Some Scientific Observations about the Medical Establishment's Handling of COVID-19 to Date

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Note: *All of the sections of this Report listed above, are clickable links.*
In the Report, all of the other underlined blue text are clickable links.

CDC building cover graphic credit.

Chapter 1: Introduction

Medicine is one of several fields of Science. As such, it should adhere to scientific protocols (like the Scientific Method), just the same as Physics, Chemistry, Biology, etc. should.

The "Medical Establishment" is the bureaucracy that oversees the medical profession, so it is their obligation to see that the medical profession adheres to scientific standards.

> (BTW, when we say "Medical Establishment" we mean the WHO, FDA, CDC, AMA, etc. We are NOT referring to doctors, nurses, etc. who are directed by the Medical Establishment. Note that the Medical Establishment has no personal contact with patients…)

Regarding the COVID-19 matter, thousands of medical professionals (e.g., here and here) have courageously spoken up, objecting to certain actions/inactions of the Medical Establishment, often at great professional risk. That is commendable, as this is how real Science works.

What has been largely missing are inputs from non-medical scientists regarding the Medical Establishment's adherence to scientific tenets. That's what this report is attempting to address.

There are two major benefits for hearing from qualified outsiders:

1 - Since outsiders are not medical professionals, the Medical Establishment does not have an official say regarding their professional certifications, reputation, livelihood, etc. As such they can be more candid than most insiders are willing to be.

2 - In general, the perspective of a person on the outside can often be more insightful than the view of a person who is immersed in the system.

Ordinarily, when facing a major medical challenge, citizens would expect that they would get comprehensive Science-based advice from the Medical Establishment.

> The Medical Establishment asserts that their COVID-19 actions and advice are "in the best interest of the public." *Is that accurate?*
>
> The Medical Establishment also claims that their COVID-19 actions and advice are based on "best Science." *Is that true, or are they more focused on **political science**?*

This Report concludes that the COVID-19 matter has exposed some undesirable aspects of the Medical Establishment, so the unexpected and regretful conclusions are that it appears that:

a) they have **not** acted in the best interest of the public, *and*

b) their actions are **inconsistent** with genuine Science.

Stepping back further and looking at things societally, what has transpired with the Medical Establishment regarding COVID-19, is not an aberration.

Unfortunately it is yet another chapter in the global fight between real Science and political science. This conflict is now going on in multiple fronts (e.g. energy, climate, education, etc.).

To deal with this, citizens need to become better educated about what Science is.

A key understanding is that ***Science is a PROCESS***. As a competent scientist wrote, the process involves: "Using a refined craft of methodological inquiry to dispassionately examine and test tentative explanations about the nature of truth in the natural world." Therefore, real Science revolves around skepticism.

Once this understanding is absorbed, citizens should consider outside independent competent sources of information (usually less influenced by financial or political gain), and then use critical thinking skills so that they can make science-based decisions about technical matters (e.g. their health), while simultaneously defending their rights and freedoms.

We would be better off (health-wise) if we constructively evaluated stressful matters like COVID-19 in a rational, educated manner — which includes separating politic science from real Science.

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This Report was co-authored by dozens of medical professionals, scientists and interested citizens. If there are errors or suggested modifications, please email the editor with the scientific evidence that warrants a revision.
This Report is a living document that will be updated as new relevant evidence is presented.

Disclaimers, etc: This Report is not opposing vaccines — rather incomplete or misleading information from the Medical Establishment regarding such an important health decision.

We support social-distancing, hand sanitizing and other Science-based COVID-19 measures.

Since the Medical Establishment and the mainstream media are controlling the COVID-19 narrative, this Report does not repeat their well-circulated arguments. Rather, it tries to convey lesser-known credible evidence and viewpoints to assist in citizens getting better educated.

Nothing in this report should be misconstrued as giving medical advice. We recommend that for all medical issues that citizens consult with a licensed, open-minded physician.

For all medical decisions patients should be well-educated — including getting information from different perspectives — so that with their physician they can make informed health decisions. This is asking no more than what is spelled out in the Nuremberg Code.

Chapter 2: Overview

Let's see if we can scientifically critique the two queries posed in the *Introduction*, i.e., are the Medical Establishment's actions and advice regarding COVID-19:

a) in the best interest of the public, *and*
b) based on best Science?

To answer those important questions, consider the following (which are presented in approximate chronological order):

1 - Although our primary defense against almost any disease is our immune system, there has been almost no public education or emphasis about this by the Medical Establishment.

Some claim that our immune system is ineffective until *after* it has been exposed to COVID-19 (Acquired immunity which includes Humoral immunity). However, children have proven to have a higher immunity against COVID-19 *without* having been exposed to it — which may say that their innate immune system (e.g., with NK-cells) is stopping it. Additionally, children and adults can have some Cross-Reactive immunity, (i.e., adaptive immunity e.g., with T-cells) also rarely acknowledged or discussed. Most importantly, there is no down-side for individuals of all ages getting in optimum health to maximize the power of their immune system.

2 - The general COVID-19 rules and recommendations from the Medical Establishment have been illogical, inconsistent and/or harmful.

Masks are a good example. To begin with, just requiring an unspecified standard "mask" is scientifically worthless (e.g. here, here and here), as most masks are ineffective. Studies (e.g. here) have also concluded that masks can *cause* health issues. Also, one day the rules say masks are essential, and days later they are acknowledged as not being needed. The mask rules do not factor in different mortality rates, and other pertinent data. Etc., etc.

3 - COVID-19 data from (or supported by) the Medical Establishment, have been incomplete to purposefully deceptive. [This includes data about COVID-19 injections.]

For example, the data on COVID-19 deaths fail to distinguish between dying *from* COVID-19 *vs.* dying *with* COVID-19. (Per the CDC: 95%± of US COVID-19 deaths had an average of four (4) co-morbidities!) This results in highly inflated COVID-19 death figures, which allows government officials to justify enacting shutdowns, etc.

Further, there is no Medical Establishment data accounting for deaths from the government COVID-19 regulations (e.g., hospitalization, suicides, drug overdose deaths, murders, etc.).

Unfortunately, COVID-19 data inaccuracy is not a unique event in the healthcare field. For example, the study says: "Data integrity continues to be a persistent problem in the current healthcare sector." This report lists *Seven Reasons Why Provider Data is Often Inaccurate*. And one more report (of many): *Predictably Inaccurate — The Prevalence and Perils of Bad Big Data*.

4 - Inexplicably, to date the Medical Establishment has yet to support some well-documented effective COVID-19 therapies (see this outstanding discussion by a renowned MD).

The main "therapy" (for what the Medical Establishment calls a pandemic), has been for victims to go home, drink fluids, etc. — then go to the hospital when they are in dire straits. This stunningly inadequate protocol is despite numerous scientific studies that various therapies (when started *early*) will markedly improve a patient's outcome. Even over-the-counter (OTC) items like Zinc and Vitamin D have been scientifically shown to have measurable benefits. (Combining them would likely result in even better outcomes.)

Conversely, the Medical Establishment *has* endorsed a therapy (Remdesivir) that has scientifically been shown to be *less effective* than several other options, including taking OTCs like Zinc or Vitamin D! Further, their "therapy" only begins when the disease requires hospitalization. This is what the FDA boasts is their understanding of: *The Science of Safety and Effectiveness*… No one knows for sure, but the lack of a sound, timely and uniform COVID-19 therapy, has likely been the cause of some 400,000 avoidable American deaths!

5 - The overuse of antibiotics in the US could well be a reason why we are having difficulty in tamping down the COVID-19 virus — yet the Medical Establishment is mum on this. These two studies give a good idea of what is transpiring, and what consequences there can be.

6 - The exposure of individuals to PFAs (toxic chemicals) can result in adverse COVID-19 outcomes — yet the Medical Establishment is (again) not publicizing this. These two sample studies (here and here) conclude that there is a problematic link between PFAs and COVID-19.

7 - The Medical Establishment has allowed the PCR test to be used to determine whether or not an individual (e.g., a deceased person) has COVID-19 — while the inventor said that this was a "useless" application of his test. Additionally, the Medical Establishment has changed the rules as time has gone on.

8 - The Medical Establishment's handling of COVID-19 "vaccines," has been in conflict with Science and their obligation to act in the best interest of the public. See Chapter 3 for details.

9 - Some of this unscientific behavior may be attributed to the (unstated) COVID-19 end game. From appearances the Medical Establishment's objective seems to be to eradicate COVID-19. Although that may sound desirable to citizens, the reality is that it is an impossibility. The Medical Establishment should instead acknowledge that the best we can do is to evolve any COVID-19 pandemic, to a manageable endemic (like the flu). A key part of this plan is to have an effective therapy protocol — which has been missing here.

10-One other fascinating medical matter that the COVID-19 issue has re-unearthed, is the differences in perspective between Western and Eastern medical viewpoints.

The **Western** perspective is that we address medical *issues* (e.g. COVID-19) by identifying specific medical **modalities** (problems). After that, doctors then proceed to specific **preventives** (e.g. a vaccine), *and* specific **cures** (e.g. a physician prescribed medicine). Note that none of this specifically deals with our immune system.

It should be apparent that CDC's recommendations come from this Western view… (BTW a lot of this perspective is driven by pharmaceutical companies, who are in the business of providing both vaccines and cures.)

The **Eastern** perspective is much more holistic. Their position is: *if you are in overall good health, your body will automatically take care of most attacks on itself.* Therefore, when faced with a medical issue, an Eastern physician doesn't need to know the specific problem, or its cause. The initial strategy is: **to get your body in optimum health**.

(Pharmaceutical companies appear not to favor this perspective, as maintaining good health is more oriented towards prevention, and that is not consistent with them selling potential therapeutics and treatments — which is a significant portion of their business.)

As stated above (in #1) a key part of the *Eastern* perspective on overall good health, is to focus on a person's immune system, which is our **best** and **first line of defense against almost *any* illness or medical threat.** The Eastern idea is to fortify immune systems (as a *preventive* measure), and then to shore up an immune system when it is under attack.

This study is worth reading: *COVID-19 Pandemic: What Can the West Learn From the East?* Likewise this discussion of Germ Theory vs Terrain Theory is relevant.

So far there is little evidence that the Medical Establishment has learned anything from the Eastern health perspective. The scientific view is that there is merit to both approaches, so optimum health would come from combining the best of each.

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Considering the misinformation propagated in the mainstream media, this material is clearly a lot to absorb. Here are some recommendations for succeeding against COVID-19:

a) Optimize your health, across the board.
b) Use common sense regarding washing hands, social distancing, proper masks, etc.
c) Using critical thinking skills and get educated (including sources from outside the medical bureaucracy).
d) Find and work with a medical practitioner who does not robotically follow the Medical Establishment, but rather who understands the difference between Science and political science, and whose priority is your health.
e) Be prepared in case you or a loved one gets infected — e.g., with therapeutic supplies on hand plus a specific plan-of-action to implement (e.g. here).
f) Keep the big picture in perspective — like here and here.
g) Be very skeptical of mainstream media health articles, as journalists are not scientists.

— See sample references, in Appendix A —

Chapter 3: Vaccines

A hot topic of debate among scientists is the COVID-19 injection: pro or con. The shot supporters asked the skeptics for the evidence they have against it. On the surface that is a reasonable request, as we scientists should be driven by facts, not by emotion, rumors, etc.

So, let's consider the following COVID-19 facts:

1 - There are actually four distinctly different types of COVID-19 injections. Each is based on different studies, has different modalities, different side-effects, different effectiveness, a different duration for being effective, etc. Has the public been well-informed about these options? **No** — which is scientifically and ethically unacceptable. To keep it simple, the comments in this report will focus on the mRNA version, the most popular option.

2 - *Words Matter: Part One*. The mRNA injection is **not** a conventional vaccination from several perspectives (see here and here). Calling this injection a "vaccine" is like saying "clean energy" or "wind farm" — which are deceptive and inaccurate marketing (political science) terms. [*Note:* The CDC's page on Vaccines does not even list mRNA as an option!]

> Some of the COVID-19 mRNA (Messenger RNA) COVID-19 injection major differences from traditional vaccines are: significantly fewer clinical studies done (one year development *vs* 10-15 years for a traditional vaccine), due to Emergency Use Authorization (e.g., few studies about reactions to other drugs a patient may be taking; premature ending of animal studies as too many animals died, etc.), problematic chemicals (e.g. PEG) in the injections, the bio-mechanics of how the injected material works, data monitoring of results, etc. To be scientifically accurate, we are actually discussing an experimental **COVID-19 bio-chemical injection**, not a traditional "vaccine."

Words Matter: Part Two. Most Scientists expressing concern about the COVID-19 bio-chemical injection are not "anti-vaxxers" any more than Scientists expressing concern about unproven climate claims are "deniers." Words are important in these discussions.

3 - The COVID-19 injection data are in the hands of (i.e., is controlled by) the Medical Establishment. Regarding COVID-19, these groups have already proven themselves to be scientifically irresponsible — i.e. promoters of political science.

As just one of many examples, they are cooking the books regarding the COVID-19 death rate by combining those who died *with* COVID-19, with those that died *from* COVID-19. Even the CDC acknowledges that 95%± of those who are identified as COVID deaths, had four co-morbidities! (This is similar to how NOAA, etc. have adjusted temperature data to adhere to the climate narrative.) As a result, the official COVID-19 data (evidence) are simply not trustworthy.

4 - But it's worse than that. There are Medical Establishment insiders who claim that the actual data indicates that the COVID-19 bio-chemical injection has caused significant problems — e.g., 50,000± US deaths and here. Also, this Harvard study concluded that (typically) only 1% of adverse outcomes are reported to the *voluntary* VAERS data system!

So for two (2) different reasons we do **not** know the actual numbers of fatalities, etc. and may never. In other words, it is quite reasonable to question the reported number of fatalities, etc. of the COVID-19 bio-chemical injection.

5 - The COVID-19 bio-chemical injection has been authorized as an "emergency use" (EUA). The federal rules are that an emergency use **cannot** be granted if there are effective therapies for the situation at hand ("no adequate, approved, and available alternatives").

As scientists we know that there **are** (and **have been**) effective therapies for COVID-19 (e.g., here). Again, the Medical Establishment has dishonestly claimed otherwise. This does not instill confidence in any of their assertions about the COVID-19 bio-chemical injection.

6 - The possible negative consequences of a COVID-19 bio-chemical injection are far-reaching, and many may not be apparent for years. This study identifies eighteen (18!) medical conditions that can lead to **adverse** COVID-19 injection outcomes, including death. This study says: "no one actually has any idea of medium- and long-term effects of COVID-19 vaccines." Who is looking for these, and who will report them? The injection proponents: the *Medical Establishment!*

This reminds us of warnings to local possible host communities about some of the many negative side effects of industrial wind energy — e.g., agricultural losses due to bats killed by turbines. The typical response from a wind supporter is: "If this is true, why hasn't this been well-documented in other communities with existing wind projects?"

On the surface, that is a good question, but again, we are not living in an objective world. The people officially responsible for monitoring agricultural yields (e.g., state agricultural agencies) are also politically committed to support renewable energy. As such they will blame agricultural losses on the weather, fertilization, crop management, etc. — *without a word about wind turbine impacts*. So we are left with no "evidence" in this case.

7 - One documented, yet rarely discussed, very problematic adverse consequence of getting the COVID-19 bio-chemical injection, can be Antibody Dependent Enhancement (ADE), or Vaccine Associated Enhanced Disease (VAED). This serious side effects can *worsen* later infections from other COVID-19 variants. (In other words the extent of ADE/VAED won't be known for some time.) That's a major concern expressed by the physician who is reportedly an inventor of the mRNA injection.

Other scientists have come to similar conclusions. This study bluntly says: "The risk of ADE in COVID-19 vaccines is **non-theoretical** and **compelling**." They go on to say that medical ethics requires that this serious risk be "prominently disclosed" to all injection recipients, as part of full disclosure (*prior* to such persons being injected). See also this relevant study.

8 - The Medical Establishment is justifying the illegal Emergency Use, clinical test shortcuts, the injection's side effects, *and* the injection's fatalities, by asserting that these are necessary trade-offs to save many lives. But is that yet another of their dishonest, unscientific claims?

This respected study is one of several that conclude that the abbreviated injection clinical trials were NOT designed to show any reduction in COVID-19 fatalities — so claims otherwise are self-serving and unscientific.

The fact is that we have no scientific data to show: **a)** how many lives each of the four COVID-19 injections are taking, or **b)** how many lives each of the four COVID-19 injections are saving, or **c)** how many lives that the COVID-19 injections are saving, could have also been saved by proper COVID-19 therapy (see Chapter 2, item #4), with lower side effects.

9 - The COVID-19 bio-chemical injection provides only a fraction of the true level of protection required. It's like providing antibiotics at half the dose required to stop the spread of bacteria. This study concludes that: *Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens*. And two shots doesn't seem to improve things that much.

10-Over 4000 variants of COVID-19 have now been identified! Only a tiny portion of them have been tested against the four injection options available.

To convey that there are only a few important COVID-19 variants (like "delta") and/or that current COVID-19 bio-chemical injections will provide full protection against these 4000 variants, are irresponsible assertions, not supported by Science.

A far better public health solution would be official acceptance of wide-spectrum therapies, combined with assuring that citizens have a healthy immune system. Neither of those are what the Medical Establishment is communicating, and the apparent reason is that there is much more profit to be made by injections.

11-The statement that "the COVID-19 vaccine is effective" is frequently used to assure citizens. What this means hinges on the definition of what is considered "effective," and that is almost never clearly explained. Additionally, *efficacy* is medically defined differently than *effectiveness*. To further muddy the water the AMA says: "You really can't compare vaccines with different effectiveness. It's like comparing apples to oranges." Lastly, some COVID-19 vaccine figures are *relative* not *absolute* (see this study), and that is not explained.

When told that "the COVID-19 vaccine is safe and effective," to be more informed citizens should ask the following questions as a minimum:

a) Do you have clinical and empirical data that concludes that **all four** very different COVID-19 vaccines are safe and effective? (This study brings that into question.)

b) Exactly what about the COVID-19 vaccines does the clinical data say are safe and effective? [Note: Prevention of getting COVID-19? Stopping transmission of COVID-19? Protection against all COVID-19 variants? The answer to all of these is NO.]

c) Based on the clinical and empirical data you have, the COVID-19 vaccines are "safe and effective" compared to what?
[Note: an ideal comparison would be to a scientifically supported therapy, e.g. Ivermectin + Zinc + Vitamin D. There is no clinical data comparing COVID-19 vaccines to that therapy.]

d) Is the empirical data you are referring to objective and accurate?
[Note: CDC death rates and VAERS data are provably neither. An example is here.]

12-The Medical Establishment's COVID-19 injection regulations, have been in conflict with their claims of its effectiveness and their adherence to real Science.

For example, if the COVID-19 injections are as effective as claimed, then why would there be requirements for (ineffective) masks for those who have been injected? For example, there is little (if any) scientific basis to give an injection to a person who already has had COVID-19 (e.g., see here, here, here, here, and here).

13-Per this study, and this short video by a pro-vaccine MD, the Medical Establishment is at least partly to blame for COVID-19 injections being given incorrectly — which can result in serious adverse health consequences.

14-The Medical Establishment stood by while COVID-19 bio-chemical injection manufacturers were granted legal immunity, *even if they **knowingly** market a worthless or harmful injection!*

Pressured by pharmaceutical lobbyists, Congress chose (*via* the Prep Act) to protect the interests of injection manufacturers, rather than protect the public's right to safety, *or* to provide the public with legal recourse against malfeasance or incompetence by large pharmaceutical companies. *Why would the Medical Establishment support that?*

15-We are fully supportive of the rights of citizens to make their own choice in such matters. If informed citizens freely choose to try the experimental COVID-19 bio-chemical injection, we have no problem with them making that choice. Likewise, informed citizens who choose otherwise would expect to have their choice to be similarly respected. For more information about medical informed consent, see this report about the Nuremberg Code.

16-One argument made against citizens choosing against a COVID-19 injection, is that they don't have a right to infect other citizens with COVID-19. Some flaws with this thinking:

a) If the COVID-19 bio-chemical injection is as effective as its supporters claim, the risk of infection for injection recipients is minuscule.

b) It has been documented (e.g., here, here and here) that recipients of the COVID-19 bio-chemical injection can also be COVID-19 carriers and spreaders, just as much as the unvaccinated are, so what's the difference?

c) If non-injection parties only infect other non-injection parties, that is the risk those parties have freely chosen to make. Why should the government be able to over-ride citizens' informed free choice?

Note: the term "vaccine hesitancy" predates the COVID-19 issue (e.g. here). Concern about the Medical Establishment's unscientific handling of an experimental bio-chemical COVID-19 injection has nothing to do with some of the population's concern about medically legitimate traditional vaccinations (e.g. for smallpox) in general, so the two should be separated.

— See sample references, in Appendix A —

Chapter 4: Some Key Takeaways

In no particular order, here are some of the possible conclusions that might be drawn from the information in this Report:

1 - The field of immunology is treated like the black sheep of medical practices.

2 - The Medical Establishment's data (e.g. COVID-19 fatality rates) are unreliable. Bad Data easily results in a domino effect of erroneous conclusions and ineffective "solutions."

3 - Although the scientific position is to take a middle stance between the Western and Eastern perspectives on medicine, regarding COVID-19 the US Medical Establishment has essentially disavowed the Eastern part — which is detrimental to public health.

4 - The majority of medical practitioners have complied with the Medical Establishment regarding COVID-19, as they perceive it as a legal, etc. liability to go off the approved path.

5 - Kudos to the many frontline medical practitioners who have stood up to the Medical Establishment in this matter, even though it is a professional risk for them to do so.

6 - The Medical Establishment has misinformed the public regarding broad-spectrum, Science-based therapies for treating COVID-19 (e.g., combining Ivermectin, Zinc and Vitamin D).

7 - The US federal Emergency Use Authorization rules appear to have been purposefully bent to allow the COVID-19 "vaccines" to be produced.

8 - The Medical Establishment has not adequately educated the public regarding all the clinical trial results (and implications) of the four different vaccine types.

9 - The Medical Establishment has not sufficiently educated the public regarding all four COVID-19 injections' safety and effectiveness for the 4000± identified COVID-19 variants.

10-The Medical Establishment should be aggressively working to see that all citizens are fully informed, so that they can make educated medical decisions. That doesn't seem to be the case.

11-It appears that the Medical Establishment gives priority to favoring the pharmaceutical industry instead of protecting the health and welfare of the public.

12-The Medical Establishment's COVID-19 response (e.g. regarding vaccines) appears to treat everyone as if they are at equal risk, ignoring significant factors (e.g., age, health, etc.).

13-Some government officials are eager to take the Medical Establishment's unscientific COVID-19 information (e.g. fatality data), and use that to take more power.

14-It's surprising that the Medical Establishment has put more effort into eradicating COVID-19, rather than focusing on transitioning it to a manageable endemic.

15-The Medical Establishment's favoring political science over real Science is happening in other non-medical technical areas (e.g., like climate change).

Appendix A: Sample References

The Medical Establishment —
WHO = World Health Organization CDC = Centers for Disease Control and Prevention
FDA = US Food and Drug Administration AMA = American Medical Association

Science —
The Scientific Method
Understanding Science: An Overview
Study: Scientists and the integrity of research

Healthcare Data —
Study: Ensuring data integrity of healthcare information in the era of digital health
Report: Seven reasons why healthcare provider data is often inaccurate
Report: Predictably Inaccurate — The Prevalence and Perils of Bad Big Data

Immunity —
What is Innate Immunity? What is Acquired Immunity? What is Humoral Immunity?
Why Is There Such Reluctance to Discuss Natural Immunity?
Study: COVID-19 and the human innate immune system
Report: T-Cell Immunity is Far More Important than Antibodies — Esp with COVID-19 Variants
NIH Director: Immune T Cells May Offer Lasting Protection Against COVID-19
Study: Adaptive immunity to SARS-CoV-2 and COVID-19
Study: Potential Cross-Reactive Immunity to SARS-CoV-2 From Common Human Pathogens…
Video: International Symposium on Innate Immunity and COVID-19
Eight Science-Backed Ways to Boost Your Immune System
Video: COVID-19 Vaccine undermines your natural immune system

Masks —
Short video: Viral immunologist Dr. Byram Bridle
Studies: Masking: A Careful Review of the Evidence
Studies: Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy
Studies: Masks are Neither Effective nor Safe: A Summary of the Science
Studies: Does Universal Mask Wearing Decrease or Increase the Spread of COVID-19?
Study: Unhealthy levels of carbon dioxide in kids wearing face masks
Study: Analysis of COVID-19 Mask Mandates on Hospital Resource Consumption and Mortality
Study: Is a Mask That Covers the Mouth and Nose Free from Potential Hazards?

Therapies (see MUCH more about Remdesivir and Ivermectin in our Report) —
Credentialed Physician Testifies to Texas Legislators
FDA's approval of Remdesivir for COVID-19: The Science of Safety and Effectiveness
Studies: Test results for over twenty-five proposed COVID-19 therapies
Studies: Ivermectin is effective for COVID-19 when used early — analysis of 60+ studies
I-MASK+: Prophylaxis and Early Treatment Protocol for COVID-19

PCR Diagnostic Tests —
Inventor of COVID PCR test says it "doesn't tell you that you're sick"
Misinformation about PCR Tests Cleared Up
Study: False Negative Tests for SARS-CoV-2 Infection — Challenges and Implications

Vaccines —
CDC Document: Prevaccination Checklist for COVID-19 Vaccines
Summary: Moderna Short-Term mRNA Injection Efficacy & Safety Data
Summary: Pfizer Short-Term mRNA Injection Efficacy & Safety Data
Summary: Johnson & Johnson Short-Term mRNA Injection Efficacy & Safety Data
The four types of COVID-19 vaccine – a snapshot
FDA: Emergency Use Authorization for Vaccines Explained [See also Appendix B]
Report: COVID-19 Vaccines Don't Really Work as Hoped
Video: A Clear Counterargument to Getting the Vaccine
Video: Immune Health, Therapeutic Nihilism & Vaccines!
Report: COVID-19 Vaccine Considerations
Report: Difference Between mRNA Vaccine and Traditional Vaccine
Video: COVID-19 mRNA Shots Are Legally Not Vaccines
Short video: Impact of COVID Vaccinations on Mortality
Study: Only One Percent of Vaccine Reactions Reported to VAERS
CDC Report: VAERS Standard Operating Procedures for COVID-19
Documentary: The Truth About the Vaccine Trials
Study: SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety...
Study: Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens
COVID Vaccine Trials In Animals Were Stopped Because They Kept Dying
CDC Caught Cooking the Books on COVID-19 Vaccines
CDC 'whistleblowers' claim injections have already killed 50,000 Americans
Video: The Ethics and Scientific Facts of Operation Warp Speed Vaccines (start at 28:30)
The results of three recent peer-reviewed studies: Do Vaccines Make Us Healthier?
Report: The PREP Act and COVID-19: Limiting Liability for Medical Countermeasures

Some Possible COVID-19 Causalities —
Study: Overuse and overprescribing of antibiotics
Report: Here's Why Antibiotics May Give Viruses a Leg Up
Study: PFAS exposure linked with worse COVID-19 outcomes
Research suggests link between PFAS contamination and the coronavirus

Miscellaneous —
Difference Between a Pandemic and an Endemic
CDC: 95% of COVID-19 deaths had underlying medical conditions
Study: Mutant variations and the danger of lockdowns
Germ vs Terrain Theory
Comparing Eastern *vs*. Western Medicine: here and here
Report: Fifty Years Later: The Significance of the Nuremberg Code
The Tyranny of Consensus Thinking

Appendix B: Emergency Use Authorization

It may not be apparent, but the legalese of the US **Emergency Use Authorization** (EUA) is pivotal to the US Medical Establishment's handling of the entire COVID-19 matter. (The "US Medical Establishment" is the FDA, CDC, NIH, AMA, etc.)

Here are some relevant federal health documents, chronologically listed. Some pertinent parts are highlighted in red…

March 2012:
Section 564 of the Federal Food, Drug, and Cosmetic Act

Criteria for EUA Authorization—
The FDA will issue an EUA if the FDA commissioner finds **all** of the following:

- The Chemical, Biological, Radiological and Nuclear (CBRN) agent specified in the declaration of emergency can cause a serious or life-threatening disease or condition.
- Based on the scientific evidence available, it is reasonable to believe that the product may be effective in diagnosing, treating, or preventing the disease or condition specified in the declaration of emergency or caused by another medical product to diagnose, treat, or prevent a disease or condition caused by the specified agent.
- The known and potential benefits outweigh the known and potential risks of the product when used to diagnose, prevent, or treat the serious or life-threatening disease or condition that is the subject of the declaration.
- There is no adequate, approved, and available alternative to the product for diagnosing, preventing, or treating the disease or condition.

January 2017:
Emergency Use Authorization of Medical Products and Related Authorities

II SCOPE OF GUIDANCE
The Commissioner may issue an EUA to allow a Medical Countermeasure to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by a Chemical, Biological, Radiological and Nuclear agent when there are no adequate, approved, and available alternatives.

III B. 1. d. No Alternatives
For FDA to issue an EUA, there must be no adequate, approved, and available alternative to the candidate product for diagnosing, preventing, or treating the disease or condition.

A potential alternative product may be considered “unavailable” if there are insufficient supplies of the approved alternative to fully meet the emergency need. A potential alternative product may be considered "inadequate" if, for example, there are contraindicating data for special circumstances or populations (e.g., children, immunocompromised individuals, or individuals with a drug allergy), if a dosage form of an approved product is inappropriate for use in a special population (e.g., a tablet for individuals who cannot swallow pills), or if the agent is or may be resistant to approved and available alternative products.

January 27, 2020: *(subsequently renewed several times)*
Determination that a Public Health Emergency Exists

March 17, 2020:
Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19

VI. COVERED COUNTERMEASURES

Covered Countermeasures are any antiviral, any other drug, any biologic, any diagnostic, any other device, or any vaccine, used to treat, diagnose, cure, prevent, or mitigate COVID-19, or the transmission of SARS-CoV-2 or a virus mutating therefrom, or any device used in the administration of any such product, and all components and constituent materials of any such product.

March 18, 2020:
Declaring a National Emergency Concerning the COVID-19 Outbreak

June 2020:
Development and Licensure of Vaccines to Prevent COVID-19 Guidance for Industry

November 20, 2020:
Emergency Use Authorization for Vaccines Explained

What is an Emergency Use Authorization (EUA)?

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.

May 25, 2021:
Emergency Use Authorization for Vaccines to Prevent COVID-19 Guidance for Industry