

When (Great) Granny goes to the Doctor

**Visuals to go with the letter posted
on FollowingtheCovidScience@substack.com**

Suggestion to the reader of the letter - view the corresponding slides between points in the letter.

This slide show could also be shown at a “town hall” or other type of information meeting with one person reading the letter and pausing between numbered points for another person to share key items on the slides with the audience.

Additionally, the letter could be downloaded and modified for a different purpose or a different audience. Members of school boards, charity boards, union members, employers, etc. could all benefit from getting this information.

Additional resources are included in the slide show following the 14 points raised in the letter.

When (Great) Granny goes to the Doctor

Dear Doctor, what I have been meaning to tell you...

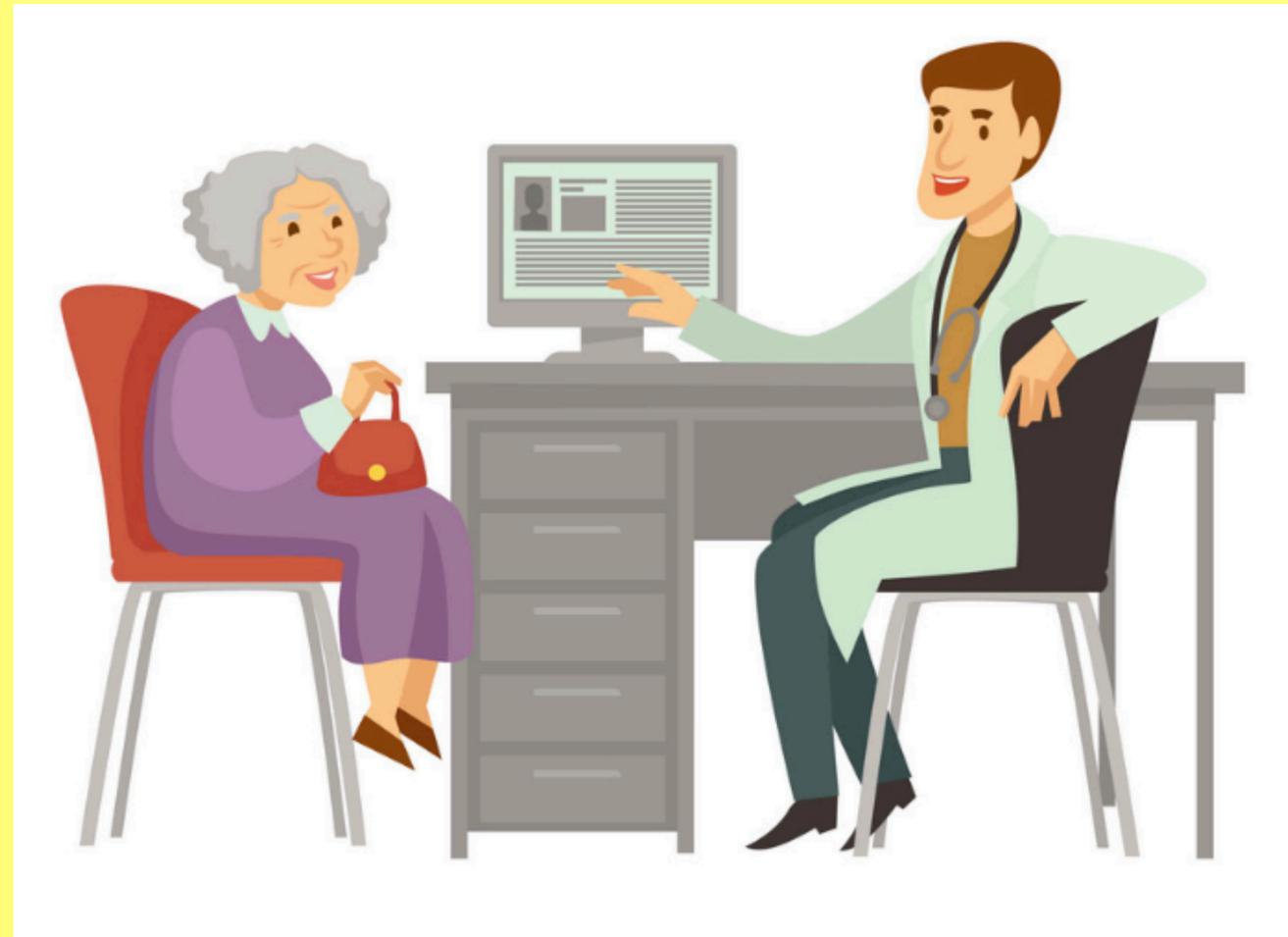


Image from vectorstock.com

#1

Many legal actions are now underway against the makers of the Covid-19 vaccine products, as well as against public health and media officials in many countries —> [https://](https://elizabethnickson.substack.com/p/closing-in-on-the-covid-conspirators)

elizabethnickson.substack.com/p/closing-in-on-the-covid-conspirators



At best, with the mRNA shot, you were getting a spike protein for the computer simulation of what the first variant sent to Moderna and Pfizer was *thought to have probably been*. It did not confer immunity for Omicron or following viruses. Further every virus has multiple proteins and multiple binding domains. If 'vaxxed', you only had immunity to the first fragment of spike protein of the first virus. And then you got a whole lot of other junk DNA, monkey pox and HIV fragments and other toxins.

But, if you got Covid and were unvaxxed, you were subsequently immune to all the variants.

OUR PUBLIC BROADCASTERS have failed in their duty to keep citizens informed of crucial matters.

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To threaten and take jobs and livelihoods for a treatment, an experimental gene therapy injection that subsequently failed and damaged people, is an illegal act in the U.S. Further, other cases are working the so-called clinical trials run by the vaccine companies that showed in at least one case, that the vaccine companies knew without equivocation that the experimental gene therapy shot was dangerous. They dropped those who sickened from the trial and did not register them. Again criminality.

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Attorney General Ken Paxton Sues Pfizer for Misrepresenting COVID-19 Vaccine Efficacy and Conspiring to Censor Public Discourse

AUSTIN – Texas Attorney General Ken Paxton has sued Pfizer, Inc., for unlawfully misrepresenting the effectiveness of the company's COVID-19 vaccine and attempting to censor public discussion of the product.

Pfizer engaged in false,  deceptive, and misleading acts and practices by making unsupported claims regarding the company's COVID-19 vaccine in violation of the Texas Deceptive Trade Practices Act.

#1

Many legal actions are now underway against the makers of the Covid-19 vaccine (and other) products, as well as against public health and media officials in many countries —> <https://elizabethnickson.substack.com/p/closing-in-on-the-covid-conspirators>



Dr. David Martin, who is both an MD and a patent lawyer is planning a series of lawsuits that will overturn the vaccine companies' immunity. In Utah civic code, the state where he launched his first suit, the definition of a vaccine is an intervention that prevents infection and transmission. mRNA did neither. mRNA is an experimental gene therapy, and defined as such both in its patents and in its SEC filings. Therefore they lied. They misrepresented the truth, in advertising. That is an illegal act. Their first illegal act.

#2

Health Canada changed the requirements for the vaccine companies to prove that the vaccines were safe and effective before the pandemic. Even though everyone told us these products were “proven safe and effective” there was no proof. —> <https://nationalcitizensinquiry.ca/witness/shawn-buckley/>



Before being authorized for use, drugs like the COVID-19 vaccines would normally have to be:

- objectively proven to be safe,
- objectively proven to be effective, and
- objectively proven that the benefits of the drug outweigh the risks.

COVID-19 vaccines were exempted from these three objective requirements. Rather, a subjective test that did not require objective proof of safety, efficacy or risk/benefit was applied.



Safety and Efficacy Requirements

C.08.002(2) A new drug submission shall contain sufficient information and material to enable the Minister to assess the safety and effectiveness of the new drug, including the following:

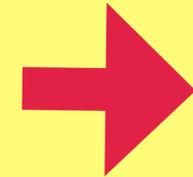


g) **detailed reports** of the tests made to establish the safety of the new drug for the purpose and under the conditions of use recommended;

h) **substantial evidence** of the clinical effectiveness of the new drug for the purpose and under the conditions of use recommended

#2

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Mandatory Approval

5 The Minister must issue an authorization in respect of a COVID-19 drug if the following requirements are met:

- a) the applicant has submitted an application to the Minister that meets the requirements set out in subsection 3(1) or 4(2);
- b) the applicant has provided the Minister with all information or material, including samples, requested under subsection 13(1) in the time, form and manner specified under subsection 13(2); and
- c) the Minister has sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks, having regard to the uncertainties relating to the benefits and risks and the necessity of addressing the urgent public health need related to COVID-19.

Instead of:
“Give us objective proof of xyz”
It became:
“Well if you demonstrate some X and some y
We MUST authorize...
Given that it’s urgent..”

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“The vaccines are safe. We’ve given billions of doses and nobody has died. You can trust us... *even though we never did proper autopsies on all the unexpected deaths and we never did the time-series cohort analysis ourselves on the record level data so we don’t actually really know if it is safe or not, to be honest.*”

Vaccine safety advocate
(and tech entrepreneur)
Steve Kirsch
recently
shared this critique of
the regulators’
“safe & effective”
slogan!

<https://rumble.com/v3yovx4-vsrf-live-104-exclusive-mit-speech-by-steve-kirsch.html>

#3

The manufacturers and regulators were aware of the harms of the vaccine BEFORE medical professionals and others were mandated to take the shots. —> <https://totalityofevidence.com/pandemic-timeline/pandemic-2021>

Just a few of the negative results that should have lead to a STOP in early 2021 (SEVEN months before Canada's federal civil servants were mandated to take the injections.) SEE THE TIMELINE FOR MANY MORE!

January 14

Norway: 23 Elderly die following vaccine

As of January 14, 2021, 23 reports of deaths following COVID-19 vaccination had been reported to the Norwegian adverse reaction register. The Norwegian Medicines Agency have linked 13 of these deaths to "common" vaccine side effects – these were elderly nursing home patients, the very risk group we are trying to help. [1, 2]

13 of these deaths are in nursing home patients and "the reports may indicate that common side effects from mRNA vaccines, such as fever and nausea, may have led to deaths in some frail patients," says Sigurd Hortemo, chief medical officer at the Norwegian Medicines Agency (NMA).

The NMA noted that the vaccine clinical trials "on which the temporary approval of the vaccine is based included very few people over the age of 85. We therefore know little about how any side effects will affect the very elderly."

A week earlier, on January 7, 2021, 2 nursing home residents died a few days after receiving their Pfizer vaccine. Then two days after this report the post-vaccination death count rises to 29, but the age group affected is lowered to 75 years.

The UK watchdog says vaccine reactions are "normal", following "33 elderly people living in nursing homes [who] died shortly after being immunized."

January 14

Stories of vaccine injury and death floods social media

By January 14, 2021, just a few weeks after vaccine roll-out in the UK, US & Israel, reports of serious injuries and death following COVID-19 vaccinations have been flooding social media.

January 15

US Fact Sheet on WIV – risky research and military ties

On January 15, 2021 the US the State Department released a fact sheet on the Activity at the Wuhan Institute of Virology (WIV) which disclosed that the United States was aware that the lab had been conducting risky research on coronaviruses since 2016 and was conducting Secret CCP military research at the lab. A fact that the NIH, NIAID and their head the HHS were all aware of. [1, 2]

January 26

COVID-19 vaccines won't stop infection or transmission of SARS-CoV-2

By January 26, 2021, it was already being talked about by public health experts, that the newly rolled-out COVID-19 vaccines will likely NOT prevent infection but more importantly they don't know if it will stop community transmission of the SARS-CoV-2 virus, the exact justification for mandating vaccines!

The vaccine trials were only designed to assess clinical disease (COVID-19) not prevention of infection or assessing their ability to stop transmission.

The argument supporting vaccination becomes that the vaccine will reduce viral load, and thus assumed to reduce community transmission. But "asymptomatic" individuals already have reduced viral load, if anything viable virus at all, and the already infected produce natural, long-lasting protection.

January 27

CDC begins defining a "vaccine breakthrough case" as "vaccine failure" becomes obvious

On January 27, 2021 the CDC (in an email obtained under Freedom of Information) defined a COVID-19 "vaccine breakthrough case" as

"a patient who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected [greater than or equal to] 7 days after completing the primary series of an FDA-authorized SARS-CoV-2 vaccine" [1, 2]

Federal government to require vaccinations for all federal public servants, air and train passengers

'We need to reach as many Canadians as we possibly can' — Transport Minister Omar Alghabra



John Paul Tasker · CBC News · Posted Aug 13, 2021 11:28 AM MDT | Last Updated: August 13, 2021

#3

The manufacturers and regulators were aware of the harms of the vaccine BEFORE medical professionals and others were mandated to take the shots. —> <https://web.archive.org/web/20221130092506/https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>

Additional Key Role in Illness [edit]

In 2021, Circulation Research and Salk had a new study that proves COVID-19 can be also a vascular disease, not only respiratory disease. The scientists created an “pseudovirus”, surrounded by SARS-CoV-2 spike proteins but without any actual virus. And pseudovirus resulted in damaging lungs and arteries of animal models. It shows SARS-CoV-2 spike protein alone can cause vascular disease and could explain some covid-19 patients who suffered from strokes, or other vascular problems in other parts of human body at the same time. The team replicated the process by removing replicating capabilities of virus and showed the same damaging effect on vascular cells again. [78][79]

https://en.wikipedia.org/wiki/Coronavirus_spike_protein

MARCH 2021

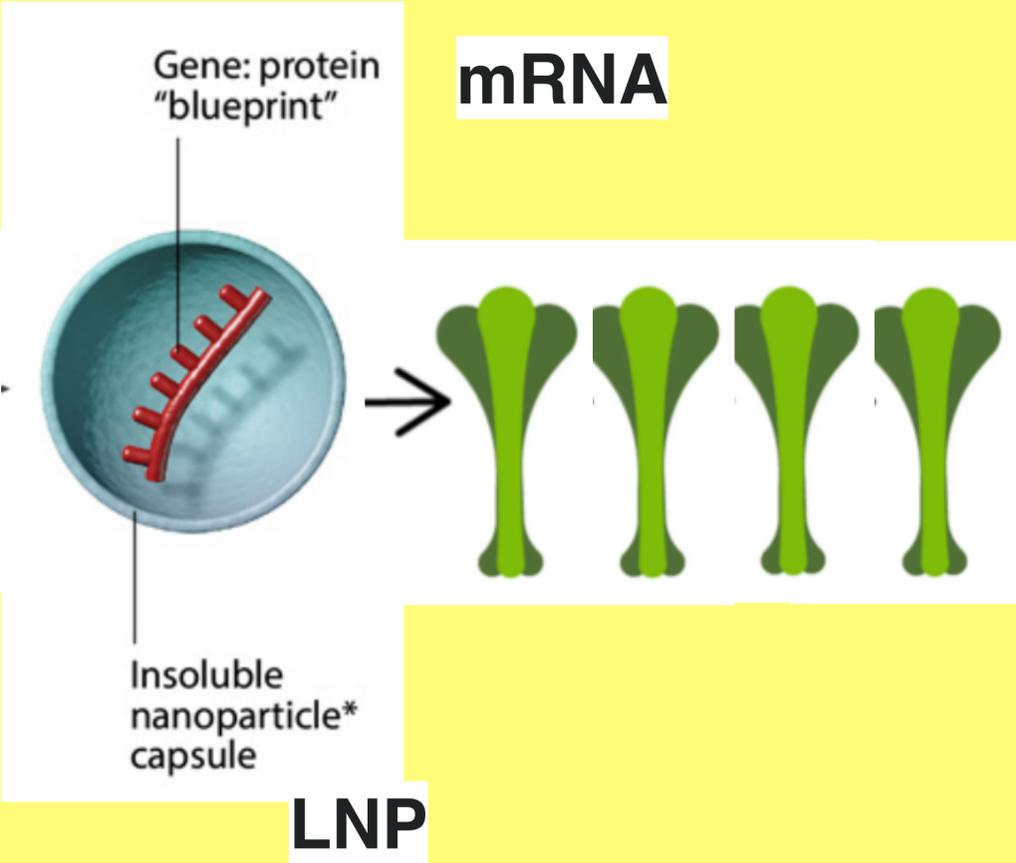
Home > Circulation Research > Vol. 128, No. 9 > SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2

SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2

Yuyang Lei, Jiao Zhang, Cara R. Schiavon, Ming He, Lili Chen, Hui Shen, Yichi Zhang, Qian Yin, Yoshitake Cho, Leonardo Andrade, Gerald S. Shadel, Mark Hepokoski, Ting Lei, Hongliang Wang, Jin Zhang, Jason X.-J. Yuan, Atul Malhotra, Uri Manor, Shengpeng Wang, Zu-Yi Yuan and John Y.-J. Shyy

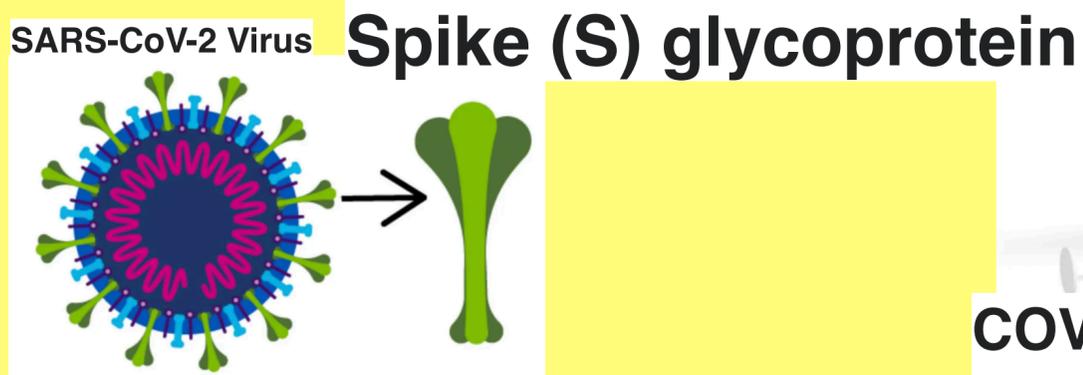
Originally published 31 Mar 2021 | <https://doi.org/10.1161/CIRCRESAHA.121.318902> | Circulation Research. 2021;128:1323–1326

FREE ACCESS LETTER PDF/EPUB



Estimated 300 billion artificial spike protein per dose

More durable & longer lasting than virus-based S glycoprotein



When Moderna filed its paperwork for this product it used the term "gene therapy" not vaccine.

#3

The manufacturers and regulators were aware of the harms of the vaccine **BEFORE** medical professionals and others were mandated to take the shots. –



“We have known for a long time that **the spike protein is pathogenic.... It is a toxin.** It can cause damage in our body if it’s in circulation. Now, we have clear-cut evidence that . . . the vaccine itself, plus the protein, gets into blood circulation.”

Once that happens, the spike protein can combine with receptors on blood platelets and with cells that line our blood vessels. **This is why, paradoxically, it can cause both blood clotting and bleeding.** ‘And of course, the heart is involved, as part of the cardiovascular system,’ Bridle said. **‘That’s why we’re seeing heart problems. The protein can also cross the blood-brain barrier and cause neurological damage....**

‘In short, ... we made a big mistake. We didn’t realize it until now. We didn’t realize that by vaccinating people we are inadvertently inoculating them with a toxin.’”

*Dr. Byram Bridle as spoken to Alex Pierson on **March 25, 2021***

<https://omny.fm/shows/on-point-with-alex-pierson/dr-byram-bridle-on-point-with-alex-pierson>

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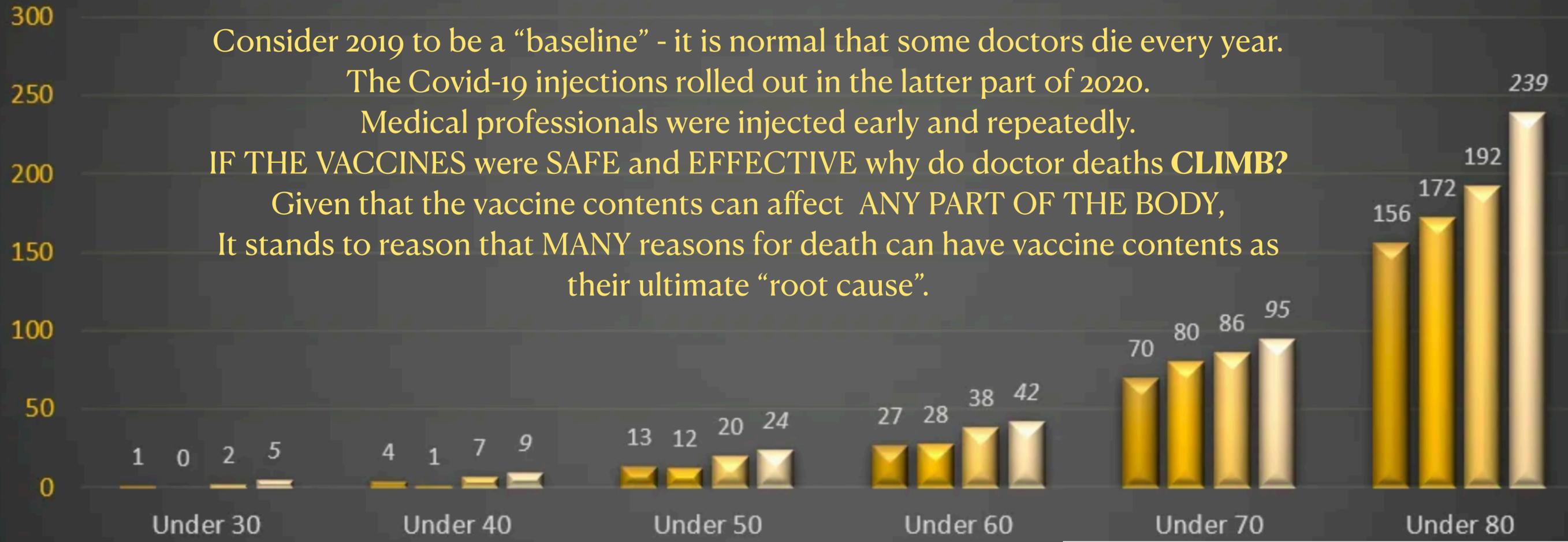
The page you're looking for cannot be found or is no longer available.

Response received on
Dec. 18 2023 while seeking to re-open the page

#4

Many physicians who were also forced to be injected have suffered long term injuries and even death —> <https://makismd.substack.com/p/news-132-canadian-doctors-have-died-38e>

Canadian Medical Doctor Deaths (Year & Cumulative Age Group | 2019 - 2022) as of 2022.12.31



Consider 2019 to be a “baseline” - it is normal that some doctors die every year.
The Covid-19 injections rolled out in the latter part of 2020.
Medical professionals were injected early and repeatedly.
IF THE VACCINES were SAFE and EFFECTIVE why do doctor deaths CLIMB?
Given that the vaccine contents can affect ANY PART OF THE BODY,
It stands to reason that MANY reasons for death can have vaccine contents as their ultimate “root cause”.

2019 2020 2021 2022

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NEWS: 132 Canadian doctors have died suddenly or unexpectedly since COVID-19 vaccine rollout (Part 2/2)



DR. WILLIAM MAKIS MD

FEB 18, 2023 • PAID

59

21



Share



Overall Canadian physician mortality in 2022 was 53% higher than 2019, however, as with all excess mortality data in highly COVID-19 vaccinated jurisdictions, this mortality is heavily skewed towards the younger age groups, with the youngest doctors - medical students or medical residents under age 30 dying at a 900% higher rate in 2022, compared to the 2019/2020 average.

#4

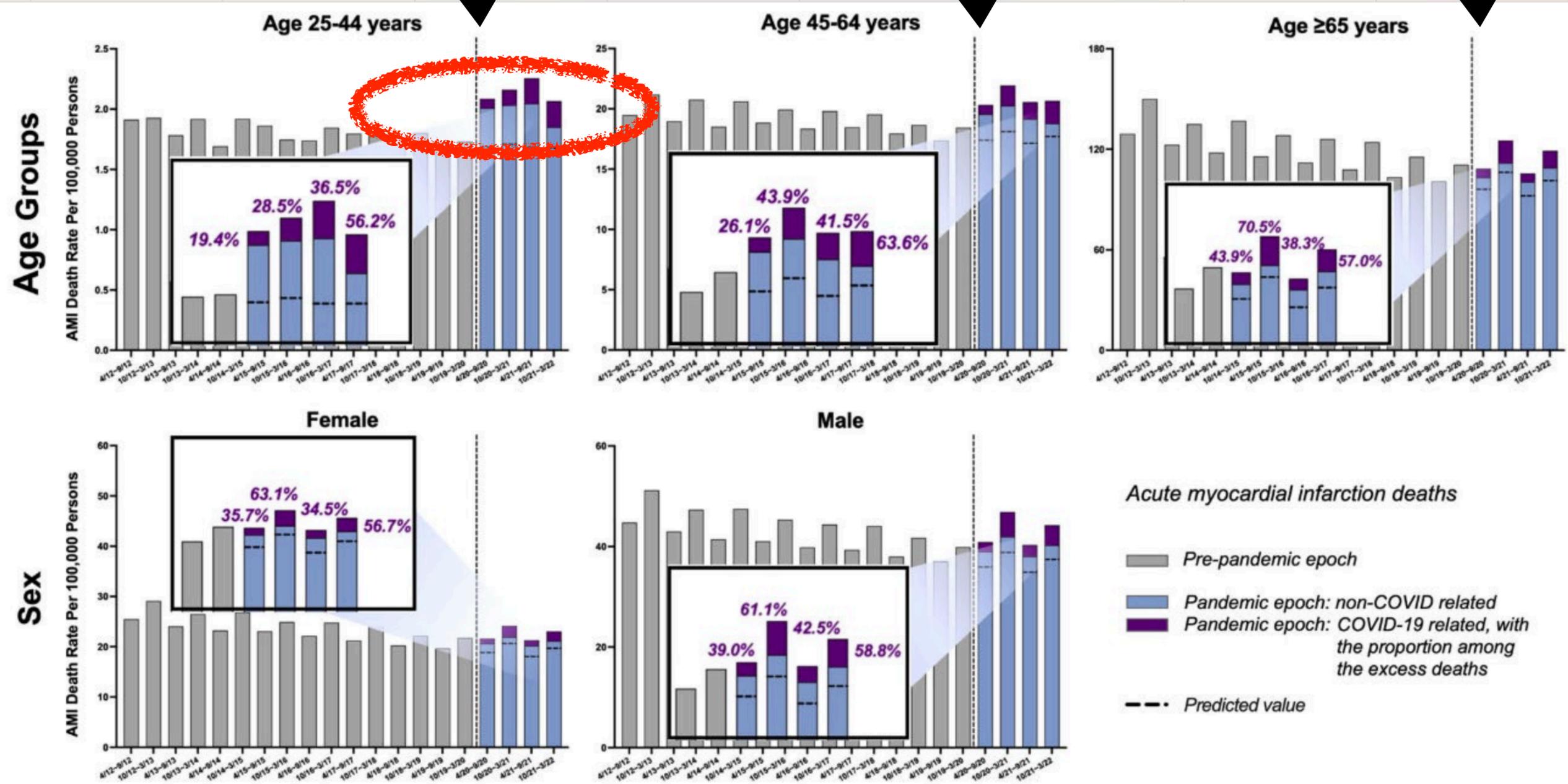
Many physicians who were also forced to be injected have suffered long term injuries and even death in ways that match cases that have been investigated and were demonstrated to be caused by different parts of the Covid vaccine products. —> <https://makismd.substack.com/p/news-132-canadian-doctors-have-died-38e>

Internist, gastroenterology Rapid cancer sudden, aggressive	Public Health Medicine Died suddenly	Internist, gastroenterology Died suddenly	Family physician Died 24hr after 1 st jab
Pediatrics Died suddenly	Internal medicine Died “tragically at home”	Family physician Tragic accident (fall)	Family physician Died suddenly
Internist, Geriatrician Died of “sudden vascular event”	Family physician Died unexpectedly “shocking”	Internal medicine, gastroenterol Tragic accident	Palliative Care Chief Died suddenly, large aorta tear
Psychiatrist Rapid Cancer (< 1 year)	Family physician Died suddenly, heart attack	Family physician Died suddenly	Internal Medicine Rapid cancer – rare sarcoma
Orthopedic surgery resident Died after “brief illness”	Medical student 4 th year Died suddenly, neurological sx	Pediatrician Died suddenly	Family physician “sudden passing”
Urologist Rapid cancer - pancreatic ca	Dermatologist “sudden and untimely passing”	Medical student in Ireland car crash, 1:15pm, only fatality	Family physician Very rapid cancer dx Apr.2021
Family physician Died suddenly, cardiac	Family physician Died after “brief illness”	Family physician Died suddenly, went “missing”	Internal medicine Died suddenly
Cardiologist Died in sleep 2 wk post 3 rd jab	Obstetrician & Gynecologist Rapid “brief” cancer	Gynecologist Died after “brief illness”	Family physician Died suddenly
Psychiatrist Rapid cancer - melanoma	Psychiatrist Massive stroke post 3 rd jab	Family physician Died suddenly	Family physician Died suddenly

AND
TOO
MANY
MORE...

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See how much the rate of myocarditis JUMPED among younger working aged people right after the vax rollout

FIGURE 1 Temporal trends in acute myocardial infarction deaths, by age and sex. Rates of acute myocardial infarction (AMI) deaths (per 100 000 persons) increased during the pandemic across all subgroups. COVID-19 case was defined as AMI-associated death with COVID-19 listed as one of the conditions on the death certificate.

#4

Many physicians who were also forced to be injected have suffered long term injuries and even death in ways that match **cases that have been investigated and were demonstrated to be caused by different parts of the Covid vaccine products.** —> <https://drtrozzi.org/2023/09/28/1000-peer-reviewed-articles-on-vaccine-injuries/>



Here is an organized library of more than one thousand peer reviewed articles which show that Covid-19 "vaccines" are harmful.

Here is an ultimate and organized library to empower research, back up law suits, support criminal charges, or effect political change. It's also abundant proof for anyone who is still buying the "safe and effective" claim, but is willing to look at the evidence. Please bookmark and share this page for ongoing reference.

Thanks to the community at CovidVaccineInjuries.com for their astronomical research compiling the basis of this visualized and indexed resource.

1000 peer reviewed articles on "Vaccine" injuries

@ Dr Mark Trozzi 📅 September 28, 2023 💬 40 Comments

<https://drtrozzi.org/2023/09/28/1000-peer-reviewed-articles-on-vaccine-injuries/>

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**AND
MORE...**

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“I think that you've made a **very strong case** that the Covid genetic vaccines are associated with **appreciably increased mortality rates** for 6-12 months after each dose. This is **particularly compelling** in people over age 65. **I am not aware of actual evidence that the increased post-vaccine mortality that you've shown has a different cause.**”

Harvey Risch, MD, PhD

Professor Emeritus and Senior Research Scientist in Epidemiology (Chronic Diseases); Yale Institute for Global Health

This quote translates to

“You have shown data that especially in people over 65, about 6-12 months after injection, it is clear there is an increase in death rates.

No one has shown any evidence of a cause for this increase other than the vaccines.

<https://rumble.com/v3yovx4-vsrf-live-104-exclusive-mit-speech-by-steve-kirsch.html>

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We now have data from 5 countries showing very troubling mortality vs. days since dose:

1. US
2. New Zealand
3. UK
4. Maldives
5. Israel

Guess what? In every single case, the plots of deaths vs. days since dose are inexplicable. It isn't supposed to go upwards after 3 weeks (the HVE effect). Everyone runs from explaining this.

There isn't any epidemiologist with higher academic credentials than Risch who will state that the data is flawed, the data is incomplete, the data is insufficient to assess causality to the vaccine. There are people who are unqualified who will make these unfounded assertions.

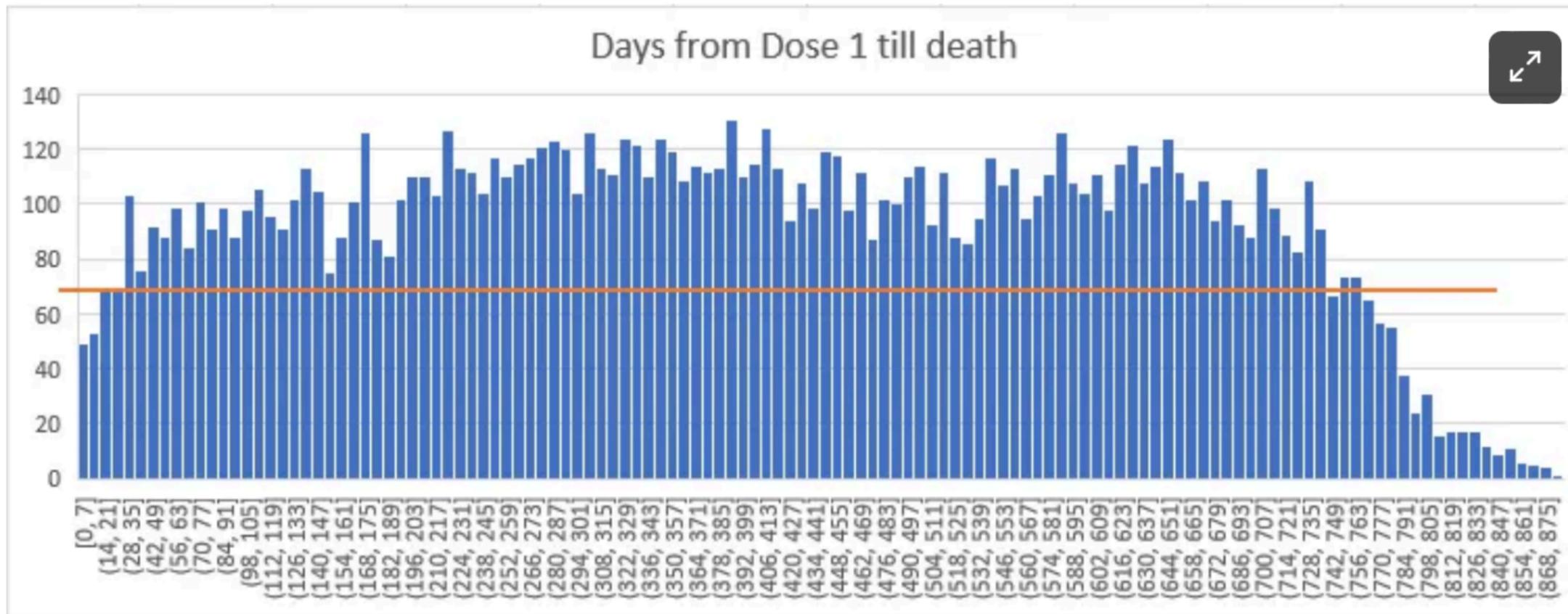


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All the bars should be below the 4 week bar if the vaccine is safe. There is no way to explain this chart. In general, all the bars should be below the red line.



Even in a SAFE vaccine, there can be some death in the first FOUR weeks.

But not like this!!!

How can you tell your favourite mainstream media channel is involved in censorship?

You will know if they have NOT reported on the New Zealand government employee who was involved in developing computer programs to visualize data released some of the data!

He showed how many days there were between Covid-19 Doses and Death.

#4

Many physicians who were also forced to be injected have suffered long term injuries and even death—> <https://drtrozzi.org/2023/11/01/dr-trozzi-urgent-message-to-doctors-and-nurses/>

Dr Trozzi | Urgent Message to Doctors and Nurses

@ Dr Mark Trozzi 📅 November 1, 2023 💬 3 Comments

Pfizer committed fraud. Health Canada confirmed hidden SV40 promoter sequence. The injections are even worse than we thought.

Dr Trozzi's urgent brief message to doctors and nurses. It is an important message for everyone including politicians, judges, and medical regulators. Everyone was lied to. Pfizer committed fraud. The genetic injections are even worse than we thought and must be stopped immediately.



Watch video:

<https://drtrozzi.org/2023/11/01/dr-trozzi-urgent-message-to-doctors-and-nurses/>

#5

There are organizations like the Canadian Covid Care Alliance and the Canada Health Alliance who accept and support members, especially those with a medical background. They exist partly because the fight to combat mainstream media censors, and the power of the “disinformation gurus” can be very strenuous when faced alone.—>
<https://www.canadiancovidcarealliance.org/about-us/> & <https://canadahealthalliance.org/>



Who We Are

The Canadian Covid Care Alliance is a volunteer-run organization with over 700 Canadian physicians, researchers, healthcare practitioners, and legal & ethical professionals. These include virologists, vaccinologists, immunologists, psychologists, coroners, medical ethicists, medical doctors from a variety of specialties, professors from Canadian universities, allied healthcare professionals, and lawyers from across Canada. There are hundreds of additional members with diverse areas of expertise beyond healthcare and medical sciences.



**Canada
Health
Alliance**

Envisioning the
future of **healthcare**

The **Canada Health Alliance** is a not-for-profit collaboration of healthcare professionals from across Canada who envision a world inspired by healthy, informed, strong, and free Canadians.

Our mission is to champion optimal health through education, scientific inquiry, collaboration, and open discourse that honours our dynamic connection to nature and innate wisdom.

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Canadian Covid Care Alliance
Alliance canadienne pour la prévention
et prise-en-charge de la covid

Canadian Covid Care Alliance COVID-19 Declaration

Home > Resources > Canadian Covid Care Alliance COVID-19 Declaration

September 26, 2021

About, Answers to Your Questions, Community, Early Treatment, Ethics & Legal, Featured, Health and Wellness, Informed Consent, Our Work, Pandemic Management, Prevention & Treatment, Real World Data, Resources, Self Advocacy, Vaccines

A Critique of the Approach Long Term Care Facilities have Taken to the Prevention of the Transmission of COVID-19

John Hardie, BDS, MSc, PhD, FRCDC

Five Pillars of Health: A Guide to Immune Resilience

Home > Resources > Five Pillars of Health: A Guide to Immune Resilience

December 6, 2023
Featured, Health and Nutrition, Health and Wellness, Mental Health, Nutrition, Our Work, Resources, Targeted Immune Support



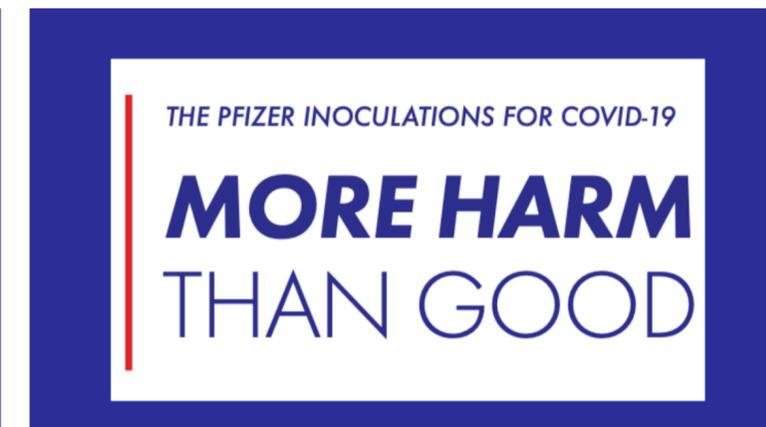
5 PILLARS OF HEALTH
A GUIDE TO IMMUNE RESILIENCE



IT'S TIME TO
#STOPtheSHOTS

Campaigns

Click the thumbnails below to be taken to each of our educational campaigns:



#6

The CCCA also looked into conflicts of interest among Canadian health officials, researchers, etc. which can shatter anyone’s confidence in official public health guidance. —> <https://www.canadiancovidcarealliance.org/ethics-legal/conflict-of-interest-series/>

When considering medical treatment in Canada, it is now imperative to keep in mind the power and influence that the pharmaceutical industry brings to bear in Canada’s healthcare system at every stage—from research through development and trials, to approval, marketing, and doctors’ recommendations.

The CCCA Conflict of Interest Task Force analyzes conflicts of interest and other similar issues in an ongoing series of articles found here. New articles in this series will be announced in upcoming CCCA newsletters.



Conflict of Interest Series #3 – Public-Private Piracy

November 30, 2023

It may be surprising to many that the COVID-19 response was largely directed by individuals and corporations with ideological and financial interests independent of public welfare

[Read More »](#)



Conflict of Interest Series #2 – The US Food and Drug Administration

November 30, 2023

The Food and Drug Administration (FDA) is to be an independent regulatory body for human and veterinary drugs, biological products, and medical devices in the United States. In recent years, it has developed financial dependence on private funding sources, creating a threat to its ability to maintain regulatory independence.

[Read More »](#)



Conflict of Interest Series #1 – Canadian Healthcare Under Siege

November 30, 2023

COVID-19 ushered in dramatic changes to Canadians’ healthcare and patients’ rights. Underlying some of these changes was an unprecedented decision making pharmaceutical

[Read More »](#)

OUR PUBLIC BROADCASTERS have failed in their duty to keep citizens informed of crucial matters.

#7

Health Canada was aware of many of the problems with the Pfizer product but has authorized them anyway and has not pulled them from the market.

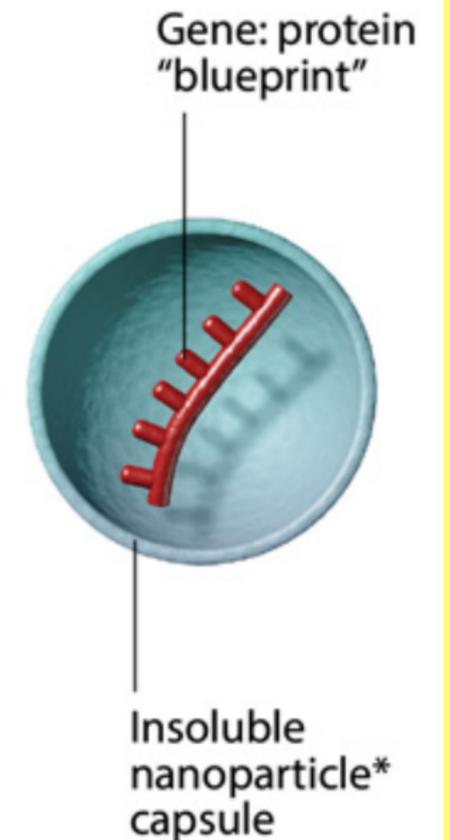
—> <https://viralimmunologist.substack.com/p/explosive-story-health-canada-admits>



Pfizer's COVID-19 shots consist of three parts:

1. A tiny genetic blueprint for the spike protein from SARS-CoV-2, which can cause COVID-19 in some people. This blueprint is called modified RNA.
2. Lipid nanoparticles, which are tiny fat bubbles that carry the modRNA throughout the body.
3. A carrier solution that allows the first two products to be injected into the body.

RNA comes from DNA. So, for Pfizer to manufacture their modRNA, they used a form of DNA that comes from bacteria. It is called bacterial plasmid DNA. This is used to make many copies of the modRNA that then get packaged into the lipid nanoparticles.



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RNA comes from DNA. So, for Pfizer to manufacture their modRNA, they used a form of DNA that comes from bacteria. It is called bacterial plasmid DNA. This is used to make many copies of the modRNA that then get packaged into the lipid nanoparticles.

The bacterial plasmid DNA is then supposed to be removed from the material that gets injected into people. Unfortunately, it turns out that this was not done properly. It appears that most, if not all of the batches of Pfizer's COVID-19 shots were contaminated with excessive amounts of fragmented bacterial DNA. A few of the problems is that this DNA...

- can be very long-lasting
- can be a source of proteins that are encoded in the DNA
- has the potential to be incorporated into a person's chromosomes
- can cause inflammation in the body
- was not disclosed to anyone receiving the shots

Kudos to Kevin McKernan from the USA, who is a great scientist and the person who discovered this issue.

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Now, here is one of the biggest shockers about this contaminating bacterial DNA:

The bacterial DNA contains a genetic sequence called the 'SV40 enhancer' ('SV40' because it comes from 'Simian Virus 40'). The virus from which this genetic sequence is derived has been implicated in causing cancers in people. It was odd that this was put into the bacterial DNA because its intended function is duplicated by another non-controversial sequence. Here is where things get really ugly. Pfizer was required to disclose to health regulatory agencies all of the bioactive sequences in the bacterial plasmid DNA that they used to manufacture their shots. **Pfizer DID NOT DISCLOSE the presence of the genetic sequence from SV40 !!!**



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Here is another bombshell. A friend and member of my research team, the incredible Canadian virologist Dr. David Speicher, just released a preprint article today. He authored it with the great Kevin McKernan, awesome Jessica Rose, amazing Maria Gutschli, and fabulous David Wiseman. I can attest to the integrity and intellectual brilliance of each of these individuals.

I would like to point you to a Substack [article](#) in which Dr. Speicher provided some personal background information. The preprint article can be found [here](#).

The results of Dr. Speicher's research are profound. He generated the largest data set to date on this topic, using vials from multiple Canadian batches of both the Pfizer and Moderna shots. Every single one was contaminated with bacterial DNA. He also confirmed the presence of the SV40 enhancer sequence in the contaminating DNA in Pfizer's Canadian vials. And this is hot off the press: he is the first to test a batch of Moderna's newest booster COVID-19 shot; it was also contaminated, although Moderna's bacterial DNA does not contain the genetic sequence from SV40.

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The Epoch Times just published a very important [article](#) about this issue. Note the stunning headline...

Health Canada Confirms Undisclosed Presence of DNA Sequence in Pfizer Shot

The article directly quotes an email sent by Health Canada to Epoch Times. Specifically, the following was disclosed...

"Health Canada expects sponsors to identify any biologically functional DNA sequences within a plasmid (such as an SV40 enhancer) at the time of submission"

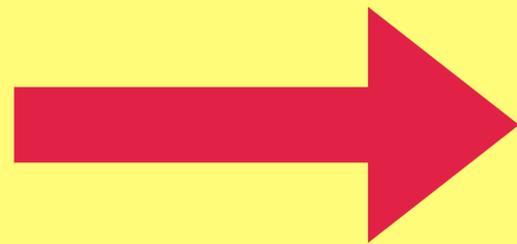
The 'sponsor' in this case is Pfizer.

Health Canada went on to say...

"Although the full DNA sequence of the Pfizer plasmid was provided at the time of initial filing, the sponsor did not specifically identify the SV40 sequence."

And only because Kevin McKernan and others revealed the unexpected presence of the SV40 sequence...

"it was possible for Health Canada to confirm the presence of the enhancer based on the plasmid DNA sequence submitted by Pfizer against the published SV40 enhancer sequence."



#7

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This is an admission of epic proportions, coming from Health Canada. One must wonder why Pfizer would not disclose the presence of a biologically functional DNA sequence to a health regulator when it is clearly their responsibility to do so. I suspect that Health Canada is not happy that their rules were not adhered to and that this was only discovered by objective third-party scientists of integrity who worked diligently despite incessant harassment, defamation, and threats.

Notably, Pfizer has been granted legal indemnity for their shots; something which in and of itself should be a major concern. However, an important court ruling was recently made in Michigan, USA. Specifically, **the court ruled that a pharmaceutical company's legal indemnity was null and void for a contaminated version of the medical product.** The product, but not any contaminants are subject to the legal indemnity. And failing to disclose a bioactive component would seem to go one step further. You can read an article about the legal issue [here](#).

#7

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So, it would follow that Pfizer's legal indemnity should be null and void for shots that contaminated with bacterial DNA that included a bioactive sequence that was not disclosed to regulatory agencies.

I wonder what people will think knowing that Health Canada has listened to 'misinformation spreading scientists', done their own homework, and then confirmed that they were duped by Pfizer.

If Health Canada was duped, then everyone that received a Pfizer shot was duped.

OUR PUBLIC BROADCASTERS have failed in their duty to keep citizens informed of crucial matters.

#8

Covid injections can actually suppress the immune system, leaving us at more, not less risk of getting ill from a very wide range of infections. —>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012513/> & <https://petermcculloughmd.substack.com/p/seneff-responds-to-barriere-on-mechanisms>

[Food Chem Toxicol.](#) 2022 Jun; 164: 113008.

PMCID: PMC9012513

Published online 2022 Apr 15. doi: [10.1016/j.fct.2022.113008](https://doi.org/10.1016/j.fct.2022.113008)

PMID: [35436552](https://pubmed.ncbi.nlm.nih.gov/35436552/)

Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs

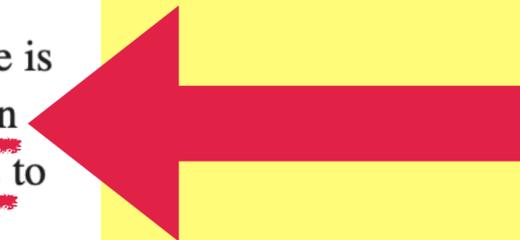
[Stephanie Seneff](#),^{a,*} [Greg Nigh](#),^b [Anthony M. Kyriakopoulos](#),^c and [Peter A. McCullough](#)^d

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Abstract

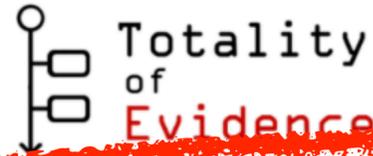
[Go to:](#) ▶

The mRNA SARS-CoV-2 vaccines were brought to market in response to the public health crises of Covid-19. The utilization of mRNA vaccines in the context of infectious disease has no precedent. The many alterations in the vaccine mRNA hide the mRNA from cellular defenses and promote a longer biological half-life and high production of spike protein. However, the immune response to the vaccine is very different from that to a SARS-CoV-2 infection. In this paper, we present evidence that vaccination induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health. Immune cells that have taken up the vaccine nanoparticles release into circulation large numbers of exosomes containing spike protein along with critical microRNAs that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. We show evidence from the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines questions them as positive contributors to public health.



#9

Ventilators and Remdesivir, both highly lethal, contributed to deaths “with Covid.” —> <https://totalityofevidence.com/timeline/remdesivir-dropped-from-ebola-trial-in-drc/> & <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10723072/>



Home About ▾ COVID Timeline ▾ Smoking Gun

Remdesivir dropped from Ebola trial in DRC – increased risk of death & kidney failure

On August 9, 2019 the independent Data and Safety Monitoring Board (DSMB) **recommended** the early **termination** of an Ebola Therapeutics Trial in Democratic Republic of the Congo (DRC) because an early stopping criterion in the protocol had been met by one of the products, REGN-EB3, a monoclonal antibody. They recommended that all future patients be randomized to receive either REGN-EB3 or mAb114 in what is being considered an extension phase of the study. [1, 2]

[Help](#)

“The four therapies are administered as intravenous infusions. REGN-EB3 and mAb114 are administered as single infusions and ZMapp and remdesivir are administered as infusions over multiple days.”

“The study was designed to compare mortality among patients who received one of three investigational Ebola drugs with that from a control group of patients who received the investigational monoclonal antibody cocktail ZMapp”...“The mortality rate in the remdesivir treatment group, 53% (93/175), was similar to ZMapp.” **Remdesivir increased the risk of deaths and caused renal failure.**

Three drugs were **supported** by US NIH/NIAID and BARDA, and one of the products dropped from the trial, **remdesivir** is made by Gilead Sciences.

The Ebola trial paper was **published** December 12, 2019 in the *New England Journal of Medicine*, just 19 days before Gilead posted clinical trial (NCT04292899) for a Phase 3 trial to “[e]valuate the Safety and **Antiviral** Activity of Remdesivir (GS-5734™)” for use in COVID-19 patients with **severe** disease! [3, 4, 5]

**Dr. Anthony Fauci’s
Agency NIAID was AWARE
of this high fatality rate (53%)
as the reason for DROPPING
Remdesivir from this
Ebola trial
YET
he went on to MANDATE
Remdesivir
as the PRIMARY/ONLY
TREATMENT
for Covid-19**

#9

Ventilators and Remdesivir, both highly lethal, contributed to deaths “with Covid.”
—> <https://totalityofevidence.com/timeline/remdesivir-dropped-from-ebola-trial-in-drc/> & <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10723072/>



J Multidiscip Healthc. 2023; 16: 3977–3989.

PMCID: PMC10723072

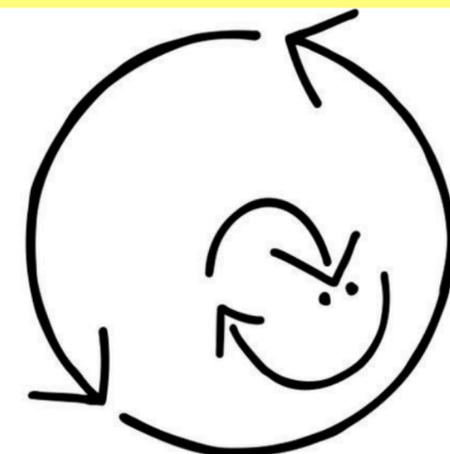
Published online 2023 Dec 11. doi: [10.2147/JMDH.S441798](https://doi.org/10.2147/JMDH.S441798)

Determinants of Pneumothorax Among Mechanically Ventilated COVID-19 Intensive Care Unit Patients, a Single Centre Study

“Invasive ventilation...is one factor that has a significant association with pneumothorax [which is] a potentially fatal complication and a medical emergency and is described as the presence of air in the gap between the parietal and visceral pleura, with or without lung collapse... Newer research has tended to support the link between pneumothorax and high mortality.”

OUR PUBLIC BROADCASTERS have failed in their duty to keep citizens informed of crucial matters.

pneumothorax



ventilation

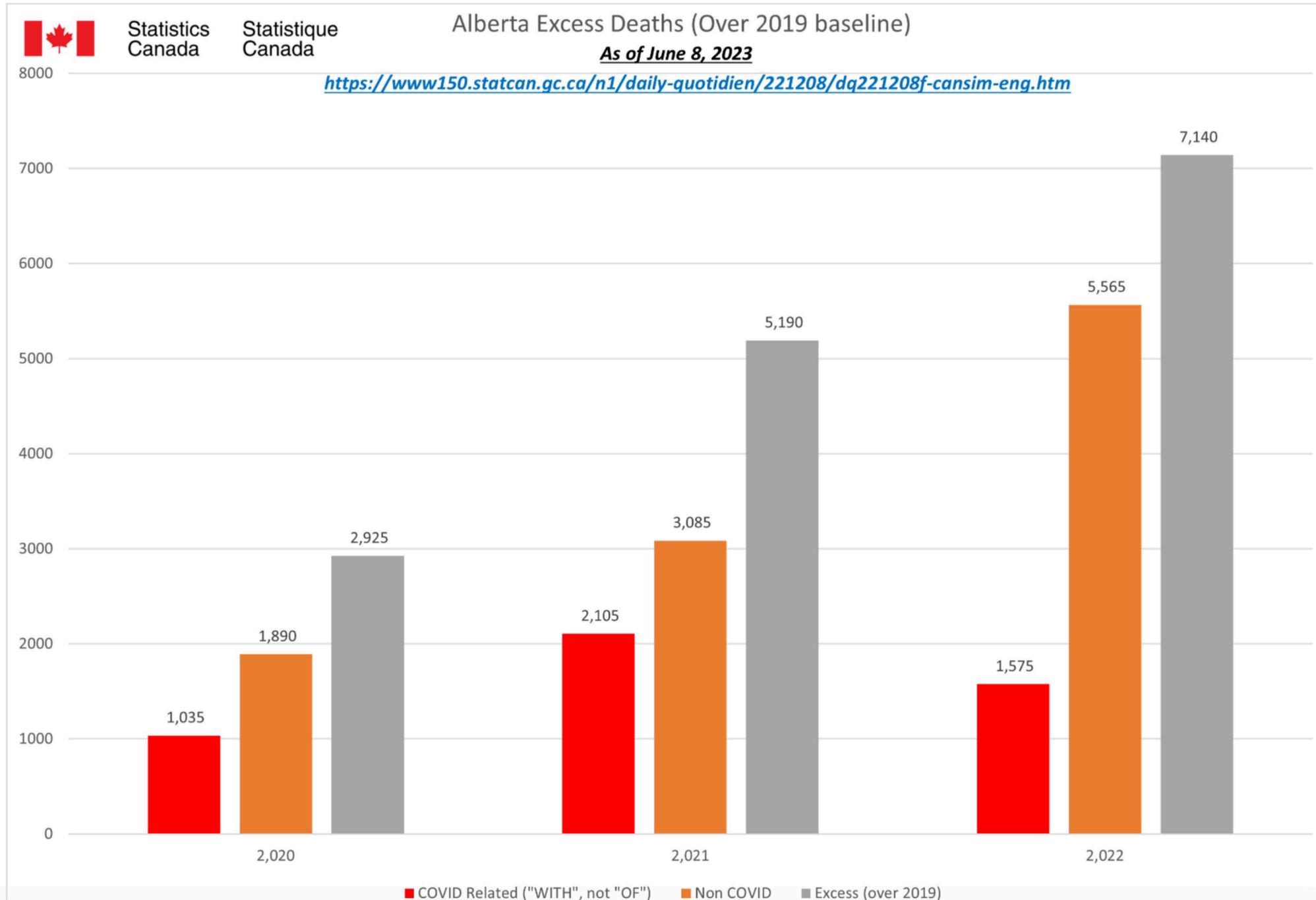
a vicious circle

#10

The death rate in Canada is going UP not DOWN despite so many people supposedly “protected” from Covid and the variants getting so much less dangerous. The 80+ age group is continuing to die at a higher than normal rate, despite living a pretty isolated life. —> <https://dksdata.com/COVID19#StatsCan>
<https://sheldonyakiwchuk.substack.com/p/mortality-in-canada-trending-up>



Stats Can Data for Alberta - Excess Deaths of 2019 baseline



The worst strain of Covid was in 2020. Since then, many MORE people are dying of ALL CAUSES (including Covid) than died with COVID in 2020.

There is NO reason why NOW we should have MORE of all kinds of death (of people of all ages) than when we were “in the middle of a global pandemic.”

Given the evidence already found and published linking the Covid-19 injections with the various conditions people are dying from, the ONLY explanation can be that injections are HARMFUL, NOT SAFE!

#10

The death rate in Canada is going UP not DOWN despite so many people supposedly “protected” from Covid and the variants getting so much less dangerous. The 80+ age group is continuing to die at a higher than normal rate, despite living a pretty isolated life. —> <https://dksdata.com/COVID19#StatsCan>
<https://sheldonyakiwchuk.substack.com/p/mortality-in-canada-trending-up>



The proportion of COVID-19 deaths among older Canadians aged 65 years and older rose to 91.4% in 2022, approaching early pandemic levels. This increase was largely felt by seniors aged 80 years and older, who experienced a 78.2% increase in COVID-19 deaths from 2021 to 2022. In contrast, deaths due to COVID-19 decreased to 8.6% for those younger than 65 years in 2022.

Seniors aged 80+ experienced a 78.2% increase in mortality from 2021-2022...and what is important about this is, they were the highest in rate of vaccinations and boosters throughout the country...not to mention, travel the least, don't work in a public setting nor do they go to school, where the majority are in Long Term Care Communities!

Summarized...the same people who always needed protection never got it and were the highest proportion of COVID associated deaths, approaching early pandemic levels.

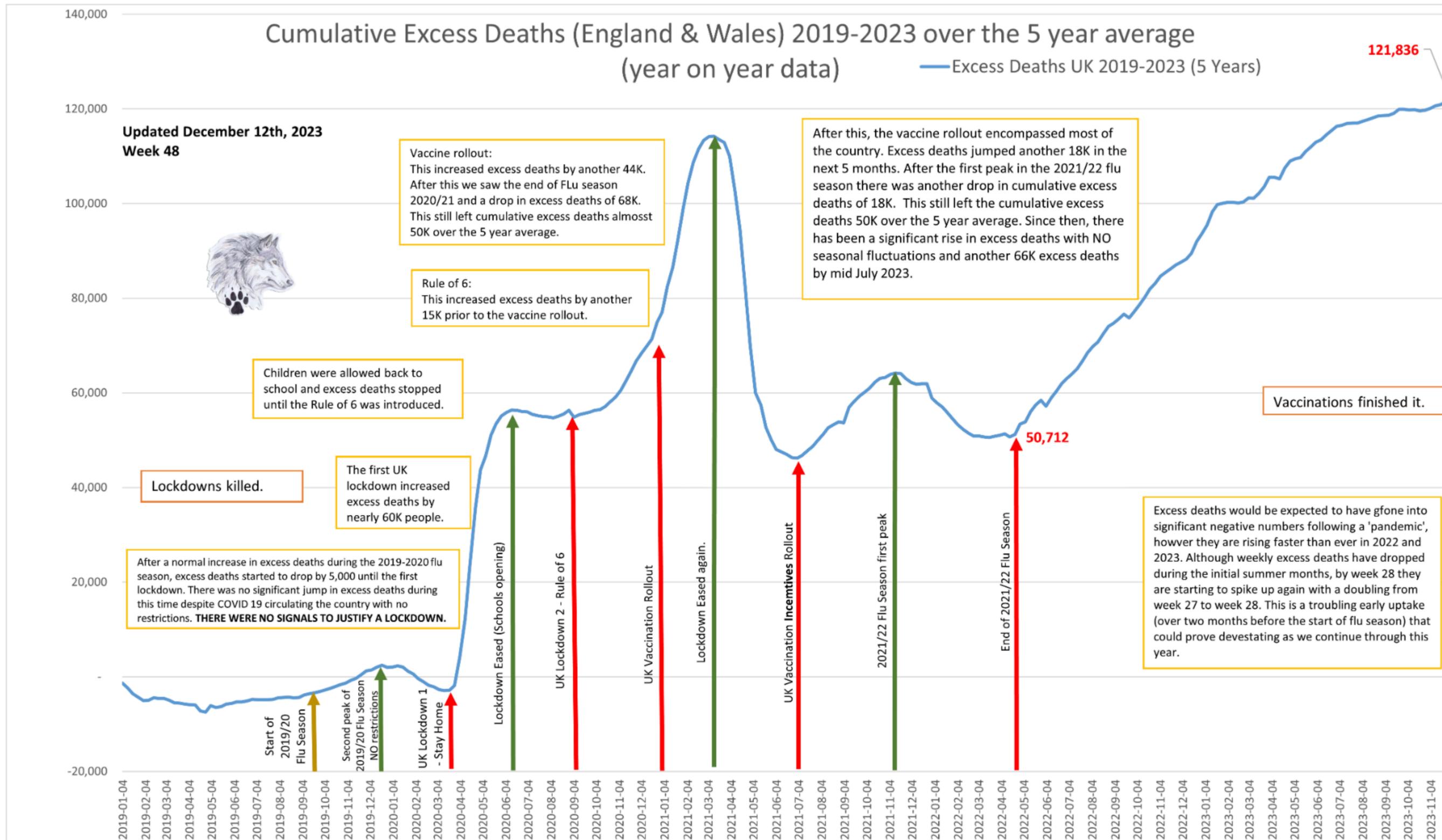
The elderly, getting more shots than others, are also getting more serious repeat cases of Covid than others. This supports the information about the effect of the injections on the innate immune system.

OUR PUBLIC BROADCASTERS have failed in their duty to keep citizens informed of crucial matters.

#11

Lockdowns and vaccine rollouts both INCREASED deaths —>

<https://dksdata.com/COVID19#TOP> (using data from the UK)



#12

Covid shots should not be recommended because they do not prevent Covid cases, severe illness, transmission or death.—>
<https://meryl Nass.substack.com/p/its-official-cdc-and-uk-government>

It's Official! CDC and UK government data reveal the COVID vaccines do not prevent cases, transmission, severe illness or deaths

So what DO they do, and WHY are we using them?



MERYL NASS

APR 3, 2022

407

81

1

Share

...

"Our vaccines are working exceptionally well," Walensky told CNN's Wolf Blitzer. "They continue to work well for Delta, with regard to severe illness and death -- they prevent it. But what they can't do anymore is prevent transmission." <https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html>

Thus spoke Rochelle Walensky, CDC Director, in an August 5, 2021 interview with CNN's Wof Blitzer. She may have believed the vaccines prevented severe illness and death then, but she cannot possibly believe that now.

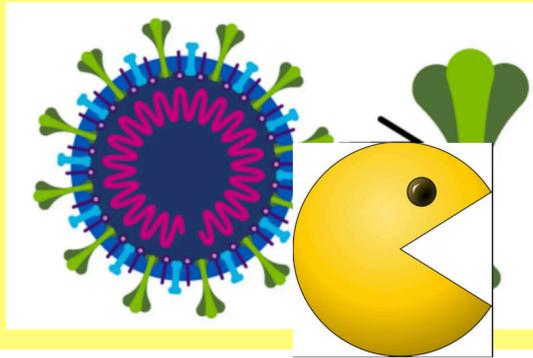
Known already for ONE year and 8 months!

Known already for TWO years and 4 months!

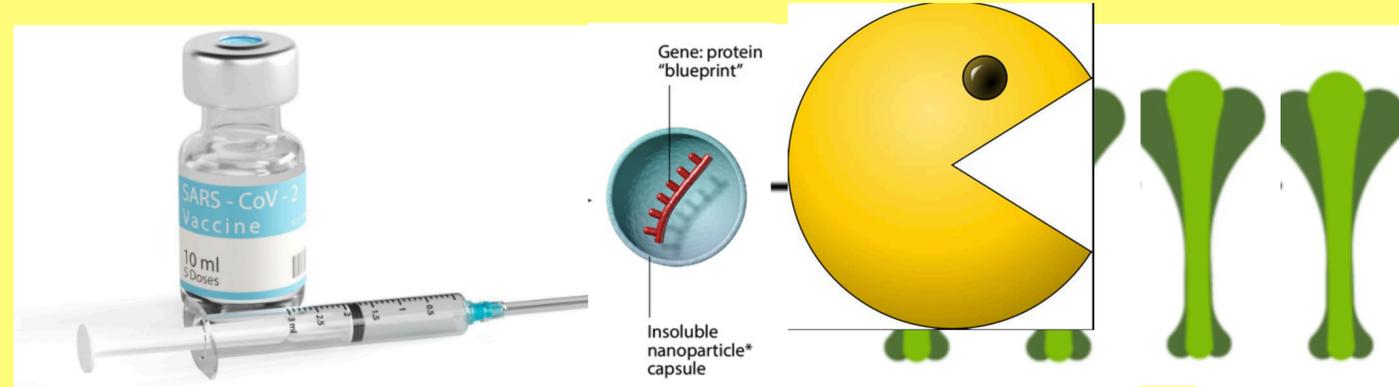
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#13

We need help building a strong immunity and those who took the injections should be able have tests done to ascertain the damage and get help reversing it. There are now studies around Vitamin D, Zinc, NAC, Elderberry, proteolytic enzymes like Nattokinase, and other proven therapeutics that physicians can look up with an open mind. —> <https://followingthecovidscience.substack.com/p/kicking-out-the-new-bully-on-the>



Spike (S) glycoprotein



**estimated
300 billion
artificial
(more durable)
per dose**

Protein Eaters

Proteolytic enzymes are showing success with removing circulating spike protein.

Proteolytic enzymes (proteases) are enzymes your pancreas makes to break down protein from your diet into amino acids, which are used for growth and tissue repair.

<https://www.webmd.com/vitamins/ai/ingredientmono-1623/proteolytic-enzymes-proteases>

Enzymes known as proteolytic or fibrinolytic enzymes are designed to break down proteins, *but not just the proteins in your food*. When you take enzymes with food, they stay in your intestinal tract to digest food.

However, when you take proteolytic enzymes *between meals* or when food isn't in your stomach, they quickly enter your bloodstream. There they help clean up your blood and make their way to your tissues and organs.

These special enzymes go to work in a seek-and-destroy-type mission to help break down and clear out proteins that don't belong there. So, when food isn't present, their primary action is to seek out unwanted proteins throughout your body.

Fibrinolytic enzymes like nattokinase, serraptase and lumbrokinase also help remove fibrin, a protein that your body makes that can affect blood flow in your arteries and connective tissue.

Fibrin can affect your heart and muscle health as well as the general well-being of your entire body. *You need to take them on an empty stomach in order that they go after the spike protein and not just your latest meal.*

The main proteolytic enzymes are nattokinase, serrapeptase and lumbrokinase. Nattokinase is recommended in a number of the protocols listed below.

Degradative Effect of Nattokinase on Spike Protein of SARS-CoV-2

The findings suggest that nattokinase exhibits potential for the inhibition of SARS-CoV-2 infection via S protein degradation.

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The screenshot shows the FLCCC Alliance website navigation menu and content grid. The navigation menu includes: FLCCC ALLIANCE, TREATMENT PROTOCOLS, MEDICAL EVIDENCE, COVID RESOURCES, EDUCATION & EVENTS, NEWS & WEBINARS, ABOUT FLCCC, and a DONATE button. The content grid is organized as follows:

PROTOCOLS Read about strategies to prevent and treat conditions like COVID-19, insulin resistance, RSV, long COVID, and more.	PREVENTION Boost Your Immune System, Clear Your Body Of Spike Protein, And Learn The Benefits Of Intermittent Fasting.	TREATMENT At-home and hospital treatment plans for COVID, insulin resistance, sepsis, RSV and flu.	RECOVERY Approaches to managing symptoms from long COVID and long Vax.
LATEST UPDATES Stay up-to-date with the latest news from our fast-moving field.	BLOG Subscribe To Our Blog To Read Our Weekly News Capsule And Be The First To Receive The Latest Announcements From FLCCC.	WEEKLY WEBINAR Sign up for our webinars, every Wednesday at 7pm ET, offering the latest information on therapeutics and treatments and answering audience questions .	FLCCC IN THE NEWS Read media coverage of FLCCC from around the world.

Arrows in the image point from the navigation menu to the corresponding content sections: 'TREATMENT PROTOCOLS' to 'PREVENTION', 'MEDICAL EVIDENCE' to 'TREATMENT', 'COVID RESOURCES' to 'WEEKLY WEBINAR', 'EDUCATION & EVENTS' to 'RECOVERY', and 'NEWS & WEBINARS' to 'FLCCC IN THE NEWS'.

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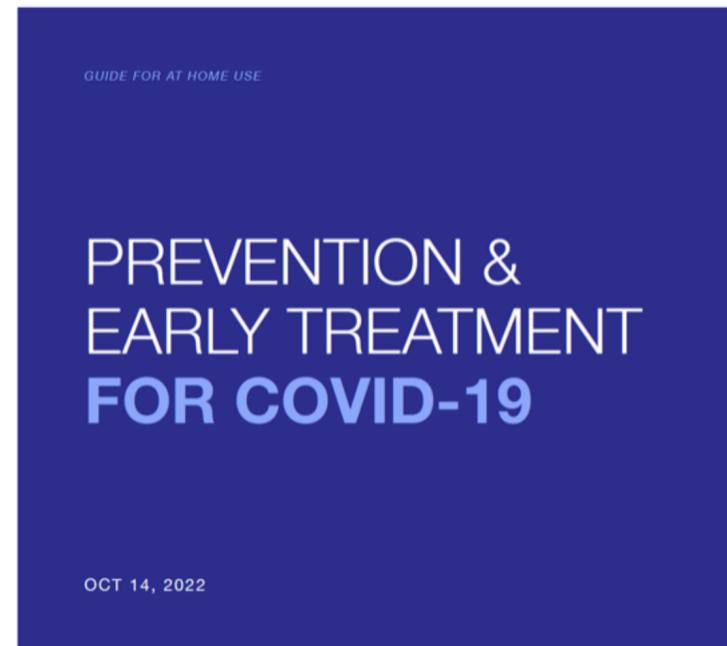
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Early Treatment Guidelines

Home > All > Early Treatment Guidelines

📅 March 29, 2023 👉 All, Campaigns



www.canadiancovidcarealliance.org



Scientific and medical research continues to show that COVID-19 is a preventable and treatable illness. It was on this foundation that the Canadian Covid Care Alliance was created, with the goal of helping Canadians access preventative and early outpatient treatment for COVID-19.

This guide is a resource to inform you of options and tools, which may apply to you and your family.

[Download Guide](#)

[Watch Video](#)

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COVID-19 Infection Phases

Our goal with this guide is to prevent infections from taking hold and progressing to stages 3 & 4.



1. Incubation Phase

Virus begins to replicate. There are no symptoms, so you may not be aware that you are infected. This is why **regular nasal rinsing and gargling** - especially after you've been exposed to large groups - **can prevent an infection** from progressing to symptomatic or severe.



2. Symptomatic Phase

Symptoms such as fever, muscle aches, headache, sore throat, loss of appetite, loss of sense of taste/smell, nausea, diarrhea, weakness and fatigue begin. **This is when you are most contagious. Avoid others.**



3. Pulmonary Phase

This is the early inflammation phase when your body has geared up to fight the infection. Flu-like symptoms may continue. You may also develop a cough. Your blood oxygen levels may become low and you may experience shortness of breath. **Any time you have difficulty breathing, you should go to the hospital.** You may still be contagious at this stage.



4. Hyper-inflammation/Clotting Phase

This is the stage where hyper-inflammation sets in and blood clots can start to form. In some people, blood oxygen levels may become very low, and in addition to difficulty breathing, people may experience chest pain and heaviness. **If you are experiencing any of these symptoms, you should go to the hospital.**

	PH Preventio
Vitamin C	500 - 1,000
Vitamin D	2,000
Quercetin	1,000
Zinc (with Copper)	30
Melatonin	Up to 60
Mouthwash	2
Nasal rinse	
Nigella sativa	
Ivermectin	0.2mg per
N-Acetylcysteine (NAC)	
Ibuprofen (Advil, Motrin)	
Antihistamines	
Aspirin	
Acetaminophen (Tylenol)	
Cough medicines	

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So how come one alleged game-changer gets hero's billing in the media and on Wall Street and the other becomes the stuff of conspiracy tales and lost opportunities? HCQ isn't even the only existing drug or non-prescription health aid to suffer this kind of treatment. Instead, it has become something of a routine.

A Desperate Need for Treatments

As highly-credentialed physician Peter McCullough explained in a [November 2020 presentation](#) to the U.S. Senate Committee on Homeland Security and Government Affairs, there are four pillars to any proper pandemic response. They are: contagion control, early ambulatory (or "outpatient") treatment, later-stage hospital treatment and vaccination. As we have seen since March 2020, three of these pillars have been widely and vigorously deployed with varying degrees of success. Lockdowns, mask mandates, hygiene requirements and social distancing are all attempts at contagion control. Hospitalization was, obviously, initiated as soon as the first sick patients began showing up. Last fall, vaccination went from distant dream to imminent promise and, since then, Canadians have been obsessed for months on end with vaccination rates.

MEDICATION VS. INOCULATION

Why are Covid-19 Treatments so Controversial? Part Four of a Special Series

Margret Kopala October 15, 2021

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The need to improve outpatient treatments for Covid-19 and the broad benefits of doing so both seem self-evident. And therapies have been available from the earliest days of the pandemic. Individual physicians in many countries have used a cascade of prophylactics and treatments, including everything from vitamins and inhalants, virucidal mouth and nasal rinses, to sophisticated cocktails of widely available, time-tested and repurposed drugs to treat untold numbers of patients across the disease's three stages.

MEDICATION VS. INOCULATION

Why are Covid-19 Treatments so Controversial? Part Four of a Special Series

Margret Kopala October 15, 2021

Many people are unaware that informed doctors were **successfully treating Covid-19 patients AT HOME** in the early months of the pandemic.

That is UNTIL the major health institutes started trying To “cancel” these therapeutics and those who talked about them. In order for the much more lucrative Covid-19 vaccine products To be granted their “emergency use authorisation” in the US (“interim order” in Canada) the requirement was that **THERE WAS NO OTHER ALTERNATIVE AVAILABLE.**

#13

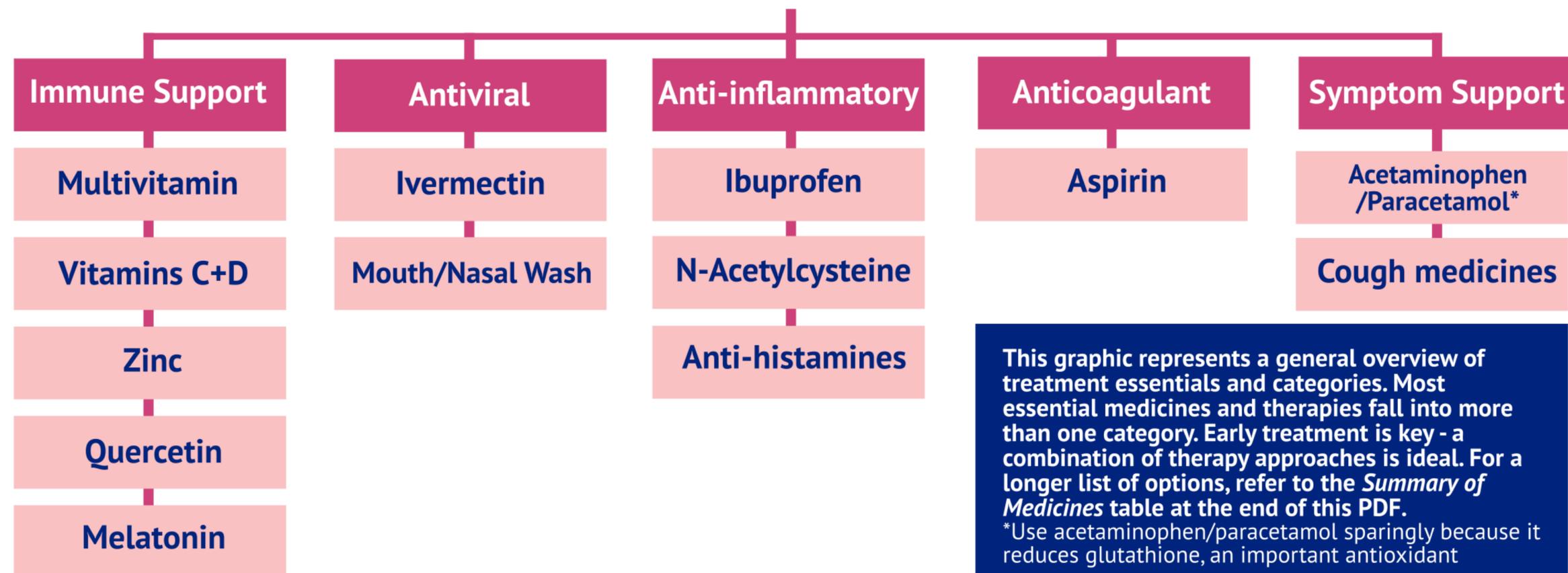
We need help building a strong immunity and those who took the injections should be able have tests done to ascertain the damage and get help reversing it. There are now studies around Vitamin D, Zinc, NAC, Elderberry, proteolytic enzymes like Nattokinase, and other proven therapeutics that physicians can look up with an open mind. —> <https://followingthecovidscience.substack.com/p/kicking-out-the-new-bully-on-the>

What can I use to treat Covid-19 at home?

Early At Home Treatment Essentials For Covid-19 Diagnosis or Symptoms

**Early Covid-19 Treatment Guidelines:
A Practical Approach to Home-based Care
for Healthy Families**

World Council for Health • Current as of September 23, 2021



This graphic represents a general overview of treatment essentials and categories. Most essential medicines and therapies fall into more than one category. Early treatment is key - a combination of therapy approaches is ideal. For a longer list of options, refer to the *Summary of Medicines* table at the end of this PDF.
*Use acetaminophen/paracetamol sparingly because it reduces glutathione, an important antioxidant

#13

We need help building a strong immunity and those who took the injections should be able have tests done to ascertain the damage and get help reversing it. There are now studies around Vitamin D, Zinc, NAC, Elderberry, proteolytic enzymes like Nattokinase, and other proven therapeutics that physicians can look up with an open mind. —> <https://followingthecovidscience.substack.com/p/kicking-out-the-new-bully-on-the>

Immunity Building Alternatives to mRNA Boosters

Plus NON-vaccine treatments for Covid-19,
Long Covid & Covid Vaccine Injuries

Note: For the full details on the therapeutics listed here, please search them by name on: <https://makismd.substack.com/> Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. He received the Governor General's Medal, and is the author of 100+ peer-reviewed medical publications. He explains this at the 1 hour 43 minute mark: <https://makismd.substack.com/p/interview-the-lavigne-show-with-jason>

Elderberry Syrup/Gummies

2x the Vitamin C of oranges
3x the anti-oxidants of blueberries
Anti-viral, anti-inflammatory properties
Immuno-modulating effects

Curcumin / Turmeric

Treatment for allergies, asthma, acne, ulcers
Binds spike protein, inhibits viral replication with Omicron, even better than HCQ
Reduces Covid fibrosis in lungs, herat, kidney

Nattokinase

Breaks down spike protein
Breaks down amyloid & blood costs
Helps with diabetes, hypertension, Alzheimers'
Decreases risk of heart disease and more

Quercetin

Blocks the entry of viruses into host cells
Binds spike protein directly
Helps zinc get into cells
Decreases COVID inflammation in lungs

NAC (N-Acetyl Cysteine)

A building block for glutathione, an anti-oxidant often depleted with inflammation
Treats T-cell exhaustion
Fights Covid-19, RSV and Influenza
And much more...

Olive Leaf Extract or Tea

Blocks spike protein from ACE-2 receptors
Treats the most serious symptoms of COVID-19
Anti-viral, inflammatory, oxidant etc.
Helps with memory, Alzheimer's, Parkinson's

Nigella Sativa - Black Cumin

Coats ACE-2 receptors so C-19 can't stick
Helps Zinc get into cells, binds spike protein
Helps with cancer, MS, rheumatoid arthritis
Anti-viral, fungal, inflammatory, etc. etc.

Bromelain

Breaks down spike protein, prevents binding
Blocks 2 of 3 pathways in severe Covid-19
Anti-coagulant, parasitic, inflammatory
Wound and burn healing and so much more

3- Day Fasting

Not eating for 48 - 72 hours (autophagy) allows the body to focus on removing damaged and foreign proteins (like spike protein) instead of using the time for regular digestion



The research for each of these therapeutics has been assembled and presented here:

<https://makismd.substack.com/>

#14

Many doctors & researchers who have been receiving pushback for asking questions around the official view on Covid-19 etc. can be heard as part of the National Citizens' Inquiry into the government's handling of the Covid crisis. —> <https://nationalcitizensinquiry.ca/expert-witnesses/>



HOME ABOUT COMMISSIONERS HEARINGS COMMISSIONERS REPORT NCI LIVE TAKE ACTION GET INVOLVED MEDIA ENGLISH



EXPERT WITNESSES

The National Citizen's Inquiry hearings event was in the city of Truro, Nova Scotia Canada. This event took place March 16th to March 18th, 2023.

- Dr. Peter McCullough – Renowned cardiologist.
- Dr. Patrick Phillips – Family Physician.
- Dr. Laura Braden – Immunologist.
- Dr. Chris Milburn – ER Physician.
- Dr. Joseph Fraiman – US ER Physician and COVID Analyst.
- Dr. Dion Davidson – Vascular surgeon.
- Dr. Aris Lavranos – Former ER physician and practicing lawyer.

The National Citizen's Inquiry hearings event was in the city of Toronto, Canada. This event took place March 30th to April 1st, 2023.

- Dr. Eric Payne – Pediatric Neurologist
- Rodney Palmer – Former CBC Investigative Journalist.
- Irvin Studin – Expert in Constitutional Law.
- Deanna McLeod – Medical Researcher.
- Michael Alexander – Toronto Lawyer.
- Jay McCurdy – Elementary School teacher.
- Cindy Campbell – Nursing Academic
- Catherine Swift – National President of Canadian Small Business Manufacturers
- Laura Jeffrey – Ontario Mortician
- Bruce Pardy – Lawyer
- Greg Hill – Pilot and ex Captain with Air Canada
- Dr. Robert Malone – Developer for the mRNA technology
- Dr. Mark Trozzi – Outspoken critic of Covid policies in Canada

AND
MANY
MORE...

Additional References

- Six Requirements of Disease Transmission - Dr. John Hardie
- Links to recently published books
- Links to critiques of our public broadcasters

6 requirements of Disease Transmission - Dr. John Hardie

Most of the COVID-19 rules and policies put in place were based on the theory that COVID-19 can be transmitted by those who have NO SYMPTOMS. This theory was perpetuated by the use of PCR tests and reports of rising "case counts." The data used early on re: "asymptomatic transmission" have since been re-examined and shown not to be reliable.

The diagnosis of an infectious disease depends on two essential coexisting factors, i.e, the presence of its characteristic symptoms AND identification of its causative agent. Without the presence of both factors, there can be no confirmed case of COVID-19.

These are the 6 requirements of Disease Transmission:

- A sufficient dose of an infectious agent.
- Existence of a viable infectious agent.
- A mode of escape.
- A mode of transmission.
- A portal of entry.
- A susceptible host. (Hardie)

An individual might harbor SARS-CoV-2 and have non-existent to mild non-specific symptoms, but unless the live virus is expelled

in sufficient amounts by coughing and sneezing to overcome the natural defenses of a secondary host, transmission of the infection will not occur.

The focus should be on reducing the susceptibility of the population, strengthening the immune system and using proven preventative measures.

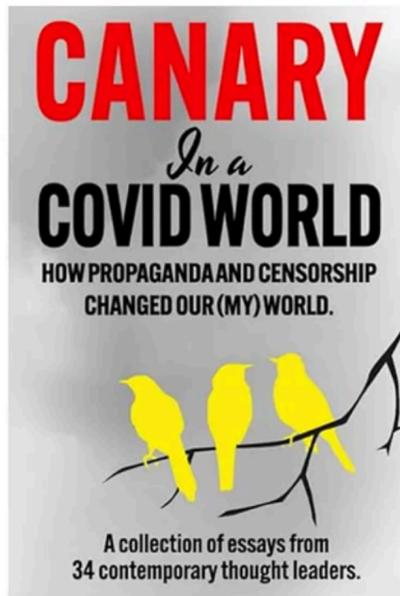
<https://www.canadiancovidcarealliance.org/all/covid-19-policy-critique-long-term-care-facilities/>

COVID-19 Policy Critique: Long Term Care Facilities



COVID-19 Policy Critique: Long Term Care Facilities

An evidence- based critique of testing policies implemented in Long-Term Care (LTC) facilities in response to the COVID-19 outbreak, the



Roll over image to zoom in

Canary In a Covid World: How Propaganda and Censorship Changed Our (My) World Paperback – Aug. 2 2023

by Various Authors Edited by C.H. Klotz (Author), Dr Robert Malone (Author), Ed Dowd (Author), & 7 more

5.0 ★★★★★ 21 ratings

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The thirty four contributors to this collection of essays are courageous people.

They are critical thinkers who are prepared to put everything on the line to speak their truth. They strive to alert us all to what COVID was, and what may lie ahead.

They are community leaders. They are novelists, journalists, lawyers, judges, scientists, doctors, academics, politicians, researchers, vaccine-injured and data experts. Some shouted from the rooftops from the very beginning of the pandemic, others found their voices as the contradictions in public policy and health policy became undeniable.

What unites them is that they have given those looking for answers, factual evidence. They have alleviated fear and given us hope. They have shown us all that if our opinions fall outside those deemed acceptable by mainstream media, we are not alone.

<https://www.amazon.ca/Canary-Covid-World-Propaganda-Censorship/dp/1739052536>

I am thinking, I will order this one first. It has contributions from ALL of these stellar “all Star” cast members!!

Professor Bruce Pardy - Professor of Law, Queens

Drs. James & Maggie Thorp - Obstetrician and Gynecologist

Dr. Naomi Wolf - Author

Steve Kirsch - High Tech Exec, Journalist

John Leake - Historian & Author

Dr Mary O'Connor - Family Physician

Dr. Harvey Risch - Professor of Epidemiology, Yale

Dr. Sam Dubé - Mathematician, Physician, Strength Coach

Margaret Anna Alice - Writer and Blogger

List of authors (Canaries):

Colin McAdam - Novelist

Brianne Dressen - Vaccine Injured

Dr. George Fareed - Family Physician

Sir Christopher Chope - British MP

Dr. Pierre Kory - ICU Specialist, co-founder FLCCC

Elizabeth Woodworth - Medical Librarian

Dr. Michael Nevradakis - Journalist

Edward Dowd - Wall Street Analyst

Dr. Jessica Rose - Researcher

Dr. Joseph Fraiman - Physician & Researcher

Trish Wood - Journalist & Podcaster

Dr. Ryan Cole - Pathologist

Dr. Aseem Malhotra - Cardiologist

Senator Ron Johnson - U.S. Senator

Dr. Peter McCullough - Internist & Cardiologist

Dr. Norman Fenton - Professor of Risk

Rodney Palmer - Journalist

Dr. Paul Marik - Critical Care Specialist, co-founder FLCCC

Dr. Jay Bhattacharya - Professor of Health Policy, Stanford

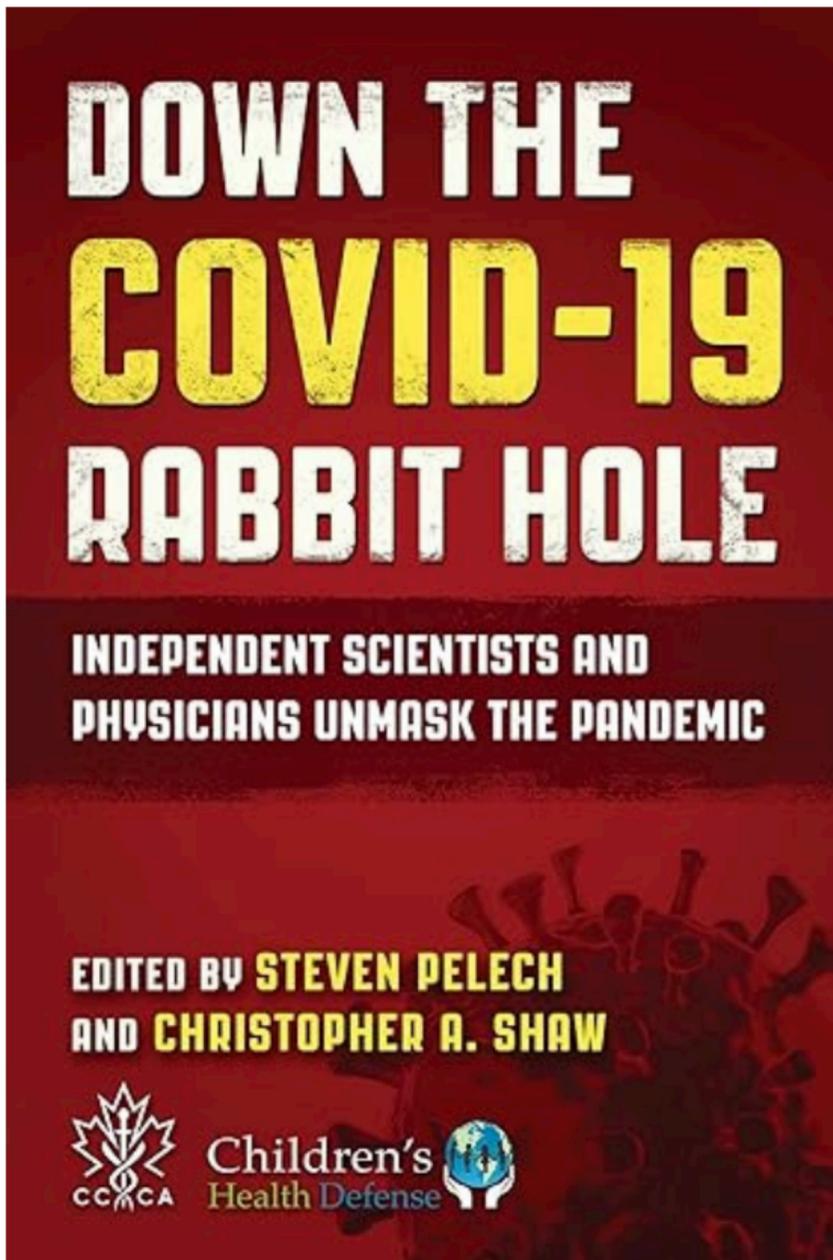
Dr. Joseph Ladapo - Florida Surgeon General

Drs. Robert & Jill Malone - Scientist, Physician and Inventor

Lord Sumption - Retired Senior UK Supreme Court Judge

**AND
MORE...**

Available this summer.... Pre-order on Amazon now or via the CCCA later!



Roll over image to zoom in

Down the COVID-19 Rabbit Hole: Independent Scientists and Physicians Unmask the Pandemic Hardcover



– Aug. 6 2024

by [Steven Pelech](#) (Editor), [Christopher A. Shaw](#) (Editor)

[See all formats and editions](#)

✓ **Pre-order Price Guarantee.** [Terms](#) ▾

A detailed examination of the COVID-19 pandemic.

Down the COVID-19 Rabbit Hole discusses the widespread misuse of science during the pandemic, the likely origin of COVID-19, the pathophysiology of the disease itself, and the harms associated with the various vaccines that have been produced, particularly those based on the novel mRNA platforms. This book also looks at the widespread failure of the health professions to adequately understand and treat the disease and the consequences of the vaccines, the apparently agenda-driven responses of various governments, and the inability of the legal system to understand the implications for natural and civil rights. As well, *Down the COVID-19 Rabbit Hole* considers how most of the mainstream media largely became a propaganda tool for reigning governments.

The official response to the pandemic has fractured society in ways that most people could not have imagined prior to 2020. *Down the COVID-19 Rabbit Hole* details these consequences, offers solutions to repair the damages to society, and considers ways to heal those damaged by the experimental vaccines.

The problem is NOT JUST COVID-19 injections...

It is ANYTHING and EVERYTHING built on mRNA platforms as they currently stand.

Download the book and inform yourself of the risks of

Prescribing, giving, taking

Flu

Shingles

And all other

mRNA shots

Our New Book: "mRNA Vaccine Toxicity," Free to Download

Readers of our website will be aware that the mRNA vaccines that have been used against COVID-19 have caused injury and death on an unprecedented scale in the history of medicine. This book argues that these harms had to be expected from first principles of immunology. Furthermore, they are not limited to the COVID vaccines alone; instead, they are inherent in the mRNA technology as ...

<https://doctors4covidethics.org/mrna-vaccine-toxicity/>



Download the National Citizens' Inquiry into Canada's handling of the Covid Crisis

HERE: <https://nationalcitizensinquiry.ca/commissioners-report/>

Read the transcripts of many of the witnesses, or look up the recommendations made.

Commissioners Final Report

available now



See also:

Order
via Amazon



A Citizens' Hearing: Examining Canada's Covid Response Paperback – Dec 31 2022

by [Liam Sturgess](#) (Author), [Susan Natsheh](#) (Author), [Maximilian Forte](#) (Author), [Dale Andersson](#) (Author)

5.0 ★★★★★ 3 ratings

[See all formats and editions](#)

An increasing number of Canadians are concerned about how the COVID-19 crisis was handled by our governments and institutions. We are alarmed by the serious consequences of their decisions and, at times, their apparent indifference to the costs. Those consequences include tragic impacts on the personal lives of many, violations of constitutionally guaranteed rights and freedoms in the name of health security, and economic impacts of lockdown measures, which subjected millions of Canadians to business closures, loss of income, and unemployment.

Canadians are asking many questions: Were the measures taken by governments in Canada appropriate to the perceived threat? Were they based on sufficient clinical and statistical evidence? Were they suitably focused? How effective were they? Were there any conflicts of interest at play? Was there enough emphasis on prevention and early treatment? On informed consent? Was sufficient debate permitted? In attempting to prevent COVID-19, what other maladies were we ignoring or fostering? Did the public health interventions, such as mandatory vaccinations, cause more harm than good?

[Read more](#)

HOW or WHY
OUR PUBLIC BROADCASTERS have
failed in their duty to keep citizens informed
of crucial matters.

Here are links to recordings and transcripts of former major award winning CBC/CTV investigative journalists who tell us under oath about how organizations like the Orwellian named "Trusted News Initiative" have been keeping citizens from hearing the whole "other side" of the "safe and effective" debate on our own trusted (mainstream) news these past three years. Some Canadians are well aware of the state censorship of the media in East Germany or other nondemocratic nations ... we need to get past the thought that such censorship could never happen in our Canada.

<https://nationalcitizensinquiry.ca/witness/rodney-palmer/>

Mr. Rodney Palmer reports of how he was in Beijing when SARS broke out and how COVID was dealt with very differently. In chronological order, the systematic propaganda inflicted on Canadians by the CBC, regarding the safety of vaccines. He tells of many instances of the CBC journalists and newscasters lying to the public on their various broadcasts of news and other shows.

<https://nationalcitizensinquiry.ca/witness/rodney-palmer-ottawa/>

Retired investigative journalist Rodney Palmer gives his second testimony on the actions of the CBC during the pandemic and currently. Rodney states, "The CBC is government-funded news. We know that. And Twitter is right because they're using government-funded experts, disguising them as "independent" to give us government-loyal messaging."

<https://nationalcitizensinquiry.ca/witness/marianne-klowak/>

Marianne Klowak, a veteran reporter with the CBC, became completely demoralized by the censure of her superiors. A fellow journalist advised her to, "document everything that's happened to you, as you would cover a news story. Who said what, when, who was present and the date." Marianne said, "I was just reeling from all this because I thought, you know, we have betrayed our audience on a massive scale, massive."

The bottom line is you can't have a free country if you don't have a free press. You don't have democracy. ... We're at a crisis point in history. We're either going to have a liberal democracy with constitutional rights and freedoms or we're going to have totalitarianism.

Ches Crosbie