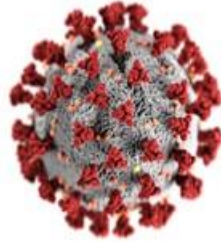


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US DEATH

TOLL

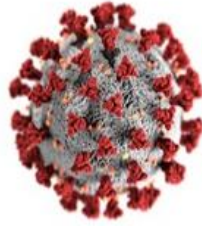
EXCEEDS

350,000

IN 2020

THROUGHOUT HISTORY, THE END OF THE YEAR WAS REPRESENTED BY THE GRIM REAPER, THE NEW YEAR, WITH THE BABY. UNLESS ALL CITIZENS OF THE UNITED STATES TAKE THIS SERIOUSLY, WE WILL NOT HAVE TO CLOSE OUR BORDERS AT ALL. THE US IS TRAVEL-BANNED GLOBALLY.¹

(1 – THIS MEANS THAT MANY COUNTRIES ARE NOT ALLOWING THEIR CITIZENS TO COME TO AMERICA, AND WITH GOOD REASON.)



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THE DEATH RATES IN THE NEW YORK/BOSTON REGION EXCEED THE FOUR WORST NATIONS ON THE GLOBE BY A FACTOR OF 4.

From volume 5 - 1/18/21

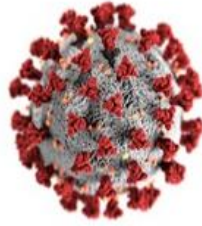
Dr. Gold founded **America's Frontline Doctors** to combat the disinformation campaign being promoted by governmental agencies, and the media. As an attorney, she considers herself a free-speech warrior. She is at odds with the denial of Invermectin and ChlorhydroxyQuinone (INV and CHQ in the sake of brevity from here forward). She considers this disinformation to have been a **"crime against humanity."**

From the beginning, she states, there was blatant deception in refusing to call this the Wuhan Virus. Lyme disease started in Lyme, the Hong Kong flu started in Hong Kong. Allowing the Chinese Communists to assess this as racist is not socially correct, nor is calling it Covid19 socially correct.

Regarding the maligning of HCQ – she state that HCQ is available over the counter in much of the world. In India, to combat malaria, it is called the Sunday – Sunday pill – one takes it routinely every Sunday. It is also probably the reason that despite living in far greater squalor compared to the US, their rate of CV19 infection is 10% that of the US. Reading further through this article, you will learn how you can be supplied with HCQ to take prophylactically instead of taking the **experimental biologic agent**. At the very least, watch the first 10 minutes of Dr. Gold's video. She was fired from a long-term ER position because she prescribed, repeatedly, either IVM or CHQ and was told to stop by the head of the ER. She refused. She cites the fact that this has happened to doctors all over the country and state boards have suspended the doctors' licenses **without due process**.

Her lesson: Don't be afraid to bow to the tyranny, and, don't think you're alone in the fight. Fear has led to an irrational decision to take an **experimental biologic agent** not a vaccine. Taking the vaccine does not stop transmission of the disease (see article on page xx).

Dr. Gold states the following rates of survival without any treatment. With early intervention with IVM or CHQ the results are much better. People under 20 have a 99.99% survival rate if



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infected; 20-49 – 99.98%; 50-69 – 99.5%; over 70 95%. She goes on to state that anything can kill you if you are frail. The initial study in [Lancet](#), criticizing the use of CHQ was retracted, but the media buried that outcome.

In criticism of the use of mRNA technology, which was in volumes 4 and 5 of this newsletter, she cites the following problems (at about 24 minute mark in video):

- No animal studies have been published
- The potential to develop antibody-dependent enhancement (see below)
- The adverse consequences of Bell's Palsy and Guillane-Barre' syndrome (also addressed in prior issues)
- Potential fertility problems with female placenta

ANTIBODY-DEPENDENT ENHANCEMENT

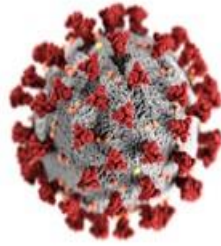
The simple definition of ADE is “raising antibodies that don't protect, but actually make a viral infection even worse”. And obviously, that's the opposite of what you want. Remember that there are “neutralizing” antibodies as opposed to non-neutralizing ones – a neutralizing antibody, as the name implies, binds to its target in a way that shuts its function down. [Read more> 2024-never happened](#)

[To have a telemedicine consult](#) with a FLD MD to get INV or CHQ costs \$90 without the Rx which will be mailed to your home from the pharmacy. Cost of the Rx unknown at this time.

From volume 6 - 1/25/21

Why are there so many vaccines in development?

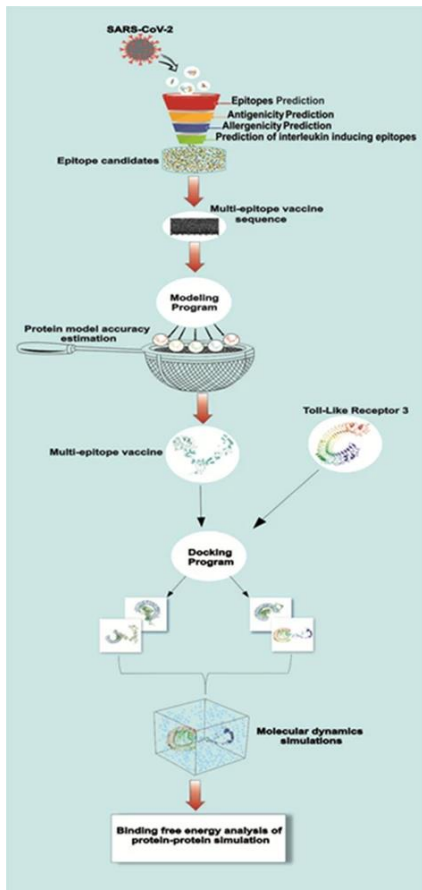
Typically, many vaccine candidates will be evaluated before any are found to be both safe and effective. For example, of all the vaccines that are studied in the lab and laboratory animals, roughly 7 out of every 100 will be considered good enough to move



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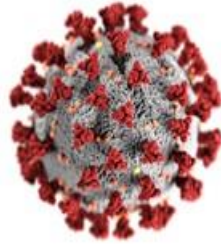
into clinical trials in humans. Of the vaccines that do make it to clinical trials, just one in five is successful. Having lots of different vaccines in development increases the chances that there will be one or more successful vaccines that will be shown to be safe and efficacious for the intended prioritized populations. Typically, many vaccine candidates will be evaluated before any are found to be both safe and effective. For example, of all the vaccines that are studied in the lab and laboratory animals, roughly 7



out of every 100 will be considered good enough to move into clinical trials in humans. Of the vaccines that do make it to clinical trials, just one in five is successful. Having lots of different vaccines in development increases the chances that there will be one or more successful vaccines that will be shown to be safe and efficacious for the intended prioritized populations.

In previous issues we have covered mRNA, and DNA based vaccines. This is one you probably haven't heard of: [the Sub-unit vaccine](#). The process of vaccine development takes at least ten years from bench research to approved vaccine use⁹. Identification of apt elements for developing vaccine immunogens can be promoted using chemistry and topology. As a current trend, this is becoming more of a rational design exercise, which may considerably reduce both the time and costs required for vaccine development and production¹⁰. In this study, it was hypothesized that advanced computational screening could identify suitable peptides for the construction of a subunit vaccine. We used the full set of the putative structural proteins from SARS-CoV-2 as the substance for extracting antigenic elements creating both B-cell and T-cell immunity. By integrating these peptides together, we developed a multi-epitope-based vaccine polypeptide with appropriate

binding to Toll-like receptor 3 (TLR-3) to elicit an effective immune response, and with least possible



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toxicity and hypersensitivity. In other words, rather than causing the body to manufacture its own replicas of the entire sphere of spikes through gene splicing to the common cold virus, the most frequently occurring spikes on the sphere are identified, copied, and adapted to a vaccine that will cause the body to make antibodies, without making changes within the cells.

While it sounds promising, it isn't being touted by the CDC or NIH. [Why not?](#) A Google search did not provide the answer. The question becomes as people become inoculated with either experimental biologic material from Pfizer, Moderna, or AstraZeneca, that segment of the population is bound to become more chance-taking. Waiting for another vaccine to go through clinical trials and hit the market, means watching as the world around you becomes more and more bold about where they go, and how they behave, those of you who have been waiting will become more isolated. Friends and family may not want to risk being exposed to you, and you may become shunned. Of course the prospects of companies like airlines, hotels, shopping malls, etc. banning those without inoculation from their businesses. For those of you old enough to recall the Twilight Zone episode starring Burgess Meredith (Rocky's boxing manager later in his career) as one of the last people left on earth comes to mind. Segments of the episode, or the entire episode are [available on YouTube](#).

From volume 7 - 1/30/21

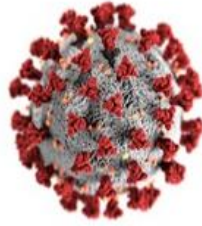
Mutations of the Virus

SO MUCH IS BEING SAID ABOUT THE MUTATIONS OF THE VIRUS, WHAT ISN'T BEING TOLD?

Here are some good resources for you **VACCINES FOR VARIANTS:**

Regeneron announced that its antibody cocktail (casirivimab and imdevimab) is [effective against both the U.K. \(B.1.1.7\) and South African variant \(B.1.351\)](#).

But scientists say the coronavirus variant from Brazil (P.1) may be the most worrisome. [Here's why](#). (NPR) Another article: [read here](#) Fauci Says: [read here](#)



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From volume 8 – 02/06/21

Silencing alternative ideas – the media begins its attempt to muffle ideas other than the funding of Big Pharma. Why. This topic will be reflected by several articles from this past year. I've already addressed Dr. Simone Gold who lost.....

SO MUCH IS BEING SAID ABOUT THE MUTATIONS OF THE VIRUS, WHAT ISN'T BEING TOLD? WILL THEY THINK VACCINES FOR VARIANTS IS A GOOD IDEA --- I SHOULD SAY NOT!

Here are some good resources for you :

Regeneron announced that its antibody cocktail (casirivimab and imdevimab) is [effective against both the U.K. \(B.1.1.7\) and South African variant \(B.1.351\)](#).

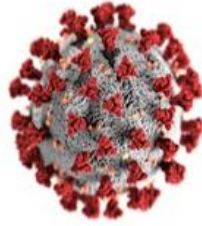
But scientists say the coronavirus variant from Brazil (P.1) may be the most worrisome. [Here's why.](#) (NPR)

Another article: [read here](#) Fauci Says: [read here](#)

From volume 9 – 02/13/21

They always thought that I was “out there” because of my disdain for the modern vaccination schedule, and my pioneering the cause of “safe removal” as opposed to the cavalier attitude promulgated by the ADA of its precious (and non-toxic) mercury (silver) fillings. Pioneers get arrows in their backs, and I was a pariah within the local dental community. But in the end, the EPA took charge where the FDA (where I spoke on 3 occasions) refused. The EPA mandated that the mercury derived from the removal of silver fillings be separated out of wastewater from dental offices, before it burdened water treatment facilities, and the environment.





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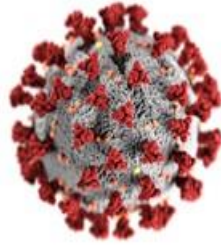
So too are the medical experts whose posts have been censored by Big Tech. The truth is, the data supports nothing, as it has been pointed out here before, and nobody has proven they know what they are dealing with. The image on the top of every one of these pages has never been proven to be the causative agent for the symptoms of Wuhan Virus.

I had recommended that everyone subscribe to Tom Woods' blog. I include below, some links to quotes of his from this past week that are relevant. I also received this today, just in time for me to debate, again, with my wife, whether we stick to the first dose, and not tell anyone we didn't get the second one. I now know I need to tough it out. [Read More](#)

TOM WOODS WRITES:

I am so angry at the destruction wrought by this one-dimensional thinking, and the absolute indifference to the avalanche of contrary data that I'm going out of my way these days to associate with people whose first instinct wasn't destruction and blind trust of authority.

And as I noted, I was wondering aloud about this even though I can't stand people who insist on politicizing all of life. They have to use this deodorant and that brand of mustard because of the political stances of the companies involved. And they can't be friends with people who disagree with them. I don't want to be like that. GO TO PAGE 13



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TOM WOODS ALSO WRITES: I wondered, with the UK's James Delingpole, whether it was possible to be friends with people who promote the COVID hysteria, and everything that comes with that: stealing two years of your kids' lives, destroying your business, and robbing you of things that bring you joy. If you had a friend who did those things to you, would you remain friends? [READ MORE](#) p 5-6

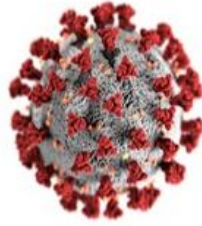
In last week's edition I referenced [Vaccines Revealed](#). What I have done is taken notes for you from this two hour video which is extremely well-produced. These are highly technical, and also only available for a period of less than 6 hours due to censorship concerns. Anything that goes against what BigTech seeks to prevent people from learning is blocked very rapidly. What these doctors seek to do is disseminate this library of videos by subscription only. What follows are notes from a discussion with Dr. Judith Mikovits, PhD.

Dr. Mikovits is another of the discredited biologists referred to as having a target on her back. Her resume' follows: She worked on the research of Interferon, for NIH, and found that 8% of our genome is viral, a fact that scientists were in denial of, although all other life on Earth has viral components to their genomes. She proved the existence of Retroviruses in humans, and has been present since the genesis of man. These viruses are regulatory. She was Director of Anti-viral Mechanisms Lab at the National Cancer Institute. In other words, her credentials speak for herself, rather than her thoughts being debunked!

She discussed the lack of purity of the viral samples being used in the development of the Wuhan human experimentation, and this drives upward the injury potential from the "vax". She states that the TCR test is insignificant, in that it uses a non-sterile technique.

One does not want an injection, what one wants is a healthy immune system. The cytokine storms are what kills people. She feels that the annual flu shot could possibly be the carrier for this virus because of the fact that the viruses used and the eggs they are incubated in contain many viruses, some dating back to the Spanish Flu from 100+ years ago.

She went on to dispute the real number of deaths, and criticized the CDC's mechanism for counting cases of Covid, Influenza and Pneumonia all being lumped together for future computations. Dr. Cunningham, of the CDC found a link with the flu shot, and cited a study, published in 1/2020 that showed that in the 2017-18 flu season, those receiving a flu shot had a 36% better chance of developing a coronavirus, than those who never received the flu shot.



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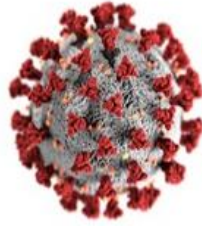
The use of masks, she felt, could contribute to not deter development of disease. Masks with cotton from countries that haven't banned the pesticide Roundup could be reducing the immune response in individuals who are constantly challenging their immune systems by breathing Glyphosphate. Immune response is controlled by gut flora. Glyphosphate is implicated beyond what you have seen on TV ads for ambulance chasers about the fact it causes cancer. It also is implicated in leaky-gut syndrome.

What does the future hold? From Volume 13 3/22/21

Now that you've gotten your shot, or decided not to, or still undecided, or waiting until your age is called, how are you handling human contact? Skin to skin on a fist bump? Hugging someone you haven't seen in a while without checking their Vaccination Certification Documentation? Having to certify the cleanliness of your domestic situation and bloodline to a plumber? Letting the window washers do both sides of the glass? I put together this logistical sequence, and then, thanks to the research of the CDC, it became unnecessary, since they felt they had covered all bases.

But in truth, nobody knows what the future holds. Yes, Israel is a great model ant farm for analysis, since they inoculated more of their population faster than anyone else. But that still puts them only 2 months ahead of the US. And when the conversation turns to those under 18, what are the long-term effects.

What we need is a way to see what the future holds. I get a lot of information from both extremes. From the "nobody in my house without double masking after taking one of the new "instant swabs" and taking their temperature 3 times and averaging them, to those who connect a conspiracy between Bill Gates and assorted other members of the elite, like DaVinci. [READ MORE](#)



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So, until we can see 70 years ahead, to determine what effect, if any, modifying the human genome to fight a man-made virus, live your life the way you want to live it, and if that means going back in time to pre-Covid hysteria, do it. But, in the great words of one of my favorite authors, ~~Kurt Vonnegut~~, “Wear Sunscreen” [READ](#) why his name is crossed out!

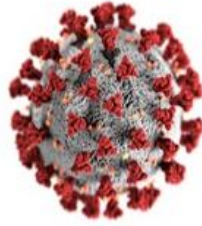
NOTES FROM THE EDITOR:

This is a new article that draws further attention to what might be going on here. I would suggest finding the Page created about RFK jr if you want to learn more about this being tied to, for want of a better expression, a master plan.

- As of December 3, 2021, the U.S. Vaccine Adverse Event Reporting System (VAERS) has logged 19,886 COVID jab related deaths. Pfizer — the only company that the U.S. Food and Drug Administration has granted full licensing for an as-yet unavailable COVID shot — accounts for 13,268 of them
- Calculations suggest VAERS COVID-related reports are underreported by a factor of 41. That means that in the U.S. alone, the actual death toll may be closer to 374,576. Including international deaths reported to VAERS would put the death toll at 815,326
- Key side effects that are now being reported in massive numbers include miscarriages, heart attacks, myopericarditis, thrombocytopenia (low platelet count), shingles, Bell’s palsy and a variety of permanent disabilities, many of which involve neurological dysfunction
- The side effects we now see being reported were entirely predictable based on the known science detailed in Seneff’s and Nigh’s paper

A further link to the article: [click here](#).

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Misnaming the virus - volume 13

EXTRAORDINARY ORDERS OF CREMATION URNS SENT TO WUHAN

Back issues of The Covid Planet have addressed the cover-up of information coming out of China and the death, due to SARS-CoV-19, of a Wuhan MD whistle blower. Back when news was first coming out, there were stories about the numbers of cremation urns being ordered by mortuaries in Wuhan Province, at least these stories were on the news I was watching. There are a plethora of news stories, from reliable sources, if you simply Google the stories. I've provided a [link here](#).

IS THERE A REASON THIS IS NOT BEING CALLED THE WUHAN VIRUS? For extra credit, [read about](#) the corruption at the WHO, which named the virus.

This issue as well, has been addressed in many previous issues, and while I call the newsletter The Covid Planet, I refer to what the media decided was a gentler term so as not to hurt the feelings of those from Wuhan, I have chosen to use the scientific term as much as possible SARS-CoV-19, or the Wuhan Virus. And this was used as a political tool to discredit President Trump, as much as possible by the media. Googling "Where did the term Covid-19 come from?" will give you these results: [READ MORE](#)

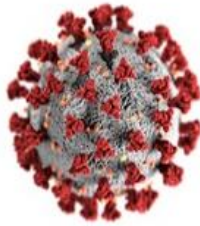
TRAVEL WITHIN CHINA BANNED FROM WUHAN AFTER LOCAL OUTBREAK, BUT ALLOWED TO TRAVEL TO OTHER COUNTRIES BEFORE VIRUS IDENTIFIED. [LINK](#) - not willful biologic attack globally?

Conspiracy theories:

In 2018 Bill and Melinda Gates announced that in the coming years there would be a global pandemic of an engineered virus. The coronavirus SARS-CoV-2 was created in the Bio Safety Lab Level 4 in Wuhan, which received millions of dollars from Anthony Fauci. Several movies depicted the coronavirus pandemic with great detail, and even mention hydroxychloroquine as the cure.

The Summer Olympics in 2012 played a pandemic of a coronavirus during their opening show. The investigative journalist Harry Vox predicted in 2014 that a global pandemic would be caused, so the

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'ruling class' could implement a higher level of authoritarian control. The investigative journalist Anthony Patch predicted a global pandemic with a man-made virus that would be used to force a DNA altering vaccine on humanity.

Dr. Carrie Madej studied DNA and vaccines for decades and says the plan is to use the Covid-19 vaccine to start the process of transhumanism: *reprogramming the human DNA*.

The CIA officer Dr. John Coleman studied secret societies and says their goal is to depopulate the earth by means of organized pandemics of fatal rapid acting diseases.

In the state of Georgia a huge monument was erected in 1980 with ten guidelines for humanity, in eight languages. The first of these 'Ten Commandments' is that humanity needs to be reduced to half a billion people.

Bill Gates said during a TED talk that new vaccines can be used to reduce the world's population by 10-15%.

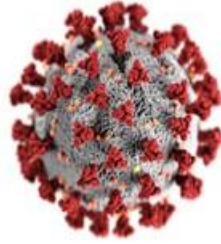
The 'health ranger' Mike Adams predicted years ago what we see happening now: the release of an engineered bioweapon, followed by a vaccine mandate, massive government funding for the vaccine industry and a vaccine that is being developed in record time. He also predicted that this vaccine will kill innumerable people over the course of a couple of years.

In 2010 the Rockefeller Foundation published the 'Scenario for the future...' in which they describe a coming global pandemic that would result in the implementation of authoritarian control over the people, which would then intensify after the pandemic.

In 2020 they publish a handbook on how to create this world of control, with a step by step guide. They say life cannot return back to normal, until the world has become 'Locked Down' with this top down control from authoritarian governments.

We indeed see that Bill Gates and many others worldwide are right away seizing control in unprecedented ways, with enforcing vaccine ID's, microchips that will be implanted into people, mandating the wearing of face masks, social distancing, forced lock-downs, extreme contact tracing, and so on.

Part of this top down control is extreme censoring of every single voice from those who might see differently. That's certainly what happened with HydroxychlorQuinone isn't it?



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In this video interview, Dr. Hooman Noorchashm, surgeon and patient safety advocate, explains why he's written a second letter to the FDA urging the agency to require pre-screening for SARS-CoV-2 viral proteins in order to reduce COVID vaccine injuries and deaths.

By [James Lyons-Weiler, Ph.D. and Robert F. Kennedy, Jr.](#)

Dr. Hooman Noorchashm's #ScreenB4Vaccine plan is coming into view by many as a potentially important way to protect the vast subset of Americans who have already been naturally infected with [COVID-19](#) and are thus immune.

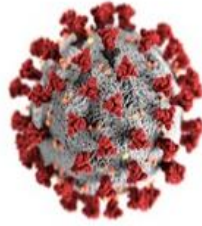
In the below video, Noorchashm, an [accomplished surgeon](#) and patient safety advocate, argues that at least a fraction of these millions of already infected Americans — especially the elderly, frail and those with serious cardiovascular comorbidities — are at risk of being harmed by a dangerous exaggerated immune response triggered by the [COVID vaccine](#).

Additionally, Noorchashm says that by limiting vaccinations to those who are not already immune, the U.S. can not only protect people from being harmed by the vaccine, but can also get to [herd immunity](#) even faster by vaccinating only those who would truly benefit from the vaccine.

The question of whether people who have already been exposed to [SARS-CoV-2](#) viral proteins, as is the case with those who have had COVID, should be offered SARS-CoV-2 vaccine is inextricably tied to the question of medical ethics: The vaccination of those who are already immune is seen by many — patients and physicians alike — as unethical because it is an unnecessary, all-risk, no-benefit, medical procedure.

In such cases, there are established medical grounds for grave concern. One concern is the possibility that some people who get vaccinated will experience [disease enhancement](#), a condition that could cause them to develop more severe symptoms when exposed to the wild virus than if they hadn't been vaccinated.

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Covid vax kids:::??? Edition 14 3/29/21

DOES THE BABY NEED YET ANOTHER SHOT?

And will we adults need to consider boosters, as variants of the SARS-CoV-19 manifest themselves. Can it be given as part of the annual flu shot? What's going on with test groups? What parent in their right mind would volunteer a child, or a newborn for the experimentation? Do enough people even know that the pharmaceutical houses are immune from litigation by the emergency? Do enough people know that the previous administration got this done in amazing amount of time? So fast that the messenger RNA type of vaccine is as yet untested on humans. What would have happened if they had just let this virus run its course? *Late breaking story*: The Tamiflu approach. [Read Here.](#)

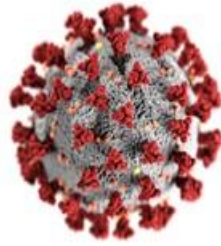
So many questions.

And so I ask: ***Would you please forward this to 10 parents*** who are concerned about their children. Last month, I used the image of the car from Back to the Future. The only way we are going to have answers to the questions, is way into the future. The vaccine is not without side effects. **Go to Page 19-24** But the reason this newsletter is done by subscription, and not simply posted on Facebook is because of the severity of the Thought Police's (Google, FB, Twitter etc.) level of Censorship.

What about Boosters? I am told, that as a separate inoculation from the flu shot, boosters will involve sending a messenger to the original vaccine, which has somehow connected itself to the body's genes that says, "Please add this new variant to the other sorts of funny looking red-nippled golf balls to your attack mode list." The J & J vaccine will not work this way, I don't believe. More on this in Issue 11&12.

But the big question which is the basis for my present exposition is, HOW DOES A RIGHT-MINDED PERSON VOLUNTEER FOR THESE EXPERIMENTS? BUT MORE IMPORTANTLY, DO THEY KNOW TO ASK THEMSELVES WHAT'S AT STAKE ON A PERSONAL LEVEL? Again, one needs to introspect to what would have happened without the knee-jerk reaction on the part of the media. MORON the Media on Page 7

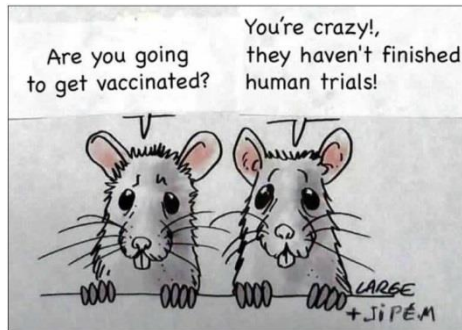
Should children be vaccinated? Should they be guinea pigs in determining at what age vaccination becomes a disaster? That is another "Save Mankind" issue.



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Isn't there a better way to test it on children, using a species where the generations are months apart, rather than humans, where the generations are 20 years apart? Is there such a test animal? Why are we inoculating a test group that has a death rate of less than -0.0002% ?



Our concern in vaccinating adults is the astounding number of deaths attributed (whether honestly or not - which was discussed in Volume 1 & 13) and how the counting was done.

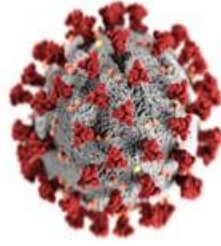
There is further discussion in this edition of complications and deaths due to the vaccines, and the disease itself.

Children have been identified as major vectors for the virus. But is vaccination for the greater good today, without worrying about what the future will look like? The numbers of parents not vaccinating their children is growing every year. The numbers of people who now self-identify as anti-vax (CV19) is growing. I have had discussions with several people, including a painting contractor I wanted to hire, who have let me know they have no intention of wearing a mask when around friends and family, even when indoors. The numbers of people who distrust the government on vaccination is huge.

So there is the discussion one must have (see Edition 13 – all previous publications are linked on the last page for immediate email) with themselves. Will I let someone in the house without a mask, not knowing where they've been, or able to ask them.

Learning the truth about some topics are impossible to discover. Here's another question one needs to ask: What is the attitude of insurance companies insofar as the vaccine is concerned. If you need a mortgage, you need life insurance. If you need a loan, will the banks be allowed to ask for a vaccine passport? This topic is once again revisited on page 11. Will insurance companies be of the mind-set that having been vaccinated will give you a better actuarial age expectancy, than if uninoculated? Or will having had a vaccine be a cause for rejection of an applicant? Will that be a life-time rejection, or can you reapply in 5 years? Maybe if you're anticipating buying a home you should investigate further?

On the following page, I continue consideration of vaccines for the virus for children which was the intended topic of my editorial this week.



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Page 3



Wait.....Now you want me to decide whether to take the vaccine or not?

Studies have shown that found that the chances of a person with coronavirus, regardless of their age, passing it on to a close contact ranged from 2.6% in the community to 9% in the household. The researchers found that children and young adults — who made up one-third of COVID cases — were especially key to transmitting the virus in the studied populations.

Furthermore, children and young adults were found to be potentially much more important to transmitting the virus — especially within households — than previous studies have identified, according to a paper by researchers from the United States and India published Sept. 30 in the journal Science.

[New data from the AAP and the Children’s Hospital Association show](#) nearly 179,000 WUHAN19 cases in children were reported last week alone, bringing the total to at least 2,000,681 as of Dec. 24. Children make up about 12.4% of the total cases in the U.S.

Persons of the year:

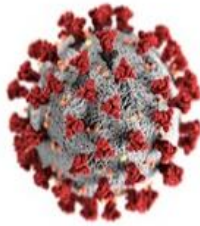


Greg Gutfeld went from participant in group discussion to host the nightly show that has outpaced Kimmel and His quick wit to find something humorous in all things politic have given viewers something really intelligent to watch, although most of the tongue in cheek stuff



Tom Fitton continues to get the bulk of my donations to governmental causes, rather than presidential or congressional candidates, we need someone who can control them. The previous caption was written 5/10/24, but this link is from the end of 2021 [LINK](#)

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More Children Have Died From COVID Shot Than From COVID

Dr. Mercola

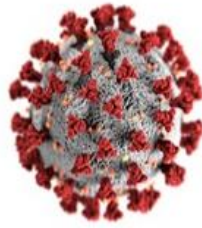
December 21, 2021

- Although there is little reason to give children the shot, officials are spinning the idea that it is needed for herd immunity. Yet, health officials must be aware there is a significant lack of evidence to support this, and children are dying in the process
- Pilot deaths and injuries affect commercial flights, logistical distribution of goods and military readiness. In one affidavit as part of a federal lawsuit against the military vaccine mandate, physician Lt. Col. Theresa Long alleges proper protocols are not followed after the COVID shot

Many scientists and health experts have warned that vaccinating children against COVID-19 is unnecessary and extremely risky. Since the beginning of the pandemic, it has been obvious that children were at exceptionally low risk for hospitalization and death from the infection.¹ Despite this, massive efforts are underway to ensure that every child gets a shot.

If the current data from the Vaccine Adverse Events Reporting System (VAERS)² are any indication of what the future holds, we are facing the greatest public health calamity in modern history. I believe it is not a new COVID-19 variant causing this, but the current vaccination campaign. Unfortunately, I have no doubt that the deaths caused by the vaccines will end up far exceeding the number of deaths from the illness.

Despite the clear and present dangers of this genetic therapy, vaccine makers, encouraged and endorsed by government health agencies, are steamrolling ahead with trials and recommendations for the shot in children. In May 2021³ parents found out that their children can get vaccinated without their consent if they fall under something called the “mature minor” doctrine.



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This allows providers to treat minors, without parental consent, under certain circumstances. The age group under question was between ages 14 and 18 when there is a “rebuttable presumption of capacity, and the physician may treat without parental consent unless the physician believes that the minor is not sufficiently mature to make his or her own health care decisions.”

In July, two lawsuits were filed in federal court that challenged the Washington D.C. city law which allowed minors to be vaccinated without parental consent.⁴ In September 2021, The Guardian reported that children aged 12 to 15 in the U.K. may be administered a COVID-19 shot by teams in the school system without parental consent.⁵

Recently, one California mother spoke to the news media and expressed outrage after the school system allegedly offered her son a pizza in exchange for his taking the genetic therapy shot.⁶

With each passing month, it becomes more obvious that the battleground in the fight for liberty and freedom has been taken to our young children. **A recent review of data⁷ from the CDC and the Vaccine Adverse Event Reporting System (VAERS) shows that more children have died from the vaccine than have died from the illness.**

VAERS Underreporting Factor Affects Data

To compare the number of deaths from COVID illness against those who have died from the genetic therapy injection, we must address the **known underreporting factor** in VAERS. To date, the VAERS database is the only reporting system used by the CDC and FDA that is accessible to the public. According to VAERS, it:⁸

“... is a passive reporting system, meaning it relies on individuals to send in reports of their experiences. Anyone can submit a report to VAERS, including parents and patients.”

Additionally, it is the only area where the public, including doctors and other medical professionals, can voluntarily report vaccine adverse events, including death. According to VAERS,⁹ health care professionals are mandated by law to report serious injury adverse events that occur within a specified time period after the shot, and those events that are listed by the manufacturer as a contraindication to further doses.

However, the system only “encourages” providers to report events after vaccination whether the shot caused the event or not. In other words, the system depends on the health care

professionals' willingness to spend time filling out the document which asks for:¹⁰ I have deleted the form for space saving reasons sjm 5/10/24

You can see how the time-consuming nature of filling out this form can easily become overwhelming when doctors have multiple patients with adverse events from the COVID-19 shots.¹¹ Lack of knowledge of the system, and a growing physician shortage¹² with subsequent lack of time have also likely contributed to the underreporting factor (URF).

In an early grant report submitted by the U.S. Department of Health and Human Services, which is part of the VAERS system, the writers admitted that:¹³

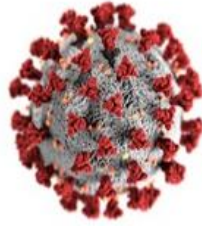
“Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported.”

As of December 3, 2021, there were 946,461 adverse events and 19,886 deaths reported to the system.¹⁴ If only 1% of the events are reported, this translates to 94.64 million adverse events and 1.98 million deaths. To ascertain a better estimate of how many people have been injured from the current genetic injection, the issue of the URF was again addressed in a paper published in November 2021.¹⁵

The process for defining a new URF was published in a 62-page paper.¹⁶ Using an engineering analysis of the available data and judgment based on peer reviewed literature and expertise of the scientists, an underreporting factor of 41 was determined. CDC data ending December 8, 2021,¹⁷ shows 757 children younger than 18 were listed as casualties of COVID-19.

Pilot Deaths, Injuries and Shot Mandates Affect Shortage

Pilot deaths and injuries affect commercial flights, logistical distribution of goods and military readiness. In mid-2020, thousands of pilots were laid off or decided to retire when flights were canceled around the country and around the world during lockdowns. Government mandates for the genetic therapy shot have also curbed the hiring of potential aviators.²¹



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It takes up to two years to train a pilot, and Boeing estimates there will be a need for more than 600,000 new pilots over the next two decades. After the release of the shot in 2021, some noted an excessive number of pilot deaths in 2021, versus the number who died in 2019 and 2020.²²

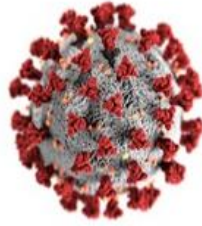
As the data on this situation continue to be released, it's important to note that **one Army flight surgeon has also stepped forward to warn that the COVID jab may increase the risk of sudden cardiac death among military pilots.**²³ Physician Lt. Col. Theresa Long filed an affidavit alleging the Army isn't following DOD protocols to screen for side effects of myocarditis associated with the Pfizer and Moderna shots. The affidavit is part of a federal lawsuit against the vaccine mandate for the U.S. military. In the affidavit Long claims:²⁴

“... there is no functional myocardial screening currently being conducted ... it is my professional opinion that substantial foreseen risks currently exist, which require proper screening of all flight crews. Based on the DOD's own protocols and studies, the only two valuable methodologies to adequately assess this risk are through MRI imaging or cardio biopsy which must be carried-out.”

In October 2021, The Defender,²⁵ the publication of the Children's Health Defense, asked a question that many may have overlooked. Are these vaccine mandates that appear to be reducing critical services and personnel, such as pilots, health care providers and first responders, an intentional sabotage designed to weaken America and expand control?

The loss of critical pilots is not only the result of death, but also life-altering disabilities after the shot. The Defender²⁶ covered Sen. Ron Johnson's, R-Wis., expert panel on COVID vaccine injuries, during which a 33-year-old commercial airline pilot from Cleveland, Mississippi, testified about his injuries.

Cody Flint had been healthy with no underlying medical conditions before receiving Pfizer's genetic therapy injection. His first dose was February 1, 2021. Within 30 minutes he developed a severe headache that evolved into a burning sensation in his neck. Two days later he realized something wasn't right, but only after having taken his airplane into the air. He described what happened next:²⁷



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“I was starting to develop tunnel vision and my headache was getting worse. Approximately two hours into my flying I pulled my airplane up to turn around and felt an extreme burst of pressure in my ears. Instantly I was nearly blacked out, dizzy, disoriented, nauseous and shaking uncontrollably. By the grace of God, I was able to land my plane without incident, though I do not remember doing this.”

The doctors initially told him he had an attack of vertigo and a severe panic attack. However, without a history of either, and a continuing decline of his medical condition, the doctors then told him that “only an adverse reaction to the Pfizer vaccination or major head trauma could have caused this much spontaneous damage.”

After one year and numerous spinal taps and two surgeries, Flint declared that the vaccine stole his career and his future. He spent all his savings to pay his medical bills and his family “is on the verge of losing everything we have.”

Obesity and SARS-CoV-19 Deaths

As medical students, almost every time we learn of a disease process, from end stage renal disease to idiopathic intracranial hypertension, obesity is mentioned as a risk factor. We are shown the infamous set of [maps](#) that illustrate the gradual creep of obesity from less than 10% in most states in 1985 to rates greater than 30% in many states in 2010. We are reminded that [over two-thirds](#) of Americans are obese or overweight, and that this reality has staggering health and economic consequences. Obesity is responsible for at least [300,000 excess deaths annually](#) – more than twice the number of deaths attributed to [stroke](#). Experts estimate that obesity-related healthcare expenditures cost the U.S. [\\$315.8 billion](#) in 2010, a figure that increases annually.

Everyone in healthcare has heard the same set of facts many times over. We hand-wring while blaming the situation on patients' poor diets and lack of nutrition knowledge. Yet, very little time is spent discussing the true root of this reality. [READ MORE](#)

https://www.medpagetoday.com/opinion/second-opinions/96183?xid=nl_secondopinion_2021-12-14&eun=g1742641d0r



For decades, medicine has embraced risk calculators and models that predict likelihood of benefit for many interventions, from blood thinners to statins. This is not a new concept. Yet, it is surprising to see that the COVID-19 pandemic is not being viewed through the same lens that has helped guide physicians in so many other areas of medicine.

Perhaps more than almost any other infectious pathology, COVID-19 has exhibited a wide breadth of presentation, from patients being completely asymptomatic all the way up to fighting for life on a ventilator. It should come as no surprise that vaccine responsiveness follows a similar divergence.

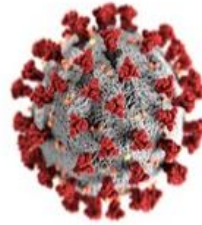
COVID-19 boosters are [now recommended](#) for all adults -- but not everyone elicits the same response from the vaccines. In treating all patients the same with regard to their presumed vaccine responsiveness, we may be misdirecting vaccines toward those who already have a robust immune response, and shortchanging those globally who have not even gotten the initial series or who will lose immunity quickly after two doses.

So, what might a more appropriate risk-stratification model look like? Our strategy should be aimed at boosting the particularly vulnerable, those who do not elicit a robust immune response from two doses, such as certain immunocompromised patients, and a group that hasn't received enough attention in the vaccine campaign: people with a BMI over 30 ([considered to have obesity](#)).

Case Study: Vaccine Response in People Who Have Obesity

Recent articles in the [International Journal of Obesity](#) as well as the [Journal of Virology](#) show that at a BMI greater than 30, the production of antibody is markedly less than for those with a BMI of 25 or less (normal). The first study

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Read more

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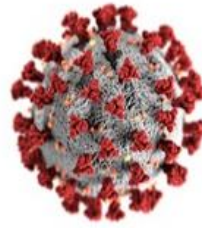
Read more

https://www.medpagetoday.com/opinion/second-opinions/96183?xid=nl_secondopinion_2021-12-14&eun=g1742641d0r



MORE ABOUT THE YOUNG ONES

As it was hypothesized last weekend in volume 14, there is speculation about mandating SARS-CoV-19 vaccination for public schools. It was in the news in NJ on 3/26 - [READ MORE](#). Fortunately it was also in the news that the Democratic majority leader, Steve Sweeney thinks enough is enough from Democratic Governor Murphy. Got a feeling we're headed for a showdown!



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The biggest factor is the vaccine has yet to be approved for use in children. I expect there will be significant pushback from parents. When the Legislature attempted to eliminate many of the exemptions parents uses to prevent their kids from getting vaccinated, an angry mob descended on the State House convincing lawmakers to abandon the attempt.

As for teachers and staff members, the article stated that they were also unlikely to be required to be vaccinated in order to work. While it is permissible under New Jersey law, there are privacy issues and potential hurdles in existing collective bargaining agreements that would dissuade school districts for attempting to mandate vaccines for school staff.

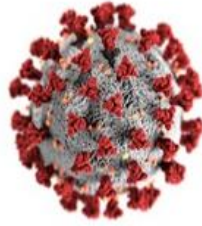
Also, as hypothesized in Volume 14, once they start testing children, who would volunteer their child to be part of the determination of the youngest a child can be to be vaccinated? What would determine that cut-off point, and what would have happened to those who were **younger than x?**

Rate ratios compared to 5-17 year olds¹

| | 0—4 years old | 5—17 years old | 18—29 years old | 30—39 years old | 40—49 years old | 50—64 years old | 65—74 years old | 75—84 years old | 85+ years old |
|------------------------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|------------------|
| Cases² | <1x | Reference group | 2x | 2x | 2x | 2x | 1x | 1x | 2x |
| Hospitalization³ | 2x | Reference group | 6x | 10x | 15x | 25x | 40x | 65x | 95x |
| Death⁴ | 2x | Reference group | 10x | 45x | 130x | 440x | 1300x | 3200x | 8700x |

All rates are relative to the 5—17-year-old age category. Sample interpretation: Compared with 5—17-year-olds, the rate of death is 45 times higher in 30—39-year-olds and 8,700 times higher in 85+-year-olds. Rate compared to 5-17-years-old ("1") in the top left header column of the html graphic (see jpeg graphic)

Are your children and grandchildren safe? At what age will you breathe a sigh of relief that they have survived your decision? And what about your decision to take the vaccine? How long do you think you have to wait until you breathe that same sigh of relief? Certainly, longer than the three months or so that the clinical trials proved it was safe! Pregnant women were not tested. Other populations with other conditions were also excluded as test subjects. They only tested the healthiest of critters.



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You won't [find this](#) on Google, but other search engines have it. Here is the web address for the entire story. It is in direct opposition to what the CDC is offering, and that alone makes it frightening to comprehend:

So far, [the standing committee](#) has said that vaccination against COVID-19 in pregnancy can only be recommended in some individual cases. But [STIKO](#) (West German Standing Committee on Vaccinations) says it does not want to recommend COVID vaccination for pregnant women in general. It says there is just not enough data to support such a move as being safe. (follow [STIKO link](#)) - Very intriguing international **WHAT DO YOU KNOW ABOUT VAERS?**

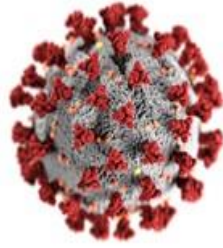
VAERS stand for VACCINE ADVERSE EVENT REPORTING SYSTEM. Since this is controlled by the CDC, there is information out there that VAERS is under-reporting the numbers of adverse events. The fact of the matter is that even with the under-reporting, VAERS verifies that the deaths associated from the Covid vaccine (close to 4000) exceeds the deaths FROM **ALL VACCINES GIVEN IN THE PAST 15 YEARS!** This fact does not even take into account the disabilities that have ensued to many more people because not all individuals respond positively to this sort of vaccine. It is far-different than the vaccines you are accustomed to having gotten. Those differences are explained in Volume 10.

WHAT DO YOU KNOW ABOUT VACCINE COURT?

Vaccine manufacturers are basically free from liability from people suffering adverse effects of vaccination. These Covid vaccines are not really vaccines. They are experimental biologic agents. They are involved with genetic modification. Yet the same exemptions from liability (despite only three months of testing) apply to this brand new, untried human experiment. So, would you want your child's life experimented upon when they are not at risk?

TITLE: MY RANT: MEDIA LYING AND COMPOUNDING LIES ABOUT INFECTED CHILDREN WRITTEN BY: sjm DATE: 10/9/2021

Yesterday, while driving my young granddaughter home from Nursery School I was listening to Deminski and Doyle on NJ 101.5 FM discussing with call-ins the pediatric dose of the vaccine. The numbers they were citing may have come from a NYT article, the motivation for which would be extremely questionable, especially for an award-winning health editor.



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Today, on some back page I am sure, the **NYT printed a retraction** of the figures quoted. The author cited **900,000 child hospitalizations, the actual number turned out to be much smaller. Like 68,000, not 900,000.** How many saw the retraction and reported it? *OOPS!*

A similar issue was reported last December in The Covid Planet with reference to the Houston Chronicle misleading other media outlets and the public into believing that this plague was affecting children to a far greater extent than was actually true.

I leave you with two questionable links below, and the question is: WHY IS THE MEDIA DRIVEN TO INFLUENCE TO VACCINATE, RATHER THAN STAY THE COURSE WITH OUR YOUNGSTERS? SOMEBODY PLEASE PICK UP THIS BALL, AND RUN WITH IT. I HAVE ENOUGH ON MY PLATE TRYING TO KEEP FRIENDS AND FAMILY UP TO DATE ABOUT THE TRUTH!

New York Times:

<https://www.foxnews.com/media/new-york-times-massive-correction-covid-hospitalizations-children>

THE HOUSTON CHRONICAL

<https://nypost.com/2020/12/10/us-media-overplays-covid-19-threat-undermines-effort-to-beat-virus/>

**UNBELIEVABLY, FACEBOOK INFORMS READERS
WHO CLICKED ON MY FACEBOOK POSTS THAT THE
LINK TO THAT PAGE DOESN'T EXIST!**