# **QUICK COVID-19 SUMMARY**

8/7/21

### **VAERS Covid-19 Vaccine & Deaths:**

| 38 12,366 |
|-----------|
| 74 4,434  |
| 3,487     |
| 2,509     |
|           |

## Deaths per # vaccinated:

190,509,183 US fully vaccinated or at least 1st dose

190,509,183 vaccinated / 12,366 deaths = 15,406 vaccinated/death = 1 death / 15,406 vaccinated.

# Death rate of Covid-19 by age:

| 0-17:  | 20 deaths / 1,000,000 infections      | =1 death / 50,000 infections | =0.002% chance of death | =99.998% survival rate |
|--------|---------------------------------------|------------------------------|-------------------------|------------------------|
| 18-49: | 500 deaths / 1,000,000 infections     | =1 death / 2,000 infections  | =0.05% chance of death  | =99.95% survival rate  |
| 50-64: | 6000 deaths / 1,000,000 infections    | =1 death / 167 infections    | =0.6% chance of death   | =99.4% survival rate   |
| 65+:   | 90,000 deaths / 1,000,000 infections) | =1 death / 11 infections     | =9.0% chance of death   | =91.0% survival rate   |

## COMPARE ABOVE TO RECENT FLU STATISTICS

## **VAERS FLU VACCINE REPORTED DEATHS**

| 2020: | 25 deaths w/ 194,000,000 vaccinated = | 1 death / 7,760,000 vaccinated  |
|-------|---------------------------------------|---------------------------------|
| 2019: | 15 deaths w/ 168,000,000 vaccinated = | 1 death / 11,200,000 vaccinated |
| 2018: | 18 deaths w/ 155,000,000 vaccinated = | 1 death / 8,611,111 vaccinated  |

#### Death rate of Flu seasons:

| 2019-2020: 22,000 deaths from 38,000,000 flu cases = 579 deaths / 1,000,000 infections  | =1 death / 1727 infections |
|-----------------------------------------------------------------------------------------|----------------------------|
| 2018-2019: 34,000 deaths from 36,000,000 flu cases = 944 deaths / 1,000,000 infections  | =1 death / 1059 infections |
| 2017-2018: 61.000 deaths from 45.000.000 flu cases = 1356 deaths / 1.000.000 infections | =1 death / 737 infections  |

## **Busch Stadium Illustration of Covid-19 vaccine deaths**

I want to try and illustrate the significance of these Covid vaccine deaths. Picture a filled to capacity Busch Stadium for a Cardinals baseball game. Now picture yourself sitting in that stadium and you know that night that three people sitting in that stadium with you were going to be randomly picked to die... This should help you to picture the 3 individuals that will die out of 45,000 people getting the vaccine. Is that a risk you would be willing to take?

## The facts to back up this illustration:

12,366 Vaccine deaths as of 8/7/2021 (190,509,183 US fully vaccinated or at least  $1^{st}$  dose as of 7/30/21) This equates to 1 death / 15,406 vaccinated

Busch Stadium capacity: 45,494 fans

## So now for my questions...

- 1. Would you go to a Cardinals game if you knew that 3 random people that attended that night would die?
- 2. What if 3 people randomly died at every single home game (80 home games /year)? 240 people dead that season ... And what if this happened for 52 seasons in a row? 12,480 total died, 3 @ each home game for 52 years! WOULD YOU GO TO A CARDINALS GAME? No...

WOULD THIS BE INVESTIGATED? Definitely...

Strange illustration, but it may help explain why nearly half the people in the US are not getting the vaccine. Finally, the big question... Why isn't there an investigation of the adverse events from these vaccines? This is a crime against humanity

## **MY THREE PAGE "WHY?" DOCUMENT**

#### MY CONCERNS ABOUT COVID-19 POLICIES...

- 1. I am concerned about a mask policy that would be contrary to any government mandates, that singles out unvaccinated and lets everyone in workplace know my personal choice to not get vaccine. I would comply to this policy but it would be upsetting that a policy was implemented that was not based on science and which makes me show my personal choice to everyone.
- 2. I am concerned about a mandated vaccine policy by any government or organization. If the Covid-19 vaccine is mandated by the government, my employer, or any other entity, I would not be able to comply to this policy due to personal religious beliefs, personal medical concerns and other concerns explained below.

# SHOW ME...(I'm from Missouri!)

1. Show me the science, the large peer reviewed studies, on how the vaccine protects other people besides yourself. Does science prove that vaccinated people don't carry the virus? NO they do carry it, they might not get as sick but they carry it. Since vaccinated do carry the virus can they pass it onto others? YES they do pass it onto others. Do vaccinated carry lower viral loads than unvaccinated? NO, recent reports show they carry the same or even higher viral load. If you have differing views please show me the documented scientific proof of this. There is none.

https://citizenfreepress.com/breaking/stunning-covid-report-from-israel/

https://alexberenson.substack.com/p/quick-update-on-the-israeli-vaccine

https://www.businessinsider.com/uk-flagship-aircraft-carrier-has-covid-19-outbreak-2021-7?op=1

https://www.shorenewsnetwork.com/2021/08/13/26-fully-vaccinated-carnival-cruise-ship-crewmembers-testpositive-for-covid-19/

2. Show me the science, the large peer reviewed studies, on the safety of the vaccine. This would include legitimate animal studies, and long-term human studies, and studies on adverse side effects. There must be long term (3-5 year) studies and THEN full FDA approval before I have the vaccine injected into my body. They have not done this. See for yourself the individual reports on adverse reactions:

https://www.openvaers.com/

http://wonder.cdc.gov/vaers.html

https://www.nature.com/articles/d41586-020-02706-6

3. Show me the science, the large peer reviewed studies, on how the inexpensive cloth and paper masks that everyone is wearing, protect the wearer and others around them. I have not been able to find one legitimate peer reviewed study conclusively proving that cheap masks protect from aerosol particulate the size of the Covid-19 or Influenza virus. Fitted N95 medical grade masks are the only way that I have found to protect from inhalation of particles the size of this virus, and you should probably wear fitted goggles too to protect against virus landing in your eyes or you touching your eyes and spreading virus to surfaces. https://www.lifesitenews.com/images/local/VARIOUS-FACE-MASK-STUDIES-PROVE-THEIR-INEFFECTIVENESS-

PDF.pdf

#### WHY...

1. Why get the vaccine if you have already had Covid-19? My cardiologist and primary care physician believe that I had Covid-19 in early Feb 2020, when I was treated for Flu. I had long term symptoms a couple of months after this in April 2020. These symptoms consisted of extreme shortness of breath (could breathe okay but couldn't get enough oxygen) together with extremely high pulse rates after minimal physical exertion. The symptoms were so severe that my wife, a former cardiac RN was concerned that I might be having a heart attack. An EKG test showed heart attack, Thallium Stress Test showed blockages, but Cardiac Cath procedure showed no

blockages and no heart damage. Doctors believed at the time that this could have been side effects of Covid. Now that we know about the vascular damage caused by Covid-19, there is no doubt I had it. This means the natural immunity I now have is much more robust than vaccine. With natural immunity your immune system is able to focus on 20 properties/proteins/etc of the virus vs. with the vaccine your immune system only focuses on one property, spike protein.

https://www.biorxiv.org/content/10.1101/2021.07.29.454333v1.full

- 2. Why is this vaccine allowed when there are so many adverse reactions and deaths? Aren't vaccines supposed to do no harm? Yes. As of 8/7/21 there were 12,366 deaths. 1 death every 15,406 vaccinated. In comparison, the Flu had 25 vaccine deaths from most recent pre-covid of 2019-2020 season. No focus on these deaths from the gov't, medical establishment or in the mainstream media. Prominent doctors and scientists expressing concerns about this are censored, ignored or attacked. Why can't we talk about this? Why can't the deaths be investigated, autopsies performed, etc.? Total significant adverse events 545,000. VAERS is discredited by mainstream media. WHY?
- 3. Why can't I choose for myself whether I want to take the risk of getting Covid-19 or the risk of getting the vaccine? The risk of dying from Covid is low for most people. Survival rates if you get the disease for age groups: 0-17=99.998%; 18-49=99.95%; 50-64=99.4%; 65+=91%. If you are in shape and don't have other health issues, then there is a good chance you will survive the disease. If you get an early treatment such as Ivermectin and Azithromycin your risk can be reduced by another 64%-85%. There is a good chance I've already got immunity and wouldn't get infected. In comparison, the risk of dying from the vaccine is lower than the disease, but there could be permanent adverse reactions with the vaccine that should be taken into consideration. If I have immunity to the disease, then why do I even need to add the risk of the vaccine? I should be allowed to weigh risk of vaccine over getting disease.
- 4. Why are they mandating a vaccine that is not FDA approved, but has instead been allowed with an EUA (emergency use) which means this vaccine is experimental. Even after FDA approval, I want to wait a few years before getting it so long term effects are better known. Because of my past bad reactions, I believe I have a higher than 1/15,406 chance of dying from vaccine (the current death rate of the vaccine). Why can't I choose to not get it because of these concerns? Also, Nuremburg code does not allow for people to be forced to take experimental medical treatment/procedure.
- 5. Why are they pushing a novel mRNA vaccine that is experimental and needs to be studied for years. Again, I don't want to participate in a medical experiment I've had too many medical treatment complications.
- 6. Why aren't they taking past coronavirus vaccine tests into consideration before releasing this vaccine to everyone? All prior coronavirus vaccines have failed due to Immune Enhancement. This includes ADE (Anti-Body Dependent Enhancement and Pathogenic Priming. This needs to be studied with long term (3-5 years or longer) studies so we fully understand how the vaccine impacts your immune system in handling future variants of Covid.
- 7. Why are they censoring of doctors, scientists with opposing views. Why can't all sides of this issue be discussed openly so people can hear both sides and decide what they want to do.
- 8. Why are we seeing so many breakthrough cases? Is the vaccine not protecting those that got it? The CDC stopped counting breakthrough cases of Covid until the vaccinated were hospitalized or died. Vaccinated are catching covid and dying. Why should I take a vaccine that is not working?

# Additional Why Questions...

1. Why wear masks? I touched on this above, but want to mention it again... At first the CDC was against masks because they know they don't work, but now they are for masks, and push people to even wear two masks. Why are masks mandated when science has shown that the masks used by the general population will not protect them from the virus? If they really wanted to protect people, they should mandate fitted N95 masks that health care workers have worn to protect themselves from dangerous viruses in the past.

- 2. Why are PCR tests run through 35-40 times which means there's a big chance that they will detect fragments of ANY coronavirus and it will come back as a positive Covid-19 case? So, have the Covid-19 case counts been exaggerated when authorities desire that outcome?
- 3. Why were doctors instructed to report deaths differently? Most people that died of Covid-19 had comorbidities. Some died of other issues (motorcycle accidents, etc) but if they had a PCR test that came back positive, they were recorded as having died of Covid-19. What if only 6% of the people that died of Covid-19 had the disease as their only reason for dying? That's the number that I seen floated for actual Covid-19 deaths.
- 4. Why are vaccines mandated to protect co-workers from you when there is no science that proves this is true.
- 5. Why the large number of deaths? There are 600,000+ Covid-19 deaths by August 2021... 184,000 of these deaths were in nursing homes (The NY Times 6/1/21 update). In five states, governors sent covid patients back to nursing homes instead of keeping them separated by putting them in the makeshift hospitals or the hospital ships, causing thousands more deaths (estimated 15,000 extra deaths in NY alone). There are peer reviewed clinical studies that prove early treatments that include Ivermectin could have saved 64%-85% of the people that died. That could have reduced the deaths by 384,000 510,000 lives. Those that I know that became infected with Covid-19 (four in just the past month) were sent home and told to rest and take Tylenol, and go to the ER if your oxygen level went to low. Why didn't the majority of doctors attempt to help the sick early with these treatments? There were peer reviewed studies showing up within the first few months of the pandemic that showed early treatments work. If mainstream doctors would have been allowed to try these early protocols many would have been saved from hospital admission, and many lives could've been saved. This is a crime against humanity.