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Unmasking Covid



**UNMASKING
COVID 19**

Brought to you by:

Gateway Family Chiropractic
& Gateway to Wellness Foundation

Updated 10.23.21

Overview of Covid



2030 UnMasked Video - 2 hour documentary

<https://2030unmasked.com>

This is a comprehensive, well researched documentary of Covid.



Animated Overview of Covid - 12 minutes

<https://videopress.com/v/p8r7ebPy?fbclid=IwAR2M9xJwPqtVeShWJSLqSoHrqIld-YBF2xxtiAHDf1RvYz0tgsWQKVEp9w4>

This is a short overview of Covid.

Science Has Been Hijacked



Social Distancing

We can pack sporting event stadiums without a concern or pack airplanes without any open seats but we can't celebrate holidays as families.



Fauci says it's "too early to tell" if we can gather for Christmas this year. Oct 03 2021

<https://youtu.be/5XvAucyFZzg>

Big Tech Censorship

Quick Google Search to see Covid side effects: "Covid vaccine side effects"

As of 10/6/21 a simple Google search of "Covid Vaccine Side Effects", which is what most people would search, renders the first link to the CDC website showing very mild side effects.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>

Possible Side Effects After Getting a COVID-19 Vaccine
Updated Aug. 6, 2021 Languages Print

CDC now recommends that people aged 65 years and older, residents in long-term care settings, and people aged 50-64 years with underlying medical conditions should receive a booster shot of Pfizer-BioNTech's COVID-19 Vaccine at least 6 months after completing their Pfizer-BioNTech primary series. Other groups may receive a booster shot based on their individual risk and benefit. [Learn more.](#)

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose.

Common Side Effects

On the arm where you got the shot:	Throughout the rest of your body:
<ul style="list-style-type: none">• Pain• Redness• Swelling	<ul style="list-style-type: none">• Tiredness• Headache• Muscle pain• Chills• Fever• Nausea

Get Email Updates
To receive email updates about COVID-19, enter your email address:
Email Address

A Better Google Search to see Covid side effects: "possible adverse event outcomes of covid vaccination"

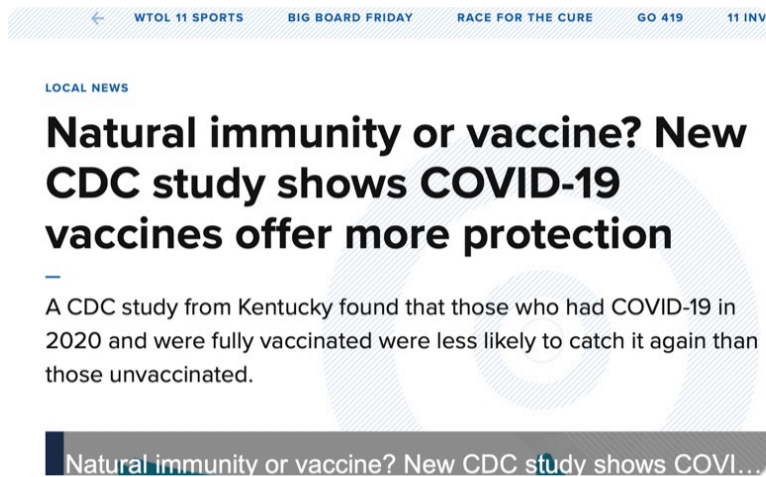
If you know how to ask the right question, you will get a different answer. As of 10/6/21 a better Google search of "possible adverse event outcomes of covid vaccination" renders the first option to the CDC website showing much more serious side effects.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

Anaphylaxis

Thrombosis with thrombocytopenia syndrome (TTS)

Guillain-Barré Syndrome (GBS)
Myocarditis and pericarditis
Reports of death



Google and Big Tech Controls the Narrative

Searching Natural Immunity vs Covid Vaccine

As of 10/6/21 if you search “Natural Immunity vs Covid Vaccine” almost every top search will show you the CDC and LOCAL NEWS stations

all citing a new study on “Natural immunity or vaccine? New CDC study shows COVID-19 vaccines offer more protection”

“A CDC study from Kentucky found that those who had COVID-19 in 2020 and were fully vaccinated were less likely to catch it again than those unvaccinated.”

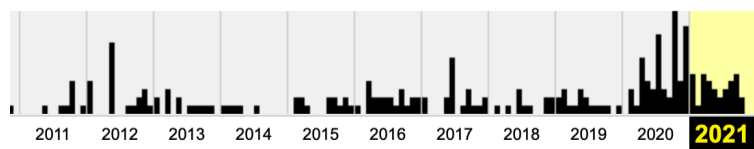
Common sense will tell you something is not right about this study and in the next chapter you will see 15 of the most reputable studies proving otherwise.

CDC Changing Website on Vaccines and Immunity



[Summary](#) · [Site Map](#) · [URLs](#)

, 2007 and [October 4, 2021](#).



A website Wayback Machine - Internet Archive

<https://archive.org/web/>

This site shows how many changes on any site makes over a period of time.

If you search <https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm> on the Wayback Machine website you will see all the changes.

Has science changed since Covid?

https://web.archive.org/web/*/https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm

Hit Job on Affordable Therapeutics



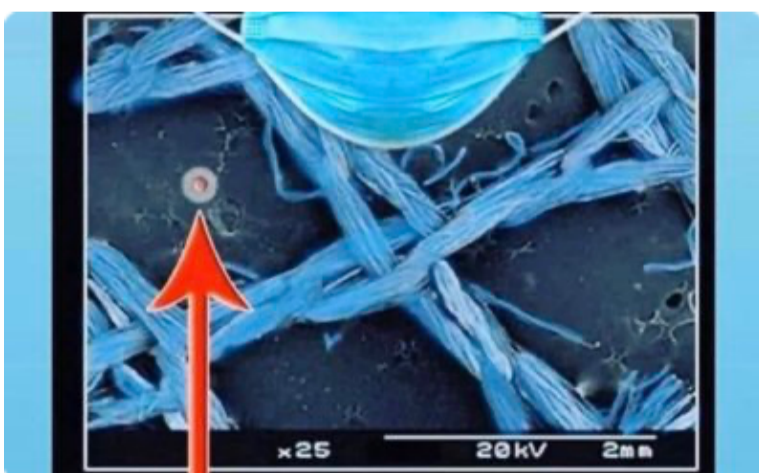
Lancet report on Hydroxychloroquine (HCQ)

The Lancet Report is a highly respected medical journal. In this publication they discredited Hydroxychloroquine just before the covid vaccines were made public. By law, if there is a successful therapeutic, you can not get clearance from the FDA for an Emergency Vaccine.

Once the vaccines were available to the public, and because of the backlash from the medical community, the Lancet Report retracted almost all of this false study. HCQ is one of the safest drugs on the market and the cost is very inexpensive.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31180-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6/fulltext)

Mask or No Mask



The smallest bacteria are about 0.4 micron in diameter while viruses range in

Why so much confusion on mask? Do they work or not work.

How small is the virus?





size from 0.02 to 0.25 micron.

Fauci before Covid - Where was this guy during the pandemic?

<https://rumble.com/vnay77-anthony-fauci-on-how-to-prevent-infectious-disease-may-2019.html>

Fauci vs Fauci on Mask



<https://rumble.com/vkgoap-flip-flip-fauci-the-mask-liar.html>



Shawn Stevenson

TheModelHealthShow.com

/MaskFacts

👉 Fantastic documentary on mask- 50 randomized studies on the website!

50 Randomized Studies on the Mask!

Demonstrating ineffectiveness of masks in surgery

Disposable surgical face masks for preventing surgical wound infection in clean surgery.

Cochrane Systematic Review

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138271/>

The evolution of the surgical mask: filtering efficiency versus effectiveness.

Infection Control & Hospital Epidemiology

<https://pubmed.ncbi.nlm.nih.gov/9013247/>

Surgical face masks in modern operating rooms—a costly and unnecessary ritual?

The Journal of Hospital Infection

[https://www.journalofhospitalinfection.com/article/0195-6701\(91\)90148-2/pdf](https://www.journalofhospitalinfection.com/article/0195-6701(91)90148-2/pdf)

Wearing of Caps & Masks Not Necessary During Cardiac Catheterization.

Catheterization & Cardiovascular Diagnosis

<https://pubmed.ncbi.nlm.nih.gov/2766345/>

Masks-for-all for COVID-19 not based on sound data.

Center for Infectious Disease Research & Policy

<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

Virus Transmissibility Data

One Virus Particle is Enough to Cause Infectious Disease

Science Daily

<https://www.sciencedaily.com/releases/2009/03/090313150254.htm>

Measles Virus Can Live for up to Two Hours in an Airspace

CDC – US Gov

<https://www.cdc.gov/measles/transmission.html>

Droplets and Aerosols in the Transmission of SARS-CoV-2.

The New England Journal of Medicine

<https://www.nejm.org/doi/full/10.1056/NEJMc2009324>

Closed environments facilitate secondary transmission of coronavirus

BMJ

<https://www.medrxiv.org/content/10.1101/2020.02.28.20029272v2>

Suggests airborne transmission is not driving the pandemic

Science of the Total Environment

<https://www.sciencedirect.com/science/article/pii/S0048969720319148?via%3Dihub#bbb005>

Demonstrating ineffectiveness of masks in reducing the spread of infectious disease

A cluster randomized trial of cloth masks compared with medical masks in healthcare workers.

BMJ Open

<https://bmjopen.bmj.com/content/5/4/e006577.long>

Unmasking the surgeons: the evidence base behind the use of facemasks in surgery.

Journal of the Royal Society of Medicine

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4480558/>

Surgical mask to prevent influenza transmission in households: a cluster randomized trial.

PLoS One

<https://pubmed.ncbi.nlm.nih.gov/21103330/>

Use of surgical face masks to reduce the incidence of the common cold.

American Journal of Infection Control

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

Systematic review of the efficacy of face masks and respirators against coronaviruses and other respiratory transmissible viruses for the community, healthcare workers and sick patients.

The International Journal of Nursing Studies

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7191274/#_ffn_sectitle

N95 masks v. SARS-CoV-2 particle size

American Chemical Society

<https://www.sciencedaily.com/releases/2020/05/200521124646.htm>

Surgical Mask vs N95 Respirator for Preventing Influenza Among Health Care Workers.

JAMA

<https://jamanetwork.com/journals/jama/fullarticle/184819>

Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection

The Canadian Medical Association Journal

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868605/>

The efficacy of medical masks and respirators against respiratory infection in healthcare workers.

Influenza & Other Respiratory Viruses

<https://onlinelibrary.wiley.com/doi/full/10.1111/irv.12474>

Popular Mask Effectiveness Studies That Ignore Real World Conditions

(And Demonstrate Even More Mask Ineffectiveness Upon Further Investigation)

Circulated [articles](#) state things like, “a cloth mask offers more protection than a surgical mask for people nearby.” With data gathered from participants putting a mask on for a few moments and coughing 5 times to establish said effectiveness. Upon further review, the study itself noted, “both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS–CoV-2 from the coughs of patients with COVID-19 to the environment.” Even though they came to that conclusion with what can easily be considered an inadequate amount of data (they’ve since retracted), what’s even more alarming is that the scientists found when test subjects coughed into the masks, even more virus particles ended up on the OUTSIDE of the mask than on the inside of the mask. It may come as a surprise, but that’s simply how viruses can travel in the real world.

Annals of Internal Medicine

<https://www.acpjournals.org/doi/10.7326/M20-1342>

Frequently referenced hamster study with the dubious [headline](#), “Surgical Masks Can Reduce Spread of Covid-19 virus by up to 75%”. To replicate “real-life situations” the lead researcher placed surgical masks between the cages of hamsters in an isolated facility. If this [study](#) replicates real-life situations to the researcher, we should all be seriously concerned by the type of social life he has.

Hong Kong University

<https://www.scmp.com/news/hong-kong/health-environment/article/3084779/coronavirus-hamster-research-proof-effectiveness>

Yet again, another study positing the efficacy of masks by having participants breathe/cough into a collection apparatus. This time it was a G-II bioaerosol collecting device. To repeat, this on and off duration of mask use and direct collection of particles neglects how viruses travel in the real world and how the duration of mask usage makes them exceedingly less effective.

Nature

Medicine

<https://www.nature.com/articles/s41591-020-0843-2>

Researchers at [Texas A&M](#) declare that face masks prevented more than 66,000 infections in New York City in less than a month. The study makes hasty assumptions of universal consistency in mask quality, mask fit, duration of time worn, assumptions that the wearers aren’t touching their face, that their aerosols and droplets aren’t being deflected and sprayed all over their face, hair, clothes, and creating clouds of droplets from above, below, and through the sides of the mask. And it’s also assuming that the masks are effective in the first place, which the vast majority of real-world clinical trials show that they’re not. Lastly, their graph demonstrates a downward trend in infections prior to mandatory masking and doesn’t differentiate the effects from social distancing, shelter-in-place, etc.

PNAS

<https://www.pnas.org/content/117/26/14857>

Sexual contact carries some risk for exposure to infection with severe acute respiratory syndrome coronavirus 2 during the coronavirus disease 2019 pandemic.

Annals of Internal Medicine

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7233185/>

Demonstrating the physiological and psychological damage caused by mask usage

The physiological impact of wearing an N95 mask during hemodialysis.

Journal of the Formosan Medical Association

<https://pubmed.ncbi.nlm.nih.gov/15340662/>

Respiratory consequences of N95-type Mask usage in pregnant healthcare workers.

Antimicrobial Resistance and Infection Control

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4647822/>

Carbon dioxide re-breathing with close fitting face respirator masks.

Anaesthesia

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2044.2006.04767.x>

Carbon dioxide rebreathing in respiratory protective devices.

Ergonomics

<https://pubmed.ncbi.nlm.nih.gov/23514282/>

Surgical mask induced deoxygenation.

Neurocirugia

<https://pubmed.ncbi.nlm.nih.gov/18500410/>

Protective Facemask Impact on Human Thermoregulation.

The Annals of Occupational Hygiene

<https://academic.oup.com/annweh/article/56/1/102/166254>

Amygdala Responsivity to High-Level Social Information from Unseen Faces.

The Journal of Neuroscience

<https://www.jneurosci.org/content/34/32/10573>

Rise in childhood mental health issues resulting from the social lockdown.

University of Oxford

<https://medicalxpress.com/news/2020-06-children-mental-health-difficulties-covid-.html>

Mental health issues in children amidst COVID-19 pandemic.

The Canadian Medical Association Journal

<https://www.cmaj.ca/content/re-mental-health-issues-children-amidst-covid-19-pandemic>

Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations.

The International Archives of Occupational and Environmental Health

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7087880/#!po=37.8049>

Immune cells become overactive when oxygen levels are deranged.

University of Edinburgh

<https://www.sciencedaily.com/releases/2017/08/170814162003.htm>

Stress and the Human Immune System.

Journal of Evolutionary Biology – Correction: Psychological Bulletin

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361287/>

The Developmental Origins of the Social Brain.

Frontiers in Psychology

<https://www.frontiersin.org/articles/10.3389/fpsyg.2018.02584/full>

Demonstrating health/immune system/covid-19 relationship and coronavirus susceptibility

Up to 650,000 people die of respiratory diseases linked to seasonal flu each year.

World Health Organization

<https://www.who.int/mediacentre/news/statements/2017/flu/en/>

SARS-CoV-2 mutation

Cell

<https://www.cell.com/action/showPdf?pii=S0092-8674%2820%2930820-5>

Comorbidities the rule in New York's COVID-19 deaths.

NY State Dept. of Health

<https://www.the-hospitalist.org/hospitalist/article/220457/coronavirus-updates/comorbidities-rule-new-yorks-covid-19-deaths>

Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area.

JAMA

<https://jamanetwork.com/journals/jama/fullarticle/2765184>

The State of US Health Burden of Diseases.

JAMA

<https://jamanetwork.com/journals/jama/fullarticle/2678018>

Spotlight on World Obesity Rates.

Central Intelligence Agency (CIA)

<https://www.cia.gov/news-information/featured-story-archive/2012-featured-story-archive/obesity-according-to-the-world-factbook.html>

FDA clears IND application for natural killer cell-based COVID-19 therapy.

Healio

<https://www.healio.com/news/hematology-oncology/20200402/fda-clears-ind-application-for-natural-killer-cellbased-covid19-therapy>

People with low NK cell counts had much higher rates of severe infections from COVID-19.

Medical Hypothesis

<https://pubmed.ncbi.nlm.nih.gov/32344314/>

Immune response to a 30-minute walk.

Medicine & Science in Sports & Exercise

<https://pubmed.ncbi.nlm.nih.gov/15632669/>

Sleep-deprivation reduces NK cell number and function.

Psychoneuroendocrinology

<https://pubmed.ncbi.nlm.nih.gov/25929826/>

The impact of stressful life events on natural killer cells.

Stress & Health

<https://onlinelibrary.wiley.com/doi/abs/10.1002/smi.2460070110>

Sleep deprivation effect on the immune system mirrors physical stress.

American Academy of Sleep Medicine

<https://www.sciencedaily.com/releases/2012/07/120701191638.htm>

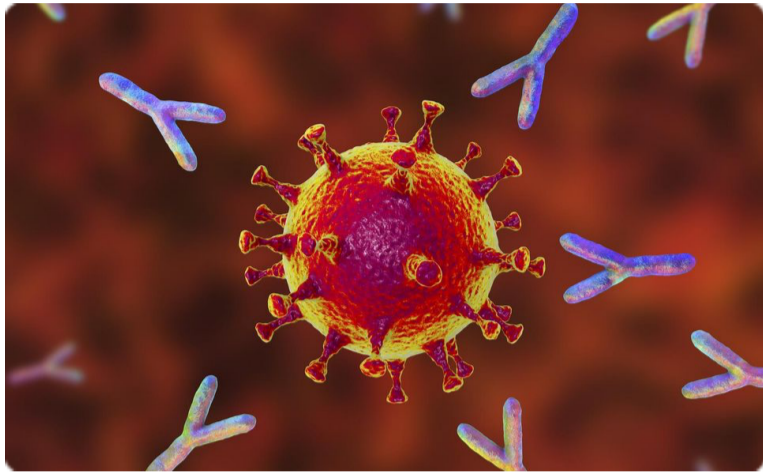
The prevalence of stress in primary care.

JAMA Internal Medicine

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4286362/>

Natural Immunity Vs Covid Vaccine

15 Studies That Indicate Natural Immunity From Prior Infection Is More Robust Than The Covid Vaccines



Daniel Horowitz - August 25, 2021

1) New York University, May 3, 2021

The authors studied the contrast between vaccine immunity and immunity from prior infection as it relates to stimulating the innate T-cell immunity, which is more durable than adaptive immunity through antibodies alone. They concluded, "In COVID-19 patients, immune responses were characterized by a highly augmented interferon response which was largely absent in vaccine recipients. Increased interferon signaling likely contributed to the observed dramatic upregulation of cytotoxic genes in the peripheral T cells and innate-like lymphocytes in patients but not in immunized subjects."

The study further notes: "Analysis of B and T cell receptor repertoires revealed that while the majority of clonal B and T cells in COVID-19 patients were effector cells, in vaccine recipients clonally expanded cells were primarily circulating memory cells." What this means in plain English is that effector cells trigger an innate response that is quicker and more durable, whereas memory response requires an adaptive mode that is slower to respond. Natural immunity conveys much more innate immunity, while the vaccine mainly stimulates adaptive immunity.

2) Washington University, St. Louis, Missouri, May 24, 2021, published in Nature

The media scared people last year into thinking that if antibody levels wane, it means their immunity is weakening, as we are indeed seeing with the vaccines today. But as Nature wrote, "People who recover [even] from mild COVID-19 have bone-marrow cells that can churn out antibodies for decades." Thus, aside from the robust T-cell memory that is likely lacking from most or all vaccinated individuals, prior infection creates memory B cells that "patrol the blood for reinfection, while bone marrow plasma cells (BMPCs) hide away in bones, trickling out antibodies for decades" as needed.

It's therefore not surprising that early on in the pandemic, an in-vitro study in Singapore found the immunity against SARS-CoV-2 to last even 17 years later from SARS-1-infected patients who never even had COVID-19.

3) Cleveland Clinic, June 19, 2021

In a study of 1,359 previously infected health care workers in the Cleveland Clinic system, not a single one of them was reinfected 10 months into the pandemic, despite some of these individuals being around COVID-positive patients more than the regular population.

4) Fred Hutchinson Cancer Research Center, Seattle/Emory University, Washington, July 14, 2021, published in Cell Medicine

The study found that most recovered patients produced durable antibodies, memory B cells, and durable poly-functional CD4 and CD8 T cells, which target multiple parts of the virus. "Taken together, these results suggest that broad and effective immunity may persist long-term in recovered COVID-19 patients," concluded the authors. In other words, unlike with the vaccines, no boosters are required to assist natural immunity.

5) University of California, Irvine, July 21, 2021

The authors conclude: "Natural infection induced expansion of larger CD8 T cell clones occupied distinct clusters, likely due to the recognition of a broader set of viral epitopes presented by the virus not seen in the mRNA vaccine" (emphasis added).

6) University of California, San Francisco, May 12, 2021

Conclusion: "In infection-naïve individuals, the second dose boosted the quantity but not quality of the T cell response, while in convalescents the second dose helped neither. Spike-specific T cells from convalescent vaccines differed strikingly from those of infection-naïve vaccines, with phenotypic features suggesting superior long-term persistence and ability to home to the respiratory tract including the nasopharynx."

Given that we know the virus spreads through the nasopharynx, the fact that natural infection conveys much stronger mucosal immunity makes it clear that the previously infected are much safer to be around than infection-naive people with the vaccine. The fact that this study artfully couched the choices between vaccinated naive people and vaccinated recovered rather than just plain recovered doesn't change the fact that it's the

prior infection, not the vaccine, conveying mucosal immunity. In fact, studies now show that infected vaccinated people contain just as much viral load in their nasopharynx as those unvaccinated, a clearly unmistakable conclusion from the virus spreading wildly in many areas with nearly every adult vaccinated.

7) Israeli researchers, August 22, 2021

Aside from more robust T cell and memory B cell immunity, which is more important than antibody levels, Israeli researchers found that antibodies wane slower among those with prior infection. "In vaccinated subjects, antibodies decreased by up to 40% each subsequent month following the vaccine while in convalescents they decreased by less than 5% per month."

8) Irish researchers, published in Wiley Review, May 18, 2021

Researchers conducted a review of 11 cohort studies with over 600,000 total recovered COVID patients who were followed up with over 10 months. The key finding? Unlike the vaccine, after about four to six months, they found "no study reporting an increase in the risk of reinfection over time."

9) Cornell University, Doha, Qatar, published in the Lancet, April 27, 2021

This is one of the only studies that analyzed the population-level risk of reinfection based on whole genome sequencing in a subset of patients with supporting evidence of reinfection. Researchers estimate the risk at 0.66 per 10,000 person-weeks. Most importantly, the study found no evidence of waning of immunity for over seven months of the follow-up period. The few reinfections that did occur "were less severe than primary infections," and "only one reinfection was severe, two were moderate, and none were critical or fatal." Also, unlike many vaccinated breakthrough infections in recent weeks that have been very symptomatic, "most reinfections were diagnosed incidentally through random or routine testing, or through contact tracing."

10) Israeli researchers, April 24, 2021

Several months ago, Israeli researchers studied 6.3 million Israelis and their COVID status and were able to confirm only one death in the entire country of someone who supposedly already had the virus, and he was over 80 years old. Contrast that to the

torrent of hospitalizations and deaths we are seeing in those vaccinated more than five months ago in Israel.

11) French researchers, May 11, 2021

Researchers tested blood samples from health care workers who never had the virus but got both Pfizer shots against blood samples from those health care workers who had a previous mild infection and a third group of patients who had a serious case of COVID. They found, "No neutralization escape could be feared concerning the two variants of concern [Alpha and Beta] in both populations" of those previously infected.

12) Duke-NUS Medical School, Singapore, published in Journal of Experimental Medicine

Many people are wondering: If they got only an asymptomatic infection, are they less protected against future infection than those who suffered infection with more evident symptoms? These researchers believe the opposite is true. "Asymptomatic SARS-CoV-2-infected individuals are not characterized by weak antiviral immunity; on the contrary, they mount a highly functional virus-specific cellular immune response," wrote the authors after studying T cell responses from both symptomatic and asymptomatic convalescent patients. If anything, they found that those with asymptomatic infection only had signs of non-inflammatory cytokines, which means that the body is primed to deal with the virus without producing that dangerous inflammatory response that is killing so many hospitalized with the virus.

13) Korean researchers, published in Nature Communications on June 30, 2021

The authors found that the T cells created from convalescent patients had "stem-cell like" qualities. After studying SARS-CoV-2-specific memory T cells in recovered patients who had the virus in varying degrees of severity, the authors concluded that long-term "SARS-CoV-2-specific T cell memory is successfully maintained regardless of the severity of COVID-19."

14) Rockefeller University, July 29, 2021

The researchers note that far from suffering waning immunity, memory B cells in those with prior infection "express increasingly broad and potent antibodies that are resistant to mutations found in variants of concern." They conclude that "memory antibodies selected

over time by natural infection have greater potency and breadth than antibodies elicited by vaccination." And again, this is even before getting into the innate cellular immunity which is exponentially greater in those with natural immunity.

15) Researchers from Madrid and Mount Sinai, New York, March 22, 2021

Until now, we have established that natural immunity provides better adaptive B cell and innate T cell responses that last longer and work for the variants as compared to the vaccines. Moreover, those with prior infection are at greater risk for bad side effects from the vaccines, rendering the campaign to vaccinate the previously infected both unnecessary and dangerous. But the final question is: Do the vaccines possibly harm the superior T cell immunity built up from prior infection?

Immunologists from Mount Sinai in New York and Hospital La Paz in Madrid have raised serious concerns. In a shocking discovery after monitoring a group of vaccinated people both with and without prior infection, they found "in individuals with a pre-existing immunity against SARS-CoV-2, the second vaccine dose not only fail to boost humoral immunity but determines a contraction of the spike-specific T cell response." They also note that other research has shown "the second vaccination dose appears to exert a detrimental effect in the overall magnitude of the spike-specific humoral response in COVID-19 recovered individuals."

Israel Study on Pfizer Protection than Natural Immunity



Study: COVID recovery gave Israelis longer-lasting Delta defense than vaccines¹) New York University, May 3, 2021

The variant was 27 times more likely to break through Pfizer protection from January-February and cause symptoms than it was to penetrate natural immunity from the same period.

<https://www.timesofisrael.com/study-covid-recovery-gave-israelis-longer-lasting-delta-defense-than-vaccines/>

Study Shows Worse Side Effects with Vaccine if Already Had Covid



<https://covid.joinzoe.com/post/vaccine-after-effects-more-common-in-those-who-already-had-covid>

DR. Ryan Cole's Speech at July 2021 White Coat Summit



Dr. Ryan Cole Shows The Catastrophic Damage Vaccines Are Doing To Humans At AFLD Summit July

Dr. Cole is a board certified Anatomic and Clinical pathologist with a subspecialty training and 20 years experience in

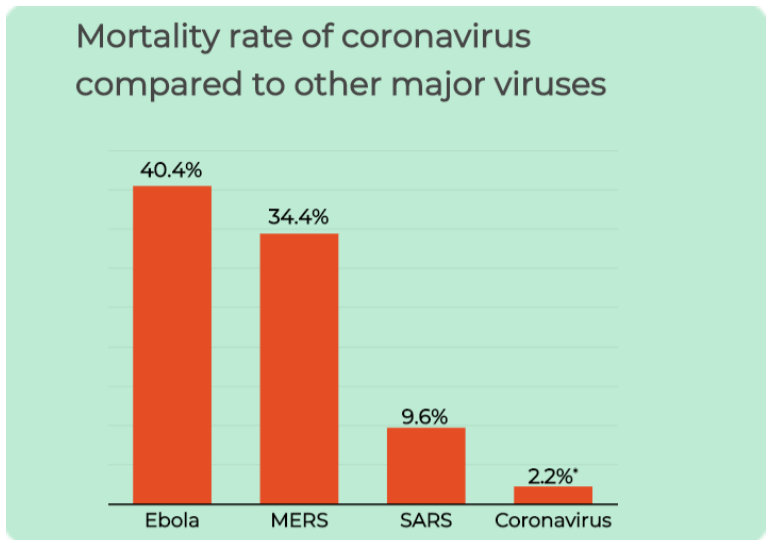
dermatopathology and particular interest in molecular diagnostics.

2021 <https://bbs.wenxuecity.com/currentevent/2585047.html>

How Dangerous is Covid?

Is it really killing as many people as we are told?

Covid Survival Rates with no treatment



0-14	Survival is 99.9998%
15-44	Survival is 99.9931%
45-64	Survival is 99.9294%
65-85	Survival is 99.6297%
Over 85	Survival is 98.2499%

What are the Co-morbidities?

Co-morbidities the CDC classifies as risk factors for severe COVID-19

People with these other diseases have a greater chance of dying from Covid.

- Cancer*
- Cerebrovascular disease*
- Chronic kidney disease*
- COPD* and other lung disease (including interstitial lung disease, pulmonary fibrosis, pulmonary hypertension, cystic fibrosis)
- Diabetes mellitus, type 1* and type 2*
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)*
- HIV
- Neurologic conditions, including dementia
- Obesity* (BMI ≥ 30 kg/m²) and overweight (BMI 25 to 29 kg/m²)
- Pregnancy*
- Smoking* (current and former)
- Sickle cell disease or thalassemia
- Solid organ or blood stem cell transplantation
- Substance use disorders
- Use of corticosteroids or other immunosuppressive medications
- Asthma
- Hypertension
- Immune deficiencies
- Liver disease

How Many Are Dying From COVID?

USA Total Deaths Versus Covid Deaths: 2018; 2019; and 2020

With the danger of this pandemic, we would expect a huge jump in over deaths from year to year.

As reported by the CDC ... Here are the US deaths by year and the change from the previous year.

Year 2017: 2,818,503 Americans died

Year 2018: 2,839,205 deaths (20,702 more than the previous year)

Year 2019: 2,855,000 deaths (16,300 more than the previous year)

The year of the pandemic ...

Year 2020: 2,913,144 deaths (58,144 more than the previous year 2019)

BUT WAIT: There were zero deaths from Covid-19 during 2018, and 2019 and the jump from 2019 to 2020 was only 58,144

COVID is responsible now for 700,000 + deaths. Shouldn't the 2020 number be much higher?

So the question becomes: How many people died OF COVID and How many died (of other causes) WITH COVID?

Is the Vaccine Safe?

Vaccine Adverse Event Reporting System (VAERS) Covid Survival Rates



About VAERS:

<https://vaers.hhs.gov/about.html>

Established in 1990, VAERS is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S.

Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. Anyone can report

an adverse event to VAERS. Healthcare professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem, but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine. This way, VAERS can provide CDC and FDA with valuable information that additional work and evaluation is necessary to further assess a possible safety concern.

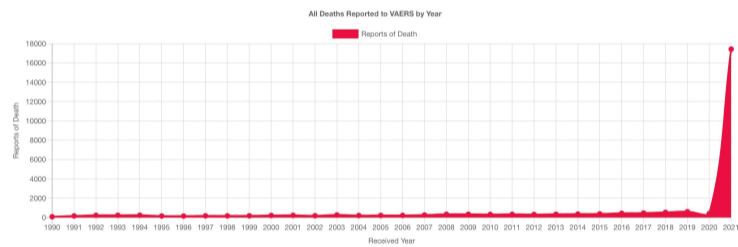
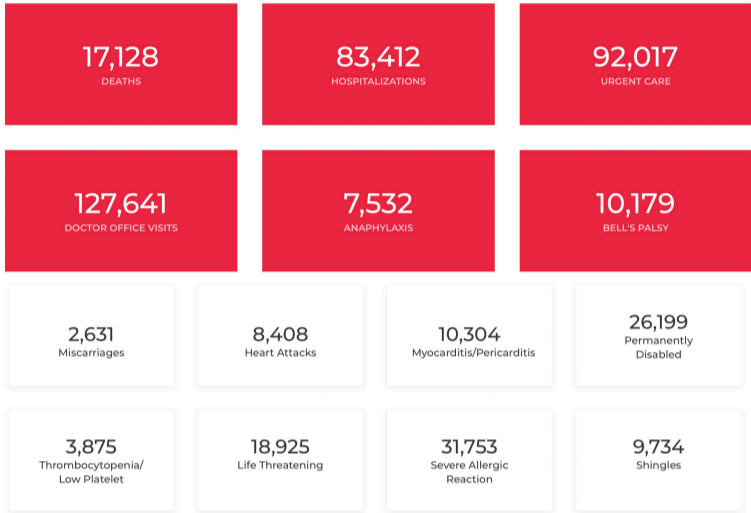


VAERS COVID Vaccine Adverse Event Reports

Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

All VAERS COVID Reports US/Territories/Unknown

818,042 Reports Through October 15, 2021



OPENVAERS.COM

<https://openvaers.com/covid-data>

VAERS is a voluntary reporting system that has been estimated to account for only 1% (see the Lazarus Report) of vaccine injuries. OpenVAERS is built from the HHS data available for download at vaers.hhs.gov.

The OpenVAERS Project allows browsing and searching of the reports without the need to compose an advanced search (more advanced searches can be done at medalerts.org or vaers.hhs.gov).

Study Showing VAERS is Grossly Under Reported



Electronic Support for Public Health-Vaccine Adverse Event Reporting System (ESP:VAERS)

This study shows with the members of their health care system in New England states that VAERS is about 1% reported.

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

What are the Known Adverse Effects of the Covid Vaccine?



Internal document from the FDA when observing reactions to the vaccines during the trials and before open to the public to receiving the vaccine showing a large list of adverse effects the FDA was aware and watching.

<https://www.fda.gov/media/143557/download>

Guillain-Barré syndrome
Acute disseminated encephalomyelitis
Transverse myelitis
Encephalitis/myelitis/encephalomyelitis/
meningoencephalitis/meningitis/
encephalopathy
Convulsions/seizures
Stroke
Narcolepsy and cataplexy
Anaphylaxis
Acute myocardial infarction
Myocarditis/pericarditis
Autoimmune disease

Deaths
Pregnancy and birth outcomes
Other acute demyelinating diseases
Non-anaphylactic allergic reactions
Thrombocytopenia
Disseminated intravascular coagulation
Venous thromboembolism
Arthritis and arthralgia/joint pain
Kawasaki disease
Multi system Inflammatory Syndrome in
Children
Vaccine enhanced diseases

20 Mechanisms of Injuries (MOI)

By Dr. Sherri Tenpenny
Cleveland, Ohio

20 Mechanisms of Injuries (MOI)

How COVID-19 Injections Can Make You Sick...Even Kill You

Do an internet search of this document to download the pdf booklet.

PREP Act

Public Readiness and Emergency Preparedness Act



The PREP Act is what protects the pharmaceutical companies from being sued for injuries from vaccinations.

<https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>

Are There Safe Therapeutics?

Natural and Allopathic Therapeutics

Vitamins

Vitamin C - Adults take up to 10,000 mg daily or until bowel intolerance then back off.

Vitamin D - Blood test for best dosage. Average can be 10,000 IU's per day.

Natural Sources

Zinc

Legumes, Seeds, Nuts, Eggs, Dark Chocolate

Medications and the natural options

Medications

Hydroxychloroquine

Antibiotics

Zinc

Ivermectin

Natural Options

Quercetin

Colloidal Silver, Garlic, Echinacea, Oil of Oregano

Legumes, Seeds, Nuts, Eggs, Dark Chocolate

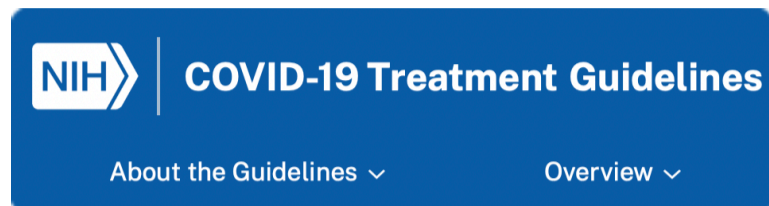
Artemisinin / Sweet Wormwood

Anti-Virals

Elderberry, Oil of Oregano, Astragalus, Star Anise, Ginger, Olive Leaf, Shitake Mushrooms, Cinnamon

Ivermectin is Safe and is an Approved Therapeutic by the NIH

[https://
www.covid19treatmentguidelines.nih.gov/
therapies/antiviral-therapy/table--
characteristics-of-antiviral-agents/](https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/table--characteristics-of-antiviral-agents/)



Click on the "Click here to view this table" to show hidden table

What Therapeutics to Avoid?



The NEW ENGLAND
JOURNAL of MEDICINE

If in the hospital, avoid Remdesivir. This is the recommended therapeutic by Dr. Fauci. Table 2 shows Remdesivir causes renal failure and killed 53.1% of the people in this study that was referenced by Dr. Fauci as safe and effective treatment for COVID.

Table 2. Comparison of Death at 28 Days According to Treatment Group.

Population	ZMapp	Remdesivir	Difference, Remdesivir vs. ZMapp	MAb114	Difference, MAb114 vs. ZMapp
	no. of deaths/ total no. (%)	no. of deaths/ total no. (%)	percentage points (95% CI)	no. of deaths/ total no. (%)	percentage points (95% CI)
Overall	84/169 (49.7)	93/175 (53.1)	3.4 (-7.2 to 14.0)	61/174 (35.1)	-14.6 (-25.2 to -1.7)
Patients with high viral load†	60/71 (84.5)	64/75 (85.3)	0.8 (-15.3 to 17.2)	51/73 (69.9)	-14.6 (-33.0 to -0.5)
Patients with low viral load†	24/98 (24.5)	29/100 (29.0)	4.5 (-9.1 to 19.1)	10/101 (9.9)	-14.6 (-32.4 to -2.6)

[https://www.nejm.org/doi/full/10.1056/
NEJMoa1910993](https://www.nejm.org/doi/full/10.1056/NEJMoa1910993)

What If You Already Got The Vaccine?

Natural and Allopathic Therapeutics

Mandates

Pfizer Covid Vaccine Still Under Emergency Use Authorization (EUA)-Not Fully Approved; Right to Refuse EUA Product Under US Law; Apparently No Right to Mandate EUA Vaccine



As of Aug 26, 2021 Pfizer is still only has EUA.

<https://miningawareness.wordpress.com/2021/08/26/pfizer-covid-vaccine-still-under-emergency-use-authorization-eua-not-fully-approved-right-to-refuse-eua-product-under-us-law-apparently-no-right-to-mandate-eua-vaccine/>

Chiropractic & Immunity

Chiropractic Research Results for Immune Function

The Physiological Role of Tumor Necrosis Factor in Human Immunity Its Potential Implications in Spinal Manipulative Therapy:

A Narrative Literature Review J Chiropractic Medicine 2016 (Sep); 15 (3): 190–196
<https://www.sciencedirect.com/science/article/abs/pii/S1556370716300281>

Immune Responses to Spinal Manipulation

Dynamic Chiropractic ~ May 6, 2011
<https://www.dynamicchiropractic.com/mpacms/dc/article.php?id=55320>

Interleukin 2-regulated In Vitro Antibody Production Following A Single Spinal Manipulative Treatment in Normal Subjects

Chiropractic & Osteopathy 2010 (Sep 8); 18: 26
<https://chiromt.biomedcentral.com/articles/10.1186/1746-1340-18-26>

Reduction in High Blood Tumor Necrosis Factor- α Levels After Manipulative Therapy in 2 Cervicogenic Headache Patients

J Manipulative Physiol Ther. 2009 (Sep); 32 (7): 586–591
[https://www.jmptonline.org/article/S0161-4754\(09\)00188-2/fulltext](https://www.jmptonline.org/article/S0161-4754(09)00188-2/fulltext)

Spinal Manipulative Therapy Reduces Inflammatory Cytokines but Not Substance P Production in Normal Subjects

J Manipulative Physiol Ther 2006 (Jan); 29 (1): 14–21
<https://www.jmptonline.org/article/S0161-4754%2805%2900325-8/fulltext>

Reflex Effects of Vertebral Subluxations: The Peripheral Nervous System.

J Manipulative Physiol Ther 2000 (Feb); 23 (2): 101–103

<https://www.jmptonline.org/article/S0161-4754%2800%2990075-7/fulltext>

Reflex Effects of Subluxation: The Autonomic Nervous System

J Manipulative Physiol Ther 2000 (Feb); 23 (2): 104–106

<https://www.jmptonline.org/article/S0161-4754%2800%2990076-9/fulltext>

The Effects of Specific Upper Cervical Adjustments on the CD4 Counts of HIV Positive Patients

Chiropractic Research J 1994; 3 (1): 32–39

The Effects of Chiropractic on the Immune System: A Review of the Literature

Chiropractic Journal of Australia 1993 (Dec); 23 (4): 132–135

Enhanced Neutrophil Respiratory Burst as a Biological Marker for Manipulation Forces: Duration of the Effect and Association with Substance P and Tumor Necrosis Factor

J Manipulative Physiol Ther 1992 (Feb); 15 (2): 83–89

<https://pubmed.ncbi.nlm.nih.gov/1373431/>

Enhanced Phagocytic Cell Respiratory Burst Induced by Spinal Manipulation: Potential Role of Substance

J Manipulative Physiol Ther 1991 (Sep); 14 (7): 399–408

<https://pubmed.ncbi.nlm.nih.gov/1719112/>

Immunologic Correlates of Reduced Spinal Mobility: Preliminary Observations in a Dog Model

FCER's International Conference on Spinal Manipulation, 1991; 118–121

Functional Ability of Natural Killer Cells as an Outcome Measure for Chiropractic Treatment Efficacy

FCER's International Conference on Spinal Manipulation, 1991; 84–96

A Comparative Study of the Health Status of Children Raised Under the Health Care Models of Chiropractic and Allopathic Medicine

J Chiropractic Research 1989 (Summer); 5: 101–103

An Overview of Neuroimmunomodulation and a Possible Correlation with Musculoskeletal System Function

J Manipulative Physiol Ther 1989 (Aug); 12 (4): 289–292