight against Covid-19.

Chapter 8

Laboratory tests

According to the CDC, the incubation period (the time from exposure to development of symptoms) of Covid-19 ranges from 2-14 days.

The symptoms of Covid-19 are: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Please remember that Covid-19 can be a systemic infection (not localized to the respiratory tract) and the virus can infect the heart, liver, kidneys, brain and skin and can produce symptoms related to those organs if they have been seeded.

In up to 50% of the infections, the disease is asymptomatic (the infected person develops no symptoms). In an outbreak on a cruise ship, 80% of the infections were asymptomatic [source: “ Up to 80% of Covid-19 infections are asymptomatic, a new case report says” by Jamie Ducharme , Time magazine, May 28,2020].

In those who develop symptoms, the disease can be mild to moderate (mild symptoms up to mild pneumonia) in 81% of the cases, severe (shortness of breath, low oxygen saturation of the blood, > 50% of lung involvement on a chest X-ray) in 14 % of cases , critical (respiratory failure, shock) in 5% of cases.

Clinical recovery is achieved in 2 weeks (in mild cases), and in 3-6 weeks (in severe and critical cases).

Laboratory tests used in Covid-19 infection

Viral test : this test is used to diagnose a **current** infection . When the virus invades the nose, it starts to replicate. Within a few days of showing symptoms, a sample of the virus can be obtained by inserting a nasal swab deep into the nose. Using a technique called Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR), a tiny bit of the viral genome is used to produce a very large number of copies of the genome , hence the test can detect the presence of the virus even when the amount of the viral genome collected is very tiny. The test can be negative if an improper technique is used in collecting the swab (only properly trained personnel must perform the swab) or if the viral load is low. Also the test can be negative if it is done too early (e.g. after only one day from the onset of symptoms, when the virus did not have enough time to replicate). The test cannot differentiate between live virus and virus fragment. If the collection of the swab is done in a facility that can process the specimen, the result of the test can be available in less than one hour. [Sources : “ 11 things to know about Covid-19 testing”;

www.mdanderson.org ; May 21, 2020; and “ Covid- 19 testing- guide for physicians “ ; www.aafp.org ; July 28, 2020] . For patients with mild to moderate Covid-19, live virus capable of replication has not been recovered in nasal swabs after 10 days following symptom onset. [source : “ Duration of isolation and precautions for adults with Covid-19 “ ; www.cdc.gov ; July 22,20].

A swab can be obtained from the throat where it is less uncomfortable than the nasal swab.

Antibody test : this is a blood test that detects antibodies against SARS-CoV-2. It is a test for a **past** infection with the virus. Except in instances in which viral testing (nasal swab) is delayed or unavailable, antibody tests should not be used to diagnose a current Covid-19 infection. An antibody test may not show if you have a current Covid-19 infection because it can take 1-3 weeks after infection for your body to make antibodies. A positive result means that you have antibodies against the Covid-19 virus or against a virus from the same family (the coronavirus family); some coronaviruses cause the common cold. [source: “Test for past infection “ ; www.cdc.gov ; June 30, 2020].

The sensitivity and specificity of the various antibody tests used in practice now vary from test to test with a range from 93.8% to 100% for sensitivity and from 96% to 99.8% for specificity [source : “ FDA publishes first validation results of 12 Covid-19 antibody tests” by Conor Hale; www.fiercebiotech.com ; May 8,2020]. Test sensitivity is the ability of a test to correctly identify those with the disease (true positive rate), whereas test specificity is the ability of the test to correctly identify those without the disease (true negative rate). If an individual is actually infected with the virus and his/her test comes back negative, we call that test a “false negative” test. If an individual is not infected and the test comes back positive, we call that test a” false positive” test.

It is interesting to note that some Covid-19 patients develop antibodies later than usual or not at all. But there is a test used in research laboratories (not available in a clinical setting) that detects what is termed “**T cell immunity**”. There is a subset of T lymphocytes called memory T cells that can recognize the proteins of SARS-CoV-2. When the T cell immunity test is positive, we can determine that the individual was infected with the Covid -19 virus even though the blood antibodies test was negative. T cell immunity can be detected as early as one week after the disease onset. The presence of T cell immunity implies a state of immunity that can last for years. Patients who had SARS, in 2002, were tested in 2020; they still had T cell immunity [SARS was another coronavirus infection caused by a virus named SARS- CoV-1 and which appeared in 2002]. The presence of T cell immunity in Covid-19 patients is good news, because it implies that the immunity can last for years in spite of the decline in the level of serum antibodies. [sources: “ Immune T cells may offer lasting protection against Covid-19 “ by Dr Francis Collins; directorsblog.nih.gov ; July 28,2020; and“ Measuring the T cell immune response to Covid-19 “ ; www.technologynetworks.com ; July 8, 2020].

As the pandemic unfolded, it became evident that some patients can get Covid-19 and later on get re-infected with a different variant of the virus [e.g. some patients in South Africa were infected with the Delta variant and later on were re-infected with the Omicron variant].

Advances in diagnostics

More new diagnostic tests are now available, and the diagnosis of a new Covid-19 infection is getting more simple. A rapid test that relies on detecting a viral antigen [and does not rely on the cumbersome PCR technology that can delay obtaining a test result for several days] can yield a result in 15 minutes. Nowadays there are home kits [available without prescription] that rely on collecting a nasal swab and use the rapid antigen test. This can greatly facilitate the early outpatient treatment of Covid-19. It can definitely limit the spread of the virus in the community because it will obviate the visit of a patient to a doctor's office or the emergency room, thus reducing the chances of infecting other individuals.

Chapter 9

Modes of transmission

The virus can enter the body through the nose, mouth and eye; hence the instruction to wash the hands with soap and water before touching the nose, mouth or eye ; if soap and water are not available, a hand sanitizer that contains at least 60% alcohol must be used [source : “ How Covid-19 spreads” ; www.cdc.gov].

The major mode of transmission is through droplets and aerosols expelled from the nose and mouth of an infected person during coughing, sneezing, talking and breathing. Droplets are more than 5 microns in size , travel a distance of 6 feet before landing on a person, object or the ground ; in the case of a sneeze, the distance traveled can be more than 6 feet; if droplets hit a person , they tend to be trapped in the upper airway. Aerosols are less than 5 microns, can travel up to 27 feet and can remain suspended in the air for up to 3 hours; when inhaled by another person, they reach deep into the lung.

At the beginning of the pandemic, the spread of the disease by droplets was considered the major route of spread. Then several researchers around the world suggested the aerosol possibility. Spread by aerosol makes the control of the disease spread much more problematic. An infected person can seed the air of an enclosed space with infectious aerosols and leave the area, and 1-2 hours later a susceptible host comes into the area and inhales the aerosols and becomes infected without having a direct or indirect contact with the original infected person. And this will require a closer look at the ventilation system of buildings. Ventilation systems that primarily use outside air or very well filtered air can reduce the transmission of the virus. [sources : “ Transmission of Covid-19 virus by droplets and aerosols: a critical review on the unresolved dichotomy” by M. Jayaweera , www.ncbi.nlm.nih.gov , June 13, 2020 ; and “ How does coronavirus spread “, www.webmd.com ; and “ Why scientists think Covid-19 may be spread through particles in the air “ by Ben Siegel , www.msn.com , July 8,2020 ; and” Aboard the Diamond Princess , a case study in aerosol transmission “ by Benedict Carey and James Glanz , www.msn.com , July 30,2020].

In many places in the world, the use of a face mask became mandatory in closed public spaces and on public transportation. A study published in Cochrane Library found that wearing a medical/surgical mask in the community made little or no difference in preventing the spread of a respiratory viral illness. That issue was discussed by Dr. John Campbell, the famous British medical educator who has more than 2 million subscribers to his YouTube channel [source: Masks, the jury returns; YouTube channel of Dr. John Campbell; March 2, 2023].

In order to formulate a rational public health policy based on the above evidence, let us consider the following : the virus is expelled from the body during coughing, sneezing, talking and breathing; the viral load expelled during coughing and sneezing is much larger than the load expelled during talking and breathing ; therefore , all persons who are coughing or sneezing must abstain from entering a closed public space ; upgrading the ventilation of any closed public space [to filter out or destroy the viral

particles] will be very beneficial.

Chapter 10

Long- Haulers

A subgroup of Covid-19 patients continues to have debilitating symptoms for months after the onset of their illness. Those patients are termed “ Long-Haulers”.

Mild Covid-19 cases resolve in 1-2 weeks. Severe cases resolve in 3-6 weeks. But in “Long-Haulers “, residual symptoms linger for months. Symptoms can be persistent or follow a relapsing/remitting pattern. Prior to the illness, the patients were healthy or had identifiable risk factors. The symptoms can be in the form of a very profound debilitating fatigue, cough, shortness of breath, brain fog, poor memory or headache. [source: “ What it means to be a Coronavirus “Long-Hauler”; health.clevelandclinic.org ; July 10, 2020].

It seems to me that those patients are in a state of a stalemate with the virus. The virus did not kill the patient and at the same time the patient’s immune system did not achieve a lasting victory. There is a tug of war that has not been settled.

I feel very sorry for the continuous struggle and suffering of the Long-Haulers. I would like to offer some suggestions: Identify any risk factors as outlined in the prior chapters (e.g. vitamin D deficiency , obesity, smoking ...etc) and correct them. First and foremost check your vitamin D level if you do not know it (there is a 70% chance that you are vitamin D deficient); **aim to bring your vitamin D blood level to the 50-60 ng/ml range** [a most important step]. Also work on developing a healthy gut microbiome as outlined in chapter 7. Eat a diet rich in vitamin C and Zinc [see chapter 12 for more details]; both vitamin C and Zinc are needed for the proper function of the immune system. If these measures do not bring resolution of your symptoms, then a **therapeutic trial** of 2 days of Ivermectin plus 5 days of Azithromycin or Doxycycline [as outlined in the outpatient treatment protocol of Dr. Peter McCullough in chapter 11] is worthy of consideration [please discuss this option first with your doctor].

Chapter 11

Cheer up ! Help has arrived

Early outpatient treatment is crucial to bringing the pandemic under control

Many doctors and researchers on the front lines in the war against Covid-19 , decided to look at available drugs and repurpose them for the fight against the virus ; and there is very good news on that front. Some drugs have shown very demonstrable efficacy against the virus in observational studies or randomized controlled trials . As I have explained in prior chapters, we can downgrade Covid-19 from a lethal to a non-lethal disease when we correct our risk factors and practice proper infection control measures, which is very feasible. We can further downgrade the disease from non-lethal to treatable if we have a treatment for the disease, and that is what is happening now with those very successful therapies. This is how the pandemic can be obliterated without relying on any vaccine or a new antiviral drug. I shall share with you the great news in this chapter.

Ivermectin

Ivermectin is a medicine used to treat parasites and scabies in human beings and parasites in mammals. It was developed decades ago by William Campbell and Satoshi Omura who received the 2015 Nobel Prize of Medicine for developing this drug. This medicine is also an antiviral that has effects on RNA viruses such as Zika, dengue, yellow fever and SARS-CoV-2 [SARS-CoV-2 is a RNA virus]. A team of researchers in Australia has documented that Ivermectin was extremely effective in inhibiting SARS-CoV-2 replication in the lab [sources: “ Ivermectin : a systematic review from antiviral effects to COVID-19 complementary regimen “ by Fatemeh Heidary in the Journal of Antibiotics , June 12,2020, www.nature.com ; and “ the FDA approved drug Ivermectin inhibits the replication of SARS-CoV-2 in vitro” by Leon Caly in Antiviral research , June 2020, www.sciencedirect.com]. Ivermectin is cheap, available and well tolerated.

Ivermectin was used off-label in Peru by clinicians with great success in treating Covid-19 patients and with that success the government of Peru officially approved Ivermectin as treatment for Covid-19. [source: “ How a grassroots health movement led to acceptance of Ivermectin as a Covid-19 therapy in Peru” ; June 12,2020; www.trialsitenews.com].

Dr. Jean-Jacques Rajter and Dr. Juliana Cepelowicz Rajter [lung specialists in Broward County , Florida] pioneered the use of Ivermectin for the treatment of severe and critical Covid-19 patients in the USA. In a retrospective observational study, they demonstrated that Ivermectin reduced mortality by 48% in critically ill patients.

In their protocol, they used a dose of 200 microgram/kg of body weight as a single dose and the dose was repeated in 1 week if the patient did not improve enough. For details, please watch the following video on YouTube: “ Dr. Jean-Jacques Rajter and Dr. Juliana Cepelowicz Rajter discuss Ivermectin in Broward County”, channel: TrialSite News ; July 15,2020 ; duration of video: 32:26 minutes. Following the success of Drs. Rajter, many doctors in Broward County used Ivermectin to treat mild and moderate cases of Covid-19 with success.

The following fascinating story happened in a nursing home in Toronto, Canada. There was an outbreak of scabies among the residents of the 4th floor that did not respond to topical therapy. So all the residents of the 4th floor received a therapeutic dose of Ivermectin (to treat the scabies) and the residents of the other floors received a prophylactic dose of Ivermectin. Covid-19 hit the nursing home and many of the treating staff (the treating staff did not take Ivermectin) got Covid-19. None of the residents of the 4th floor got Covid-19 and the residents of the other floors also did not get Covid-19 or very few of them got a mild form of it. This means that Ivermectin was used with success inadvertently as a prophylaxis against Covid-19. For details, please watch the following video clip on YouTube: Covid-19 Ivermectin-saved lives in Toronto Nursing Home. Pandemic Protection-Turning point? , channel : HIBBERD Health Dr. Jennifer Hibberd; June 22,2020; duration of video: 15:35 minutes.

Professor Thomas Borody is a world -famous Australian infectious diseases and gastroenterology specialist. He is the brilliant physician who , decades ago, discovered that stomach ulcers are caused by a bacterium [a totally novel concept at that time] and he developed the triple antibiotic regimen that is used all over the world to eradicate this bacterium.

Dr. Borody has developed a treatment protocol for Covid-19 that is **100% effective and extremely safe**. His protocol consists of **Ivermectin, Doxycycline and Zinc** [all are available and cheap medicines]. He reports a mild transient headache in 6% of his treated patients as a side effect of the treatment protocol. He stresses that, for the treatment to be effective, it has to be initiated very early in the illness; the treatment is started on an outpatient basis and with the first onset of symptoms [we do not wait for the patient to have a foot in the grave and then start the therapy]. If we have an outpatient treatment protocol that is 100% effective, this means that hospitalizations and fatalities will cease. For details, please watch the following 3 YouTube video clips : (1) “ Doctor claims Ivermectin triple therapy is amazingly effective in treating Covid-19”, channel: Sky News Australia, date:08/08/2020, duration: 7:47. (2) &(3)” Professor Thomas Borody interview- Part 1&2”, channel: Covexit News and Analysis, dates: 09/12/2020 & 09/22/2020, duration: 10:25 & 12:33. In the 3rd clip at 11:11 Dr. Borody mentions the email address where he can be contacted by any interested physician and he will release the treatment protocol to that physician; the email address is: gp@cdd.com.au ; Dr. Borody vehemently opposes the idea of doing placebo controlled studies in the evaluation of a lethal disease, because this is considered immoral and unethical. He states that there are other ways of evaluating the efficacy of a given therapy without the need for a placebo controlled trial e.g. the efficacy of an antiviral can be assessed by measuring the ability of the antiviral to reduce or eliminate the viral load.

Covid-19 is now a treatable and a curable disease. If we have an effective outpatient therapy for Covid-19, this will be a real game changer. Moreover, if the treatment eradicates the virus in 3-4 days, the patient can return to work or college or school quickly and there will be minimal disruption to the work force and the economy[I have heard reports of Covid-19 patients who have struggled with a prolonged illness of a few weeks and who made a complete , full and quick recovery after taking Ivermectin, and with a reduction of the viral load to zero within 4 days from the start of Ivermectin use].

When a patient seeks the advice of a doctor who fails to solve his/her problem, the patient can seek a second opinion or quit going to that doctor and find another one who can help. We cannot maintain the status quo of how we have managed the pandemic and expect a better outcome. We must change direction and formulate a different plan other than the vaccine-centric plan. **We have to unlearn the concept that there is no cure for Covid-19 because Covid-19 is a curable disease indeed.**

Many doctors in the USA have developed very successful outpatient treatment protocols for Covid-19. They stress the importance of starting the therapy at the first onset of symptoms [like Dr. Thomas Borody does]. Needless to say that a successful and early outpatient treatment of Covid-19 will drastically reduce the number of hospitalizations and deaths due to Covid-19.

Dr. Peter McCullough MD,MPH is a distinguished internist, cardiologist, researcher and public health official in Dallas,Texas ; he is the editor of 2 medical journals and the author of one thousand published medical articles. He has developed a very successful algorithm for the outpatient treatment of Covid-19 and his protocol was published in the peer- reviewed American Journal of Medicine(on August 7,20).

In his protocol, Dr. McCullough uses Zinc and vitamin D3 and either one of these 2 oral regimens:

- (a) Ivermectin as a single daily dose of 200 microgram/ kilogram of body weight (for 2- 3 days) plus Azithromycin 250 mg [Z-Pak] (for 5 days) or Doxycycline 100mg twice a day(for 5 days).
- (b) Hydroxychloroquine 200mg twice a day (for 5 days) plus Azithromycin 250 mg [Z-Pak] (for 5 days) or Doxycycline 100mg twice a day (for 5 days).

He uses Prednisone (and not Dexamethasone) when the patient's oxygen saturation in the blood drops. He also uses Aspirin and if needed Eliquis (a blood thinner) in order to thwart the blood clotting problems that develop with Covid-19 [source: YouTube video: " Outpatient early treatment Algorithm for Covid-19. A webinar with Dr. Peter A. McCullough"; channel : Covexit News and Analysis; October 28,20; duration: 1:43:01].

We know that viral infections can be brought under better control when we use more than one single antiviral simultaneously. Taking AIDS as a prototype, the use of 3 antivirals simultaneously was more effective in the treatment of AIDS than the use of a single antiviral. This knowledge has prompted some doctors to combine Ivermectin with Doxycycline in the treatment of Covid-19. Doxycycline is a Tetracycline antibiotic. Tetracyclines are affordable , safe and orally available antibiotics; they chelate zinc and thus inactivate zinc dependent enzymes that the Covid-19 virus uses for its replication ; also

they are known to have anti-inflammatory capabilities [source : “ Therapeutic potential for Tetracyclines in the treatment of Covid-19” by Mohit Sodhi in the journal of pharmacotherapy volume 40, Number 5, 2020 ; accpjournals.onlinelibrary.wiley.com].

Dr. Pierre Kory is a distinguished lung and critical care specialist and the president of the Front Line Covid-19 Critical Care Alliance. His alliance of doctors is a very strong advocate of the use of Ivermectin in the prevention and treatment of all stages of Covid-19. On December 8,2020 he testified before the US Senate committee on Homeland Security and governmental affairs. In his testimony, he stated that his alliance has written a manuscript with data that show the ability of the drug Ivermectin to prevent Covid-19, to keep those with early symptoms from progressing to the hyper-inflammatory phase of the disease, and even to help critically ill patients to recover. **He described Ivermectin as a “miracle drug” against Covid-19** and called upon the government’s medical authorities- the NIH, CDC and FDA- to urgently review the latest data and then issue guidelines for physicians and nurse practitioners to prescribe Ivermectin for Covid-19. The manuscript detailed results from 20 studies, with over 10 of them randomized controlled trials [source: “ Dr. Pierre Kory, president of the FLCCC Alliance testifies before Senate Committee on Homeland Security and governmental affairs looking into early outpatient Covid-19 treatment” by Front Line Covid-19 Critical Care Alliance at newswise.com; date: December 8, 2020]. The Alliance has a treatment protocol that uses Ivermectin and advocates the protocol as a potential solution to the global pandemic that might significantly reduce the need for lockdowns and other societal restrictions. After his Senate testimony, Dr. Kory testified before the Treatment Guidelines Panel of the NIH (National Institutes of Health). On January 14, 2021 the NIH Treatment Guidelines Panel issued the following statement: “ The Covid-19 Treatment Guidelines Panel (the Panel) has determined that currently there are insufficient data to recommend either for or against the use of Ivermectin for the treatment of Covid-19. Results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of Ivermectin for the treatment of Covid-19” [source: “The COVID-19 Treatment Guidelines Panel’s Statement on the use of Ivermectin for the treatment of Covid-19” at www.covid19treatmentguidelines.nih.gov; date: January 14,2021].

It seems that the advocacy of Dr. Kory and other doctors is reaching members of the general public. On December 29,2020 Mrs. Judith Smentkiewicz (80-year- old) was rushed to the Millard Fillmore Suburban Hospital (Buffalo, New York) and was admitted to the intensive care unit because of severe Covid-19 and she was put on a ventilator. The doctors told her son and daughter that she had a 20% chance of survival and she might need to stay on the ventilator for a month. Her son did his own research and pressured the ICU doctor to give her Ivermectin and he finally agreed. On January 2, 2021 Mrs. Smentkiewicz was given her first dose of Ivermectin. Her family stated that she made “a complete turnaround”. In less than 48 hours, she was taken off the ventilator and transferred out of the Intensive Care Unit to another hospital wing. Doctors in that unit refused to give her any more doses of Ivermectin and her condition quickly deteriorated. Her family took the hospital to Court. State Supreme Court Judge Henry J. Nowak sided with the family. On January 8,2021 Judge Nowak ordered the hospital to “ immediately administer the drug Ivermectin” and the patient’s condition improved again once the

Ivermectin treatments were resumed. The patient's family believes that Ivermectin is a **"miracle drug"** [source: " After Judge orders hospital to use experimental Covid-19 treatment, woman recovers" by Dan Herbeck in The Buffalo News; date: January 15,2021].

Under the leadership of **Dr. Tess Lawrie**, an international panel of highly distinguished doctors and researchers convened in Bath, United Kingdom on February 20,2021. Dr. Tess Lawrie is the director of the evidence-based medicine consultancy in Bath, UK. She is a doctor, researcher and an **independent consultant to the WHO and the British National Health Service**. She is highly respected for her competence and rigorous and independent analysis of medical data; she specializes in the synthesis of data that are used in international clinical practice guidelines; **she ranks among the world top 5% of analysts of medical data and interpreters of clinical trials**. The panel reviewed the Ivermectin randomized controlled trials pooled by the Front Line Covid-19 Critical Care Alliance [FLCCC founded by the distinguished US physicians Dr. Pierre Kory and Dr. Paul Marik] as well as other trials, and recommended that **Ivermectin should be used in the prevention and treatment of Covid-19 and that Ivermectin should be immediately rolled out. The BIRD (British Ivermectin Recommendation Development) report was released to the public** and can be obtained at the **website e-bmc.co.uk** . The panel found that Ivermectin , in the usual standard doses used in the treatment of parasites or scabies, is **highly effective** in the prevention and treatment of Covid-19 ; **the panel sent the report to the WHO, FDA (in the USA) and other regulatory agencies. The overwhelming majority of the panel agreed that placebo controlled trials are unlikely to be ethical.** The WHO dismissed the BIRD report without an adequate explanation. Using a teacher/student analogy, Dr. Lawrie is a teacher to the WHO. We are living in strange times when a student can shamelessly challenge and dismiss the teacher. To date (March 6, 2023) the FDA has not approved Ivermectin for the prevention and treatment of Covid-19 !!!

Covid-19 is now a preventable, treatable and a curable disease. The status of a pandemic is no longer justified.

Hydroxychloroquine

Hydroxychloroquine is an antimalarial drug that was introduced to the market in 1955. It is a safe medicine; very rarely it can cause cardiac side effects, namely a predisposition to a dangerous disturbance of the heart rhythm. In addition to its antimalarial effect, the drug has an anti-inflammatory effect [it reduces cytokine production] and an antiviral effect[the drug is a weak alkali that can inhibit the entry of viruses into the cell, a process that is pH dependent].

Severe Acute Respiratory Syndrome (SARS) emerged in China in 2002 and was found to be caused by a coronavirus named SARS-CoV-1. In vitro studies at that time, showed that Hydroxychloroquine was effective in inhibiting the SARS-CoV-1 virus and also reduced the affinity of the virus to the ACE2 receptor. SARS-CoV-2 shares 79% of the SARS-CoV-1 genome. Hydroxychloroquine was shown to be effective, in small randomized controlled trials, in reducing the viral load in Covid-19, with a synergistic effect when Azithromycin was added to Hydroxychloroquine [source: " Hydroxychloroquine and Covid-19" by Dr. Neeraj Sinha in Postgraduate Medical Journal at pmj.bmj.com ; April 15,20].

The WHO has discredited the use of Hydroxychloroquine as a treatment option for Covid-19 when large randomized controlled trials did not show a beneficial effect and possible cardiac side effects; but it is important to note that in those clinical trials, Hydroxychloroquine was given very late in the course of the illness to patients who had very advanced and critical illness and the doses used were almost 10 times the usual and standard dose of 200 mg twice a day. Later, doctors in Belgium have demonstrated, in a retrospective observational study, that Hydroxychloroquine when started early in the course of the illness and used in the standard dose of 200 mg twice a day was able to reduce mortality by 30% [source: YouTube video: “ Hydroxychloroquine, evidence of efficacy” , channel of Dr. John Campbell, August 27,20]. In any infectious disease, the name of the game is to start the treatment at the onset of the symptoms in order to avoid the morbidity and the mortality that are associated with a late therapeutic intervention. It is absurd to tell the Covid-19 patient to go home and take cough medicines and to come to the Emergency Department of a hospital to be admitted when the patient develops the cytokine storm and is about to die. It is even more disturbing to do so when we know that there are effective therapies that can cure the disease if the therapy is started early in the course of the illness.

Dr. Brian Tyson [from “America’s Frontline Doctors”] has successfully treated **more than 6000 Covid-19 cases with only 1 hospitalization and no death** using also an early outpatient treatment protocol that consists of Hydroxychloroquine and Azithromycin and Zinc or Hydroxychloroquine and Doxycycline and Zinc [source: YouTube video: “ Doctors speak out against masks”; channel : One America News Networks; October 18,20]. Early and aggressive outpatient therapy of Covid-19 can reduce the mortality rate to 0% [the mortality rate of seasonal flu is 0.1%]. **We do not go into lockdowns because of the seasonal flu.**

Finally, I would like to add that Hydroxychloroquine cannot be used during pregnancy and in patients who have G6PD deficiency. G6PD deficiency is an inherited disorder that predisposes the individual to have lysis (rupture) of the red blood cells when the person is exposed to certain medications or ingests certain foods e.g. fava beans. It is mostly encountered in males and is more prevalent in Blacks and in individuals of Mediterranean origin. Not all Blacks or individuals of Mediterranean origin have this disorder.

It is encouraging to see multiple successful treatment protocols; this will give the treating physician some flexibility. Doxycycline is a Tetracycline antibiotic and Tetracyclines cannot be used in pregnancy and in children younger than 8 years.

It is interesting to note that in many developing countries, health authorities have developed treatment packets that contain the treatment cocktail that a person can use for outpatient treatment e.g. the packet will contain Ivermectin plus Doxycycline plus Zinc or Hydroxychloroquine plus Doxycycline plus Zinc.

Dexamethasone

Researchers in the UK announced in June 2020 that the use of **Dexamethasone** in critically ill patients

[using oxygen or needing mechanical ventilation] reduced mortality in Covid-19 patients by 30%.

Colchicine

Colchicine is an anti-inflammatory drug that is used for the treatment of gout and Familial Mediterranean fever. It has been used with success in patients with Covid-19 to hinder the development of the cytokine storm. [source: “ Treating Covid-19 with Colchicine in community healthcare setting” by Emanuel Della-Torre; www.ncbi.nlm.nih.gov; May 31,2020].

Olumiant

A study by European researchers led by Sweden’s Karolinska Institute, published in the journal of Science Advances, showed that **Olumiant (baricitinib)** which is a medicine used in the treatment of Rheumatoid Arthritis , cuts deaths in hospitalized Covid-19 patients by 71% [source: “Arthritis drug cuts Covid-19 deaths in hospitalized patients by two-thirds: study” by Yaron Steinbuch in New York Post , November 15,20].

We have good reasons to cheer. Now we have effective, safe and cheap medicines that can be deployed in the developed and the developing worlds to treat Covid-19 [an effective and expensive medicine that is not affordable in the developing world cannot stem the tide of the pandemic].

A successful early outpatient treatment plan is a game changer. Covid-19 is lethal in some individuals when ARDS or a blood clot develops. This usually happens beyond day 7 of the illness. Nipping the disease in the bud will prevent those serious complications and will bring a huge relief to the hospitals. Thus we can say farewell to the pandemic. As stated earlier, both Ivermectin and Hydroxychloroquine have been used in very successful outpatient treatment protocols. Both are expected to remain efficacious even when the virus mutates and produces a different Spike protein because they have mechanisms of action independent of the Spike protein. It is time to cast out the gloom.

On December 23, 2021 the FDA granted Emergency Use Authorization to Merck’s pill Molnupiravir that reduces the risk of Covid-19 hospitalizations by a lackluster 30%. The pill is not authorized for use under the age of 18 because it may affect bone growth and not authorized for use in pregnant women because it can harm the fetus; also **the drug can cause mutations in human DNA** [source : “ Merck’s Covid pill loses its luster: what that means for the pandemic” by Max Kozlov, in the publication Nature ; date: December 13, 2021]. Needless to say that mutations in human DNA can cause cancer and genetic diseases.

On December 22,2021 the FDA granted Emergency Use Authorization to Pfizer’s pill Paxlovid that reduces the risk of Covid-19 hospitalizations by 89%. The pill can be used in patients 12-year-old or above and weighing at least 40 kg. The pill can have life-threatening interactions with other medicines e.g. blood thinners and statins (cholesterol lowering meds) [source: “ Pfizer antiviral pill could be risky with other widely used medications” by Sarakshi Rai , in the publication “The Hill” ; date: December 26,2021]. According to the NIH Covid-19 treatment guidelines, Paxlovid can have significant interactions

with medicines that regulate the heart rhythm, medicines that suppress the immune system, seizure medications, medicines used in cancer therapy and neuropsychiatric drugs [this is a very extensive list of medicines]. A course of Paxlovid costs 500 \$.

Both Paxlovid and Molnupiravir were hailed as game changers. Now let us look at this matter in an objective manner. Molnupiravir reduces the risk of hospitalizations by 30% and Paxlovid reduces the risk by 89%. We know that our own immune system , without control of risk factors(e.g. vitamin D deficiency or obesity) and without any therapeutics, reduces the risk of hospitalizations by 91% [91% of Covid-19 cases are in the category of asymptomatic or mild]. Our immune system on its own performs better than those 2 pills; why do we accept a performance inferior to the performance of our own immune system? Dr Borody 's Ivermectin protocol is 100% effective in curing Covid-19 when the protocol is started with the first onset of symptoms. Molnupiravir can cause mutations in human DNA; why do we take such a huge risk? Paxlovid costs 500 \$ for a course and thus it is out of reach for most of the inhabitants of our planet; how can this stem the tide of the pandemic? Paxlovid has life-threatening drug interactions with a multitude of medicines. Patients who have risk factors and underlying medical conditions are the ones who progress to severe Covid-19 and require hospitalizations; those patients usually take a lot of medications that are incompatible with Paxlovid [doctors have to stop those incompatible medicines or find a substitute if available when they use Paxlovid]. How can Paxlovid and Molnupiravir be game changers?

Chapter 12

HOW TO END THE COVID-19 PANDEMIC WITHOUT WAITING FOR A VACCINE

Vaccine introduction

Traditionally vaccines are made of inactivated (killed) microbes or live attenuated (weakened) microbes. The inactivated ones induce immunity but cannot produce clinical disease. The live attenuated ones induce immunity and rarely can produce clinical disease. The production of vaccines on an industrial scale is an expensive and time consuming process. In order to shorten the time needed and the costs of vaccine production, vaccine producers resorted to a new approach that involves a process of gene intervention. Three Covid-19 vaccines have been used in the USA; Pfizer/BioNTech, Moderna and Johnson & Johnson. The Johnson & Johnson and AstraZeneca [not in use in USA] vaccines use an adenovirus vector platform [a chimpanzee adenovirus is rendered harmless to humans, and then used to introduce the genetic code of the Covid virus that codes for the Spike protein into the nucleus of the human cell, and then the human cell produces the Spike protein of the virus]. Both Pfizer and Moderna use the **mRNA (messenger Ribonucleic acid) platform** as the basis of their vaccine. All 4 vaccines are not vaccines in the traditional sense but gene interventions disguised as vaccines. It is important to note that, according to FDA regulations, gene interventions require a 5-10 years waiting period before receiving full authorization from the FDA if they meet the requirements of safety and efficacy. In order to understand the mRNA platform, we need to review few basics of cell biology.

Each one of us inherits half of his/her genes from his/her father and the other half from his/her mother. All the genes collectively form the chromosomes that are located in the nucleus of the cell (the human cell has 46 chromosomes). On the molecular level, genes are made of DNA (Deoxyribonucleic acid). The DNA molecule is a double-stranded helical (twisted) structure made of building units called nucleotides. There are several types of nucleotides distinguished chemically by their content of 4 different nitrogen bases. Nucleotides are arranged sequentially in a neat order on the DNA molecule and that order is faithfully preserved during the process of cell division (cell mitosis). Genes control a myriad of biological functions, one of which is the synthesis (formation) of proteins. Proteins are molecules made of building units called amino acids (the human body utilizes 20 different amino acids). Proteins are produced in specialized organelles in the cytoplasm called ribosomes. When the body needs to produce a given protein (e.g. the insulin hormone), the specific gene that codes for the production of insulin generates a message called mRNA; mRNA is a single stranded molecule made of nucleotides too. The mRNA leaks out of the cell nucleus and is transported in the cytoplasm to the ribosome where the ribosome scans the nucleotides of the mRNA molecule. A sequence of 3 nucleotides (called a triplet or a codon) codes for one corresponding amino acid and the selected amino acids bind together in a sequence to form the required protein. A mRNA molecule that has 150 nucleotides (or 50 codons) codes for a protein that has 50 amino acids. A genetic mutation happens when the sequence of the nucleotides on the DNA molecule is altered or if a nucleotide is dropped (deleted); mutations can happen during the process of

cell division. A mutation in the gene results in the production of an altered mRNA and this is reflected in the production of a protein that has an amino acid composition that differs from the original protein that was coded for by the gene prior to its mutation. A change in the amino acid composition of the protein can have no effect on the functionality of the protein, but sometimes it can.

The vaccines of Pfizer and Moderna do not introduce the Covid-19 virus into the body. The mRNA of the virus that codes for the production of its spike protein is produced in the lab and then wrapped in a nanoparticle of fat (that facilitates the entry of the mRNA into the human cell) and then injected in the muscles of the recipient of the vaccine. From there, the mRNA molecules diffuse in the entire body and they are picked up by the human cells. Inside the cell, the mRNA molecule is picked up by the ribosomes in the cytoplasm and the ribosomes generate the spike protein of the virus that becomes displayed on the cell surface. The immune system recognizes that this protein is “foreign” and starts to generate antibodies against this protein. If the body is exposed later on to the virus, those antibodies bind to the spike protein of the virus thus thwarting its binding to the ACE2 receptor of the human cells, and with that they prevent the infection and provide immunity (hence the term “neutralizing” antibodies). This novel approach in vaccine production commandeers the protein synthesis machinery of the cell to produce the spike protein of the virus, to which the immune system responds by making antibodies, but it creates problems. The immune system recognizes the human cell carrying the spike protein as “foreign” and starts to attack the human cells causing damage to human cells, tissues and organs i.e. a state of **autoimmune disease** is generated. Dr. Tal Brosh, head of the Infectious Disease Unit at Samson Ashdod Hospital in Israel, acknowledged that there are unique and unknown risks to mRNA vaccines including the risk of autoimmune diseases [source: “Could mRNA vaccines be dangerous in the long-term?” by Maayan Jaffe-Hoffman in the Jerusalem Post ; date: November 17, 2020].

When a virus is spreading in a population, it replicates. Mutations can happen during the replication process. If the mutation happens in the gene coding for the spike protein, it results in the formation of an altered spike protein. This can have 2 important effects on the capabilities of the virus. If the mutation affects the Receptor Binding Domain (RBD) which is the area of the spike protein that binds to the ACE2 receptor of the human cell, it might decrease or increase the binding; if it increases the binding, it renders the virus more apt to infect the cell and cause disease. If the mutation alters the structure and shape of the spike protein, it can render the spike protein less likely to bind to the neutralizing antibodies and the virus becomes resistant to the vaccine. Unfettered spread of the virus means unfettered replication of the virus and this can increase the likelihood of mutations that can render the virus resistant to a vaccine. **In short, mutation in the gene coding for the spike protein of the virus is a gateway to the resistance of the virus to vaccines.** Makers of the mRNA vaccines are confident that they can overcome this problem by creating in the lab an updated mRNA molecule that matches the mRNA of the mutant strain in 3 months and do brief efficacy studies and be ready with the updated vaccine. From a technological point of view, it seems an easy solution. But when it comes to the reality on the ground, it is a different story. Imagine that a country starts a vaccination campaign of its entire population that takes 8-9 months and during that time, while everybody is looking for the return to normality, a mutant strain that is resistant to the vaccine in use emerges and becomes the dominant

strain; the vaccine makers generate an updated vaccine against the resistant mutant strain and a repeat vaccination campaign for another 8-9 months is undertaken. And if another resistant mutant strain emerges, the vicious cycle repeats itself and the return to normality never happens.

When the pandemic started, the leading public health officials in the West called for a massive vaccination campaign of the entire planet in order to **eradicate the virus**. In order to eradicate the virus, two requirements must be met. The first requirement: the virus must be relatively stable and does not mutate at a fast clip, because a virus that quickly mutates is a virus that can become resistant to the developed vaccine at the time when the vaccine is ready to be deployed. Initially scientists thought that the Covid-19 virus was a “slow poke” but this turned out to be false. A mutant strain of the virus named B.1.1.7 emerged in the southern part of England in September 2020 and became the dominant strain by December 2020 [it was later called the alpha strain of the virus]. This strain had accumulated 17 mutations [the Covid-19 virus turned out to be prolific in its mutation capabilities] and was 70% more transmissible than the original strain and eventually reached the USA [source: “ The UK Coronavirus mutation is worrying but not terrifying “ by Sara Reardon in Scientific American; date: December 24,2020]. The second requirement: vaccine producers must have enough manufacturing capacity to supply vaccines to the entire world in a short period of time [if a part of the world is not immune against the virus, the virus will spread, replicate, mutate and can develop resistance to the vaccine]. Vaccine producers do not have that kind of capacity. **It is clear that those 2 requirements cannot be met, hence the plan of eradicating the virus is not feasible.**

Early signals of severe adverse and disabling events during the clinical trials of the Covid vaccines before they received emergency use authorization

The pharmaceutical company **AstraZeneca** had to halt its phase 3 clinical trial of its Covid-19 vaccine because a 38-year-old woman volunteer developed transverse myelitis after receiving her second dose of the vaccine; **transverse myelitis** is an inflammation of the spinal cord that can lead to **paraplegia** i.e. paralysis of the lower half of the body [source: “ AstraZeneca vaccine trial : NIH ‘very concerned’ about serious side effect in vaccine trial” by Arthur Allen and Liz Szabo in Kaiser Health News; September 15,20]. After an initial pause, UK regulators allowed the company to resume its clinical trial !!!

Johnson & Johnson also paused its phase 3 clinical trial of its Covid-19 vaccine on 10/11/20 after a man volunteer in his twenties developed a brain hemorrhage; the Washington Post, citing 2 sources, said this case was a **stroke** [sources: “ J&J halts Covid-19 vaccine trial due to unexplained illness” in Bloomberg news; October 13,20 and “ Covid-19 vaccine trials from AstraZeneca, Johnson & Johnson to restart” by Matthew Herper in Health magazine; October 23,20].

Early signs of viral mutations before the Covid-19 vaccines received emergency use authorization

A 25-year-old man from Nevada, USA developed Covid-19 in April 2020 and a second time in June 2020, the second infection being symptomatically more severe than the first one. Analysis of the viral genome demonstrated that the second infection was caused by a **mutant strain of the virus** that was different from the virus strain of the first infection. The researchers concluded that the implications of reinfections could be relevant for vaccine development and application [source: “Genomic evidence for reinfection with SARS-CoV-2: a case study” by Richard L Tillett, PhD in The Lancet; October 12,20 at <https://doi.org>]. This case is a sobering lesson. A virus that can mutate in the span of a few months can be a vexing and a challenging problem for vaccine development. By the time a vaccine is developed and tested in the 3 phases of a clinical trial and ready for deployment, we might face the possibility that the circulating virus strain is a mutant strain other than the original strain for which the vaccine was developed and that the vaccine is ineffective [this materialized indeed and will be discussed later].

On November 4,2020 the **Prime Minister of Denmark ordered the elimination of the entire mink population of the country. A mutant strain of SARS-CoV-2 appeared in mink and was transmitted to humans from the infected minks.** The mutation did affect the virus spike protein and it was found that the antibodies developed against the spike protein of the dominant strain, that was causing the pandemic at that time, were ineffective against the mutant strain and this raised serious concerns that the mutant strain might trigger a second pandemic and that the vaccines in development would be ineffective in such a case ; most current vaccines in use aim at developing antibodies against the spike protein [sources: “Coronavirus mutation in minks could threaten vaccine efficacy” in South China Morning Post, date: November 7,20; and “How a Coronavirus mutation in minks could wreak havoc on vaccine development” by Matt Miller in SLATE magazine, date : November 6,20]. The sequence of events in Denmark was very informative; humans infected minks with the original strain of the virus, then the virus mutated [under the radar] in the mink population, and then jumped back to humans as a mutant form. This can teach us 2 important lessons: (1) Covid-19 has mammalian animal reservoir(s) and tackling the virus by vaccinating the entire human race will not eradicate the virus and end the pandemic; (2) a “ vaccine” that has a very narrow target i.e.it targets the spike protein only of the virus and not the entire virus is set up to fail once the virus mutates and alters its spike protein. The event in Denmark was not a fluke. Researchers have postulated and provided evidence that the Omicron variant developed when humans infected mice, and then the virus mutated [under the radar] in mice, and then the mutant strain[Omicron] jumped back to infect humans [source : YouTube “ **Omicron from mice**”, channel of Dr. John Campbell, date: January 6,2022]. Also there is evidence that humans have transmitted the Covid infection to **white-tailed deer** [source: “ ‘Very unsettling’ : Scientists see troubling signs in humans spreading Covid-19 to deer” by Evan Bush in TODAY, date: January 3, 2022]. According

to the CDC [animals and Covid-19 at www.cdc.gov], many mammals including cats, dogs, bank voles, ferrets ,fruit bats, hamsters, mink, pigs, rabbits, raccoon dogs, tree shrews and white-tailed deer can be infected with the virus. Now I have a question for the vaccine advocates: what is your plan in dealing with the huge animal reservoir of Covid-19? Do you recommend the extermination of billions of mammals in order to eradicate the virus? Do you plan to send police officers door to door to ask the citizens to hand over their beloved pets [dogs, cats, hamsters..etc] to be exterminated? Do you plan to recruit vaccine enthusiasts to roam the forests and catch every white-tailed deer and jab each deer with a Covid shot and give the deer an appointment for follow-up to receive a second shot and a third and a fourth one [and who knows how many shots after that] and then dangle a vaccine passport from the neck of the “vaccinated” deer?

From the above evidence, it is clear that a safe and effective Covid vaccine is an elusive goal. Vaccine advocates have declared that only a vaccine can end the pandemic. They have no contingency plan and no plan B. They cannot end the pandemic because they cannot prevent the virus from mutating. The CEO of Moderna had to say in resignation: “ However, a random mutation could change the course of the pandemic again” [source: “ Moderna CEO warns people may need fourth Covid shot as efficacy of boosters likely to decline over time” by Spencer Kimball, in CNBC, date: January 6, 2022]. Everybody now can see the writing on the wall; vaccines will not end the pandemic and will not restore to us our pre-pandemic freedoms. It is high time for independent physicians to shout from the rooftops that there is a cure for Covid-19 and we owe that to pioneers like Dr. Peter McCullough, Dr. Thomas Borody, Drs. Rajter and Dr. Brian Tyson and many others in the USA and the rest of the world. It will not be the end of the world if we do not have a safe and effective vaccine. Who have ears, let them hear. **Well informed citizens who have an optimum level of vitamin D fueling a robust immune system, and who know about the current availability of highly effective, safe and affordable antiviral medicines [e.g. Ivermectin and Hydroxychloroquine] , can have the peace of mind even when they hear news of the emergence of a mutant strain of SARS-CoV-2.**

Covid vaccines receive emergency use authorization

On November 9,2020 Pfizer announced that , according to its phase 3 clinical trials, its Covid vaccine was 95% effective in protecting against symptomatic Covid-19. A week later, Moderna announced that its Covid vaccine was 94.5% effective in protecting against symptomatic Covid-19 [the Pfizer vaccine is given as 2 shots 3 weeks apart and the Moderna vaccine is given as 2 shots 4 weeks apart]. On December 11, 2020 the FDA issued an Emergency Use Authorization for the use of the Pfizer vaccine, and on December 18, 2020 the FDA issued an Emergency Use Authorization for the use of the Moderna vaccine. The vaccination campaign in the USA started on December 14,2020. On August 23,2021 [less than a year after granting the Emergency Use Authorization to Pfizer] the FDA granted full approval for the Pfizer vaccine. As stated earlier, FDA rules require a 5-10 years waiting period before granting approval for gene interventions. I wonder why didn't the FDA follow its own rules?

On November 2, 2021 the world-famous British Medical Journal published an investigative article titled “Covid-19 : Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial” ; the article is available at the website www.bmj.com. The article was based on extensive documentations sent to the journal by a whistleblower who worked on the trial. The participants in the trial were subdivided into 2 groups: a group that received the vaccine and a group that received a placebo. Double blinded randomized controlled trials are esteemed because they provide reliable unbiased data. Double blinded means that the volunteer participants are not aware [blinded] whether they are receiving the vaccine or the placebo; also the investigators conducting the trial are not aware[blinded] of the status of the volunteer [whether receiving the vaccine or the placebo]. The protocol design specified that a volunteer who develops symptoms suggestive of Covid-19 e.g. fever, cough must be evaluated with a PCR test. The whistleblower stated that Pfizer did not follow the protocol and unblinded the investigators i.e. the investigators knew who among the participants was taking the vaccine and who was taking the placebo. Of course, this generates unreliable and biased data because a participant who took the vaccine and knowingly not sent to have a PCR test [by the unblinded investigator] after developing symptoms, will skew the data fraudulently in favor of the vaccine.

Mutations of the virus have upended and destroyed the plan to eradicate the virus through vaccination

Mutant strains of the virus that were partially resistant to the Covid-19 vaccines emerged even before the start of the massive vaccination campaigns. The virus was several steps ahead of the vaccine advocates who were unable to catch up with the myriad of the mutants.

The mRNA vaccines of Pfizer and Moderna deployed in the USA in December 2020 were developed against the original Covid-19 virus that was first reported in Wuhan, China. In the following discussion, I shall refer to this virus as the original virus.

In South Africa, a mutant strain of the virus, named 501Y.V2 or B.1.351, [later called the Beta strain and not to be confused with the Omicron strain that was first reported also in South Africa in November 2021] which was partially resistant to the vaccines emerged in November 2020 , before any vaccines were deployed in the USA ; this means that the virus was way ahead of the vaccine effort. Dr. Andrew Ward, structural virologist at Scripps Research in La Jolla, California said that the virus may be taking the first steps towards vaccine resistance [source: “Scientists fear the ‘escape mutant’ in coronavirus variant from South Africa” by Elizabeth Cohen, for CNN; date: January 12, 2021]. This mutant strain became the dominant strain in South Africa, and spread to many countries and was **detected in the USA for the first time in South Carolina on January 28,2021**. Moderna scientists found a **sixfold reduction** in the vaccine’s neutralizing power against this mutant strain [source: “ Moderna’s vaccine is less potent against one coronavirus variant but still protective, company says” by Andrew Joseph, in STAT; date: January 25,2021].Moderna did an update of its vaccine to neutralize this mutant strain but eventually did not have to use it because the strain did not spread widely in the USA and was overtaken by the

Alpha strain [source: “ Moderna develops new vaccine to tackle mutant Covid strain” by Hannah Kuchler in Financial Times; date: January 25, 2021]. Pfizer also developed its own updated vaccine against this mutant strain [source: “Fauci calls Covid-19 shots’ diminished results against the mutated virus ‘ a wake-up call’ “ by Allison DeAngelis, in Business Insider; date: January 29,2021]. A UK study found the Novavax vaccine was 89.3% effective in protecting test participants from developing Covid-19 symptoms, but the Novavax shot was only 49.4 % effective in South Africa where the mutant strain was wreaking havoc [source: “ Novavax Covid vaccine highly effective-except against South African Strain” by Laura Italiano, in New York Post; date: January 28,2021].

Johnson & Johnson’s vaccine efficacy rate (in phase 3 clinical trial) dropped from 72% in the USA to just 57% in South Africa where the Beta strain was driving most cases. Also the company developed an update of its vaccine to address the South Africa mutant strain. “The pandemic is a lot more complicated now than it was a couple months ago” said Dr. Dan Barouch, a virologist at Beth Israel Medical Center in Boston [source: “ Johnson & Johnson ‘s vaccine offers strong protection but fuels concern about variants” by Carl Zimmer, in The New York Times; date: January 29, 2021].

Covid-19 swept through the city of **Manaus (Brazil)** in the spring of 2020; an estimated 76% of the population was infected. The wave eventually subsided and the number of cases fell. Scientists speculated that the city had achieved herd immunity. Seven months later, in December 2020, another huge wave hit the city and it was caused by mutant strains of the virus called P.1 and P.2; this development has important implications i.e. “the immunity induced by the original strain of the virus is not fully protective against the mutant variant” [source: “ ‘A wakeup call’ : How resilient new coronavirus variants could prolong the pandemic” by Andrew Romano, in YAHOO!NEWS ; date: January 30,2021]. The Brazilian mutant strain shared 2 mutations with the South Africa strain [Beta strain] and was first reported in the state of Minnesota, USA on January 25,2021 [source: “ Minnesota confirms first known U.S. case of more contagious Covid variant originally found in Brazil” by Berkeley Lovelace Jr in CNBC ; date: January 25, 2021].

The appearance of strains that developed partial resistance to the Covid vaccines was a source of alarm, dismay and pessimism among the vaccine advocates and vaccine makers. **It is very interesting to note that Mr. Albert Bourla, CEO of Pfizer, told the audience of the World Economic Forum at Davos (January 2021) that there is a” high possibility” a variant would emerge rendering Covid-19 vaccines ineffective [source: “ Covid-19 vaccine makers take aim at dangerous new strains” by Peter Loftus and Jared Hopkins in the Wall Street Journal ; date: February 3,2021]. If the vaccine makers admit that there is a high possibility that vaccines will fail to end the pandemic, then it is prudent and imperative to ponder on how to end the Covid-19 pandemic without waiting for a vaccine. Mr. Bourla’s fear and prediction materialized with the emergence of the Omicron variant in November 2021.**

In the USA, the original virus was overtaken by the Alpha variant. Then, the Alpha variant was overtaken by the Delta variant [first reported in India] which was much more transmissible than the Alpha variant. Many epidemiologists thought that it was inconceivable to find a strain more transmissible than the

Delta strain and they thought that the Delta variant will sweep through the entire world and bring an end to the pandemic [because the entire world would have been exposed]. Out of the blue, the Omicron variant emerged while Delta was still raging in the USA [Omicron is much more transmissible than the Delta variant!!!]. The virus has humbled and debunked many of the world “experts”. When the Alpha variant was sweeping the USA, the “experts” told us that the USA will return to near normality by the summer of 2021. When the Delta variant emerged, the “experts” told us that we shall return to normality by the spring of 2022. With the emergence of the Omicron variant, the “experts” did not issue a date for the return to normality. A competent doctor, when presented with an infectious disease, he/she can make a proper diagnosis and prescribe the proper antimicrobials, and he/she can tell the patient when the infection will resolve. The vaccine advocates and “experts” cannot tell us when the pandemic will end because they do not know how to bring the pandemic to an end; they are totally helpless when it comes to stopping the virus from mutating.

Before the emergence of the Omicron variant, it became evident that there was a dramatic decline in the effectiveness of the three Covid-19 vaccines over 6 months. The public was advised to have a booster shot 6 months after the second dose of the Pfizer or Moderna vaccines[source : “ Study shows dramatic decline in effectiveness of three Covid-19 vaccines over time” by Melissa Healy , in LA Times, date: November 4, 2021].

On November 25,2021 the WHO called for an urgent meeting to discuss a new variant [that had 32 mutations in the Spike protein] first reported in South Africa. The variant was called Omicron [source: “ WHO calls special meeting to discuss new Covid variant found in South Africa with a “large number of mutations” by Hannah Miao, in CNBC, date: November 25,2021].

Researchers at Columbia university (USA) found that the **Omicron variant was markedly resistant to the vaccines** [source : “ Columbia study finds Omicron variant is vaccine-resistant” by Daniel Chaitin, in Washington Examiner, date: December 17,2021].

The emergence of the Omicron variant was the nightmare scenario dreaded by the vaccine advocates. Omicron being resistant to the vaccines means that the antibodies generated by the vaccines are no longer neutralizing antibodies i.e. they do not bind to the spike protein and hence cannot thwart the binding of the spike protein of the virus to the ACE2 receptors of the human cells; this means that the virus can invade the human cell freely and initiate the disease process. Any claim by the vaccine advocates that the vaccine can protect the vaccine recipient against the disease is a bogus claim and contrary to science. Do you expect a gun without bullets to protect you against an intruder or a robber? The vaccine is like a gun without bullets in dealing with the Omicron variant. Once the virus becomes resistant to the vaccines, the game is over for the vaccine advocates. Any attempt to update the vaccine to match a new variant is futile because the virus is constantly mutating at a fast clip and this renders the updated version of the vaccine obsolete.

Before the world had a chance to digest the news of the Omicron shock, Professor Leondios Kostrikis [Professor of biological sciences at the university of Cyprus] discovered a strain of the coronavirus that combines the Delta and Omicron variants and he called the strain Deltacron [source : “ Cyprus reportedly discovers a Covid variant that combines Omicron and Delta” by Jessica Bursztynsky, in CNBC, date: January 8, 2022].

It is very evident to any objective observer, who respects the facts of science, that the plan to eradicate the virus through a massive vaccination campaign of the entire planet has utterly failed. We lived through the Delta sweep and then the Omicron sweep; next it might be the Deltacron or it might be a strain mutating [under the radar] in hamsters or white-tailed deer and then jumps back to humans. When does the wild-goose chase end? The advent of the vaccines was hailed as the light at the end of the tunnel but the tunnel is getting longer and longer. Dr Susan Butler-Wu, director of clinical microbiology at LAC+USC Medical Center said: **“ If you think you’re going to simply vaccinate your way out of this, it’s going to be like whack-a-mole”** [source: “ New clinical trials raise fears the coronavirus is learning how to resist vaccines” by Emily Baumgaertner, in Los Angeles Times; date: January 29,2021]. In less than one year into the pandemic, the number of Americans contemplating suicide increased by 7% because of the pandemic. The vaccination campaign will not eradicate the virus; it will eradicate humanity for sure.

To the vaccine advocates , I have a question for you : what is your plan to end the pandemic ? How can we regain our pre-pandemic freedoms? Your vaccine-centric plan has condemned humanity to a miserable lifelong existence with vaccine shots and boosters. You have managed to destroy the world economy. Independent doctors all over the world have an alternative plan to your vaccine-centric plan. This plan has 2 pillars (a) optimizing vitamin D blood level to 50-60ng/ml and correcting risk factors for severe Covid-19 [this will render Covid-19 a non-lethal disease] (b) early outpatient treatment with an Ivermectin based protocol or Hydroxychloroquine based protocol [this will render Covid-19 a treatable disease and will obviate any need to practice insane restricting social measures and the isolation of asymptomatic healthy individuals]. This plan does not call for the eradication of the virus. It renders the disease a mere nuisance and accepts that the virus will be endemic; we can live with the virus but we shall be masters over the virus and not the other way around. To the vaccine advocates, you have failed to lead us out of the pandemic. Are you ready to follow? If you cannot lead and if you refuse to follow, do us a favor and get out of the way.

Now let us have an objective look at the lethality of Covid-19. Italy was hit very hard with Covid-19 when the pandemic swept through Europe in 2020. Researchers in Italy, in April 2020, studied the mortality rate of Covid-19 and compared it with the mortality rate of the pre-pandemic flu of 2019 and realized that Covid-19 had a mortality rate 3 times that of the flu (the mortality rate of the seasonal flu is 0.1 %). This corroborates with the mortality rate of Covid-19 in healthcare workers in the USA. Healthcare workers are a demographic group that has the highest exposure to Covid-19. As of January 3, 2021, more than 340,000 healthcare workers in the USA were diagnosed with Covid-19 and 1,100 had died of the disease [source: “ Who can and can’t safely get the Covid-19 vaccine” by Elizabeth Pratt, in healthline.com; date: January 3, 2021]. This amounts to a mortality rate of 0.3% in the demographic group that has the highest exposure to Covid-19 ; this mortality rate can be brought down to 0% if we control risk factors for severe Covid-19 and start early outpatient treatment ,with Ivermectin or hydroxychloroquine , with the first onset of symptoms[the mortality rate of the Omicron variant is less than the original strain or the alpha or delta strains]. Why did the vaccine advocates recommend measures that caused massive unemployment , destruction of the economy and the deprivation of children and youth of a proper education when the data , at the outset of the pandemic, showed that the disease had a mortality rate that can never warrant such ruinous measures ? The mortality rate of smallpox is 30%. Why did the vaccine advocates plan on eradicating the Covid-19 virus and treat it as smallpox? How can we trust their judgment?

World-famous scientists have asked to stop the vaccination campaign

Professor Luc Montagnier, the world-famous French virologist who won the Nobel Prize of Medicine in 2008 for his discovery of the virus that causes AIDS, stated that the mass vaccinations against the Covid-19 virus was an “unacceptable mistake” and that “ the vaccines are creating the variants that are resistant to the vaccine” [source: “ Covid-19 virus variants, vaccines, etc.–One explanation by Nobel Prize winner French virologist Luc Montagnier “ by Firangi Affairs, in Kreately, date: May 21,2021].

Dr. Geert Vanden Bossche, a world-famous vaccine developer and expert, also called to stop the Covid vaccination campaign because a massive vaccination campaign during a pandemic drives the appearance of mutant strains that are resistant to the vaccines [source: YouTube “ Mass vaccination in a Pandemic – Benefits versus risks: interview with Geert Vanden Bossche” , Channel : Vejon Health, date: March 6,2021].

COVID VACCINES PROVIDE NO BENEFITS

The vaccination campaign in the USA started on December 14,2020. The vaccines deployed were designed to combat the original strain of the virus [first reported in Wuhan, China]. By May 2021, the CDC allowed the fully vaccinated persons to drop the use of masks in closed public spaces[at that time, the Alpha strain was dominant in the USA]. Then, the Delta strain overtook the Alpha strain and the CDC announced that the fully vaccinated were still protected against the Delta strain. Then came the surprise of Provincetown, Massachusetts in July 2021. Following the 4th of July celebration, an outbreak of Covid-19 was reported with **882 people infected , 74% of them were fully immunized** and the vast

majority were also reporting symptoms. Seven people were hospitalized. It also became evident that the **fully vaccinated could be contagious and transmit the virus to others**. Also it became evident that the **“viral load” in the nasal passages of the fully vaccinated was pretty similar to the “viral load” of the unvaccinated**. Hence, the CDC announced [on July 27,2021] that the fully vaccinated must wear masks again in closed public spaces [source: “ CDC mask decision followed stunning findings from Cape Cod beach outbreak” by Benjamin Siegel and Dr. John Brownstein for ABC News, date: July 30,2021 ; also “ CDC director: Vaccinated people ‘safe’ from Delta variant, do not need to wear masks” by Peter Sullivan , in The Hill, date: June 30, 2021]. **Now let us ponder ; if the fully vaccinated and unvaccinated persons must wear masks in closed public spaces , this means that the vaccines are useless and will never restore to us our pre-pandemic freedoms and we are doomed to wear face masks for the rest of our lives. For those of us who yearn for a life without wearing a face mask, we are justified to seek an alternative to the vaccine-centric plan. SEEKING FREEDOM IS NOT A CRIME.**

Also in July 2021[when the Delta variant was dominant], a report from the United Kingdom showed that **almost half of the country recent Covid deaths were of people who have been vaccinated** [source: “ Some vaccinated people are dying of Covid-19. Here’s why scientists aren’t surprised” by Jason Douglas & Stephen Fidler, in the Wall Street Journal, date: July 2, 2021].

General Colin Powell, former US Secretary of State and Chairman of the Joint Chiefs of Staff, who was fully immunized, died of Covid-19 in October 2021[source: “ Colin Powell, first Black US Secretary of state, dies of Covid-19 complications amid cancer battle” by Devan Cole, for CNN, date: October 19,2021]. Angelle Mosley , a fully vaccinated 33-year-old woman from New Orleans , died of Covid-19 in July 2021 [source: “ Fully vaccinated New Orleans woman dies of Covid-19 in rare breakthrough case” by Aatif Sulleyman, in Newsweek, date: July 27,2021]. Eight people died and 89 were infected after a Covid outbreak at a Connecticut nursing home; all but two of the infected were fully vaccinated (**this is a hint that the vaccinated are more prone to be infected than the unvaccinated!!!**) [source: “ 8 dead,89 infected after Covid outbreak at Connecticut nursing home” by Elisha Fieldstadt, in NBC News, date: November 16, 2021]; this corroborates with the findings of the Cleveland Clinic researchers who found that the Covid vaccines increase the odds of catching Covid [see the preface].

A significant amount of fully vaccinated people are being hospitalized with Covid-19 in the USA [source: “ Why a ‘significant’ amount of fully vaccinated people are being hospitalized with Covid-19” by Herb Scribner, in Deseret News, date: November 18, 2021]. Boris Johnson PM of the UK stated :” **the overwhelming majority (near 90%) of people currently ending up in intensive care in hospitals are those who are not boosted** “[source : online video by “Evening Standard” in Microsoft News, on December 29,2021]. From the above evidence, it is obvious that the pandemic is not “the pandemic of the unvaccinated” as we have been told by the vaccine advocates.

Now let us have a close look at the facts and call a spade a spade. Both the fully vaccinated and the unvaccinated can acquire and transmit the infection[the vaccinated being more prone to catch the disease]. Anyone who has an iota of objectivity, honesty, integrity, decency, self-respect and respect for

others can categorically say that the Covid-19 vaccines provide no benefits and are harmful. Emperor Vaccine has no clothes. If vaccines are useless, why are vaccines mandated for employment or to attend college? Are we living in dark ages when we are coerced to ignore scientific facts, surrender our freedoms and submit to the edicts of the vaccine monomaniacs?

People who are endowed with a functioning brain understand that one cannot milk an ox or perfume a skunk, that earth is spherical (not flat) and that the Covid-19 vaccines are useless and cannot end the pandemic. It is miserable to live in a society where individuals, who dare to use their brain to reach objective conclusions, are insulted, ostracized and fired from their jobs. The Home of the free and the Land of the brave needs an urgent revival before it is too late.

The virus won the war against the vaccine makers. The Omicron variant, which is markedly resistant to the vaccines developed against the original strain, appeared in November 2021. In January 2022, the CEO of Pfizer announced that Pfizer was developing a vaccine update specific against the Omicron variant and that the update would be ready in March 2022. March 2022 came and no Omicron specific vaccine was available. The virus continued to mutate and developed many subvariants . On August 31,2022 the FDA granted an Emergency Use Authorization to an updated bivalent vaccine developed against the original strain and the Omicron BA.4 and BA.5 subvariants. The virus mutated again and new subvariants other than the BA.4 and BA.5 arose. **A turtle (the vaccine maker) cannot overtake a leopard (the virus).**

Israel was a pioneer in the use of the Pfizer vaccine and was very swift in vaccinating its adult population. In March 2021, the lockdown was lifted and Israelis raised glass to Pfizer as they celebrated a return to normal life [source: “Israelis raise glass to Pfizer as lockdown ends” by Mehul Srivastava, for Financial Times, date: March 12,2021]. The jubilation did not last long. When the Delta variant landed in Israel, infections and hospitalizations soared again and the gloom returned. The whole world needs to wake up and realize that the vaccine-centric plan cannot end the pandemic; it is a recipe for perpetual jabs, mask wearing, social isolation, mental distress and endless gloom. The virus mutates and renders the vaccines obsolete. The vaccine advocates cannot control the virus or stop its mutation. We need a plan other than the vaccine-centric plan. Who have ears, let them hear.

As the cases of Covid-19 infections started to mount among the vaccinated, the CDC decided in May 2021 that it will count Covid infections among the vaccinated only if the infections resulted in hospitalizations or death [source: “CDC limits review of vaccinated but infected, draws concern” by Elaine Chen, in Bloomberg, date: May 10,2021]. This is a blatant attempt to skew the statistics to give the impression that the vaccines protect against infections. We expect our government to be an honest broker of data , especially in a time of crisis. No wonder, many citizens in the free world are losing confidence in their government officials and their veracity. We expect our government to look after the best interests of its citizens and not serve a certain agenda. Honesty is in short supply in the 21st century and we cannot solve the pandemic problem without a firm commitment to truth and honesty.

Protection after a natural infection is better than the protection after vaccination

Researchers in Israel found that catching and beating Covid-19 during the initial waves of the pandemic provided better protection against the Delta variant than both shots of the Pfizer vaccine. Their analysis demonstrated that natural immunity afforded longer lasting and stronger protection against infection, symptomatic disease and hospitalization due to the Delta variant[source: “Contracting and beating Covid provides better protection against Delta variant than Pfizer shot, research shows” by Jessica Schladebeck, in New York Daily News, date: August 27,2021]. This does not come as a surprise. With a natural infection, the immune system is exposed to the entire virus [SARS-CoV-2 has 29 different proteins] and the memory cells of the immune system develop a comprehensive memory of the entire virus and can recognize and mount a defense against variants of the virus even when the virus has mutations in some of its proteins. The immunity provided by the vaccine is narrow in scope because the immune system recognizes only the Spike protein, and if the virus develops some key mutations in the Spike protein, it can evade the neutralizing antibodies induced by the vaccine and the vaccine becomes useless.

The superior protection provided by natural infection is not a license to participate in “Covid parties”, the unwise practice of spending some time in the presence of a Covid patient who is actively coughing or sneezing in order to catch the infection; in such a scenario, one can acquire a large dose of the virus that can trigger a severe or dangerous infection. The proper approach is to optimize our vitamin D blood level to the range of 50-60 ng/ml and control any risk factors for severe Covid-19 (e.g. obesity, high blood pressure, smoking..etc) and thus we can expect that we shall develop an asymptomatic or a mild infection if we are exposed to the virus during random social interactions of everyday life[All of us must follow the common sense rule of avoiding closed public spaces and public transportations if we are coughing or sneezing so that we do not expose others to a large load of the virus if we are sick]. If our immune system is robust and we have risk factors under control, our first encounter with the virus will result in a mild or asymptomatic infection, and if we are exposed later on to a mutant variant of the virus we expect that the infection will be even milder because the immune system will mount a robust protective response. We are endowed with a versatile immune system that is capable of responding to a microbe and its many variants.

Since the start of the pandemic, the vaccine advocates promoted weird notions e.g. (a) immunity after natural infection is unreliable, which is not true (the best immunity is the one obtained after natural infection); (b) an infected and recovered patient must also take the vaccine (something we have never heard before ; a child who recovers from measles or mumps is never advised to take the measles or mumps vaccines).

100% vaccination rate failed to produce herd immunity

Herd immunity is defined as the resistance to the spread of an infectious disease within a population

that is based on pre-existing immunity of a high proportion of individuals as a result of previous infection or vaccination. The level of vaccination needed to achieve herd immunity varies by disease but ranges from 83 to 94 percent. No one has determined the exact percentage for Covid-19. Dr. Fauci estimates that up to 90% of the population needs to get vaccinated in order to reach herd immunity [source: “ Dr. Fauci said up to 90% of population needs to get vaccinated for herd immunity against virus” by Inyoung Choi in Business insider ; date: December 27,2020]

Now let us look at 4 interesting events that prove that relying on vaccines will never achieve herd immunity, and vaccines cannot end the pandemic.

The Norwegian Breakaway [a Norwegian Cruise Line ship] left New Orleans on November 28,2021 and returned on December 5,2021. Norwegian Cruise line has a strict vaccination policy. Before sailing out, all guests and crew are required to be 100% fully vaccinated. Before boarding, all passengers must take a Covid-19 test and receive a negative result. During the cruise, the passengers were allowed to lead a normal life with no social distancing or mask wearing or capacity restrictions in closed spaces. At the end of the cruise, a total of 17 persons , among the passengers and crew members, had tested positive for Covid [source: “ A US cruise ship had a Covid outbreak even though full vaccination was required- Here’s what you should know” by Korin Miller, in Health, date: December 6, 2021]. There is nothing higher than 100% vaccination. **Full vaccination of the entire planet will not bring herd immunity and will not eradicate the virus and will not allow us to regain our pre-pandemic freedoms and live again with no masks and no social distancing.**

Harvard Business school had to move classes to an online setting after 60 persons tested positive for Covid. At Harvard, **95% of students, faculty and staff are vaccinated** [source: “Covid-19 outbreak forces some Harvard Business School students online” by Chris Burt, in UB University Business, date: September 27,2021].

Cornell University overall vaccination rate among students is 99%. Cornell University reported 903 cases of Covid-19 among its students and a very high percentage of them were due to the Omicron variant. **Virtually every case of the Omicron variant has been found in fully vaccinated students, a portion of whom had also received a booster shot** [source: “Cornell University reports more than 900 Covid-19 cases this week. Many are Omicron variant cases in fully vaccinated students” by Elizabeth Stuart and Sarah Boxer, in CNN, date: December 16,2021]. If the vaccines were truly effective, we would expect that the majority of cases would be in the 1% unvaccinated ; actually all of the Omicron cases were found in the vaccinated students !!! It is easy to conclude that vaccines put the vaccine recipients at a great disadvantage and render the recipients more likely to catch the virus than the unvaccinated.

Duke University reported that 98% of its students and 92% of its employees were fully vaccinated. In the first week of classes, 304 undergraduates, 45 graduate students and 15 employees tested positive for Covid-19. All but eight were vaccinated [source: “Duke sets new campus restrictions after rise in Covid cases among vaccinated students “ by Kate Murphy, in The News & Observer, date: August 31,2021]. So we have an outbreak of 364 cases with 356 cases among the vaccinated and 8 among the

unvaccinated; **the vaccinated account for 97.8% of the cases and the unvaccinated account for 2.2% !!!**
Once again, it is clear that the vaccines put the vaccine recipients at an immunological disadvantage.
Why do we mandate vaccines for workplaces, colleges and schools?

Herd immunity cannot be achieved in Covid-19 for the following reasons:

- (a) Obese persons produce only about half the amount of antibodies compared to people with a healthy weight [source: “ Effectiveness of Pfizer vaccine may be limited for people with obesity, study finds” by Linda Hasco , in Pennlive, date: March 1,2021]. Let us keep in mind that 42% of the US adult population are obese.
- (b) People living with chronic kidney disease, including those on dialysis, are less likely to mount an adequate immune response to the Covid-19 vaccines, which puts them at higher risk for Covid-19 infection and severe complications [source: “ New study to assess Covid-19 vaccine effectiveness among people living with chronic kidney disease”, in Biospace, date: September 2,2021]. According to the CDC, 15% of the US adult population have chronic kidney disease [source: [cdc.gov>kidney disease](https://www.cdc.gov/kidney-disease/)]. If we add 42% (obese) to 15% (chronic kidney disease), we realize that , even if we vaccinate 100% of the population, 57% of the population will not be adequately protected and herd immunity can never be achieved [I understand that there might be some overlap between the obese and the patients with chronic kidney disease]. Moreover, 2% of the US population have anaphylaxis and cannot take the vaccines [discussed in more details in the next segment].
- (c) Herd immunity can never be achieved when a virus is constantly mutating e.g. the flu virus. We have never achieved herd immunity to the flu virus which mutates constantly, and the flu virus has become endemic. SARS-CoV-2 is prolific in its mutation capabilities and will become endemic, regardless whether the vaccine advocates like it or not.
- (d) Herd immunity can never be achieved when there is an animal reservoir. The flu virus has animal reservoirs [pigs, birds..etc]. SARS-CoV-2 has a huge animal reservoir as stated earlier [dogs, cats, ferrets, hamsters, white-tailed deer...etc]. The virus cannot be eradicated without eradicating the billions of mammals constituting this reservoir. Animals can be infected by humans and die of Covid-19 [source: “Three snow leopards die of Covid-19 at children’s zoo in Nebraska”, in The Guardian, date: November 14, 2021]. As stated earlier, humans infected minks in Denmark, and the virus mutated in the mink population and jumped back to humans in a mutated form.

Eradicating the Covid-19 virus is an impossible mission. I hope that the vaccine advocates and enthusiasts will respect the scientific facts and cease to prod society to pursue the mirage of herd immunity. Dr. Andrew Pollard, director of the Oxford Vaccine group said herd immunity is not a possibility [source: “Herd immunity ‘not a possibility’ with delta variant-Oxford vaccine group head says” by Mychael Schnell, in the Hill, date: August 11, 2021]. Dr. Scott Gottlieb, former FDA chief, stated that ‘I don’t think we should be thinking about achieving herd immunity’ [source: “ The US may never achieve ‘true herd immunity’ to Covid, says Dr. Scott Gottlieb” by Kevin Stankiewicz, in CNBC, date: April

23,2021].

As stated earlier, in December 2021 Mr. Boris Johnson[Prime Minister of the United Kingdom] said that 90% of Covid admissions to the intensive care units were among the fully vaccinated but not boosted; we can deduce that the other 10% were among the unvaccinated. This fact exposes the falsehoods of the vaccine advocates who are telling the public that the vaccines are highly effective in preventing serious / critical cases of Covid. It also signals that the vaccines can render the vaccine recipient more prone to develop serious disease than the unvaccinated. Also when we review the data of the Covid outbreaks in the Connecticut nursing home [stated earlier] and Cornell University and Duke University, we can conclude that vaccination puts the vaccine recipient at a disadvantage [all the Omicron infections at Cornell were among the vaccinated and 97.8% of the Covid infections at Duke were among the vaccinated]. **This means that the vaccine weakens the immune system of the vaccine recipient.** A distinguished pathologist provided a solid proof for that when he documented a drop in the number of certain cells of the immune system [called CD8+ T lymphocytes] following vaccination [more details on that in a later segment]. A weakened immune system following vaccination can explain the many reports of shingles eruption following Covid vaccination, which have been reported to the healthcare regulatory agencies in the USA, Europe and UK[Shingles is a very painful skin eruption that is due to the reactivation of a dormant chickenpox virus; the reactivation of the chickenpox virus(acquired during an earlier infection) happens when the immune system is weakened as by old age or the use of medicines that suppress the immune system]. **It is logical to conclude that the administration of further shots and boosters of the vaccine will further degrade and weaken the immune system.** In addition to the reduction in CD8+ T lymphocytes, the vaccine can cause an adverse outcome through a phenomenon called **Antibody Dependent Enhancement (ADE)**; in this phenomenon, the vaccine recipient develops an antibody response following vaccination, and then when exposed to the actual virus, the recipient develops a severe or lethal disease [which is a paradoxical outcome, because we expect that the vaccine protects the recipient rather than cause the death of the recipient]. Here I would like to cite the following tragic story [that might be an illustration of ADE]: **Valentina Boscardin was a healthy 18-year-old Brazilian model who was fully vaccinated , then she contracted Covid after her vaccination and she developed a severe case and died** [source: “ 18-year-old Brazilian model Valentina Boscardin dies of Covid” by Ed Browne, in Newsweek, date: January 13, 2022]. When a vaccine recipient is inoculated with a vaccine designed against the original strain, the recipient develops neutralizing antibodies against the Spike protein of the original strain and if exposed later on to the original virus, those neutralizing antibodies will bind to the Spike protein and thwart the entry of the virus into the human cell . But if the recipient is exposed to a variant of the virus that has many mutations in the Spike protein [e.g. the Delta or Omicron variants], those neutralizing antibodies fail to bind properly to the Spike protein of the virus[i.e. they become non-neutralizing antibodies] and those non-neutralizing antibodies have their own domains that can bind to human cells [otherwise inaccessible by the virus] and the antibody becomes the vehicle through which the virus can enter the human cell and start replicating[hence the term Antibody Dependent Enhancement i.e. the antibody itself enhances the entry of the virus into the human cell]. Now let us look at this tragic case with objectivity; an 18-year-old healthy young lady

can survive a Covid infection with great ease and without any vaccination; she received a full vaccination and then contracted Covid and died [she would have been alive if she did not take the vaccine]. How can we justify that in good conscience? The vaccine advocates and the vaccine manufacturers say the benefits of the vaccine outweigh the risks. How is that applicable here? When does the insanity end? I wonder what are the benefits that the vaccinated can reap in the afterlife once he/she is vaccinated and dead?

The vaccine advocates , in their public discourse, use the unvaccinated as the scapegoat for their failure ; they blame the unvaccinated for not reaching the mythical herd immunity. As explained above, herd immunity can never be achieved when you deal with a virus that is constantly mutating and outpacing the vaccine effort. The vaccine advocates blame the unvaccinated for being the source of the mutant strains; they deliberately forget the lessons of the Delta wave when it became evident that both the vaccinated and unvaccinated can get the infection and transmit it. According to their distorted logic, when the Delta or Omicron variant infects the unvaccinated, it replicates and mutates but when it infects the vaccinated it replicates but does not mutate! How absurd! **In the Covid outbreak at Cornell University, all the Omicron cases were in the fully vaccinated; if replication and mutation of the virus is happening, it is happening in the vaccinated** ; this is why Professor Luc Montagnier and Dr.Geert Vanden Bossche have demanded the end of the vaccination campaign. Let us refresh the memories of the vaccine advocates and enthusiasts. The US suffered 4 waves of Covid : the first one was caused by the original strain (first reported in China) , the second wave was caused by the Alpha strain (first reported in the United Kingdom), the third wave was caused by the Delta strain (first reported in India), the fourth wave was caused by the Omicron strain (first reported in South Africa). All 4 waves were caused by viruses that originated overseas. How can you blame the unvaccinated in the USA for viruses that were imported from abroad?

Thousands of fatalities and severe disabling adverse events related to the Covid vaccines have been reported to the healthcare regulatory agencies in the USA, Europe and the United Kingdom.

During phase 3 of the clinical trials of the Pfizer and Moderna vaccines [before the start of the public vaccination campaign], more cases of Bell's palsy were noted in the vaccine recipient group than in the placebo group. **Bell's palsy** is paralysis or weakness of one side of the face. Moderna's phase 3 clinical trial enrolled more than 30,000 participants. Three cases of Bell's palsy were reported in the vaccine group and one case in the placebo group. Pfizer's phase 3 clinical trial enrolled 43,000 participants. Four cases of Bell's palsy were reported in the vaccine group and none in the placebo group. The FDA recommends to watch for Bell's palsy in Moderna and Pfizer vaccine recipients [source: "FDA staff recommends watching for Bell's palsy in Moderna and Pfizer vaccine recipients" by Noah Higgins-Dunn for CNBC; date: December 15,2020].

At the outset of the vaccination campaigns, it became evident that the incidence of anaphylaxis is higher in the Covid vaccines than in other vaccines. **Anaphylaxis** is a severe and life threatening allergic reaction characterized by precipitous drop in the blood pressure, spasm of the airways, shortness of

breath, skin rash and other manifestations. The United Kingdom was the first nation in the West to approve a Covid-19 vaccine. On December 2, 2020 the UK approved the Pfizer vaccine and a week later started the vaccination campaign. Two healthcare workers with history of severe allergies and anaphylaxis, developed anaphylactic shock after receiving the Pfizer vaccine; they were treated and recovered. Following that incident, the UK health authorities advised people with severe allergies and history of anaphylaxis to abstain from taking the vaccine. A Boston oncologist with history of severe allergy to shellfish developed anaphylactic shock after receiving the Moderna vaccine ; he was treated and recovered [source: “ Boston healthcare worker who experienced reaction to Moderna coronavirus vaccine has history of allergies” by Andrea Diaz , in CNN; date: December 25, 2020]. Anaphylaxis is common in the USA; it occurs in about one in 50 Americans. Many believe the rate is higher [source: www.aafa.org > anaphylaxis-in-america]. An Alaska healthcare worker , with no history of allergies, developed an anaphylactic reaction after receiving the first dose of the Pfizer vaccine; she was treated and stayed in the hospital overnight and recovered [source: “ Alaska health worker had a serious allergic reaction after Pfizer’s vaccine” by Noah Weiland in The New York Times ; date: December 16, 2020]. This case can be problematic for persons who have no or mild allergies. Persons who have severe allergies and anaphylaxis can avoid the vaccine. Persons with no allergies might feel that taking the vaccine might be like playing Russian roulette with their lives. At the present time, people who have experienced anaphylaxis with the first dose of the Pfizer or Moderna vaccine, are advised to avoid taking the second dose.

With the launch of the massive public vaccination campaign, thousands of fatalities and severe disabling adverse events related to the vaccines have been reported to the healthcare regulatory agencies in the USA, Europe and the United Kingdom. The steady stream of disheartening news has been relentless; the topic is extensive and I have to be concise in order to keep the volume of information manageable and focused.

As stated earlier, the development of autoimmune diseases was a concern associated with the deployment of the Covid vaccines. This concern materialized; I cite 3 examples to illustrate this point.

Dr. Gregory Michael was a healthy 56-year-old obstetrician in **Miami Beach, Florida**. He had no medical problems and no allergies to medicines or vaccines. He received his first shot of the Pfizer vaccine at Mount Sinai Medical Center in Miami Beach, Florida on December 18, 2020. Three days later, he noticed spots of blood under the skin of his extremities. He went to the ER and was found to have a very low level of platelets (a condition called thrombocytopenia); platelets are tiny blood cells that play a crucial role in initiating the process of blood clotting. He was admitted to the hospital and was diagnosed with ITP (or immune thrombocytopenia, a condition in which the **immune system mistakenly attacks and destroys the platelets**, thus causing bleeding). In spite of excellent medical care provided by a dozen of qualified specialists, his platelet count remained very low and he died of brain hemorrhage on January 3, 2021 (16 days after his vaccine shot) [source: “ Death of Florida doctor after receiving Covid-19 vaccine under investigation” by Karen Weintraub, in USA Today; date: January 6, 2021].

Kassidi Kurill was a healthy 39-year-old mother from Ogden, Utah who developed a **fulminant case of liver failure** 4 days after her second dose of a Covid vaccine and died [source: “ Utah woman, 39, dies 4 days after 2nd dose of Covid-19 vaccine” by Heidi Hatch , in Kutv.com, date: March 10,2021]. Probably this was a case of autoimmune severe liver injury.

European healthcare authorities initiated a probe for the Pfizer and Moderna vaccines after noticing cases of **glomerulonephritis and nephrotic syndrome** related to the vaccines[source: “ Pfizer, Moderna Covid vaccines face new safety probe in Europe over possible link to skin conditions, 2 kidney disorders” by Kevin Dunleavy, in fiercepharma.com, date: April 11,2021]. Glomerulonephritis is a disease in which the glomeruli [filtering units of the kidney] are inflamed; the condition can progress to kidney failure if it is severe or chronic. The nephrotic syndrome is characterized by a massive leak of proteins in the urine and a tendency to form blood clots. Both conditions can be caused by an autoimmune process.

Professor Sucharit Bhakdi, Professor Emeritus of Medical Microbiology and Immunology, former Chairperson of the Institute of Medical Microbiology and Hygiene, Johannes Gutenberg University of Mainz in Germany has warned that any human cell that produces and displays the Spike protein on its surface , including cells of the immune system , will be attacked by the immune system ; if lymphocytes display the Spike protein, they will be attacked by the other healthy cells of the immune system[source: “ Prof. Sucharit Bhakdi : The vaccines do not work and the fear is they will cause a massive self-to-self attack” by Rhoda Wilson, in dailyexpose.uk, date: December 12,2021]. His brilliant predictions came true. **Dr. Ryan Cole** , a Mayo Clinic-trained board-certified pathologist who runs the largest diagnostics lab in Idaho, has noticed **a drop in the number of the CD8+T lymphocytes [killer T cells] in the vaccinated persons**. He has also noticed **a massive spike in cancer incidence** after the start of the vaccination campaign [source: “Mayo Clinic-trained doctor says Covid-19 vaccines suppress the immune system making people more prone to HIV, shingles and Herpes” in dailyexpose.uk, date: November 22, 2021]. CD8+T lymphocytes can mount a response against pathogens and can defend against tumors by directly killing transformed(cancerous) cells[source: The role of CD8+ T cells in innate immunity, in pubmed.ncbi.nlm.nih.gov]. **Here we have laboratory evidence that the Covid-19 vaccines weaken the immune system of the vaccine recipient and render the recipient prone to develop infections and cancer.** Recently, a **top official with the European Medicines Agency stated that repeat booster dosing may have the unintended consequence of weakening the immune response** [source: “EU medicines regulator warns on Covid booster shot frequency” by Jonathan Block, in seekingalpha.com, date: January 12,2022]. The European Medicines Agency is waking up late in the game. Dr. Ryan Cole has documented that the Covid vaccines weaken the innate immune system just after the initial series of vaccination and prior to the use of any booster. The weakened immune system of the vaccinated can explain the Covid -19 outbreaks in Provincetown, Massachusetts and Cornell University and Duke University, being predominantly in the vaccinated. Also the vaccinated, because of their weakened immune system, can be the breeding ground for the development of mutant strains resistant to the vaccine.

As researcher started to study the many manifestations of Covid-19, they came to realize that the Spike protein by itself (without being part of the coronavirus) can damage endothelial cells (cells that line the blood vessel wall)[source: “Be aware of SARS-CoV-2 Spike protein: There is more than meets the eye” by T C Theoharides and P Conti, in pubmed.gov, May-June 2021] and can cause blood clots [source: “ Covid-19 can affect the blood. Its Spike protein may be the culprit” by Emily Arntsen, in News@Northeastern, date: February 8, 2021]. This notion is important to keep in mind, because any clinical manifestations of Covid-19 attributed to the Spike protein can be reproduced by the vaccine, because the vaccine induces the body to produce billions of Spike protein molecules [this is not rocket science but mere common sense]. If Covid-19 can cause blood clots [through the action of the Spike protein], then the Covid-19 vaccine can do the same [because it generates the Spike protein in huge numbers]. We know that SARS-CoV-2 is our enemy and it has a harmful weapon which is the Spike protein. Imagine yourself that you have a mortal enemy and you provide your enemy with a gun to shoot you!!! Imagine the Allies in World War 2 supplying Hitler with lethal weapons that he can use to kill their own troops!!! Can the insanity get any worse?!!! The vaccine enthusiasts and the vaccine makers have developed the genetic code that forces our human cells to produce the Spike protein that is very harmful to our bodies. The notion of using a gene intervention disguised as a vaccine, to force our cells to form a protein that can be lethal , is insane, absurd, dimwitted and must be banned and outlawed.

The development of autoimmune diseases or blood clots following the use of the Covid-19 vaccines can explain many of the lethal or severe disabling adverse events related to the use of the vaccines. Let us have a look at some disheartening stories.

Six women (18 to 48-year-old) developed **clots in the brain** within 2 weeks of receiving the Johnson & Johnson Covid vaccine [which is a one shot vaccine]. One died, and their devastating cases led US health officials to recommend that use of the vaccine to be paused [source: “ ‘We were flying blind’: A Dr.’s account of a woman’s J&J vaccine-related blood clot case” by Denise Grady, in The New York Times, date: April 16,2021]. After a very brief pause, US health officials allowed the resumption of the use of the vaccine!!! In December 2021, after a total of 9 people died after receiving the vaccine, the CDC endorsed their advisory committee’s unanimous decision to give preferential recommendations to the Pfizer and Moderna vaccines [source: “ The link between J&J’s Covid vaccine and blood clots: what you need to know” by Kathy Katella, in yalemedicine.org, date: December 17,2021]. A young healthy lady can survive a Covid infection without much of a risk. Why are we asking her to take a vaccine that can kill her or paralyze her? In order to achieve herd immunity? We know that herd immunity will never be achieved in Covid-19, as discussed earlier.

Brad Malagarie a 43-year-old from Mississippi, father of seven children, spent the morning at his office before heading out to get the Johnson & Johnson vaccine a little after noon. He returned to work, and within 3 hours, co-workers noticed he was unresponsive at his desk. He had a **stroke and was unable to speak** [source: “Father of 7 suffers stroke, family blames Johnson & Johnson vaccine” by WKRC, date: April 15, 2021]. Are the vaccines safe? Is spending the rest of your life paralyzed in a nursing home

an enjoyable experience?

Jeff Johnson, 49-year-old from Brighton, Colorado, developed a **blood clot in his left leg** one week after receiving his first dose of the Moderna Covid vaccine [source: “ Moderna Covid vaccine causes blood clots in Colorado resident”, in dailyexpose.uk, date: May 18,2021].

Cienna Knowles, a perfectly normal 19-year-old equestrian, was told that she could not work if she was not vaccinated. After receiving her 2nd Pfizer vaccine dose, she developed **blood clots in her legs, lungs and portal vein** (the vein that drains blood from the intestines to the liver) [source: “ Teen left with blood clots in her lungs after having the Pfizer Covid-19 vaccine”, in dailyexpose.uk, date: November 17,2021]. Blood clots in the legs, lungs or portal vein are a life-threatening disease.

Yassine, a 13-year-old French boy, **lost his sight** 10 days after receiving a dose of the Pfizer Covid vaccine [source: “ 13-year-old boy left blind 10 days after Pfizer Covid-19 vaccine”, in dailyexpose.uk, date: October 8,2021]

Seven recipients of the AstraZeneca Covid vaccine in the UK **died of blood clots** [source: “7 UK AstraZeneca recipients die of clots; regulator: benefits outweigh risks” , in The Times of Israel, date: April 3, 2021].

Tim Zook, a 60-year-old X-ray technician at South Coast Global Medical Center in **Santa Ana, California** died shortly after receiving his second shot of the Pfizer vaccine. He received his first shot on December 18, 2020, and the second one on January 25,2021. Shortly after his second shot, he developed **low blood pressure and breathing problems** and was admitted to the intensive care unit, where his blood pressure remained low and he developed kidney failure and died [source: “ Man dies after receiving second Pfizer vaccine” at www.msn.com , radio.com ; date: January 27,2021].

Covid vaccines can lead to the formation of blood clots with an incidence of 0.1% [source: “ Risk of venous thromboembolism after Covid-19 vaccination” by Damon E. Houghton et al, published in Journal of Thrombosis and Haemostasis volume 20,issue 7; date: 10 April 2022]. Blood clots can be fatal or lead to severe disability [due to heart attacks, strokes, blindness, gangrene of a limb...] Vaccination of the entire US population can kill or cripple 330,000 persons due to blood clots. Why are we still using the Covid vaccines? Can someone provide a logic and cogent answer? When hundreds of thousands of people are crippled because of blood clots, the cost of their long term care will cause the overall cost of healthcare to skyrocket and render the health insurance premiums unaffordable to most Americans.

The association of Covid vaccines with myocarditis. A healthy 19-year-old man in **Israel** was admitted to the intensive care unit with **myocarditis** i.e. inflammation of the heart muscle (a condition that can cause an abnormal heart rhythm, heart failure and even death) after receiving the second dose of the Pfizer vaccine [source: “19-year-old hospitalized in ICU days after receiving second Pfizer vaccine” by Maayan Jaffe-Hoffman, in the Jerusalem Post; date: February 1, 2021]. The condition is usually seen in young males 30-year-old or younger; the FDA has placed a myocarditis warning on the mRNA vaccines

[source: “The link between myocarditis and Covid-19 mRNA vaccines” by Colleen Moriarty, in yalemedicine.org, date: June 24,2021]. Thai researchers conducted a prospective study on 301 Thai adolescents (age 13 to 18-year-old) and were able to document one case of myocarditis [diagnosed by MRI scan (Magnetic resonance imaging)] following vaccination with the Pfizer Covid vaccine [source: YouTube video titled “Thai vaccine heart complications” , channel of Dr. John Campbell, date: August 16,2022]. 1 case of myocarditis diagnosed by MRI in 301 subjects gives an incidence of 0.33%. Besides a MRI, myocarditis can be diagnosed by an elevated Troponin level [a biological marker indicative of heart muscle damage] which means that the true incidence of myocarditis is higher than 0.33%. Healthy children and adolescents without pre-existing conditions have a zero Covid mortality rate. Doctors have a sacred duty to “**Do no harm**”. How can we justify offering an intervention that has no benefit and at the same time can cause tremendous harm? What happened to ethics and morals?

Dr. Steven Gundry, a world-famous heart surgeon, evaluated 566 patients in his practice using a set of protein biomarkers that can predict the risk of developing **Acute Coronary Syndrome (ACS)**[a heart attack is one of the manifestations of ACS]. He compared the biomarkers obtained after mRNA vaccinations with the markers obtained before vaccinations and found that the **vaccination doubled the risk of developing ACS**. He concluded that mRNA vaccination dramatically increased inflammation of the endothelium and T cell infiltration of cardiac muscle and may account for the observations of **increased thrombosis (blood clots), cardiomyopathy (weakened heart muscle) and other vascular events following vaccination** [source: “mRNA Covid vaccines dramatically increase endothelial inflammatory markers and ACS risk as measured by the PULS cardiac test : a warning” by Dr. Steven Gundry, in Circulation, date: November 8, 2021]. **This elegant study by Dr. Gundry demonstrates that mRNA vaccination doubles the risk of having a heart attack and dramatically increases the risk of developing heart failure in the vaccine recipient. The vaccine advocates and enthusiasts insist on vaccinating the entire world population i.e. they want to double the risk of every human being of having a heart attack. Why do the vaccine advocates want to exterminate humanity with their vaccines? And why do the world governments get along with this insane scheme?** May humanity survive that insane scheme unscathed and may humanity live free and happy. Life is beautiful. Life is sacred.

We all know that cardiac arrest and sudden death is one of the manifestations of a heart attack; also it can be caused by an abnormal heart rhythm caused by myocarditis. The following are selected stories of sudden death or heart attacks that followed Covid vaccinations.

Sonia Acevedo, a healthy 41-year-old pediatric nurse in **Portugal**, died 2 days after receiving her first Pfizer Covid-19 vaccine [source: YouTube clip “ Gravitas: the pandemic is far from over” , channel: WION ; date: January 5,2021].

John Foley, a 21-year-old medical student at the University of Cincinnati, got vaccinated on April 10,2021 with the J & J Covid vaccine and died the next day. His body was discovered by his college roommates in their off-campus student housing [source: “ 21-year-old medical student in Cincinnati dies one day after receiving J & J Covid vaccine”, in dailyexpose.uk, date: May 18,2021].

Jacob Clynick , a 13-year-old Michigan boy, died in his sleep 2 days after receiving his second Pfizer Covid vaccine. A preliminary autopsy revealed that his heart was enlarged, raising the possibility that he developed myocarditis following his vaccination [source: “13-year-old dies in sleep after receiving Pfizer Covid vaccine ; CDC investigating” by Matthew Impelli, in Newsweek, date: July 2, 2021]

A 15-year-old boy collapsed and died while playing football 4 days after he received his second dose of the Pfizer Covid vaccine. He developed ventricular tachycardia (a life-threatening very rapid heart beat that can be caused by myocarditis) [source: “15-year-old boy who had the Pfizer Covid-19 vaccine collapses and dies whilst playing football 4 days later”, in dailyexpose.uk, date: October 10,2021].

Sean Hartman, a 17-year-old boy in Canada, died of a heart attack 2 weeks after he received a Covid vaccine. He received the jab in order to play hockey in an arena where the shot is required for entry [source: “Teen dies of heart attack after having Covid-19 vaccine because it was mandated by his hockey team”, in dailyexpose.uk, date: October 24,2021].

Carlos Tejada , a 49-year-old deputy Asia Editor for the New York Times, received the J & J vaccine in July 2021 and later on a Moderna booster. After he received the booster, he posted on Instagram : “ double-vaxxed, Janssen fueled, Moderna boosted. Hey, Omicron: hit me with your wet snot”. Less than 24 hours later, he was dead [source: “ New York Times Editor dies just one day after getting Moderna Covid-19 booster vaccine”, in dailyexpose.uk, date: December 29,2021].

The **autoimmune injury** triggered by the Covid-19 vaccine can affect many organs and systems of the body. The following are some examples of injury to the nervous system and the endocrine glands.

A perfectly healthy 33-year-old mother in Pennsylvania became paralyzed from the chest down 12 hours after receiving her first dose of the Pfizer Covid vaccine[source: “ Woman paralyzed 12 hours after first dose of Pfizer vaccine, doctors search for answers”, YouTube channel of WPXI-TV News Pittsburgh, date :May 2, 2021].

A healthy young woman, mother of 3 children from Nashville, Tennessee became paralyzed from her shoulders down, less than 24 hours after receiving her 2nd shot of the Pfizer Covid vaccine [source: “ Paralyzed after 2nd Covid shot”, YouTube channel of WKRN News 2, date: May 2,2021].

A healthy lady in **Louisiana, USA** developed **seizure-like movements** of her legs and unsteady gait after receiving her first dose of the Pfizer Covid-19 vaccine and was admitted to the hospital early in January 2021[source: YouTube: “ Woman’s severe reaction to Pfizer Covid vaccine prompts investigation “, channel: RT; date: January 22,2021].

Denver police officer 34-year-old Jose Manriquez lost **his ability to walk after being forced to take the Covid vaccine** [source: “ Denver officer says he lost ability to walk after being forced to take COVID vaccine”, video on video.foxnews.com, date: October 1, 2021].

Many women have reported heavy, painful periods and they believe their menstrual cycle was disrupted by the Covid vaccine [source: “ People are saying the Covid vaccine is messing with their periods” by Kate Dwyer , in Women’s health, date: May 12,2021]. Regular menstruation and ovulation depends on a very delicate balance and interaction between the ovarian hormones estrogen & progesterone and the pituitary hormones Follicle stimulating hormone (FSH) & Luteinizing hormone (LH). Any disruption in this balance can disrupt the menstrual cycle and ovulation. Women who have noticed abnormal menstruation following taking the vaccine probably suffered an autoimmune injury of the ovarian cells that produce estrogen & progesterone thus disrupting the output of estrogen & progesterone. Time will tell if the affected women will develop infertility problems.

A 26-year-old police officer became very ill, lost 30 pounds and was diagnosed with type 1 diabetes shortly after he received his second Covid vaccine dose [source: “ Kevin Mowry: Did my son get type 1 diabetes from Covid vaccine? We don’t know” by Kevin Mowry, in the Conway Daily Sun, date: October 14,2021]. Probably the police officer suffered a vaccine-induced autoimmune injury of the pancreatic cells that produce insulin, and when the pancreas stopped making any insulin, he developed type 1 diabetes.

Fatalities associated with the Covid vaccines reported to VAERS

According to the CDC website [www.cdc.gov], VAERS (Vaccine Adverse Events Reporting System) has received, as of **February 15, 2023** **19,319** reports of death among people who received a Covid-19 vaccine. Some independent researchers have estimated that only 10% of adverse events are reported to VAERS; this means that the number of deaths related to the Covid vaccine might be much higher than 19,319. **It is important to note the following interesting event: In 1976, a swine flu vaccination program was initiated in the USA. A report in the New York times, dated October 13,1976, stated: Swine flu vaccination programs in nine states and in Pittsburgh and its suburbs were suspended today, two weeks after they began nationally, after the deaths of three elderly persons who received the vaccine yesterday at a clinic in Pittsburgh [source: “ Swine Flu program is halted in 9 states as 3 die after shots” by Harold M. Schmeck Jr, in The New York Times, date: October 13, 1976].** WOW!!! In 1976, a vaccination campaign is stopped after **3** persons died after receiving the flu vaccine and in 2021-2023 the vaccination campaign continues even after the deaths of **19,319** persons who received the Covid vaccines have been reported to the medical authorities. **Maybe human life was precious in 1976 and is now worthless in 2021- 2023!!! When will the healthcare regulatory agencies in the USA consider stopping the Covid vaccination campaign? When the fatalities reach a million, 10 million or never!**

Now after we have documentations that the Covid vaccines can be lethal and disabling, we need to analyze the issue of **vaccine mandates**. The US Constitution states that we have inalienable **rights to life, liberty and the pursuit of happiness**. **A government or employer who forces a person to take a lethal vaccine is violating the right to life enshrined in the Constitution.** Moreover **the US Constitution forbids cruel punishment of a criminal, let alone a law-abiding citizen. A government or employer who**

forces a law-abiding citizen to choose between death by the vaccine or death by hunger and homelessness due to losing a job is subjecting the citizen to a cruel treatment that violates the US Constitution; no one ought to be forced to choose between 2 lethal options: vaccine or hunger due to unemployment. Vaccine mandates are violations of the US Constitution on two separate provisions [a government can mandate something useful and harmless e.g. wearing a seat-belt while driving, but it cannot mandate a lethal drug or vaccine]. Vaccine mandates allow for religious or medical exemptions (which can be rejected on an arbitrary basis) ; there must be a 3rd exemption called the “common sense exemption” : I refuse the vaccine simply because I do not want to die or have a heart attack or be paralyzed or destroy my immune system.

If you would like to listen to live testimony from persons who have been seriously injured by the Covid vaccines, you can watch several YouTube videos on the YouTube channel of US Senator Ron Johnson [Republican Senator of Wisconsin]. The name of the channel is SenatorRonJohnson.

I think that many Americans are refusing to take the vaccine because they have done their own research and realized the grave adverse events associated with the vaccines, or they know someone who took the vaccine and died or was seriously injured. Others refuse the vaccines because of the total immunity from liability that was granted to the vaccine makers; they reason: if the vaccines were truly safe, then why are the vaccine makers immune from any liability?

For a list of Covid vaccines adverse events reported to the FDA, please search under:” Oops! FDA accidentally reveals list of Covid vaccine side effects, including myocarditis, autoimmune disease & death” at www.austintexas.gov, date: July 30,2021. The list is extensive and it includes: brain inflammation, seizures, stroke, heart attack, myocarditis, autoimmune disease, anaphylaxis, venous thromboembolism (blood clots in the veins) and many others.

Other risks associated with the Covid vaccines.

Rudolf Jaenisch, MD, who is a professor of biology at MIT, was able to integrate in his lab pieces of the mRNA of the Covid-19 virus into human DNA [source: “ **Can the mRNA vaccines change DNA ?** “ by Yvonne Stolworthy, in Medical Daily, date: April 14, 2021]. This can have dreaded consequences. Altering human DNA can result in cancers and genetic disorders. Also, if the genetic code for the Spike protein becomes embedded in the human DNA, this means that the human cells are programmed in perpetuity to produce the Spike protein and this can make the vaccine recipient subject to autoimmune diseases and blood clots for the rest of his/her life. Prior to the vaccination campaign, those who have warned that Covid vaccines can alter the human DNA were labeled as ignorant fools. After all, they were not fools but smart and educated skeptics.

The Spike protein can enter the nucleus and can impair the DNA damage repair of the cell [source : “ SARS-CoV-2 Spike impairs DNA damage repair and inhibits V(D)J recombination in vitro” by Hui Jiang and Ya-Fang Mei, in pubmed. ncbi.nlm.nih.gov , 2021]. The cell has the ability to repair errors of DNA replication during the process of cell division. Interfering with this ability can lead to mutations.

Mutations in the DNA can result in the development of cancers or genetic disorders. Let us keep in mind that the Covid vaccines induce the body to produce billions of Spike protein molecules. A cancer producing mutation in the DNA can take years to become clinically apparent as a cancer.

An objective way to assess the safety of the Covid vaccines.

Vaccine advocates have constantly claimed that the Covid vaccines are extremely safe. Others disagree with that statement. Is there a way to tell which camp is correct? Fortunately we do not need the wisdom of Solomon to reach the correct answer. Medicine is not a discipline that deals with abstract ideas like philosophy does. Medicine deals with the human body and the human body can be tested and probed with laboratory tests, X-rays, ultrasounds..etc while the person is alive , and with autopsy after the person dies. Many pioneers have done their research and have objective evidence to demonstrate that the Covid vaccines are very dangerous. **Dr. Steven Gundry** has demonstrated that the Covid vaccines double the risk of heart attacks [see above]. **Dr. Ryan Cole** has demonstrated that the Covid vaccines lower the count of CD8+ T lymphocytes and weaken the innate immune system [see above]. **Dr. Charles Hoffe**, a Canadian doctor, measured the level of D-dimer in the blood [a marker of blood clots presence] in a sample of his patients after they were vaccinated and found that 62% of them had elevated D-dimer levels in their blood [source: “ Shock : Doctor warns that majority of vaccinated patients could have permanent heart damage, some may die within three years” by Adan Salazar, at www.austintexas.gov, date: July 22,2021].

Professor Arne Burkhardt is a German pathologist and researcher. He was the head of the Institute of Pathology in Reutlingen for 18 years, and then worked as a practicing pathologist; he has published more than 150 articles in medical journals. He performed **autopsies on 15 patients**, aged 28 to 95 years, who died 7 days to 6 months after their Covid vaccination. His autopsies concluded that it was very probable that the vaccine was the cause of death in 5 patients, probable in 7 patients, not clear but possible in 2 patients. His autopsy findings were startling and alarming. He found **heavy lymphocytic infiltration** with T lymphocytes [a sign of autoimmune disease] and signs of inflammation in the walls of small vessels , in the lung tissue, brain, liver, kidneys, uterine muscle, skin, meninges [coverings of the brain],thyroid gland, pericardium [covering of the heart] and heart muscle [this can weaken the pumping function of the heart and cause heart failure; if the infiltration involves the specialized cells responsible for the propagation of the electric impulses inside the heart, this can lead to life threatening disturbances in the heart rhythm]. Also he found heavy lymphocytic infiltration in the **wall of the aorta** with areas of necrosis [cells and tissue death] and this can weaken the wall of the aorta and result in aneurysm formation [bulging in the wall of the aorta]; an aortic aneurysm can rupture and cause a catastrophic internal hemorrhage that is usually fatal. This very heavy lymphocytic infiltration can coalesce to form nodules that might be a **precursor of a malignant lymphoma** [source: “ ‘ Lymphocytes amok’ post-Covid injection is very alarming, says pathologist”, by Rhoda Wilson, at dailyexpose.uk, date: December 14, 2021]; I hope that the medical community and the entire world will wake up before it is

too late !!! Humanity is in the process of committing suicide with the use of the Covid vaccines.

We have the tools to verify in an objective manner if a vaccine or a medication has an adverse effect on a given organ in the body. We can do a baseline test before vaccination and do serial weekly tests after vaccination and compare the two results as Dr. Gundry did in his elegant study. To check for inflammation and autoimmune disease, we can order the level of ESR, CRP and Complement levels in the blood. For damage to the heart muscle, we can order a Troponin level in the blood. For liver damage, we can order ALT & AST(liver enzymes) levels in the blood. For kidney damage we can order the creatinine level in the blood [with estimation of the Glomerular Filtration Rate] and a urine analysis to check for red blood cells and red blood cells casts (for glomerulonephritis), and a random (spot) urine check for protein-creatinine ratio [to check for protein leak in the urine and the nephrotic syndrome].

Vaccine adverse effects are not rare

Vaccine advocates dismiss the seriousness of the vaccine harms by claiming that the adverse effects are very rare. Now let us see whether this claim is true.

A worldwide survey showed that 42% of ladies with regular menstrual cycles experienced heavier bleeding after Covid vaccination, and 14% reported lighter periods[source: “ Largest study to date shows how Covid vaccines affect periods” by Knvul Sheikh in the New York Times, date: July 15,2022]. 56% incidence of adverse effects is not very rare after all !!!

Guillain-Barre syndrome is a serious medical condition characterized by inflamed peripheral nerves that can progress to paralysis of the respiratory muscles and respiratory failure. In 1976, an influenza vaccination campaign was stopped when Guillain-Barre syndrome was reported at a rate of one case per 100,000 vaccinees [source: “ Guillain- Barre syndrome following influenza vaccination : causal or coincidental?” by James J. Sejvar, Dina Pfeifer, Lawrence B. Schonberger, published in : Current Infectious Disease Reports 13,387-398 (2011), date: 17 June 2011; website: link.springer.com]. Recently, researchers including Dr. Peter Doshi who is one of the editors of the prestigious British Medical Journal, found that the incidence of severe adverse events following Covid vaccination was one per 800 vaccinees [source: “Serious adverse events of special interest following mRNA Covid-19 vaccination in randomized trials in adults” by Joseph Fraiman, Juan Erviti, Mark Jones, Sander Greenland, Peter Doshi ;published in “Vaccine” ; date: 22 September 2022]. In 1976, the standards of ethics mandated the cessation of a vaccination campaign when one serious adverse event per 100,000 vaccinees was detected; with the Covid vaccination campaign, the campaign is not called off even though the incidence of serious adverse events is more than 100 times higher. What happened to ethics and morals?

A RADICAL CHANGE OF COURSE IS IMPERATIVE IN ORDER TO END THE PANDEMIC

On November 25, 2021 the WHO called for an emergency meeting to discuss the appearance of the Omicron variant [first reported in South Africa]; Omicron had 32 mutations in the Spike protein. Researchers at Columbia university found that the Omicron variant is markedly resistant to the

vaccines[full vaccination] **and boosters might not do much to help** [source: “ ‘Striking’ vaccine resistance in Omicron variant : Columbia university” by Ben Kessler, in New York Post, date: December 16,2021]. In January 2022, the CEO of Pfizer announced that Pfizer was developing a vaccine specific for Omicron and that vaccine would be ready in March 2022. March 2022 came and no Omicron specific vaccine was available. Omicron continued to mutate and produced several subvariants. On August 31,2022 the FDA granted Emergency Use Authorization to an updated bivalent vaccine developed against the original strain and the Omicron BA.4 and BA.5 subvariants **without asking the vaccine makers [Pfizer and Moderna] to conduct any human clinical trials !!!** As expected, the virus mutated further to produce subvariants other than BA.4 and BA.5. **The wild-goose chase will never end**, and in the meantime we shall be fed by the vaccine advocates a steady diet of useless (and very harmful) vaccine updates and boosters. If we continue to rely on a dud (the vaccines), we shall never regain our pre-pandemic normality and liberty. Any objective observer can tell that **the vaccine advocates have lost the war against the virus**; they have no control over the situation because they have no control over the virus and its prolific ability to mutate. We need a radical change of course in order to break free from that self-imposed hell. We need an alternative to the vaccine-centric plan. The builders of the Titanic thought that the ship could never sink. The captain of the ship believed that nonsense and he refused to change his course when he was approaching a field of icebergs, and the Titanic sank on her maiden voyage because the captain refused to change his course. If we do the same and do not change our course, we are doomed. As discussed earlier, the vaccinated can acquire the infection and transmit it; the vaccines cannot bring to us the state of herd immunity. According to Professor Luc Montagnier, the vaccines drive the emergence of variants resistant to the vaccines. The vaccines can be lethal or produce disabling adverse events. The vaccines weaken our innate immune system, and double our risk of having a heart attack. They can trigger autoimmune diseases that can be lethal or devastating and might lead to lymphomas. Why are we enamored with such a crap?

HOW TO END THE COVID-19 PANDEMIC WITHOUT RELYING ON ANY VACCINE

The alternative to the failed vaccine-centric plan does not call for the eradication of the virus. It allows us to render Covid-19 a mere nuisance and we can move on with our lives again and enjoy our pre-pandemic freedoms. The plan is based on the findings and recommendations of world-famous doctors and scientists who are accomplished in their fields and who were able to successfully treat Covid-19.

This alternative plan does not crumble once the virus mutates. The plan has 2 pillars. The first one calls for the optimization of the vitamin D blood level and the control of risk factors that predispose someone to have severe/lethal Covid-19. The second pillar stresses the early outpatient treatment of Covid-19.

Vitamin D reduces the number of ACE2 receptors on the human cells. This means that vitamin D plays a

crucial role in thwarting the entry of SARS-CoV-2 into the human cell i.e. it reduces the odds of infection when one is exposed to the virus, which is a very beneficial effect [source: YouTube video clips: “vitamin D, first clinical trial” and “ vitamin D , large scale studies”; channel: Dr. John Campbell; dates: 9/6/20 and 9/12/20]. **Thus an optimum level of vitamin D can function as a vaccine substitute.** In chapter 1, I have mentioned that an **optimum level of vitamin D protects against the cytokine storm.** Bringing the vitamin D level to an optimum level in the population will reduce the spread of the virus and render Covid-19 a non-lethal disease ; in other words, new infections , hospitalizations and fatalities will plummet if we correct the worldwide problem of vitamin D deficiency. A group of doctors have formed an international alliance aiming to encourage governments to increase the recommendations for vitamin D intake as they believe this would reduce Covid-19 hospitalizations [source: “ Covid-19 : Scientists raise the vitamin D alarm “ by Nikki Hancocks at www.nutraingredients.com , date: October 2,2020]. A vitamin D blood level of 30-60 ng/ml is considered normal [source: “Vitamin D: what’s the right level “ by Monique Tello, MD,MPH at health.harvard.edu ; date: 12/19/2016]. Dr. Michael F. Holick, professor of Medicine at Boston University has found that the protective effect of vitamin D increases as the blood level of the vitamin increases[source: “ Vitamin D sufficiency, a serum 25 hydroxyvitamin D at least 30 ng/ml reduced risk for adverse clinical outcomes in patients with Covid-19 infection” at journals.plos.org , date: 9/25/20]. This means that one ought not to be satisfied with a blood level in the low normal range e.g. 30ng/ml but strive for a reading towards the higher end of the normal range. **As mentioned in chapter 1, German researchers came to the conclusion that a vitamin D blood level of 50 ng/ml can bring Covid mortality to zero. If each one of us can bring his/her vitamin D blood level to the range of 50-60 ng/ml [a very feasible feat] Covid 19 becomes a non-lethal disease.** An optimum level of vitamin D [50-60ng/ml] will go a long way to protect you from contracting Covid-19 and if you catch the disease, it will be mild and you will not end up in a hospital or on a ventilator. Also an optimum level of vitamin D will protect you against the flu, other respiratory viruses, diabetes , hypertension, allergies, rheumatoid arthritis, multiple sclerosis and certain forms of cancer [as outlined in chapter 1]; **no vaccine will provide you with these additional benefits** . Also reducing the incidence of diabetes, hypertension, allergies, rheumatoid arthritis, multiple sclerosis and cancer in the population in general will reduce the healthcare expenditures by hundreds of billions of dollars and this will lead to lower health insurance premiums for the public. Entrepreneurs in Europe have developed kits that can measure the vitamin D level at home. I hope that we can also develop reliable and FDA approved kits in the USA. This will facilitate the process of correcting the widespread problem of vitamin D deficiency without overwhelming doctors and hospitals labs.

In addition to reaching an optimum vitamin D blood level, each one of us needs to correct his/her risk factors for severe/lethal Covid-19 e.g. obesity, high blood pressure, smoking, alcohol abuse...etc [as outlined in prior chapters]. Each one of us, through his/her personal efforts [with the help of his/her doctor] can downgrade Covid-19 from a potentially lethal disease to a non-lethal disease. Be in charge of your life again and regain your cherished independence.

The early outpatient treatment of Covid-19

If you optimize your vitamin D blood level to 50-60 ng/ml and correct your risk factors, and then you are exposed to the virus, expect to end up with an asymptomatic infection or a mild symptomatic infection. If you have symptoms, your second line of defense is the early outpatient treatment. The name of the game is early treatment i.e. the treatment must be started with the first onset of symptoms; waiting 10 days till you are short of breath and blue in the face will reduce the efficacy of the treatment. Dr. Thomas Borody asserts that his protocol of Ivermectin, Doxycycline and zinc is 100% effective when started with the first onset of symptoms. Dr. Peter McCullough has developed highly effective protocols using Ivermectin & Doxycycline or Hydroxychloroquine & Doxycycline and he also stresses the importance of starting the therapy with the first onset of symptoms [see chapter 11 for details]. The early outpatient treatment of Covid-19 with very successful protocols based on Ivermectin or Hydroxychloroquine will have a great impact on the obliteration of the pandemic.

- (a) Early treatment nips the disease in the bud and we do not progress to severe Covid that can be lethal because of ARDS or blood clots; we do not end up in the hospital or in the Intensive Care Unit and the hospitals will get much relief and can return to the pre-pandemic mode of operation; hospitals can collapse with wave after wave of Covid-19 infections.
- (b) Covid-19 being a treatable disease will end the insane practice of contact tracing of positive cases and the isolation of positive asymptomatic cases; this destructive policy caused serious and disabling shortages of healthcare workers, teachers, first responders, factory workers..etc. The proper function of society collapsed and the output of goods was reduced causing inflation to soar. We have doomed ourselves to live in poverty and a miserable existence and deprived our children and youth of proper education because we insisted on a flawed and insane public health policy.
- (c) As the pandemic unfolded, it became clear that one can get Covid , and later on when exposed to a mutant variant get Covid again. This should not be a big deal because we have successful outpatient treatment. If I catch Covid now, I can ask my doctor for a prescription of Ivermectin for a few days. If a year down the road, I catch another variant, I shall take Ivermectin for a few days again; no big deal and no drama. If I have a robust immune system fueled by an optimum level of vitaminD and my risk factors are under control, I expect my second infection to be milder because my immune system will mount a robust defense against the new variant.

In order to streamline the outpatient treatment of Covid-19, the local health department in a town, city or county ought to be designated as the local center for testing and treating Covid-19; with such a setup, a patient does not go to the ER or doctor's office and we can avoid the spread of the virus in the community. A person who develops symptoms can go to the local health department to have a rapid antigen test, and if positive, he/she receives a packet that has an Ivermectin or Hydroxychloroquine based treatment protocol [as outlined by Dr. Peter McCullough] after the health department contacts the patient's doctor. If the patient does not have a doctor, a quick screening done by a nurse

can determine the patient medical history and medications , and a decision is done based on the screening, to give the most appropriate medications; as stated earlier Hydroxychloroquine cannot be given to persons who have G6PD deficiency or in pregnancy ; Doxycycline cannot be given in pregnancy or children younger than 8-year-old; Ivermectin interacts with a blood thinner called Coumadin[warfarin]; also the FDA has classified Ivermectin as pregnancy category C- i.e. “Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans”. If the rapid antigen test is negative, the patient can return the following day for a repeat test. Ivermectin is available over the counter [without prescription] in many parts of the world. It will be a good idea if the FDA allows Ivermectin to be available over the counter as a packet for 3 days supply. This will allow a very smooth operational model; a patient can test himself/herself at home with a rapid antigen test, and if positive he/she can get Ivermectin over the counter [with clear instructions on the proper use of the drug] from the local pharmacy or supermarket ; we have to keep in mind that local health departments and doctors are not available 24/7 and some persons do not have a primary care doctor.

The only public health directive given to the public will be a very simple one : If you are feeling sick and have cough or sneezing, please do not go to a closed public space or use public transportation and seek medical help and treatment. Dr. Borody recommends a prophylactic dose of Ivermectin to the household contacts of a Covid patient. For how long does the patient isolate while taking treatment? I have heard accounts of patients who reported that their viral load went down to zero, 3-4 days after starting Ivermectin [more studies are needed to confirm this]; it will be great if the isolation period is reduced to 3-4 days ; this will return workers or students to their work or schools faster without much disruption to the society or economy.

People ask when does the pandemic end? The answer is very simple: it depends on your effort. If you have optimized your vitamin D blood level to 50-60 ng/ml and have no risk factors [e.g. obesity, high blood pressure, smoking..etc] and you have secured an understanding doctor who will write you a prescription of Ivermectin or Hydroxychloroquine with the first onset of symptoms, then the pandemic has ended for you. If you are still working to optimize your vitamin D blood level, lose weight, quit smoking..etc, you can be out of the cesspool of the pandemic in 3-4 months [the time needed to optimize your vitamin D level, lose weight..etc].

It is important to note that oral vitamin D3 supplements, oral Ivermectin and Hydroxychloroquine tablets are safe, cheap and available in the developed and the developing worlds. We can all get out of the pandemic together. The developing world does not need expensive and unaffordable treatments to enjoy freedom again.

In summary, the roadmap to end the pandemic requires the concerted efforts of individuals, businesses and the government.

At the government level.

The FDA has to withdraw the full authorization and Emergency Use Authorization of all Covid-19 vaccines. The virus has mutated to a resistant form that renders the vaccines useless; Covid-19 vaccines can be lethal or cause severe and permanent disabilities. Moreover, the vaccines drive the emergence of mutant strains that escape the vaccines effect; this is the finding of Professor Luc Montagnier. If there is a virologist in the USA who is more qualified than Professor Montagnier [i.e. someone who is a Nobel laureate in Medicine twice or three times] and who disagrees with him, we need to hear his/her opinion in public and the evidence that he/she has to refute Professor Montagnier.

The FDA has to reject, from now onwards, any genetic interventions used as a vaccine platform, like the mRNA platform or the Adenovirus vector platform. We have enough evidence now that those platforms generate very serious autoimmune diseases that can be fatal or cause severe disabilities.

The FDA has to approve Ivermectin for the treatment and prevention of Covid-19. World-famous doctors like Dr. Tess Lawrie, Dr. Thomas Borody and Dr. Peter McCullough recommend its use. Multiple randomized controlled trials dealing with Ivermectin use have been reviewed by Dr. Tess Lawrie and she strongly recommends the use of Ivermectin for the treatment and prevention of Covid-19. Dr. Tess Lawrie has sent the BIRD report to the FDA. Dr. Tess Lawrie ranks among the world top 5% of analysts of medical data and clinical trials; she is a consultant to the WHO and the British NHS. If there is in the USA an analyst of medical data and clinical trials, who ranks higher than her and who disagrees with her findings, we need to hear his/her opinion in public and the evidence that he/she has to refute her recommendations.

State Medical Boards have to cease their threats to doctors who use Ivermectin or Hydroxychloroquine off-label to treat Covid patients. Off-label use is not a crime or violation of medical ethics or codes and it has been practiced by the vast majority of doctors. The off-label use of long acting propranolol to prevent migraine headaches has been used by many doctors without negative repercussions from the Medical Boards. Why is the off-label use of Ivermectin or Hydroxychloroquine to treat Covid-19 a misdeed that justifies the suspension of the doctor's license? The virus is now resistant to the vaccines. The other option left to us is the treatment option. A doctor can prescribe oral Paxlovid or Molnupiravir for the outpatient treatment of Covid-19, but the doctor who prescribes Ivermectin or Hydroxychloroquine is a villain; and if the patient cannot take Paxlovid or Molnupiravir because he/she cannot afford the 500-700\$ price tag , what do we tell this patient ? Go home and die, we have nothing to offer to you because you are poor!!! Does a doctor, who is trying to help a suffering and dying patient, deserve to be destroyed and deprived of the ability to earn a living? What has happened to America? Are we becoming heartless and soulless and blind in our submission to insane and failed public health policies?

At the Business level.

Businesses, shops, work places, schools, colleges, places of worship...etc need to upgrade their building

ventilation system to include high efficiency filters that can filter out viruses or hook the system to an Ultraviolet rays emitting device that can destroy the Covid-19 virus. Weather permitting, opening of the windows is also helpful.

At the individual level.

1. **Bring your vitamin D blood level to the optimum of 50-60 ng/ml [extremely important item].**
2. **Correct any risk factor if any e.g. obesity, uncontrolled hypertension, smoking...etc**
3. **Nurture a healthy gut microbiome (see chapter 7).**
4. **Eat a nutritious healthy diet that is rich in vitamin C and Zinc (both are needed for the proper function of the immune system). Good sources of vitamin C: citrus fruits such as oranges and orange juice, peppers, strawberries, broccoli, tomatoes, spinach and potatoes. Good sources of Zinc: oysters, beef, poultry, pork, beans, nuts, crab, whole grains and dairy products.**
5. **Find an understanding doctor who is willing to write you a prescription of Ivermectin and Doxycycline at the first onset of Covid-19 symptoms[or a prescription of Hydroxychloroquine and Doxycycline]; see chapter 11 for details.**
6. **Do not worry yourself to death about Covid-19. Stress increases your cortisol level and this will suppress the function of your immune system.**

Ending the pandemic without any reliance on vaccines is quite feasible and does not cost a lot of money. We can regain our cherished freedoms and return to a normal way of life once more. Life is beautiful and freedom is lovely. It is high time that we tell the vaccine advocates and monomaniacs to step aside because **WE THE PEOPLE WANT OUR FREEDOM AND WE WILL GET IT BACK.**

Soon we shall smile and we shall delight in the sweet aroma of freedom.

Chapter 13

My two cents worth of research ideas

In this last chapter, I am presenting 2 research ideas that might be useful in the fight against Covid-19. This chapter might not interest many readers. I am presenting those ideas with the hope that they might catch the attention of a researcher who might test them in his/her lab. I do not have the financial resources or the technical skills to put my ideas to the test, but maybe someone out there can.

1. SARS-CoV-2 [the virus that causes Covid-19] has an envelope that is made of phospholipids. **Amphotericin B** [an antifungal] is a lipophilic molecule that binds to ergosterol on the cell membrane of the fungal cell, punches holes in the cell membrane, whereby the contents of the cell leak out and the fungal cell dies. It is tempting to try Amphotericin B against SARS-CoV-2. Maybe Amphotericin B can dissolve into the lipid envelope of the virus, disrupt it and cause its lysis. Testing my idea is very simple: just add Amphotericin B to a culture of SARS-CoV-2 in the lab and observe whether the drug destroys the virus or not.
2. I know 2 individuals who have several risk factors for Covid-19 but who did very well during the pandemic. Each one takes a diuretic that contains sulfur in its chemical structure. By chance, I came across an interesting fact: thiosulfuric acid [a compound that contains sulfur] is used in bleach. Bleach is lethal to SARS-CoV-2. There is a brand of bleach [Clorox 2] which is a bleach for colored fabrics, that contains sulfonates in its active ingredients. Could sulfur be lethal or toxic to the virus? Testing my idea is simple: add sulfur to a viral culture of SARS-CoV-2 and observe the results. If sulfur is lethal to the virus, the next step is to test a lipophilic sulfonamide against the virus. Maybe a lipophilic **sulfonamide** can dissolve into the lipid envelope of the virus and deliver a lethal payload of sulfur to the virus.

PS Please do not ingest or inhale bleach under any circumstances. The above is a research idea that needs to be validated in the lab first.

A FINAL WORD

Dear brother and sister,

I hope that you have found some useful information in this small book that will empower you to be in charge of your fight against Covid-19. My best reward is to see you and your loved ones in the best state of health. Stand firm and fight the good fight against Covid-19. If I were of any help, I consider it my honor and privilege to be your servant.