A Doctor Reflects on the Plandemic

A brilliantly orchestrated, seemingly preplanned program of medical tyranny has followed the release of a probable bespoke germ known as SARS-Cov-2, which I call the Faucivirus. A striking feature of this program is the massive effort to frighten, cajole, threaten, and shame the public into taking experimental injections represented as "vaccines." The whole dystopian spectacle brings to mind something I heard in 1975:

The definition of a successful vaccination program is that more people die from the vaccine than from the disease.

Those words, spoken by one of my medical school professors at Johns Hopkins, made a profound impression on me. The coldly utilitarian calculation was completely at odds with my own notion of the role of a physician. The medical profession's Latin maxim, *Primum non nocere (*First, do no harm), apparently didn't apply in the field of public health. Some people had to be harmed for the greater good.

This aspect of the ethics of vaccination comes as a shock to most people. Yet, the federal government implicitly acknowledges that harm is part of the plan because it shields vaccine manufacturers from liability. The 1986 National Childhood Vaccine Injury Act (NCVIA) effectively bars lawsuits for injury or death from vaccines. In 2011, the Supreme Court upheld this law in *Bruesewitz et al.v. Wyeth*. The language of the NCVIA, as quoted in the *Bruesewitz* decision, is interesting:

No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects

that were **unavoidable** even though the vaccine was properly prepared and was accompanied by proper directions and warnings [emphasis mine].

In other words, the law acknowledges that individual side effects are statistically "unavoidable" if you foist any pharmaceutical on a large enough number of people for their *collective* good.

Although legal theory recognizes that there is a trade-off of private risks for societal benefits, I see scant awareness of the risk side of this transaction in the conspicuous public displays of righteousness by the "vaccinated" during the current crisis. If the saints of vaccination believe that they have acted for the good of the many, their robotic insistence that the shots are "safe and effective" belies any sense of danger. These heroes have not run through machine-gun fire to drag the rest of us to safety. Rather, they have done their small, risk-free part for others (and supposedly protected themselves), while the "hesitant" have behaved selfishly. It was the least they could do; why can't the rest of us do our part?

Well, let me count the reasons to be skeptical of the vaccine by asking and trying to answer a few pertinent questions. To return to my professor's aphorism, the only way to square a decent respect for humanity with the harsh reality of intentional harm is to use only the safest and best-tested vaccines and to limit vaccination programs to the deadliest and most widely-communicable diseases. It should be obvious that a vaccine should also be required to do what it is supposed to do: prevent vaccinated individuals from catching and spreading the contagion. And vaccination should be weighed against alternative approaches. Here are the questions:

> **1) How deadly is COVID-19?** The case fatality ratio (CFR) varies from one country to another, but a recent study of 219 countries showed one-third with a CFR below 1.00

percent, about another third in the 1.00 to 2.00 percent range, and another third over 2.00 percent. In the U.S., *JAMA* estimated 345,323 total deaths "with confirmed or presumed COVID-19" in 2020. In a country of over 331 million, this number works out to a little over one in a thousand Americans dying of COVID-19, if one ignores the possibility of overreporting.

The elderly and ill appear to have been at greatest risk, with children almost entirely spared unless they were already immunocompromised.

2) How safe are the jabs? The Vaccine Adverse Events Reporting System (VAERS) has recorded 595,622 adverse events, including 13,068 deaths from the vaccines from Dec. 14, 2020 to Aug. 13, 2021. The actual number is unknown and may be 10 to 100 times what has been reported, especially since thrombotic events such as stroke, heart attack, or bleeding due to consumptive coagulopathy are not very likely to be blamed on the artificial induction of spike protein synthesis. A just-released undercover video by Project Veritas shows federal medical personnel expressing concern about the number of adverse vaccine reactions they've seen, and the underreporting of them within the VAERS system.

So, it is just possible that more people are *already* dying from the vaccine than from the disease, even while the "pandemic" continues. This is not the deal that we think we are making when we trade vaccine deaths for mass immunity. Whether this trade-off will ever be reasonable in the case of COVID-19 has a lot to do with the answer to the next question.

3) Do the Pfizer, Moderna, and J&J "vaccines" prevent catching and transmitting the disease? Even popular med-info articles supporting the official line admit that the answer is *no*. The criterion for efficacy in the original

tests was reduced frequency of severe disease, not prevention of infection and transmission; and current data suggest that the vaccines reduce infection and transmission by 40 percent to 60 percent, and this rate declines over time.

In short, these are "leaky" vaccines, which may breed more dangerous variants in vaccinated individuals and enhance the transmission of the virus. Whereas the normal course of a virus is to evolve toward less deadliness and easier transmission, a leaky vaccine can allow a virus to mutate toward higher lethality within the vaccinated population.

But even if by some lucky chance our vaccinated neighbors do not become walking bioweapons factories, the goal of a vaccine program—herd immunity—is unattainable when the vaccine is leaky. Even if 100 percent of the population takes the shots, the infection will gradually work its way through the herd, picking up speed as the virus mutates.

By ineffectually messing with the natural course of the disease, our managerial elite has made matters worse. Since this outcome was predictable by anyone with an understanding of immunology and the interaction of vaccines and viruses, it is easy to suspect deliberate ill intent on the part of Dr. Fauci and the rest.

4) Is there an alternative to this massive experiment in gene therapy? I use the word "experiment" loosely. Normal experiments on humans are preceded by animal testing and involve an oversight committee, structured reporting of complications, a proper control group, an ethics committee, and informed consent. All of these elements are missing from the present campaign to give shots to everyone on the planet.

The use of coercion (take the jab or lose your job) or

inducements such as lottery tickets, ability to travel abroad or attend concerts, etc., is a particularly appalling violation of informed consent. So is the active suppression of any information about treatment of the disease. This feature of the fear-based sales campaign was obvious from the outset. Hydroxychloroquine (HCQ) is a very safe, cheap, well-understood drug that shows much promise when used *early*, during the replication phase of the virus. A well-orchestrated media assault greeted President Trump's mention of the drug, and instant experts derided the drug on social media. *The Lancet* published a hit piece so sloppy that it had to be retracted. Pharmacists told me that they were not allowed to fill prescriptions for HCQ! Never mind that the medication has long been used "off label" for treatment of lupus and rheumatoid arthritis.

Ivermectin has gotten the same kind of treatment: social media posts ridicule it as "horse medicine," and major drugstore chains refuse to fill prescriptions. Rather, Dr. Fauci's official "standard of care" is the nephrotoxic Chinese drug remdesivir, which may have contributed to kidney failure in hospitalized COVID patients.

The CDC advises patients sick with COVID to isolate at home and to seek emergency care only if they turn blue and can't breathe. You might think it would be obvious that waiting to treat an infectious disease until the patient is almost dead is an unusual approach. Yet, many doctors follow this guidance unquestioningly and become defensive and angry when asked about it. They are caught in the spell of fear and dare not think for themselves.

Only a few physicians, such as Peter McCullough, M.D., have spoken up for early treatment. They are under constant attack by the agents of big pharma. Why? Because there is no justification for an Emergency Use Authorization of experimental "vaccines" if 85 percent of COVID deaths can

> be prevented by early treatment, as Dr. McCullough asserts. There is also no excuse for the CDC's bizarre guidelines and no defense for the medical profession's complicity in the mismanagement of this crisis.

Meanwhile, the disease spreads among the "vaccinated," and the propaganda machine announces that the unjabbed are to blame. Vaccine side effects and failures, meanwhile, are blamed on 'Long COVID." Children, at very low risk from the disease, are returning to school this fall in mandatory masks, keeping the fear going and training the young in compliance. The Biden administration has announced that federal workers and employees of large private companies will have to get the "vaccine." So will federal contractors and over 17 million health care workers at facilities that participate in Medicare and Medicaid. Blue states will intensify commercial restrictions like New York's HERO Act, which will crush the small businesses and nonprofits that survived the lockdowns.

The push is on to jab everyone over the age of 12, including those with natural immunity from prior infection. Pregnant women, nursing mothers? Oh, yes! Even though ethical standards excluded these categories from the initial drug trials, the regime offers no exemptions. And there will be a booster, and another booster, and very soon they will come for the younger children. This revolution disguised as a public health exercise will not end until everyone submits or enough of us resist.

(Note: It should be clear from the foregoing that I am not opposed to vaccines, but I view coercion and the abandonment of informed consent as very alarming developments.)

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