

Life Transitions During Climate and Social Crises

A Guide for Securing a Better Quality of Life

**Gary Null PhD and Richard Gale
Progressive Voices (New York, NY)**

August 2021

Life Transitions During Climate and Social Crises

Contents

Introduction	3
Twenty Three Tips for Getting Off the Grid	4
Chart 1: Best & Worst States – Fiscal Stability	7
Chart 2: Best & Worst States – Healthcare	8
Chart 3: Best & Worst States – Freedoms	9
Regional Overview of Climate Impacts	10
Chart 4: Climate Change Adverse Effects by State	15
Chart 5: Climate Change Adverse Effects by State	17
Chart 6: Climate Preparedness & Economic Vitality	19
Covid-19 Testing	20
Risks & Benefits of Face Masks	27
Treatment for “Long Haul” Covid-19	35
Healthy Protocols	36
Post-Vaccine Questions	44
Ten Medical Facts Regarding Covid-19 Experimental Vaccines	47
Sample Religious Vaccine Exemption Letter	50
EcoVillages and Intentional Communities	53
Resources	59
List of Additional Documents to Download	63

INTRODUCTION

This document, Life Transitions During Climate and Social Crises, was prepared to address the flurry of questions we receive almost daily. During the past 16 months, the nations of the world have been thrown into turmoil. Increasingly people are struggling to navigate their way through the rapid changes in our midst, which have largely been unpredictable. The world and our societies are no longer the same. It has not only been the Covid-19 pandemic that has triggered this upheaval. This crisis has been coupled by many others, including the increasing trends in climate change, food shortages, the loss of jobs, financial insecurity and debt, physical and mental conditions, civil unrest and a loss of trust in our governments, institutions and the media.

Many millions of Americans and citizens of the world are finally realizing the reality without the dominant culture's mental photo-shopping of fears into our subconscious. They are saying, "I need to transition into living a healthier and more resilient life.."

We wish to live a pristine life that is less cluttered, simpler, not over-stressed, and in a beautiful and nourishing environment. A place where we can be assured to have access to clean water, food security, nature and where our community is happy, healthy and progressive. Many desire to contribute to a "we" rather than only to "me." We look for new possibilities that provide an opportunity to leave our old illusions behind in the rear view mirror.

Now that most of the country is tearing itself apart, how can we find the "space" to be empowered and embark on a new beginning. It is a beautiful world we live in. Our goal is to share these tools and information to help you proceed in your transition.

Gary Null

August 19, 2021

Twenty Three Tips for Finding Self-Sufficiency

1. Do What You Love. Stop following the path of debt peonage that ties you to a mortgage and living your life paycheck to paycheck just to make the bills for the month, and still have nothing left over for you and your family to enjoy life with.

2. Live Small, Get Rid of Your Debt. When we walk away from a life of servitude, we can discover that a few tens of thousands of dollars can allow us to live on our land, our own simple home, and be able to the life we desire

3. Avoid Credit Cards. Whenever possible, try to avoid using credit cards.

4. Change Your Banking Habits. Shift savings and checking to local Savings and Loan Banks and/or credit unions that do not engage in rampant derivatives and exotic investment instruments. Most important is remove all funds from major large banking institutions such as Citi, Bank of America, Chase, Wells Fargo, etc

5. Your Job Should Be Your Family. A job should not be our boss. Our responsibility is to be smart, clever and work hard in order to provide for our essential needs and not be indebted to anyone. We have a duty to provide for our families and to help other human beings.

6. Turn Hobbies in Income Ventures. Enjoying what we do and maximizing on skills can always be turned around into income. It may not be a lot, but it allows us to master our hobbies and skills and can be converted into extra cash to supplement our income.

7. Create an Off Grid Fund. Put the money you save into a bank account and leave it alone. Forget it's there and keep working toward a goal of going off grid.

8. Reduce Your Expenses. Cut out the bills you don't need. Cable TV is one. Unless you use cable TV for business, there's really no reason other than temporary entertainment. You can watch TV again once you go off grid but in the meantime you can save \$50-\$120 or more per month toward an off grid fund?

9. Save Money. You can save money by not eating out often and avoiding frivolous purchases of small items which add up over the course of a month.

10. Drive Less. It is becoming fashionable to start walking and biking more to get to a destination rather than rely on a motor vehicle. This saves money besides being healthier.

11. Sell Your Old Stuff. You can sell your old stuff sitting in the garage, attic and basement. That's money sitting and collecting dust.

12. Reclaim and Recycle Building Materials. You can start reclaiming scrap

materials like pallets, lumber, sheet metal, pipe, fencing, and other necessities that can eventually be used for an off grid homestead.

13. Buy a Small Piece of Land. You can purchase a small 1 to 5 acre piece of land for very little money down in many places of the world. The USA has lots of land for sale with great financing options that won't break the bank. One or a couple of acres will suffice, and you can get it for as little as \$1000 in some parts of the US. Even at \$10k per acre it is better than living in a subdivision. Remember you're not buying that land so much as you're buying the lifestyle and the freedom it provides. With your own land you can grow a year's worth of food and live a healthier life

14. Be Willing to Relocate. If you want to live off the grid, you will probably have to relocate to cut your expenses. The land you buy will most likely be further away from the city and not exactly convenient to getting into town at a moment's notice. However, you will have more freedom of movement, and more room to move and expand your homestead.

15. Build or Buy a Log Cabin, Bale, Hobbit or Tiny House. You don't need to mortgage your life away for the next 30 years. You can build a small log cabin or tiny house for a fraction of what you probably currently paying. Living small allows you to concentrate on the things that are more important to you.

16. Learn How to Grow Your Own Food. Read up on how to start growing your own food in your own backyard. There are many methods and it's a good idea to learn as many as possible before you make the move to go off grid.

17. Preserving Food. You can learn how to can, dry and freeze food that you grow or purchase from local farmers' markets. It is also healthy to eat more fermented foods and you can easily learn how to make them yourself

18. Build a Hydroponic Unit. If you live in a colder climate, a hydroponic unit can provide a substantial amount of food produce all year long. There are a variety of kits and pre-crafted hydroponic facilities to choose from.

19. Educate Yourself About Renewable Energies. Ideally, to completely get off the grid will require transitioning your energy needs to renewable sources. Solar prices are dropping dramatically and many states provide rebates and incentives for switching to solar. Solar remains the cheapest way to go. Other technologies such as hydrothermal and wind are far more expensive.

20. Go Back To School to Learn About Something You Love. There is still time to learn a new trade or skill that you've always wanted to learn or get a degree if you're so inclined. If you don't want a degree, just go for enrichment and to gain the knowledge. Knowledge will last you a lifetime and it expands as you grow.

21. Change Your Internet Habits. It is wise to start educating yourself about

other noninvasive internet browsers, search engines and platforms in order to escape the unnecessary surveillance of the most popular programs and applications. Stop using Facebook, Google, Twitter; Wikipedia, these are all data mining sites shared with intelligence agencies and corporations. There are free email programs that encrypt your messages. Web browsers such as TOR, Proxify and Ghostery will hide your IP address. This will also protect you from identity theft.

22. Commune with Nature. It is essential to spend more time in nature, the wilderness and parks. It has been scientifically shown in many studies that time spent in nature is a natural kind of prevention from disease and illness.

23. Adopt a Spiritual Life. It is never too late to adopt some kind of spiritual practice to keep the mind and senses alert, to reduce stress and discover an inner contentment found in being self sufficient. As we get older this even becomes more essential for retaining an inner sense of youthfulness.

Chart 1: Best & Worst States For Fiscal Stability

Measurement of Vitality of State Government-Sponsored Programs for Quality of Life

Long Term: Ranking of state government credit ratings and pension fund liability

Short Term: Ranking of states government balances and liquidity

Best States				Worst States			
State	Rank	Long Term	Short Term	State	Rank	Long Term	Short Term
Alaska	1	41	1	Illinois	1	50	50
South Dakota	2	3	5	New Jersey	2	49	49
Tennessee	3	1	11	Kentucky	3	48	47
Idaho	4	6	7	Pennsylvania	4	46	43
Utah	5	7	8	Hawaii	5	43	45
Washington	6	2	19	Colorado	6	42	46
North Carolina	7	5	16	Rhode Island	7	44	41
Florida	8	11	9	Massachusetts	8	34	48
Wisconsin	9	4	34	Louisiana	9	40	32
Texas	10	19	6	Mississippi	10	37	30
Georgia	11	10	18	Arizona	11	35	40
Delaware	12	8	37	Kansas	12	38	26

Chart 2: Best & Worst States Healthcare 2020 Evaluation

Analyzed by Wallet Hub and the American Osteopathic Association

This evaluation is based upon analyses of how states managed their healthcare based upon past performance and in their response to the pandemic during the 2020 fiscal year

Ranking is based upon three primary metrics: cost, access and outcomes. These were evaluated on out-of-pocket spending, hospital beds per capita, emergency room wait times, life expectancy, medical error and mortality rates

Best States					Worst States	
Rank	State	Cost	Access	Results	Rank	State
1	Massachusetts	24	1	1	1	Alabama
2	Rhode Island	4	5	8	2	Louisiana
3	Minnesota	2	7	9	3	Arkansas
4	Hawaii	10	18	2	4	Mississippi
5	Maryland	1	9	19	5	North Carolina
6	Vermont	34	4	6	6	Oklahoma
7	Colorado	22	17	3	7	Wyoming
8	Iowa	3	26	11	8	West Virginia
9	Connecticut	40	6	5	9	Nevada
10	South Dakota	9	13	20	10	Missouri
11	New Hampshire	35	19	7	11	South Carolina
12	Pennsylvania	18	8	26	10	Georgia
13	New Jersey	20	12	21	11	Texas
14	Maine	42	2	23	12	Florida
15	Virginia	13	35	12	12	Arizona

Chart 3: Best & Worst States For Personal & Economic Freedoms

The Foundation for Economic Education (non-partisan, libertarian leaning)

Personal Freedom: Ranks according to freedom of marriage, gun rights, marijuana, campaign finance freedoms, incarceration and arrest records, educational freedoms, asset forfeiture, and travel freedoms

Economic Freedom: Rank according to regulatory policies, land use, health insurance, labor market, lawsuits, occupations, cable and telecom

Best States			Worst States		
Rank	Personal	Economic	Rank	Personal	Economic
1	Maine	Florida	1	Texas	New York
2	Nevada	Tennessee	2	Alabama	Hawaii
3	N Mexico	N Hampshire	3	Hawaii	California
4	Colorado	S Dakota	4	Arkansas	Vermont
5	N Hampshire	Indiana	5	Kentucky	New Jersey
6	Alaska	N Dakota	6	Tennessee	Maryland
7	Vermont	Georgia	7	Oklahoma	Maine
8	Washington	Virginia	8	Idaho	N Mexico
9	Oregon	Idaho	9	Wyoming	Oregon
10	Indiana	Texas	10	South Carolina	Washington
11	Florida	Colorado	11	New York	Minnesota
12	W Virginia	Oklahoma	12	Connecticut	W Virginia

Best & Worst of Growth Freedom Trends

Advancing in Correction Direction		Advancing in the Wrong Direction	
1 Oklahoma	8 North Dakota	1 Vermont	8 Iowa
2 New Mexico	9 Georgia	2 Hawaii	9 Delaware
3 Florida	10 Louisiana	3 New Jersey	10 Oregon
4 Wisconsin	11 Kansas	4 New York	11 Maine
5 Ohio	12 Arizona	5 Massachusetts	12 Tennessee
6 Alaska	13 Idaho	6 New Hampshire	13 California
7 Michigan	14 South Carolina	7 Rhode Island	14 Connecticut

Regional Overview of Climate Impacts and Sustainability in the Future.

It is important to note that there is no state, region or city that will not be affected by climate change. The entire nation will undergo dramatic changes. So if you hope to find a sanctuary that will be immune to global warming, it does not exist. Therefore, there are many metrics and factors that a person needs to look at to determine what is suitable before migrating to a different region. Besides jobs and economy, states and regions will experience climate change differently. Some regions will get drier while others will get wetter.

The following data and predictions for future climate scenarios in different parts of the US, regions and cities were compiled from a variety of sources, including the Climate Change Risk Index. The Index is a national ranking of No two sources are identical. There are also other climate change factors such as the speed of positive feedback loops or the increase of negative loops that are subject to change that can alter these forecasts substantially.

Predictive mapping of anticipated average precipitation by 2050, shows that the entire Atlantic coast north of northern Florida and south of Maine will experience the nation's highest rainfall. Also, westward to include all of Pennsylvania, Virginia, West Virginia, North Carolina, Georgia and parts of New York, Ohio and Tennessee. Similarly Washington, eastern Oregon, Idaho, western Montana and the northwest region of Wyoming will not be water stressed.

If you live in the northern hemisphere and want to get an idea of what your weather over the next couple decades, imagine the climate 600 miles south from where you live today. For example, in 2050, Minneapolis will be more like Kansas City. New York City will be similar to Virginia Beach. Some cities and their neighboring region are already preparing themselves to become relocation

destinations as warming accelerates. These include Buffalo NY, Duluth MN and Cincinnati OH. These have been cities hard hit with the loss of manufacturing, and are preparing for a new economic renaissance by becoming attractive places to escape the worst affected regions. Buffalo has declared itself a climate refuge and research indicates western New York will be one of the more desirable regions to live in.

Finally, state governments vary widely on how much effort and funding is being made to prepare themselves for the future. Oddly, those states that are being most affected and will experience the greatest threats are doing the least. These include nine of the ten states most likely to experience the worst impacts from climate change that happen to be in the south: Florida, South Carolina, Louisiana, North Carolina, Mississippi, Georgia, Texas, Arkansas, and Kentucky. States that are at least risk also have governments that realize the dangers of climate change and are already preparing themselves, notably Vermont, New Hampshire, Massachusetts, Minnesota, Colorado, Rhode Island and Connecticut; the first three are the only states with Climate Change Index scores less than 100. In comparison, Florida is the highest at 308.

The Index grades are based on five metrics: extreme heat, drought, wildfires, inland flooding and coastal flooding. California, Florida, Georgia, North Carolina, Oregon, Texas and Washington are the only states expected to experience all five categories. An excellent review of the Climate Change Risk Index by state can be found at <https://www.safehome.org/climate-change-statistics/>

Summary Reviews of Climate Change by Region

Coastal Regions: Projected increases in sea levels around the world are predicted to devastate coastal areas. Washington DC, parts of New England, the Mid-Atlantic states and Southern Florida will be largely underwater, in addition to areas on the West Coast, such as Portland. For a variety of geological regions,

such as coastal rock formation, the Atlantic coast is expected to be hit much harder by sea level rise rather than the Pacific coast, which is largely basalt rather than sand and less susceptible to erosion from rising tides. Seattle will be drier like San Francisco.

Northeast. The highest temperature increases are expected to occur in the Northeast, as much as 3.6 degrees Fahrenheit average before 2035. It will also experience the highest rate of ocean warming that will contribute to higher sea levels. Winters will warm three times faster than summers. On the positive side, foliage and forest growth will be less affected than most other regions. It is also expected that rainfall will increase and the region's agriculture will be remarkably sustainable. With warmer seasons lengthening, the growing season will be larger as well and will make the region more favorable for more diverse crops, fruits and vegetables.

Southeast. While little will change in hot, muggy weather and frequent summer thunderstorms during the day, evenings will worsen as the heat increases. Hot weather may gradually increase to an additional 50 days a year by 2050. Therefore more urban residents will suffer from what is called "heat island effect" -- large cities due to concrete, asphalt, etc retain heat longer and become some of the hottest areas to be in. Due to longer periods of extreme heat, the University of South Carolina predicts that 100s of millions of labor hours will be lost that will have an enormous adverse impact on the Southeast's economy.

Midwest. Being the nation's grain belt, longer and hotter seasons will have a devastating impact on corn, soy, wheat, etc. An increase in crop disease and pests is also predicted. Soybean harvests are expected to decline by over 25 percent in the southern portion of the Midwest within a decade. Besides crops, temperature-related deaths are expected to be highest in Midwest cities, such as Chicago, St. Louis and Kansas City.

At one time, the Great Lakes region was believed to offer a lifeline for the Midwest. But that changed with runaway pollution from farms and uncontrollable toxic algae blooms that are starving water of oxygen.

Nevertheless, the northern Midwest -- Michigan, Minnesota, Wisconsin -- is being recognized as a lifeboat region and these states are already preparing for an anticipated migration of new residents coming from the south.

Northern Great Plains. One of the greatest threats in this region is not climate changes per se, but a culture that has been devastating the land with unsustainable agriculture, the fossil fuel industry and poor conservation practices and regulations. In many respects, the North Great Plains states act as if it were still the 19th century, and this will worsen the living prospects.

Without a coastline, the region depends on snow pack, rainfall and existing aquifers. Therefore the region will suffer greatly from the woes of water shortages as winters shorten and snows decline as much as 40 percent in the mountainous regions. The region is also being devastated by the migration of insects and beetles that are killing off huge swathes of forested land.

Southern Great Plains. This region is expected to experience large flips and extremes between heat waves, tornadoes, drought, ice storms, hurricanes, and hail. There will be longer and hotter summers, meaning more drought. The region's critical water resource, the Ogallala Aquifer is rapidly shrinking and may be completely depleted in another 25 years. Therefore the Southern Great Plains may become the country's most water stressed region. of the [already shrinking Ogallala Aquifer](#), which is critical to a huge western swath of the region, could be completely depleted within 25 years, according to the report.

Texas' Gulf Coast will face sea-level rise, stronger hurricanes, and an expanded range of tropical, mosquito-borne diseases like dengue and Zika. It will also experience more intense floods at a time when the region's dams and levees are in dire need of repair and aren't equipped for the inundations of sea water..

Pacific Northwest. Already renown for being a rainy region, even more rain is forecast for Oregon's and Washington's coastal winters while its summers will become drier. This is a positive tradeoff since much of the Northwest depends on melting winter snows that will lessen. Therefore more snow will be replaced with rain. However, it will also mean more flooding and landslides. On the other hand, western Washington, east of the Cascade Mountains is becoming hotter and drier. Already it has suffered from numerous wildfires during the past decade.

Southwest. Climate change threatens all of this region's beautiful ecological diversity, as well as the 60 million people who call this area home, including 182 tribal nations. Arizona, New Mexico and southern Utah already suffer from heat waves, droughts, and increased wildfires. And the Southwest is rapidly running out of water altogether. . As the Colorado River recedes, there will be increasing drought in Southern California, Nevada, Colorado, Arizona, and New Mexico.. In Nevada, Lake Mead, which provides drinking water to Las Vegas and water for agriculture in the region has lost 60 percent of its volume.

In the coming years, temperatures will soar. Droughts, including mega-droughts and dust storms lasting 10 years, will become commonplace. The region is also expected to experience a new dust bowl likely worse than in the 1930s. Consequently, agriculture will take a steep hit and cause food insecurity.

Chart 4: Climate Change Adverse Events by State

Source: Climate Central’s clearinghouse of data and analysis of climate change impacts in its “Climate Change Risk Index”

Rank	State	Extreme Heat	Drought	Wildfire	Inland Floods	Coastal Floods
1	Vermont	√				
2	New Hampshire	√	√			√
3	Massachusetts	√			√	√
4	Minnesota	√	√			
5	Colorado	√	√	√		
6	Wyoming	√	√	√		
7	Rhode Island	√			√	√
8	Illinois	√	√		√	
9	Connecticut	√			√	√
10	Montana	√	√	√		
11	North Dakota	√			√	
12	Ohio	√	√		√	
13	Nebraska	√	√		√	
14	Virginia	√			√	√
15	Nevada	√	√	√		
16	Iowa	√	√		√	
17	Delaware	√			√	√
18	Michigan	√	√		√	
19	New Jersey	√			√	√
20	West Virginia	√			√	
21	Idaho	√	√	√		
22	Wisconsin	√	√		√	
23	Indiana	√	√		√	

Rank	State	Extreme Heat	Drought	Wildfire	Inland Floods	Coastal Floods
24	Maryland	√				√
25	Utah	√	√	√		
26	South Dakota	√	√		√	
27	Pennsylvania	√	√		√	√
28	Maine	√	√		√	√
29	New York	√	√		√	√
30	Oregon	√	√	√	√	√
31	Kansas	√	√	√	√	
32	New Mexico	√	√	√		
33	Alabama	√	√	√		√
34	Tennessee	√	√	√	√	
35	Arizona	√	√	√		
36	Washington	√	√	√	√	√
37	Missouri	√	√	√	√	
38	Oklahoma	√	√	√	√	
39	California	√	√	√	√	√
40	Kentucky	√	√	√	√	
41	Arkansas	√	√	√	√	√
424	Texas	√	√	√	√	√
43	Georgia	√	√	√	√	√
44	Mississippi	√	√	√		√
45	North Carolina	√	√	√	√	√
46	Louisiana	√	√	√		√
47	South Carolina	√		√	√	√
48	Florida	√	√	√	√	√

Chart 5: Other Adverse Factors by State

State	Adequate Water by 2030	Foreclosure Rate	X-Storms & Tornado	Hydro-Fracking	Nuclear Plants
Alabama	Yes	High	Yes	Yes	Yes
Alaska	Yes	Avg			
Arizona	No	High			Yes
Arkansas	No	Avg	Yes	Yes	Yes
California	No	High			Yes
Colorado	No	Avg		Yes	
Connecticut	Yes	High	Yes		Yes
Delaware	No	High	Yes		Yes
Florida	No	High	Yes		Yes
Georgia	No	High	Yes	Yes	Yes
Hawaii	No	Avg			
Idaho	No	Avg			
Illinois	Yes	High	Yes	Yes	Yes
Indiana	Yes	Low	Yes	Yes	
Iowa	Yes	Low	Yes		Yes
Kansas	No	Low	Yes	Yes	Yes
Kentucky	Yes	Avg	Yes	Yes	
Louisiana	Yes	Low	Yes	Yes	Yes
Maine	Yes	High			
Maryland	Yes	High			Yes
Massachusetts	No	Avg			Yes
Michigan	Yes	Low	Yes	Yes	Yes
Minnesota	Yes	Avg			
Mississippi	Yes	Low	Yes	Yes	Yes
Missouri	Yes	Avg	Yes	Yes	Yes
Montana	No	Avg		Yes	

State	Adequate Water by 2030	Foreclosure Rate	X-Storms & Tornado	Hydro-Fracking	Nuclear Plants
Nebraska	No	Avg	Yes	Yes	Yes
Nevada	No	Low			
New Hampshire	Yes	Low			Yes
New Jersey	No	High	Yes		
New Mexico	No	High			
New York	Yes	High	Yes		Yes
North Carolina	No	High	Yes		Yes
North Dakota	Yes	Low	Yes	Yes	
Ohio	Yes	High	Yes	Yes	Yes
Oklahoma	No	Avg	Yes	Yes	
Oregon	Yes	Avg			
Pennsylvania	Yes	High	Yes	Yes	Yes
Rhode Island	No	Avg			
South Carolina	No	High	Yes		Yes
South Dakota	Yes	Low	Yes		
Tennessee	Yes	Low	Yes	Yes	Yes
Texas	No	High	Yes	Yes	Yes
Utah	No	Avg		Yes	
Vermont	Yes	Low			Yes
Virginia	Yes	Avg	Yes	Yes	Yes
Washington	Yes	Avg			Yes
West Virginia	Yes	Low		Yes	
Wisconsin	Yes	Avg	Yes	Yes	Yes
Wyoming	No	Avg		Yes	

Chart 6: Climate Preparedness & Economic Vitality

Rank	Most Prepared for Climate Change	Best State Economies
1	Massachusetts	Washington DC
2	Connecticut	Washington
3	Pennsylvania	Massachusetts
4	New York	Texas
5	California	Colorado
6	Rhode Island	California
7	Minnesota	Utah
8	Oregon	Nebraska
9	Maryland	Rhode Island
10	Washington	Maryland
11	Virginia	Oregon
12	Michigan	Wisconsin
13	Colorado	Delaware
14	Delaware	New York
15	Wisconsin	Georgia
16	New Mexico	Hawaii
17	North Carolina	Florida
18	Vermont	Wyoming
19	New Hampshire	Minnesota
20	Utah	Idaho
21	Tennessee	Arizona
22	North Dakota	Connecticut
23	Indiana	North Dakota
24	West Virginia	New Hampshire
25	Iowa	Iowa

COVID-19 Testing: What are We Doing? What Does it Mean?

May 20, 2020

In 1965, scientists identified the first human coronavirus; it was associated with the common cold. The Coronavirus family, named for their crown-like appearance, currently includes [36 viruses](#). Within that group, there are 4 common viruses that have been causing infection in humans for more than sixty years. In addition, three pandemic coronaviruses that can infect humans: SARS, MERS, and now, SARS-CoV-2.

As the news of deaths in China, South Korea, Italy, and Iran began to saturate every form of media 24/7, we became familiar with a new term: COVID-19. To be clear, the name of the newly identified coronavirus is SARS-CoV-2, short for Severe Acute Respiratory Syndrome Coronavirus-2. This virus is associated with fever, cough, chest pain, and shortness of breath, the complex of symptoms that form the diagnosis of COVID-19.

The Trump administration declared a public health emergency on January 31, 2020, then on February 2 placed a ban on the entry of most travelers who had recently been in China. On February 4, Alex Azar, the Secretary of Health and Human Services (HHS) issued a declaration of public health emergency and activated the Public Readiness and Emergency Preparedness Act, otherwise known as the [PREP Act](#). This nefarious legislation provides complete protection of manufacturers from liability for all products, technologies, biologics, or any vaccine developed as a medical countermeasure against COVID-19. For those nervously waiting for the vaccine to become available, be sure to [understand the PREP Act](#) before rushing to the get in line.

Calls for testing – to see if a person is or isn't infected – began soon after the emergency was declared, but performing those tests was initially slow due to an inadequate number of test kits. As the kits became available, those [developed by the CDC](#) had a defect: The reagents reacted to the [negative control sample](#), making the test inaccurate and the kits unusable.

In [various countries](#), thousands of test kits purchased from China were found to be contaminated with the SARS-CoV-2 viruses. No one really knows how that happened, but theories spread like wildfire. Could the test kit infect the person being tested? Or, did it mean the test would return a false-positive result, driving up the numbers of those said to be infected so those in power could implement stronger lockdowns and accelerate the hockey-stick unemployment rates? Neither of those questions has been adequately answered.

Mandatory Testing...of what?

Authorities claim that testing is important for public health officials to assess if their mitigation efforts – “shelter in place” and “social distancing” and “wearing a mask” – are making a difference to “flatten the curve.” Officials also claim that testing is necessary to know how many persons are infected within a community and to understand the nature of how coronaviruses spread.

Are these reasons sufficient to give up our health freedom and our personal rights, being tested and shamed in public?

Despite the challenges with test kits, testing began. By the end of March 2020, more than 1 million people had been tested across the US. By [May 9](#), the number tested had grown to over 8.7M. Testing methods include a swab of the [nasal passages](#) or by inserting a long, uncomfortable swab [through the nose](#) to scrape the back of the throat. Specimens have also been obtained from bronchoalveolar lavage, [from sputum](#), and from [stool specimens](#).

The call for mandatory testing has been gathering steam and becoming ever more onerous. In Washington state, Governor Inslee [has declared](#): Individuals that refuse to cooperate with contact tracers and/or refuse testing, those individuals will not be allowed to leave their homes to purchase basic necessities such as groceries and/or prescriptions. Those persons will need to make arrangements through friends, family, or state provided ‘family support’ personnel.

But what do the results really mean?

Who Should Be Tested

On May 8, 2020, the CDC has listed [specific priorities](#) for when testing should be done. As of [May 16](#), more than 11-million samples have been collected and more than 3700 specimens have not yet been evaluated.

High Priority

- Hospitalized patients with symptoms
- Healthcare facility workers, workers in living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms

Priority

- Persons with symptoms of potential COVID-19 infection, including fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat
- Persons without symptoms who are prioritized by health departments or clinicians, *for any reason*, including but not limited to *public health monitoring, sentinel surveillance, or screening of asymptomatic individuals according to state and local plans*.

Read that last priority again: That means virtually everyone can be **required** to get a test.

Is that a violation of your personal rights? And, if you submit to testing, what does a “positive test” actually mean?

Types of Testing: RT-PCR

PCR, short for polymerase chain reaction, is a highly specific laboratory technique. The key to [understanding PCR testing](#) is that PCR can identify an individual specific virus within a viral family.

However, a PCR test can only be used to identify DNA viruses; the SARS-CoV2 virus is an RNA virus. Therefore, multiple steps must be taken to “magnify” the amount of genetic material in the specimen. Researchers used a method called RT-PCR, reverse transcription-polymerase chain reaction, to specifically identify the SARS-CoV-2 virus. It’s a complicated process. To read more about it, go [here](#) and [here](#).

If a nasal or a blood sample contains a tiny snip of RNA from the SARS-CoV-2 virus, RT-PCR can identify it, leading to a high probability that the person has been *exposed* to the SARS-CoV-2 virus.

However – and this is important – a *positive RT-PCR test result does not necessarily indicate a full virus is present*. The virus must be fully intact to be transmitted and cause illness.

RT-PCR Testing: The Importance of Timing

Even if a person has had all the symptoms associated with a coronavirus infection or has been closely exposed to persons who have been diagnosed with COVID-19, the probability of a RT-PCR test being positive decreases with the number of days past the onset of symptoms.

According [to a study done](#) by Paul Wikramaratna and others:

For a **nasal swab**, the percentage chance of a positive test declines from about 94% on day 0 to about 67% by day 10. By day 31, there is only a **2% chance** of a positive result.

For a **throat swab**, the percentage chance of a positive test declines from about 88% on day 0 to about 47% by day 10. By day 31, there is only a **1% chance** of a positive result.

In other words, the longer the time frame between the onset of symptoms and the time a person is tested, the more likely the test will be negative.

Repeat testing of persons who have a negative test may (eventually) confirm the presence of viral RNA, but this is impractical. Additionally, repeated testing of the same person can lead to even more confusing results: The test may go from negative, to positive, then back to negative again as the immune system clears out the coronavirus infection and moves to recovery.

And what makes this testing even more confusing is that the [FDA admits](#) that “The detection of viral RNA by RT-PCR does not necessarily equate with an infectious virus.”

Let’s break that down:

You’ve had all the symptoms of COVID19, but your RT-PCR test for SARS-CoV-2 is negative.

- Does that mean you’re “good to go” – you can go to work, go to school or you can travel? OR...
- Does that mean your influenza-like illness was caused by some other pathogen, possibly one of the four coronaviruses that have been in circulation for 60 years? OR...
- Does that mean the result is a false-negative and you still have the infection, but it isn’t detectable by current tests? OR...
- Does that mean it was a sample that was inadequately taken due to the faulty technique by the technician? OR...
- Does that mean you have not been exposed, and you are susceptible to contracting the infection, and you need to stay in quarantine?

So, what does a “positive” test actually mean? And that’s the problem ... No one knows for sure.

Another Type of Testing: Antibodies

According to the nonprofit Foundation for Innovative New Diagnostics ([FIND](#)), more than 200 serologic blood tests, to test for antibodies, are either now available or in development.

There are two primary types of antibodies that are assessed for nearly any type of infection: IgM and IgG. While several new testing devices are being touted as a home test, they are not the same as a home pregnancy test or a glucometer to test your blood sugar. The blood spot or saliva specimen can be collected at home, it must then be sent to a laboratory for analysis. It can take a few days – or longer – to get the results. With so many tests in the pipeline, the ability to test at home will be changing over time.

The first antibody to rise is IgM. It rises quickly after the onset of the infection and is usually a sign of an acute, or current, infection. The IgM levels diminish quickly as the infection resolves. The [FDA admits](#) they do not know how long the IgM remains present for SARS-CoV-2 as the infection is being cleared.

The interpretation of an IgG antibody is more difficult. This antibody is an indicator of a past infection. The test is often not specific enough to determine if the past infection was caused by the SARS-CoV-2 virus or one of the four common coronaviruses that cause influenza-like illness.

The [FDA says](#):

Because serology testing can yield a negative test result even if the patient is actively infected (e.g., the body has not yet developed in response to the virus) or may be falsely positive (e.g., if the antibody indicates a past infection by a different coronavirus), this type of testing should not be used to diagnose an acute or active COVID-19 infection.

Similarly, the [CDC says](#) the following regarding antibody testing:

If you test positive:

- A positive test result shows you have antibodies as a result of an infection with SARS-CoV-2, or *possibly a related coronavirus*.
- It's unclear if those antibodies can provide protection (immunity) against getting infected again. This means that we do not know at this time if antibodies make you immune to the virus.
- If you have no symptoms, you likely do not have an active infection and no additional follow-up is needed.
- It's possible you might test positive for antibodies and you might not have or have ever had symptoms of COVID-19. This is known as having an asymptomatic infection [ie you have a healthy immune system!]
- An antibody test cannot tell if you are currently sick with COVID-19.

If you test negative:

- If you test negative for antibodies, you probably did not have a previous infection. However, you could have a current infection because antibodies don't show up for 1 to 3 weeks after infection.
- Some people may take even longer to develop antibodies, and some people may not develop antibodies.
- An antibody test cannot tell if you are currently sick with COVID-19.

What? Wait!

- Doesn't the vaccine industry call the IgG a "protective antibody"?
- Isn't this the marker of immunity they assess after you've had an infection with measles or chickenpox or mumps to determine if you are immune to future infections?
- Isn't this the marker of induced immunity they are trying to achieve by administering a vaccine?

If the FDA does not know if an IgG antibody to SARS-CoV-2 after recovering from the infection is protective against a future infection, then they certainly don't know if an antibody caused by a vaccine will prevent infection either.

Doesn't this completely eliminate the theory that antibodies afford protection and antibodies from vaccines are necessary to keep you from getting sick?

Mandatory Testing – New Job Creation

Illinois U.S. Rep. Bobby L. Rush [introduced the H.R. 6666 TRACE Act](#) on May 1. [On his website, Rush said,](#)

Until we have a vaccine to defeat this dreaded disease, contact tracing in order to understand the full breadth and depth of the spread of this virus is the only way we will be able to get out from under this.

H.R. 6666 would authorize the Secretary of Health and Human Services (HHS), acting through the Director of the CDC to award grants to **eligible entities** to conduct diagnostic testing and then to trace and monitor the contacts of infected individuals. The contact tracers would be authorized to test people in their homes and as necessary, **quarantine people in place.**

Where do they intend to do this testing? Besides mobile units to test people in their homes, the bill identifies eight specific locations where the testing and contract tracing could occur: schools, health clinics, universities, churches, and “any other type of entity” the secretary of HHS wants to use.

The bill would allocate [\\$100 billion in 2020](#) “and such sums as may be necessary for fiscal year 2021 and any subsequent fiscal year during which the emergency period continues.”

But what are they looking for?

- Is your test *supposed* to be **positive** – saying you’ve been exposed and you’ve possibly recovered?
- Or is your test *supposed* to be **negative**, meaning, you are healthy?
- Or does a completely negative test – negative RT-PCR test and no IgG antibody mean you’re susceptible to infection and you need to stay in quarantine?

The virus is rapidly mutating, which is rather typical of RNA viruses. In a [study published](#) in April 2020, researchers have discovered that the novel coronavirus has mutated into at least 30 different genetic variations. If your RT-PCR test is positive, does this identify exposure to the pandemic virus or exposure to one of the genetic variations? The same can be said about the vaccines under development: With each mutation, is the vaccine more likely to be all risk and no benefit when it reaches the market?

What You Can Do

Across the nation, police are being told to not apprehend criminals but instead, to arrest parents at playgrounds, to arrest lone surfers on public beaches, to fine ministers and congregation members sitting in their cars listening to a service on the radio, and to restrict movement by creating one-way sidewalks.

People have had enough. They are beginning to see the huge scam that has been perpetrated on the entire world over a viral infection with a global death rate of 1.4% (meaning, 1.4% of people infected with SARS-CoV-2 have a fatal outcome, while 98.6% recover). This is far fewer deaths than a severe flu season.

We're already starting to see the thrust to take our power back:

- In Virginia, people went [to the beaches](#) en mass, ignoring social distancing and the orders of the Governor to stay home.
- The central California city of Atwater has declared itself a "[sanctuary city](#)," allowing business owners and churches to open, openly defying Democratic [California](#) Gov. Gavin Newsom's coronavirus-related stay-at-home order.
- The truth about [wearing masks](#) is starting to come out and people are voting with their feet. Retired neurosurgeon, Dr. Russell Blaylock, warns that not only do face masks fail to protect healthy people from contracting an illness, but they create serious health risks to the wearer.

Be brave. Be bold. It's time for Americans to resist the tyranny that seems to be upon us.

The Risks vs. Benefits of Face Masks- Is There an Agenda?

Dr. Alan Palmer, May 26, 2020

There has been a shifting of positions on the use of face masks with the COVID-19 outbreak. Initially it was not recommended, then we had different signals from the U.S. Surgeon General Dr. Jerome Adams and representatives of the CDC, the NIH and other agencies. More recently, the policies recommending wearing face masks have become more prevalent and often mandated in public places. Is there sound medical or scientific basis for the recommendations? Is much of it simply virtue signaling? Is there a legitimate rationale to do it to protect the vulnerable? And if so, at what cost to the rest of society? There are many important considerations including the risk versus the reward. So, what are the risks vs. the benefits? And would there be a partisan reason for some policy makers to push for one over the other? Because as unfortunate as it is, all decisions and policies have to be viewed from at least two lenses, politics and who stands to benefit financially?

Let's look at the two camps in the debate:

The benefit is greater than the risk—

Proponents of face masks use the following arguments:

We can prevent sick or asymptomatic infected people from infecting others by wearing masks –

There may be some credible evidence to suggest this, but in doing so the infected person wearing the mask may be making their infection much worse as a result. The “wear them only in a medical setting” arguments below will prove this out. N-95 masks have been shown to block 95% of airborne particles with a median diameter $>0.3 \mu\text{m}^2$ (greater than 0.3 micrometers or microns squared), whereas standard face masks may block 50-70% of particles depending on the mask. (<http://medcraveonline.com/JLPRR/JLPRR-01-00021.pdf>)

If healthy people wear face masks, they will be protected from those that may be infected-

The counterpoint in the next section will make the argument against that logic.

If you wear a mask, you are less likely to touch your nose, mouth or eyes, which is where the vast majority of infections begin-

Some claim this to be true, but an argument can be made that people handle their mask frequently when adjusting them on their face and to remove them and

put them on. All this touching of the mask raises the potential that viral transmission to the mask can then transfer to the nasal and oral cavities. Recent video of the Coronavirus Task Force news conferences has underscored this, as Dr Fauci and others from the task force are seen frequently fiddling with their masks in the background.

The risk is greater than the benefit (except in a medical setting)—

Detractors from the regular use of face masks cite the following:

Face masks do not protect the wearer from transmission by others-

- The American Medical Association just released a position paper on masks: “Face masks should be used only by individuals who have symptoms of respiratory infection such as coughing, sneezing, or, in some cases, fever. Face masks should also be worn by healthcare workers, by individuals who are taking care of or are in close contact with people who have respiratory infections, or otherwise as directed by a doctor. Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill. Face masks should be reserved for those who need them because masks can be in short supply during periods of widespread respiratory infection. Because N95 respirators require special fit testing, they are not recommended for use by the general public.” (*Journal of the American Medical Association (JAMA)*; April 21, 2020 Volume 323, Number 15 <https://jamanetwork.com/journals/jama/fullarticle/2762694>)
- A recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.” (*bin-Reza F et al. The use of mask and respirators to prevent transmission of influenza: A systematic review of the scientific evidence. Resp Viruses 2012;6(4):257-67.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/>)

Face masks restrict the elimination of virus, recirculating the virus into the nasal/sinus and upper respiratory passages-

- “By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.” Article by **Russell Blaylock M.D., published May 14, 2020 in *Technocracy News & Trends***. Dr. Blaylock is a prominent retired neurosurgeon and author of health-related books. “We know that people who have the worst reactions to the coronavirus have the highest concentrations of the virus early on. And this leads to the deadly cytokine storm in a selected number.” (*Blaylock: Face Masks Pose Serious Risks To The*

Healthy; <https://www.technocracy.news/blaylock-face-masks-pose-serious-risks-to-the-healthy/>)

- This direct rebreathing of the virus back into the nasal passages can contribute to the migration of the virus to the brain. (1, 2) “Newer evidence suggests that in some cases the virus can enter the brain. In most instances it enters the brain by way of the olfactory nerves (smell nerves), which connect directly with the area of the brain dealing with recent memory and memory consolidation. By wearing a mask, the exhaled viruses will not be able to escape and will concentrate in the nasal passages, enter the olfactory nerves and travel into the brain.”(3)
1. *Baig AM et al. Evidence of the COVID-19 virus targeting the CNS: Tissue distribution, host-virus interaction, and proposed neurotropic mechanisms. ACS Chem Neurosci 2020;11:7:995-998.*
 2. *Wu Y et al. Nervous system involvement after infection with COVID-19 and other coronaviruses. Brain Behavior, and Immunity.*
 3. *Perlman S et al. Spread of a neurotropic murine coronavirus into the CNS via the trigeminal and olfactory nerves. Virology 1989;170:556-560.*

Wearing a face can cause headaches and reduce oxygen levels-

A recent study involving 159 healthcare workers aged 21 to 35 years of age found that 81% developed headaches from wearing a face mask... That is, a reduction in blood oxygenation (hypoxia) or an elevation in blood CO₂ (hypercapnia). It is known that the N95 mask, if worn for hours, can reduce blood oxygenation as much as 20%. And proper oxygenation of the blood is essential for energy, mental clarity, focus and emotional well-being. (*Ong JJY et al. Headaches associated with personal protective equipment- A cross sectional study among frontline healthcare workers during COVID-19. Headache 2020;60(5):864-877.*)

Wearing a face mask causes one to re-breathe the carbon dioxide (CO₂), that the lungs are attempting to expel-

This in turn reduces the immune response, negatively affects epithelial cell function (cells in the lungs and blood vessels) and lowers the amount of oxygen exchange across the alveolar membranes. From the article:

“Hypercapnia, the elevation of carbon dioxide (CO₂) in blood and tissues, commonly occurs in severe acute and chronic respiratory diseases, and is associated with increased risk of mortality. Recent studies have shown that hypercapnia adversely affects innate immunity, host defense, lung edema clearance and cell proliferation. Airway epithelial dysfunction is a feature of advanced lung disease....These changes in gene expression indicate the potential for hypercapnia to impact bronchial epithelial cell function in ways that may contribute to poor clinical outcomes in patients with severe acute or advanced chronic lung diseases.”

This clearly can have a negative impact with a disease like COVID-19.
(<https://www.nature.com/articles/s41598-018-32008-x.pdf>)

Wearing a face mask can increase your risk of infections-

The last point discussed the drop of oxygen levels after wearing a mask. A drop in oxygen levels (hypoxia), is associated with an impairment in immunity. Studies have shown that hypoxia can inhibit the type of main immune cells used to fight viral infections called the CD4+ T-lymphocyte. This occurs because the hypoxia increases the level of a compound called hypoxia inducible factor-1 (HIF-1), which inhibits T-lymphocytes and stimulates a powerful immune inhibitor cell called the T-regs. This sets the stage for contracting any infection, including COVID-19 and making the consequences of that infection much graver. In essence, your mask may very well put you at an increased risk of infections and if so, having a much worse outcome. In addition, reduced oxygenation can accelerate cancer growth. (1. *Shehade H et al. Cutting edge: Hypoxia-Inducible Factor-1 negatively regulates Th1 function. J Immunol 2015;195:1372-1376.* 2. *Westendorf AM et al. Hypoxia enhances immunosuppression by inhibiting CD4+ effector T cell function and promoting Treg activity. Cell Physiol Biochem 2017;41:1271-84.* 3. *Sceneay J et al. Hypoxia-driven immunosuppression contributes to the premetastatic niche. Oncoimmunology 2013;2:1 e22355.*)

Wearing face masks is a constant reminder that we should fear this invisible enemy or “monster” as some politicians have called it-

There is no doubt that wearing a mask reinforces the worry and fear about COVID-19. Even being in public mask-less and seeing that most people are wearing masks leaves one with a sense of angst. Fear, worry and anxiety are powerful immune suppressing emotions. This is another factor relating to the immunosuppressive effects of face masks. This is a link to a section of a 2007 book titled, *Cytokines: Stress and Immunity*– Second Edition 2007. You can read Chapter 2 titled *Worried to Death? Worry, and Immune Dysregulation in Health and HIV*. Interestingly, HIV is a viral infection as is SARS-COV-2 (COVID-19).

What are some government agencies saying?

On April 27, 2020, the Ventura County California Public Health Department released a Pros and Cons one-sheet summary about face masks (link at end of this section). One thing they warn against is the general public buying and using N-95 masks, because of the shortage of PPE for medical personnel. This is very wise advice.

(<https://www.simivalley.org/home/showdocument?id=22324>)

It also cites some other limited benefits of preventing transmission, pretty well characterized by this quote:

“There is a ‘very slight protective advantage’ to wearing a medical mask as opposed to wearing nothing at all in a community setting. The risk of acquiring a

viral infection is reduced by 6%. When both ill and well wear a medical mask in a household, the risk is reduced by 19%. There is more “evidence to support the use of medical masks for short periods of time by particularly vulnerable individuals when in transient high-risk situations.”

And what scientific evidence do they present that describes the effectiveness of masks and that warns against the use of face masks by the general public? Here is a good sampling...

- With near universal use of cloth and medical masks worn in public in Wuhan, China during the 2019-2020 flu season leading up to the COVID-19 outbreak, the outbreak spread virtually unchecked.
- “Available evidence shows that (cloth masks)... may even increase the risk of infection due to moisture, liquid diffusion and retention of the virus. Penetration of particles through cloth is reported to be high.” “Altogether, common fabric cloth masks are not considered protective against respiratory viruses and their use should not be encouraged.”

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>)

- “Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.”
- The virus may survive on the surface of the facemasks.”
- “Self-contamination through repeated use and improper doffing is possible.” (<https://bmjopen.bmj.com/content/5/4/e006577>)
- Textile materials (that can be used for cloth masks) can contain harmful chemicals and dyes (i.e. formaldehyde). There is no research available regarding the safety of breathing through such materials but formaldehyde is a gas that can irritate a person’s eyes, nose, throat and lungs, or trigger an asthma attack, even at low concentrations. Prolonged exposure to formaldehyde can cause cancer. (<https://ww2.arb.ca.gov/resources/fact-sheets/formaldehyde> and <https://www.gao.gov/new.items/d10875.pdf>)
- Wearing cloth masks in public can create a false sense of security and complacency in which people may neglect other hygiene practices. ([https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak))
- Frequent washing and drying of a cloth mask can decrease the filtration capacity of the mask. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6599448/>)
- “Neither surgical nor cotton masks effectively filtered SARS–CoV-2 during coughs by infected patients... the size and concentrations of SARS–CoV-2 in aerosols generated during coughing are unknown. Oberg and Brousseau demonstrated that surgical masks did not exhibit adequate filter performance against aerosols measuring 0.9, 2.0, and 3.1 μm in diameter. Lee and colleagues showed that particles 0.04 to 0.2 μm can penetrate surgical masks. The size of the SARS–CoV particle from the 2002–2004 outbreak was estimated as 0.08 to 0.14 μm ; assuming that SARS-CoV-2 has a similar size,

surgical masks are unlikely to effectively filter this virus.”
(<https://annals.org/aim/fullarticle/2764367>)

In total, the document presented 18 arguments and studies against the effectiveness and use of masks and 10 showing some limited benefit. After careful scrutiny of the pros and cons, I am landing squarely against the use of them other than by medical personnel in a clinical setting, or if an individual that is in close proximity of an infected person with the risk of being directly coughed or sneezed on, as in when caring for or visiting a sick person.
(https://vcportal.ventura.org/CEO/VCNC/2020-05-05_VCNC_Masks_Pros_and_Cons.pdf)

The conclusion of the Russell Blaylock M.D. article states the following:

“It is evident from this review that there is insufficient evidence that wearing a mask of any kind can have a significant impact in preventing the spread of this virus. The fact that this virus is a relatively benign infection for the vast majority of the population and that most of the at-risk group also survive, from an infectious disease and epidemiological standpoint, by letting the virus spread through the healthier population we will reach a herd immunity level rather quickly that will end this pandemic quickly and prevent a return next winter.”

“During this time, we need to protect the at-risk population by avoiding close contact, boosting their immunity with compounds that boost cellular immunity and in general, care for them. One should not attack and insult those who have chosen not to wear a mask, as these studies suggest that is the wise choice to make.”

So, what’s the motivation behind the mask?

Given all of that information, it’s time to ask the obvious question. What would be the possible motivation for pushing the narrative about face masks and in some cases even mandatory face mask rules? And how does that motivation interface with the extended stay-at-home orders? We have “flattened the curve” to prevent the risk of overwhelming our health care system (but so did Sweden without lockdowns – a great topic for another post), so why the continued extreme social distancing and face mask mantra?

Here is a hypothesis, but in the form of two questions. It implies malintent which I cannot prove beyond a shadow of a doubt, but just indulge me for a moment. In the end, each person must decide that for themselves. Here we go....

1. If you wanted to prevent the population from gaining herd immunity, which would further support the need and desire for a vaccine, what would be the best way to do that?
2. If you were successful at preventing people from developing natural immunity by keeping all the healthy and young low-risk people apart from one another and thus wanted to increase the chances for a second wave of the virus in a few

months, how could you increase the chances of those people becoming infected and ensuring a second wave once they are released from quarantine and begin mingling?

Now match those two questions with the proper answers:

A. Suppress their immune systems with fear, loss of income, lack of exercise and sunshine and face masks whenever going away from home.

B. Keep the young and healthy people at home and sequestered from each other.

If you paired 1 with B, and 2 with A, congratulations! Welcome to the growing number of free-thinking people that are connecting the dots.

One thing for certain is that so many people have taken the wearing of face masks and social distancing to a bizarre extreme. A few days ago, I saw one woman in the neighborhood out for a walk in the heat of the day. I commented to her that it sure was a hot time of day to be out for a walk. She looked at me with an odd look of concern on her face and said, “yeah, but at least there are no other people out now”. Other common examples are the people driving alone in their car with a face mask on and people walking through parking lots and down uncrowded sidewalks or at a park wearing face masks. My purpose on mentioning these examples is not to be condescending or critical of individuals that are overly fearful or are unaware of the harm face masks may cause them. These individuals have been duped by a complicit media that has continued to run with the absolutely, ridiculously, outrageously inaccurate models and never adjusted their level of hype and fear mongering long after those models had been exposed for what they were—ridiculous. In the meantime, people that are living with an irrational level of fear as a result, are being harmed physically and emotionally.

CDC’s recommendations for opening schools require children to wear face masks

Picture classrooms of children wearing face masks. This image is repulsive to me on so many levels. Yet, updated CDC guidelines on May 19th, 2020 and posted on their site titled Considerations for Schools, recommends that children older than the age of 2 wear face masks. In part, it says, “Teach and reinforce use of cloth face coverings.” It then goes on to say...

Note: Cloth face coverings should **not** be placed on:

- Children younger than 2 years old
- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance (<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>)

And many in the government and educational system are echoing these preposterous recommendations. My opinion based on the science we just looked at is that this would be a huge mistake. Making children wear face masks has the potential to cause long-term psychological, emotional and physical damage. It promotes an excessive fear of germs (phobia) and of social interaction. The reduced oxygen levels will increase anxiety, fatigue and brain fog, decrease learning capacity due to decreased oxygen to the brain, weaken their immune systems and can lead to an increased rate and severity of all types of infections, not just COVID-19. We know that children are at very low risk of complications from COVID-19. Yet, this practice of wearing face masks could potentially increase that level of risk.

Teaching children good hygiene practices and that their immune system can help prevent and fight “germs” if they eat healthy food, exercise and practice good health habits would go a long way to empower them with positive and practical knowledge that they can learn and use throughout their lives.

Going forward

As we learn about the miscalculations from the hugely exaggerated models, the inaccurate coding and calculations of COVID-19 deaths bloating the numbers, the large percentages of people that are already immune because they have had the infection and recovered, many not even knowing they were sick, we realize that the mortality rate from COVID-19 is nowhere near what we had thought. Then there are the mistakes made within nursing homes and long-term care facilities, including sending positive COVID patients into those facilities and the mistakes with the way we treated many cases with ventilators. In a retrospective analysis of all of these factors, I believe that we will realize that mortality from COVID-19 is not even as bad as a “normal” flu and pneumonia season.

This is not to say that initially we shouldn't have viewed COVID-19 as a serious potential health crisis, but so is 50,000 to 80,000 people dying from flu and pneumonia every winter. My greatest concern is the destruction of the economy, loss of jobs, loss of small businesses, the effects on marriages and families, skyrocketing mental health disorders, stress related diseases and the deaths due to despair and loss of hope, people not getting the medical attention for things like heart issues, high blood pressure and cancer they would otherwise get if they had access to hospitals and routine procedures. These are all the unintended consequences of what we have already done, and if we continue to ignore the new evidence of the data, science and doctors' experiences on the front lines, we will certainly cause much more harm than good. Going forward with the current situation (and should a viral outbreak occur in the future), risk versus benefit of every decision must be considered.

Treatment for “Long Haul” COVID-19

(From America’s Frontline Doctors)

Definition: Refers to people who continue to have symptoms weeks after having COVID-19. The symptoms are nonspecific. This can be frustrating for both patients and doctors. Long-haul symptoms can occur with other viruses – it is not unique to the SARS-CoV-2 virus.

Symptoms: mild shortness of breath, mild chest tightness, moderate fatigue, chills or sweats, mild body aches, dry cough, low fever, mild headache, brain fog/concentration challenges, insomnia. Should you believe this might be your situation, the evidence is accumulating that Ivermectin may be very helpful. Telemedicine physicians can assist you if this is your situation.

Treatment: The dosage can vary but Ivermectin 0.2-0.3 mg/kg for 2-5 days or sometimes higher 0.4 mg/kg as long as seven days may help. In addition some protocols recommend adding aspirin 325 mg. once or twice per day. If respiratory symptoms continue, a few days of oral prednisone or inhaled budesonide may help. If chronic fatigue or muscular symptoms continue, adding HCQ, Zinc, Vitamin B may help.

- Ivermectin 0.2-0.4 mg/kg duration 2-7 days
- Aspirin 325 mg. once or twice per day
- Prednisone or budesonide (if respiratory)
- HCQ 200 twice per day 3-5 days (if chronic fatigue, muscular aches)
- Zinc, Vitamin B (if chronic fatigue, muscular aches)

HEALTHY PROTOCOLS

For Cardiovascular Disease, Diabetes and the Immune System

Today more than ever people worldwide are becoming more concerned about their health. Virtually all of the major studies in the National Library of Medicine have shown that a healthy, clean, plant-based diet, or a Mediterranean diet, will extend our lives. The converse is also true. If you research different foods recommended in the standard American diet, most have something in common: refined carbohydrates, animal proteins, processed sugar, denatured cooking oils such as palm oil, trans fats, and excessive calories. These contribute to obesity, diabetes, heart disease and a depleted nutrient deficient immune system. The way foods are prepared – deep fried or over-cooked – also adversely affect our health. Therefore, in order to help a person stay healthy and adopt a healthy program we have prepared this document to focus on cardiovascular disease, diabetes and the immune system. The scientific literature and clinical experience support healthy choices. To guide you in your choices to maximize your health and well-being, and to strengthen the immune system to fight pathogenic bacteria and viruses, recommended protocols are provided.

To make this journey easier, we are highlighting what we call superfoods. We will then provide you with insights into why a vegan diet is ideal. Following that we will address diabetes, cardio obesity and your immune system. It is always best to work with a medical professional, physician, nurse or dietician to individualize your dietary program. We also recommend daily experiences and stress management as part of a ideal protocol.

CARDIOVASCULAR DISEASE

There are many causes of heart disease—unhealthy diet, lack of exercise, genetic predisposition, the list goes on and on—but you can do something about it. You can start by exercising regularly, which improves circulation and gives the heart a healthy workout. (Of course, if an elevated heartbeat or harder breathing is a concern for your condition, you absolutely should talk to your primary care physician before trying a vigorous exercise.) You should also be sure to avoid certain foods like those with excessive sugar, fat, salt, and any processed ingredients. Excess sugar in the diet can harm us for a number of reasons. As the body metabolizes ingested sugar, the pancreas produces insulin to remove excess sugar from the circulating blood. The oversecretion of insulin then causes a large drop in blood sugar, or hypoglycemia, and sets the stage for heart disease. Be aware that calorie-free sweeteners are not a good alternative to sugar. Artificial sweeteners such as aspartame have been shown to contribute to

cardiovascular disease as well as weight gain and diabetes. Any foods that unnaturally heighten your blood sugar are to be avoided as much as possible; the long-term effects of chronically high blood sugar include high blood pressure, stroke, heart disease, neuropathies, eye problems, circulatory problems, and kidney disease. Beside sugar, it is recommended that meat should be eliminated from the diet altogether because it is loaded with hormones and chemicals and taxing on the digestive system. A vegetarian diet has been linked to lower risk for metabolic syndrome, hypertension, heart disease, and diabetes.¹ Vegetarians also tend to be thinner than meat eaters and less likely to become inactive.

So what *should* you eat to improve your heart health? Soy improves cardiovascular health in a number of ways. It can lower LDL (bad cholesterol) and raise HDL (good cholesterol), lowering the risk of heart attack and stroke.² Studies have also documented flaxseed's favorable effects on heart disease, diabetes, high cholesterol, and osteoporosis. Color can be used as a guide; in general, the stronger and more vibrant the color, the more nutritional value a fruit or vegetable has. It is also important to consume a variety of different-colored foods each day. Different color foods support health in different ways. For instance, whereas green vegetables aid in detoxification, red berries support cardiovascular health. Tomatoes, another red fruit, are high in lycopene, an important nutrient for heart function. Apples contain natural chemicals that provide essential nutrients for improving cardiovascular health by reducing the risk of coronary heart disease and stroke and preventing atherosclerosis. Juicing is an excellent way to get a lot of food-based nutrients in quick, easy servings. Pay attention to your emotional and psychological health. While the physical heart is an entity all its own, the metaphorical heart plays an important role in our overall wellbeing, too. To this end, you'll find a brief list of suggestions for improving stress management in the protocol for cardiovascular disease. Look through the protocol and discuss the nutrition and supplement guidelines with your physician. If you are taking any medications, you must discuss these and the supplements with your doctor before starting a new regimen as some reactions may occur. Your heart has an important job; taking care of it is a big responsibility, but you can do it if you are ready to be your best self.

Cardiovascular Disease Protocol

Dietary Suggestions

Fiber (daily total) up to 50 g
Fat calories 15-20% of all calories

Supplement Suggestions (Take as Directed)

Folic acid
Niacin
B-6
Vitamin C
Vitamin E

Chromium
Calcium (citrate)
Magnesium (citrate)
Selenium
L-arginine
Vitamin D3
L-Carnitine
Bioflavanoids
Coenzyme Q10
Omega 3 fatty acids
L-taurine
NAC
B complex
Melatonin
Potassium
Phosphatidylcholine
Quercetin
NADH
Hawthorn
Ginkgo biloba
Astaxanthin
Resveratrol
PQQ
Olive leaf extract
Cayenne pepper capsules

Other considerations:

Oriental Bodywork (acupuncture, AMMA™ therapy)
Stress management
Neurolinguistic Therapy
Meditation 30 minutes a day
Individualized exercise program

Add the following to your juicing regimen for high blood pressure:

Wasabi
Radish
Garlic
Ginger

Suggested Supplements for Coronary Heart Failure

Take as directed:

Ginkgo: cardio protective, increases contractile functioning
Red Ginseng: synergistic with Digoxin; improves hemodynamics
Green tea extract: decreases platelet aggregation
Phosphatidyl serine: anti-coagulant
Thiamine (Vitamin B1): synergistic with Lasix; cardioprotective

Vitamin C: decreases platelet aggregation
Vitamin E: decreases platelet aggregation
L-Carnitine: increases oxygen uptake by cells
Nattokinase: thrombolytic enzyme
Vinpocetine: for overall circulation, decreases blood pressure and prevents platelet aggregation

Suggested Supplements for high cholesterol (Take as directed)

Cayenne (not if taking cardiac meds)
Curcumin
Ginger
Omega complex
Vitamin B6
Vitamin C
Niacin (Vitamin B3)
Vitamin E
Selenium
Perilla Oil (EFA)

DIABETES

We are repeatedly told there is no cure for diabetes; however, it has been my experience as well as that of many physicians that some patients are able *through a major change in their lifestyle*, including change of diet, to eliminate the symptoms of diabetes. A healthy lifestyle and alternative approaches to treatment in many cases can decrease the amount of insulin or oral medications needed (although type I diabetics will need to continue taking insulin). The natural approach aims to make lifestyle choices, not medication, the center of the program (this does not mean every individual case will see drug use greatly reduced or eliminated). The goal of treatment is to build up the body's ability to function as independently as possible, so that, for example, blood sugar levels are kept low through proper diet. This will not be accomplished overnight. Indeed, part of the natural approach is (generally) to avoid radical changes and opt for gradual transitions. A diabetic who moves from a totally traditional to an alternative approach should never immediately discontinue any diabetic medication. Instead, this patient should work closely with a physician, who would assist in a gradual transition.

Diet, exercise, and a supplement plan are all important aspects of the natural approach to diabetes. Monitoring carbs and protein in the diet are key to turning around your health. A handy formula that many practitioners use as a way to think about the proper relation between food types puts the acceptable ratio of complex carbohydrates to proteins to fats as 50:30:20. While this is a good rule of thumb, a diabetic's personal eating regimen is something that has to be charted by the patient and a nutritionist working together. It should be noted that

exercise heightens the body's sensitivity to insulin. The development of type II diabetes often involves poor absorption of insulin by cells whose entrances are clogged. It may be cholesterol that is doing the clogging, and by lowering cholesterol, exercise makes cells more available for glucose assimilation. There is a lot to be studied here, but in short, exercise brings down cholesterol levels, which helps with better insulin usage. In addition to diet and exercise, and detoxification and stress management, I highly recommend a vitamin, mineral, and herbal supplement plan. The protocol in this book is designed to improve blood sugar and take control of the disease.

For type II diabetics, this plan of attack is to be accomplished, in part, through strengthening the thyroid, the secretions of which regulate the overall metabolic rate (the speed of chemical reactions in the body); boosting the adrenal glands that need to work efficiently since they produces cortisone, which can raise or lower blood sugar; and detoxifying the liver, which is often damaged in diabetics. By doing this, the long-term effects of chronically high blood sugar (which include high blood pressure, stroke, heart disease, neuropathies, eye problems, circulatory problems, and kidney disease) can be not only contained but reduced.

Diabetes Protocol

Consider the following:

- Exercise
- Avoiding processed foods
- Stress management
- Challenging yourself with different foods and eliminating problematic items

Super Foods to Combat Diabetes:

- Apples
- Apricots
- Bananas
- Blueberries
- Broccoli
- Carrots
- Garlic
- Ginger
- Goji Berries
- Green Teas
- Legumes
- Leafy Vegetables
- Mushrooms
- Onions
- Oranges
- Peppers (capsicum)
- Soy
- Tomatoes
- Whole Grains

Suggested Supplements

Take as directed

Chromium Picolinate
Vitamin C
Biotin
Vitamin B6
Vitamin B12
Vitamin E
Calcium Citrate
Magnesium Citrate
Potassium
Manganese
Zinc
Selenium
Quercetin
EFAs (Essential Fatty Acids)
GLA
L-Carnitine
Inositol
L-Glutamine
Vanadyl sulfate
Garlic
Ginseng
Aloe vera
Alpha Lipoic acid
Grape seed extract
NAC
Coenzyme Q10
Curcumin
Dandelion extract
Evening primrose oil
Sea vegetable powder
Maitake complex
Proteolytic enzymes
Fiber complex – Your diet should have up to 50 grams of fiber a day
R-lipoic acid
Carnosine
EPA/DHA
Green tea extract
Ginkgo biloba
Bilberry Extract
Cinnamon extract
Coffee berry extract
R-Lipoic acid
Benfotiamine

Ashwagandha
Black cumin seed oil

Dietary Recommendations for Diabetics

Chlorophyll drinks throughout the day

Complex carbohydrates, such as lentils, peas, steel-cut oatmeal, whole grain pasta, and brown rice

Raw and cooked vegetables. Carrots, beets, and corn are high glycemic foods; keep to a minimum. Watermelon, blueberries, and apples have a lower glycemic index.

Consume 3–4 servings of protein/day (soy, grains and beans, quinoa, protein shake). Examples of these meals include an avocado or hummus salad, bean soup, raw nut and pomegranate salad, or a tempeh and wild mushroom sauté.

IMMUNE HEALTH

Our poor approach to eating in the United States has weakened our immune systems and undermined our health. Sugar, in particular, is weakening our nation because it is being consumed in extreme amounts. Teenagers, for example, may drink an eight-ounce bottle of soda a day, which could contain about seven teaspoons of sugar. Over time, all this sugar can make them more susceptible to infection and to the development of allergies.

Excess sugar in the diet can harm us for a number of reasons. As the body metabolizes ingested sugar, the pancreas produces insulin to remove excess sugar from the circulating blood. The oversecretion of insulin then causes a large drop in blood sugar, or hypoglycemia, and sets the stage for heart disease. For this process, the pancreas requires zinc and manganese. Chromium is utilized to escort the circulating glucose-blood sugar into cells. The B-complex vitamins are also part of this sugar-processing system. These nutrients are thus “used up” as the body struggles with the sugar overload.

Too much sugar can cause blood pressure elevation as well. It decreases our blood circulation by depositing plaque in our blood vessels. Sugar can also decrease function of red blood cells and monocytes (cells that engulf by entering foreign material and consume debris) by entering into them. And it can damage nerve function too.

Even when we attempt to eat well, it’s a difficult task because today’s foods are not as nutrient dense as those of the past due to poor growing conditions. A store-bought tomato does not feel, look, or taste like one that is homegrown. That could be a sign that it was harvested immature, and lacks minerals and other nutrients. Some studies indicate that consumers now avoid fresh fruits and vegetables because of pesticide contamination. One study conducted at the

University of California found that 7 percent of the population had decreased its consumption of fruits and vegetables for this reason.

If you put these two factors together—our poor dietary habits and the lack of nutritious foods—it is easy to see why we run a greater risk of developing health problems as we get older.

Dr. William Rea believes that since our daily diets lack essential nutrients, we need to take supplements such as vitamins A, C, and E, various B vitamins, minerals such as calcium, magnesium, zinc, manganese, and selenium, and some of the amino acids. While these nutrients are indeed necessary for everyone, depending on your personal health, there are even more vitamins and minerals that you should consider adding to your daily regimen (supplementary nutrients are discussed in detail on pages 459).

Consider the following:

- No smoking or recreational drugs
- Remove mercury fillings

Supplement Suggestions (Take as Directed)

- Zinc
- Sea vegetable capsules
- Green tea extract
- Grape seed extract
- Reduced L-glutathione
- Curcumin
- Omega 3 complex
- Vitamin K complex
- Probiotic supplement
- Black cumin seed oil
- High quality multivitamin
- Kelp
- L-arginine & L-ornithine
- White peony extract
- Astaxanthin

Post-Vaccine Questions

(From America's Frontline Doctors)

There have been many post-vaccination questions. We will keep adding Q/A to this list. The fundamental problem with releasing medications that have not been fully researched, is *we don't know what we don't know*. AFLDS is highly concerned about what we don't know!

1. Why all the concern/fuss over this particular vaccine?

The COVID-19 vaccines are still experimental. They are currently being used on an “emergency” basis and are not FDA approved. Obviously it takes years to be sure something new is safe. The vaccines are new and the technology is new. The new technology introduces something called a “spike protein” instead of the traditional (attenuated antigen) response of a traditional vaccine. Nobody knows the health implications of having this spike protein for years in the human body and human brain, which is why we think it is especially scary for young people who would otherwise be expected to have decades of healthy life in front of them. There will never be any way to reverse the effect of the spike protein if there should be a problem.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827936/>

2. What about the neurological (brain) issues?

There are two brain concerns, the spike protein and the lipid nanoparticles which carry them. They are both capable of passing through the “blood-brain-barrier” which typically keeps the brain and spinal cord completely insulated from all the things that enter the human body. Traditional vaccines do *not* pass through the blood-brain-barrier. Crossing the blood-brain-barrier is highly concerning for chronic inflammation and thrombosis (clotting) in the neurological system, causing tremors, chronic lethargy, stroke, Bell's Palsy and ALS type symptoms. The lipid nanoparticles can fuse with brain cells (nobody knows yet if they will or won't) and this can result in delayed neuro-degenerative disease. And the mRNA-induced spike protein can bind to brain tissue 10-20x stronger than the spike proteins that are (naturally) part of the whole virus.

<https://www.nature.com/articles/s41593-020-00771-8> <http://hmi-us.com/publications/sars-cov-2-prion-like-domains-in-spike-proteins-enable-higher-affinity-to-ace2.html> https://academic.oup.com/neuro-oncology/article-abstract/21/Supplement_6/vi125/5619551

3. What about unvaccinated kids being near vaccinated adults?

AFLDS is concerned that some kids will become symptomatic when their parents and teachers get vaccinated. We are not concerned this will be infectious-risky to the children, but rather our concern is that this will be claimed to be a SARS-CoV-2 “variant”, when in reality it is a reaction to the vaccine. Our other concern is we don’t yet know if the trillions of spike proteins can be transmitted through more casual contact, such as inhalation or skin contact, given that that possibility was stated by Pfizer on page 67 its application. The burden of proof is on the vaccine manufacturer to be 100% certain that there is zero transmission of their product. Children have decades of years ahead of them and if there is any possibility these trillions of spike proteins are being transmitted, leading to longterm chronic autoimmune disease (that will be very difficult to identify the source) it is totally unacceptable in a population that has a zero percent chance of death from the virus itself.

4. Can the unvaccinated get sick from being near the vaccinated?

The vaccine produces many trillions of particles of the spike protein in the recipient. Patients who are vaccinated may transmit some of these particles to close contacts. We simply do not know yet. The concern is due to the fact that on page 67 of the Pfizer application they acknowledge that there can be transmission from the vaccinated to the unvaccinated via inhalation or skin contact. Because the pharmaceutical company cannot just say random things (that is against the law), we know there is some scientific basis for this disclosure. We also know that there are worldwide (Europe, Israel, North America) reports of irregular vaginal bleeding in the unvaccinated who are near the vaccinated. Those public reports are rapidly scrubbed from the internet and the theory is mocked, but AFLDS is also in receipt of innumerable emails from people all around the world saying the same thing: irregular, unexpected, sometimes heavy vaginal bleeding even in post-menopausal women. We have also had emails of unusual nosebleeds. We have not heard reports of anything more serious. AFLDS position is that the risks from the vaccinated to the unvaccinated are unknown..

5. What about the vaginal bleeding post-vaccination?

AFLDS is well aware of innumerable reports of vaginal bleeding, post-menopausal vaginal bleeding, and miscarriages following vaccination as well as anecdotal reports of similar in unvaccinated persons in close contact with vaccinated persons. We cannot comment definitively on the close contacts yet, other than to say we have received hundreds of first hand reports of this occurring worldwide. We have received similar though less numerous reports of excessive nosebleeds. We have not received any other more serious (bleeding

or non bleeding) issues..

<https://fromthetrenchesworldreport.com/bizarre-phenomenon-unvaccinated-getting-sick-being-around-the-covid-vaxxed/285650>

<https://www.lifesitenews.com/news/thousands-of-women-report-hemorrhaging-reproductive-dysfunction-miscarriage-after-corona-shots>

Ten Medical Facts Regarding Covid-19 Experimental Vaccines

Dr. Shelley Cole

Medical Director AFLDS

1. They are not acting like vaccines, according to the common definition of a vaccine.

The investigational COVID-19 vaccines were granted emergency use based upon reducing symptoms only and not based upon preventing transmission of SARS CoV2. Once the trials are completed, Moderna October 27, 2022 and Pfizer January 31, 2023, the data will be analyzed and at that time it may be possible to know if either or both vaccine candidates reduce viral transmission. There has never been a situation where a vaccine candidate was rolled out to millions of healthy people under such a bizarre set of facts. The experimental vaccine only lessens symptoms.

The effective rates reported of 90% or above, refer to minimizing the symptoms of COVID-19, not immunizing you against the SARS CoV-2 virus. That is why the CDC is still recommending wearing the mask after you take the experimental “vaccine.” You are still at risk of getting the virus. It is similar to taking Tylenol to reduce the pain of a headache not a cure or avoiding of the headache.

2. You do not need to be vaccinated if you have already contracted COVID-19.

Typically people who catch an illness develop natural, life-long immunity and there is no reason to think SARS-CoV-2 is different in this regard. Persons who already had COVID were excluded from the initial trials (which is strange given that they now recommend it to people who already had the illness.) There is evidence the covid vaccine might actually be more dangerous for persons who have already had the illness in that they seem to develop an exaggerated reaction to the vaccine.

3. The experimental vaccine uses new technology never before used in a vaccine.

All current and past vaccines use antigens, something the body detects as foreign to us. In total contrast, some of the COVID-19 vaccines use modified RNA to program our cells to make an antigen. Then, after our cells make the antigen, our immune system fights against it.

For the first time, the immune system is trying to attack something our bodies have made. Will the body consider it “self” or “foreign?” This needs to be studied dispassionately and carefully before dispensing to millions of healthy people worldwide. We know autoimmune disease will occur as it always does in some percentage of standard vaccines. But we are concerned it will be in much higher percentages with this new technology.

Understand, you are agreeing to be in a medical study when you take any of the COVID-19 vaccines.

4. The “vaccine” may make you sicker than if you hadn't taken it, especially the elderly. The vaccine may cause a paradoxical reaction, called ADE Antibody-Dependent Enhancement. These enhanced antibodies are extremely dangerous to people as they actually help the virus get into the cell! If the vaccinated person with ADE is later exposed to the virus, they will have a much more serious reaction than if they hadn't taken the vaccine. Studies show that the elderly may be more prone to ADE.

The previous unsuccessful attempts to create a vaccine against SARS-CoV1, MERS-CoV and RSV, all coronaviruses, all failed due to this antibody-dependent enhancement, or ADE.

5. Inflammation at the placenta of pregnant women who receive the vaccine have been reported. Caution if you desire future pregnancies.

The “vaccine” is designed to create antibodies to attack the viral s-protein. That protein is very similar genetically to the proteins made by the placenta. Some reported cases of inflammation have been made.

We urge extreme caution for those of you that desire future pregnancies. This reaction could affect future childbearing. We just do not know.

6. There are effective, safe, affordable prevention and treatment medications for COVID-19.

7. During the pandemic, well over 250 studies have shown that hydroxychloroquine or ivermectin is a safe effective affordable medication to prevent and treat COVID-19. Additional supplements including Vitamin D, Vitamin C, Zinc and Quercetin have all been found to be beneficial in the treatment of COVID-19.

For the cost of over-the-counter supplements, and a generic medication, usually less than \$25, the majority of people can be treated. We know it makes much more sense to take medications that have been used

billions of times across the world, that have been FDA approved for decades with unimpeachable safety record, than to try an experimental new technology.

The non-Western world uses hydroxychloroquine liberally and enjoy 1% of the COVID-19 death rate of Western nations.

8. Deaths due to COVID-19 simply do not justify the use of any “experimental vaccine.”

We now know the death rate for COVID-19 in all ages in the US. According to the CDC, the chance of surviving SARS-CoV-2 without any treatment at all: age 0-19 (99.997%) 20-50 (99.98%) 50-69 (99.5%) and >age 70 (95%.) 80% of deaths are over the age of 70 with an average of 2.6 other serious medical conditions. Only 6% of deaths occur in persons without known serious problems. The average age of death of a COVID-19 patient exceeds the average national life expectancy. Thus, most of the reported COVID-19 deaths died with COVID-19 not from it.

The death rate is very low for most people, similar to the seasonal flu. Would you be willing to take an experimental medication that reduced symptoms only for the flu? We should focus on the high- risk groups for deaths from COVID-19, those 70 years or older with multiple diseases.

9. The known risks of vaccines can be serious.

Vaccines currently available have reported known risks including neurological diseases such as transverse myelitis, Bells’ Palsy, multiple sclerosis, autism, and Guillain-Barre. These have already been reported with the new COVID-19 “vaccines.” The FDA limited the Phase 3 trials and shortened the traditional trial periods and now, the entire world’s citizens are the subjects of the study.

We are administering the vaccine to people at low or exceedingly low risk of death. These risks need to be known and weighed before someone decides to take the vaccine.

10. The experimental vaccines should be compared to other therapeutic medications to accurately determine their risk vs benefit.

Whenever you take any medication, ask yourself, is the risk of taking this medication worth the benefit? If the “vaccine” can only lessen symptoms, it should be compared to other medications that do the same, like Tylenol or hydroxychloroquine.

The latter two win the risk vs benefit comparison hands down.

Sample Letter for Religious Vaccine Exemption

Health Freedom Idaho November 10, 2017

The following is only an example of a letter of assertion of a religious exemption to vaccination. This letter was used by Registered Nurse to obtain a permanent religious exemption from all vaccinations at the large health system she works for.

It is highly recommended that you do not copy this letter word for word. Instead use this letter as a guide to develop your own assertion of religious exemption to vaccination. The vaccine exemption committees are fast to catch on to form style letters if they detect replication.

You can tailor your letter to your individual beliefs. For example, if you believe that receiving blood products go against your beliefs or even the particular religion you follow you might add that to your letter and add bible passages to support that belief. This might add to the point that you are trying to make. For instance, that you believe no unclean or contaminated substance enter your body.

It can be very tricky and there are pitfalls that people fall into like making it personal, attempting to argue a point or identifying with a particular religion that doesn't necessarily disapprove of vaccinations. The writing must be in a technical style. This RN has advised others who she works with to follow this structure and they have all been granted a permanent religious exemption

This RN used information written in an article from a group of physicians against mandatory vaccination due to a **“deeply held personal belief”** that happened to come from a **Christian worldview**.

Study your employer's mandatory vaccination policy to determine exactly what information that employer is looking for in a religious exemption. **If you don't belong to a religion that strictly prohibits or recommends against vaccination avoid naming your faith.** Instead indicate in your letter that you have a Christian worldview. This will help you avoid being required by your employer to provide a letter from a church authority. Also study your state's statute if one exists, to determine if you have a protected right to refuse vaccination and on what basis so that you can develop a letter that is well substantiated.

Sample Letter

Subject: Assertion of Religious Exemption to Vaccination

To the Vaccine Exemption Committee,

I hereby assert my right to a religious exemption from vaccination. I am a Christian who believes in the Bible, including the teachings in the New Testament. I have a Christian worldview. This perspective recognizes that faith and conscience compel an individual to submit to the proper jurisdiction within the rule of law, in this case, Divine Law.

I am objecting to vaccines because I believe in and follow God and the principles laid out in His Word and I have a deeply held belief that vaccines violate them. I believe my body is a temple for the Holy Spirit.

Specifically, the New Testament teaches that:

“Know ye not that ye are the temple of God, and that the Spirit of God dwelleth in you? If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are...What? Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own?” 1 Corinthians 3:16-17, 6:19 (KJV).

Accordingly I believe, pursuant to my Christian faith, that my body is a temple of the Holy Spirit. It is a God-given responsibility and requirement for me to protect the physical integrity of my Body against unclean food and injections. Vaccines contain neurotoxins, hazardous substances, attenuated viruses, animal parts, foreign DNA, albumin from human blood, carcinogens and chemical wastes that are proven harmful to the human body. (Please see <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>).

Not only the additives in vaccines considered contaminants from a biblical standpoint, the contaminants themselves are often contaminated. (Please see <http://www.ncbi.nlm.nih.gov/pubmed/20456974>).

At least 27 vaccines contain cells, cellular debris, protein and DNA (please see <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>) from aborted babies including but not limited to Adenovirus, Polio, Dtap/Polio/HiB Combo, Hep A, Hep A/Hep B Combo, MMR, MMRV Pro Quad, Rabies, Varicella, Shingles vaccines, Ebola, tuberculosis, malaria and influenza (please see http://crucell.com/page/downloads/Factsheet_PER.C6_Technology.pdf).

The broad prohibition against consuming anything that might “defile” the body, and hence the conscience, is stated again in 1 Corinthians 8:7:

“Howbeit there is not in every man that knowledge: for some with conscience of the idol unto this hour eat it as a thing offered unto an idol; and their conscience

being weak is defiled.”

Again in 2 Corinthians 7:1, there is this admonition against defiling the flesh and the spirit:

“Having therefore these promises, dearly beloved, let us cleanse ourselves from all filthiness of the flesh and spirit, perfecting holiness in the fear of God.”

More broadly, the New Testament requires of Christians that we, “Render to Caesar the things that are Caesar’s, and to God the things that are God’s.” (Mark 12:17). When it comes to consuming things into our own bodies, as opposed to make payments to government, compliance with God’s law is required.

The mandated vaccine, with its numerous additives and it’s mechanism for altering my body, is the equivalent of a prohibited “unclean food” that causes harm to my conscience. Vaccines to me are unclean. I believe in and follow God and the principles laid out in His Word and I have a deeply held belief that vaccines violate them.

I will wear a face mask for infective protection for patients during periods of influenza risk upon approval notice of this exemption.

I make this request for the glory of God and consistent with my faith. Thank you for your consideration of it.

Respectfully,

<Your Name>

EcoVillages and Intentional Communities

ARIZONA

Douglas – Sacred Garden Sanctuary: <http://sacredgardensanctuary.org/>

Mayer – Arcosanti: <http://www.arcosanti.org/>

Mesa – The Grove: <http://www.hostinghelps.com/thewiccangrove/index.html>

Phoenix – Phoenix Cooperative Exchange: no website. Email:

brianm9943@aol.com

Prescott – Manzanita Village: <http://www.manzanitavillage.com/>

Sedona – Aquarian Concepts Community: <http://www.aquarianconcepts.com/>

Tumacacori – Global Community Communications Alliance:

<http://www.globalcommunitycommunicationsalliance.org/>

Tubac – Global Community Communications Alliance:

<http://www.gccalliance.org/>

CALIFORNIA

Cantil – The Cell Habitat: <mailto:rick@advancedlearningacademy.org>

Kenwood – Eden Project: <http://www.edenvillage.net/>

Los Angeles – Los Angeles Eco-Village: <http://www.ic.org/laev>

Nevada City – Nevada City Ecovillage: no website. Email: info@ecovillager.com

Oakland – 611 Ecovillage: <http://www.611ecovillage.com/>

Oxnard – Project Sunstone: <http://www.projectsunstone.com/>

San Diego – San Diego Ecovillage: <http://www.sandiegoecovillage.com/>

San Mateo – San Mateo Ecovillage: <http://www.greensolutions.org/smcc.htm>

Sebastopol – Green Valley Village: <http://www.greenvalleyvillage.com/>

Soquel – The Happy Brigade Community: <http://www.happybrigade.com/>

Sonoma – Rancho Estrella: <http://www.rustlingridge.com/>

COLORADO

Boulder – Prairie Sage: <http://www.frontrangeecotown.com/>

Boulder – Hummingbird Ranch: <http://www.globalfamily.net/website/60->

hummingbird.html Boulder – Gaia University: <mailto:info@gaiauniversity.org>

Moffat – EarthArt Village: <http://www.earthart.org/>

Paoria –Eden Ranch Community: <http://www.edenranch.com/>

San Luis – Colorado Ecovillage: <http://coloradoecovillage.com/>

Weston: –Earth Mountain Education Farm:

<http://earthmountainfarm.org/index.htm>

CONNECTICUT

Terra Nostra – Middletown: <mailto:crazeway@yahoo.com>

GEORGIA

Atlanta – Big Island Cohousing and Ecovillage:

<http://www.geocities.com/noahglassman/>

Hiawassee – Enota Mountain Ecovillage:

<http://www.enota.org%20&%20www.enota.com/>

Jeffersonville – Yonders Farm: <http://yondersfarm.net/>

HAWAII

Hana – Olahomua: <mailto:olahonua@maui.net>

INDIANA

Patoka Lake - Living Roots EcoVillage: <http://www.livingroots.org/>

IOWA

Fairfield– Abundance Ecovillage: <http://www.abundance-ecovillage.com/>

KENTUCKY

Berea –Berea College Ecovillage: <http://www.berea.edu/sens/ecovillage/>

MAINE

Perry – Peskotomuhkati Nation: <mailto:peskotomuhkati@gmail.com>

MARYLAND

Freeland – Heathcote Community: <http://www.heathcote.org/>

MASSACHUSETTS

Petersham– Earthlands: <http://www.tiac.com/users/elandspc/> Jamaica Plain–

Heartbeat Collective: <mailto:orionk@gmail.com>

Colrain– Katywil: <http://www.katywil.com/>

Newburyport– Odonata Ecovillage: <http://odonatavillage.org/>

Berlin– Sawyer Hill Ecovillage: <http://www.sawyerhill.org/>

Shutesbury– Sirius Community: <http://www.siriuscommunity.org/>

MICHIGAN

Detroit–Ecovillage Detroit: <http://www.adamah.org/ecovillage/ecovillage.html> Ann

Arbor– Hei Wa House: <http://www.ic.org/heiwa/>

Nazareth – Manitou Arbor Ecovillage: <http://www.manitouarbor.org/>

Flint– Michigan Ecovillage: <http://www.michiganecovillage.com/>

MISSISSIPPI

Oxford– Upland Hills Learning Community: <http://uplandhills.org/>

MINNESOTA

Fridley – Island Park Sustainable Community: <http://www.islandparkmn.com/>

MISSOURI

Cabool – Solaris Valhalla CSA Farm and Education Center:

<http://www.svfarm.org/>

Caulfield – Ravenwood Eco-village: <mailto:Ravenleigh1952@yahoo.com>

Rutledge – Dancing Rabbit Ecovillage – <http://www.dancingrabbit.org/>

Tecumseh – East Wind Community: <http://www.eastwind.org/>

Zanoni – Heartwood Hamlet: <http://www.ruralize.com/heartwoodhamlet.html>

MONTANA

Corvalis – Western Cultural Heritage Village: <http://www.wchi.net/>

Potomac – Sundog Ecovillage: <http://sundogecovillage.org/>

NEW MEXICO

Las Vegas – Bodhi Farms: <http://www.bodhifarms.com/>

Ojo Caliente – Broken Earth Tribal Pueblo: <http://www.brokenearth.org/ecovillage>

Santa Fe – Ecoversity: <http://www.ecoversity.org/>

Santa Fe – Pinon Ecovillage: <http://www.pinon-ecovillage.org/>

Silver City – Southwest Sufi Community: <mailto:rabiya@zianet.com>

NEW YORK

Bradford – Stuberdorf Solar Village: <http://www.stuberdorfsolarvillage.com/>

Greenfield Park – Point of Infinity: <http://www.newagepointofinfinity.com/>

Ithaca – Aurora Dwelling Circle: <http://newearthliving.net/>

Ithaca – Ecovillage at Ithaca: <http://www.ecovillage.ithaca.ny.us/>

Ithaca – White Hawk Ecovillage: <http://www.whitehawk.org/>

New Lebanon – Abode Eco-Sufi Village <http://theabode.org>

NORTH CAROLINA

Black Mountain – Earthaven Ecovillage: <http://earthaven.org/>

Gerton – Hickory Nut Forest Eco-Community: <http://www.hickorynutforest.com/>

Mill Spring – Zendik Farm: <http://www.zendik.org/>

OHIO

Akron – The NEOhaus Ecovillage: <http://www.theneohaus.com/>

Cleveland – Cleveland Ecovillage: <http://www.detroitshoreway.org/>

OREGON

Cottage Grove – Cerro Gordo: http://www.pdss.com/cg/Cerro_Gordo.html

Deadwood – Alpha Farm: <http://www.pioneer.net/~alpha/>

Dexter – Lost Valley Educational Center: <http://www.lostvalley.org/>

Eastern Oregon – Oregon Working Group for an Eastern Oregon Ecovillage:
<http://www.geocities.com/oregonworkinggroup>

PENNSYLVANIA

Cashtown – Hundredfold Farm: <http://www.hundredfoldfarm.org>

Philadelphia – Green Village Philadelphia:
<http://www.greenvillagephiladelphia.org/>

West Grove – Three Groves Ecovillage: <http://www.threegrovesecovillage.org/>

Winfield – Eco Community Farm: <mailto:pjc@dejazzd.com>

SOUTH CAROLINA

Salem – Nature’s Spirit: <http://www.naturesspirit.org/>

TENNESSEE

Arlington – Elfentree: <mailto:elfentree@aol.com>

Jefferson City – NuTribe Ecovillage: <mailto:watalu.eyaani@gmail.com> Liberty –

Sun Valley Community: <mailto:sunvalley@dekalb.net>

Summertown – The Farm: <http://www.thefarm.org/>

Washburn – Narrow Ridge Earth Literacy Center: <http://www.narrowridge.org/>

Whitwell – Moonshadow: <mailto:mediarights@bledsoe.net>

TEXAS

Austin – Oak Village Commons: <http://www.oakhillcohousing.org/>

Laredo – La Flor del Agua: <http://www.laflordelagua.com/>

Rusk – Dancing Bear Ecovillage: <mailto:dancingbearecovillage@yahoo.com>

VERMONT

Brandon – Neshobe Farm: <http://www.neshobefarm.com/>

VIRGINIA

Arlington – Gesundheit Institute: <http://www.patchadams.org/>

Buena Vista – Living Earth Ecovillage: <http://www.livingearthecovillage.com/>

Floyd – Abundant Dawn Community: <http://www.abundantdawn.org/>

Lynchburg – Claytor Nature Study Center: <http://www.lynchburg.edu/claytor>

Mineral – Acorn Community: <http://www.ic.org/acorn/>

Twin Oaks Community: <https://www.twinoaks.org/culture-government-65/ecovillage-twinoaks>

WASHINGTON

Arlington – Jordan Village: <http://www.jordanvillage.net/>

Bainbridge Island – Sacred Groves: <http://www.sacredgroves.com/>

Bellingham – Friends of the Trees Society: <http://www.friendsofthetrees.net/>

Bellingham – MoonShire: <mailto:benems@hotmail.com>

Bothell – Clearwater Commons: <http://www.clearwatercommons.com/>

Elk – Dapala Farm: <http://directory.ic.org/records/?action=view&page=view&re>

Hoodspport – Mountain Treehouse Ecovillage: <mailto:eric.nemo@gmail.com>

Monroe – Alderleaf Farm and Wilderness College:

<http://www.wildernesscollege.com/>

Port Townsend – Port Townsend Ecovillage: <http://www.ptecovillage.org/>

WISCONSIN

La Farge – Dreamtime Village: <http://www.dreamtimevillage.org/>

ADDITIONAL RESOURCES

Foundation for Intentional Community: <https://www.ic.org/>

Village Lab: <http://www.villagelab.net/>

NuMundo: <https://numundo.org/>

NextGenna: <http://www.nextgenna.org/>

GEN-US: <https://www.gen-us.net/>

General Resources

Resources for Webinar Guests (Broadcasted on August 22, 2021)

Kurt Cobb

Website: www.Resourceinsights.blogspot.com

Book: Prelude

Stan Cox, PhD

Land Institute: www.landinstitute.org

Book: The Path to a Livable Future: A New Politics to Fight Climate Change, Racism and the Next Pandemic.

Charles Eisenstein

Website: www.CharlesEisenstein.org

Book: Climate: A New Story

John Gilmore

Website: www.AutismActionNetwork.org

Derrick Jensen

www.derrickjensen.org

www.brightgreenlies.com

Broadcast: "Resistance Radio" Progressive Radio Network, Sundays 6 pm EST

Book: Bright Green Lies: How the Environmental Movement Lost Its Way

Peter McCullough

Website: www/TheHeartPlace.com

Peter Reznik, PhD

www.GPSForHealth.com

Broadcast: "Dr. Reznik's Toolbox" Progressive Radio Network, Tuesdays 2 pm EST

Book: Six Pillars for Well-Being

John Whitehead

Rutherford Institute: www.rutherford.org

Book: Battlefield America: The War on the American People

Covid-19 Pandemic and Covid Vaccines

America's Front Line Doctors

www.AmericasFrontlineDoctors.org

Childrens Health Defense (Robert Kennedy Jr)

<https://childrenshealthdefense.org>

Doctors for COVID Ethics

www.Doctors4CovidEthics.org

World Doctors Alliance

www.WorldDoctorsAlliance.com

Update on Pending Legislation on Employer-Mandated Vaccinations by State
(Husch & Blackwell Law Firm)

<https://www.huschblackwell.com/newsandinsights/50-state-update-on-pending-legislation-pertaining-to-employer-mandated-vaccinations>

Students Against Mandates

www.StudentsAgainstMandates.com

Cures for Covid-19

<https://www.stopworldcontrol.com/cures/>

International Vaccine Adverse Event Tracking System

(in the event of experiencing an adverse effect from the Covid-19 vaccines, this link provides three options for reporting)

<https://childrenshealthdefense.org/child-health-topics/known-culprit/vaccines-culprit/chd-international-vaccine-adverse-event-tracking-system/>

Vaxxter: Scientific Articles Exposing Vaccine Myths

<https://vaxxter.com>

The Hardwire with Del Bigtree (videos)

<https://rumble.com/c/TheHighWire>

Stop World Control (lots of resources and reports)

www.StopWorldControl.com

Principia Scientific International

www.Principia-Scientific.org

On Religious Exemptions for Vaccines

<https://particiastahler.blogspot.com/2021/08/examples-of-religious-exemption-letters.html>

Resources for Life Transitions

Sustainable Living (Educational Sources)

Chelsea Green Publishing: www.chelseagreen.com

Omega Center for sustainable living, Rhinebeck, NY: www.eomega.com

Slow Money Movement

<http://www.slowmoney.org/> <http://ecopreneurist.com/>

<http://theabundancefoundation.org/> <http://enviroinstitute.org/>

Green Employment Websites:

Green Dream Jobs – www.sustainablebusiness.com

Green Jobs Network – www.greenjobs.net

Green Building Jobs – www.greenbuildingsjobs.com

Greenprofs – www.greenprofs.com

The Transition Movement

The Transition Network: <http://transitionus.org/transition-101>

The Transition Handbook – From Oil Dependency to Local Resilience by Ron Hopkins
The Transition Timeline by Shaun Chamberlin and Ron Hopkins

Eco-villages (Intentional Communities)

Global Village Network: <http://gen.ecovillage.org/>

Fellowship for Intentional Communities:

<http://directory.ic.org/records/ecovillages.php> Ecovillage:

<http://www.ecovillages.com/index.php>

Living Routes: Study Abroad in Eco Villages:

<http://www.livingroutes.org/programs/village.htm>

Homesteading

<http://www.homestead.org/> <http://nyhomesteader.blogspot.com/>

<http://www.daycreek.com/dc/html/ssmenu.htm> <http://frugalhomesteading.com/>

<http://www.motherearthnews.com/Do-It-Yourself.aspx>

<http://www.manytracks.com/homestead.htm>

Living off the Grid

<http://www.off-grid.net/> <http://frugaldad.com/2009/04/05/living-off-the-grid/>

Housing Alternatives:

Using straw bales to construct environmentally friendly houses

<http://greenliving.about.com/od/architecture/design/a/Green-Building-Straw-Bale.htm> www.strawbale.com

Small houses that can be constructed from a plan

<http://tinygreencabins.com/>

<http://www.tumbleweedhouses.com/>

<http://www.tinyhousedesign.com/>

Farming and Gardening

Genesis Farm, sustainable farm in New Jersey: <http://www.genesisfarm.org/>

Courses on Farming at Genesis Farm:

http://www.genesisfarm.org/program.taf?_function=chron

General Farming: <http://www.genepax.com/>

Cornell Cooperative Extension: www.gardening.cornell.edu

Biodynamic Farming and Gardening Association: www.biodynamics.com

Northeast Organic Farming Association: www.nofa.org

The Sustainable Vegetable Garden by John Jeavons and Carol Cox

The Resilient Gardener – Food Production and Self-Reliance in Uncertain Times
by Carol Deppe

Organic Seed Sources:

Seeds of Change: <http://www.seedsofchange.com/>

Seed Alliance:

http://www.seedalliance.org/Seed_Companies_Selling_Organic_Seed/

Sustainable Seed Company: <http://sustainableseedco.com/>

Seed Savers: <http://www.seedsavers.org/>

Database of state incentives for renewables and efficiencies:

<http://www.dsireusa.org/>

List of Additional Documents for Download

Protecting Individual Rights (Children's Health Defense)

Religious Liberty Rights (Office of Attorney General)

Covid-19: Pandemic, Profit, Fallout (Harrison Publications, Australia)

Did Lockdown Work: A Cross Country Comparison (Aarhus University, Denmark)

Review of Ivermectin Efficacy (America's Frontline Doctors)

Experimental Covid Vaccines White Paper (America's Frontline Doctors)

Vaccine Mandate E-Book (Children's Health Defense)

Preventing Vaccine Mandates Toolkit (Children's Health Defense)

Ten Medical Facts for Covid-19 Vaccines (America's Frontline Doctors)

Letter of Non-Consent to Covid Vaccines

Sample Letter – To Schools Opposing Vaccine Mandates

Sample Letter – To Colleges Opposing Vaccine Mandates