BEAT COVID *Naturally*

Why Strong Natural Immunity is More Effective Than the Jab

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The COVID Jab: A Money-Making Agenda

Vaccines are ultimately a mass money-making scheme. And the rollout of the COVID-19 “vaccines”, in particular, has led to an exponential increase in Big Pharma’s profits.

Big Pharma giant Pfizer generated $21.9 billion in profit in 2021 and Moderna came in second with a profit of $12.2 billion for the year. Between the end of 2020 and the beginning of 2021, these Big Pharma companies, along with Johnson & Johnson, got emergency use authorization to roll out their vaccines in the supposed attempt to contain COVID-19. [1] [2]

Of course, the world was scared into believing that COVID was this uncontainable, killer virus unleashed on the planet. And so when they were told about a vaccine, they didn’t ask all the necessary questions and quickly opted in.

The results have been devastating. The worst part is no one is being held accountable for the mass murder of millions of people.

And recently, Pfizer reported that it plans to continue making massive profits off of their COVID-19 vaccines and pharmacueticals well into 2030. [3] According to Pfizer’s CEO, Albert

Bourla, they expect the company's revenue to keep increasing as they continue to create seasonal upgrades to the vaccine.

According to the *Daily Mail*, Pfizer forecasts $54 billion in revenue in 2022 from sales of its COVID-19 vaccine and antiviral pill. [4]

Pfizer is clearly pushing their profits and is presenting itself as a multi-billion dollar company. Because that's what they are. They have zero regard for human life and don't want to sell products that save lives. They want to sell products that make a profit.

Is Getting Jabbed Worth The Risk?

Not only is the jab ineffective and a money-making scheme but it's also extremely dangerous. There have been numerous reports of concern about the sudden increase in myocarditis in young people, blood clotting, various cancers, and more.

Many of our renowned experts have advocated against the clot shot as these disease rates and deaths post-vaccine continue to increase exponentially.

In October, Surgeon General, Dr. Joseph A. Ladapo went to Twitter to share his concerns with the public after an analysis they conducted showed *"an increased risk of cardiac-related death among men 18-39".*

The aim of the self-controlled case series study was to explore the relationship between all-cause and cardiac-related mortality following COVID-19 vaccination or infection in Florida residents.

Data was taken from Florida's reportable disease repository (Merlin), Florida State Health Online Tracking System (FLSHOTS), and death records data from vital statistics were linked.

Additionally, Florida residents aged 18 years or older who died within 25 weeks of COVID-19 vaccination since the start of the vaccination roll-out (December 15, 2020) were included in the study.

The study concluded that there was an 84% increase in cardiac-related death among males 18-39 years old within 28 days" after receiving mRNA vaxxes, Pfizer-BioNTech or Moderna. [5]

There have also been other reports of a massive increase in the number of people with cancer and other all-cause diseases post-vaccine.

Just a few months ago I interviewed Leigh Dundas, a powerful human rights attorney, who revealed how the military uses a database to record EVERY single medical issue that soldiers experience.

And what the DOD database showed directly after the vaxx rollout to soldiers in the military is an exponential increase in all-cause diseases since the rollout of the jab.

“They had looked at the DOD database and they recognized that over the preceding 5 years, all of the incidents of disease and problems medically in the military combined totaled about 1.7 million cases per year, on average… And that was true all the way through even the C0V!D year of 2020.

And then they introduced the vaccine to our armed forces in January of 2021… And when these doctors looked in the database, just in the first 9 or 10 months, so the first 3 quarters really, not even a full year, the incidents of disease… had gone from 1.7 million on average, to 22 million almost. It was a 20 million increase. It was out of this world statistical hike in the rate of disease in the U.S. military.”

But these are two of many experts and studies who have shared genuine concerns about vaxx-related deaths and diseases.

Luke Yamaguchi

One very basic one is that the FDA failed to take into account natural immunity. They completely ignored natural immunity, even though there were dozens upon dozens, over 100 scientific studies showing that natural immunity is real. Some showing actually that natural immunity is vastly superior to vaccine-induced immunity. And so the science was there at that time but the FDA ignored all of it, even though the CDC's own data showed that in June of 2021, 42% of children in this age group were estimated to have already had COVID-19, recovered from it, and had natural immunity.

That means for 42% of the children there was basically all risk and no benefit from taking the vaccine. And the FDA didn't take that into account at all. They ignored it, which is astounding because if they had taken that into account, what they should've concluded based off their own risk-benefit set was that, for boys, the risks of hospitalization from heart inflammation, myopericarditis, was greater than the risk of being hospitalized from COVID-19, the disease itself.

Jonathan Otto:

And out of those 2 diseases, which one is more fatal?

Luke Yamaguchi:

Well, it's interesting. So, according to the FDA's risk-benefit analysis, if you fully vaccinated one million children five to 11, they estimated that you could save one life from COVID-19. So 1 child's life would be saved, but you have to fully vaccinate 1 million children to save one life. And they estimated that there would be zero deaths from myopericarditis. I think that's no longer the

case. I think there is now evidence of some children in that age group who has died from that. Now, whether or not that would be...

Jonathan Otto:

From myocarditis?

Luke Yamaguchi:

The heart inflammation, yeah. And whether or not that would be greater or less than 1 in a million, that's debatable. But even if you accept the...

Jonathan Otto:

Of course, it's higher. Of course inflammation of the heart is gonna have a higher death toll than 11 in a million for... If a certain percentage, let's say 5%, you're talking, hundreds of times the deaths that are likely based on the history of myocarditis and pericarditis.

Luke Yamaguchi:

Correct, yeah. Historically, myocarditis has a pretty high fatality rate. A decent proportion, maybe it's 20% or 25% of those people, will die after maybe 5 years' time. We're not 5 years out yet from these vaccine injuries, so we can't say definitively. But if we look at historical trends, then you're absolutely correct. That could in, who knows? 5, 10 years' time those deaths could certainly mount considerably.

Jonathan Otto:

Yeah. It almost seems as though there would be no question mark to that in the sense that the only thing would be, for example, if you had Hashimoto's thyroiditis. And instead of it being caused by mercury or inflammatory foods or something, it's caused by something else but it's still Hashimoto's thyroiditis. And so, it's your body showing that, whatever the exposure was, was strong enough to warrant this kind of response, which means you have a very serious toxin on your hands.

Luke Yamaguchi:

Right. I'm not a cardiologist, but with that caveat, my understanding is I've heard that when they do MRIs of the hearts on these children who've experienced this vaccine-induced myocarditis, it shows damage. And my understanding is that damage, in many cases, may actually be permanent heart damage.

Jonathan Otto:

Yeah, which is actually showing and ringing true with the history of myocarditis. And to obviously until it's proven that it's a different type of myocarditis and it's milder. If that were at all even possibly true, time would have to tell that before you start saying that now, which shows you're lying because you're trying to downplay the seriousness of the side effects.

Luke Yamaguchi:

Correct. So, the CDC likes to call these cases of myocarditis, "mild cases". And we see a lot of PR in the news, that these are mild cases. But what you should know is, according to the FDA's own risk-benefit model, about 87% of these vaccine-induced myocarditis cases resulted in hospitalization, and 32% resulted in an ICU, intensive care unit stay. How can you say, for a 5 to 11-year-old child, where about a third of them who experience this myocarditis have to end up in the ICU, that this is a "mild case"? That is false on its face. These are serious adverse events. If a healthy child has to be hospitalized or go to the ICU, by definition that is a serious adverse event.

Jonathan Otto:

Thank you. These are really concise iterations of the facts, and I appreciate you taking the time to research these things thoroughly and to be able to educate people on them. Is there anything else that you find particularly shocking and important that you should share in regard to either COVID, the vaccines, the injuries, or anything else that you think is important?

Luke Yamaguchi:

One more thing related to the risk-benefit assessment is that the only risk that the FDA took into consideration was myocarditis and pericarditis. They ignored all other possible vaccine adverse reactions, all other possible adverse events. And so, there's many other things. We know there's anaphylaxis. They didn't take that into account at all. There's things like syncope, fainting, lymphadenopathy, Bell's Palsy, and all of the known adverse reactions.

Jonathan Otto:

Guillain-Barre is very common.

Luke Yamaguchi:

Guillain-Barre Syndrome. Exactly. There's so many things that they just completely ignored. So, when they made their calculation, they literally only took one vaccine adverse event,

myopericarditis, and ignored all the rest. And then they made their conclusion. They said, "See, the benefits outweigh the risks."

Jonathan Otto:

Not a fair fight.

Luke Yamaguchi:

Not at all.

Jonathan Otto:

And even under their own premise, imagining that this was the only disease that could be caused, it still failed that test. That's what's shocking about it. And I think, the numbers maybe were a little bit shocking for them, because I remember looking at data where it was showing from what their expectation was for males, it was like 30 times higher than what their expectation was of the events of myopericarditis.

Luke Yamaguchi:

The normal rates of myocarditis.

Jonathan Otto:

Yeah, exactly. What they would expect.

Luke Yamaguchi:

The other thing that I should touch on mentioning, that the rates of myocarditis that the FDA used, a later paper came out of Kaiser Permanente in Portland, Oregon. And it showed that the true rate of vaccine-induced myocarditis is double what the regulatory agencies were using or what they thought it was. So you also have to take that into consideration. All these different factors. Not acknowledging natural immunity, the actual true adverse events rate for myocarditis was approximately double what the FDA thought it was when they made this decision, and they only accounted for myopericarditis. And there's other flaws in addition to those.

But one thing that I should mention is that the country of Sweden, when they took a look at this risk-benefit analysis, they came to the opposite conclusion and they said, "We don't see clear benefits with vaccinating this age group of 5 to 11-year-old children who are at very low risk from COVID-19 itself." And so they said, "We're not going to recommend the COVID-19 vaccine for children in this age group." So, looking presumably at very similar data, presumably at the same

science that scientists around the world are looking at, and they came to the exact opposite conclusion that our FDA came to here in the United States and in many other countries around the world.

Jonathan Otto:

Wow. And then you'd think, well, how did these scientists get different training? These doctors, these regulatory professionals. Why do they have such different values?

Luke Yamaguchi:

Or what are the influences? What sort of financial incentives are in place or different factors that are influencing their decision-making process? It's fascinating because Sweden was also one of the few western countries that didn't lock down their population. And in retrospect, that was probably a very wise decision, given the known harms we now see with lockdowns on so many aspects of society. And so could it be the case that here too, Sweden is at the leading edge in making the right decision, this time for their children 5 to 11 years of age, by not recommending the COVID-19 vaccine for that age group?

Jonathan Otto:

Yeah. Yeah. Either some of these countries have better scientists, better doctors, or we have doctors in this country, in the United States, that are bought. And I think, that should be pretty clear to the people watching right now. I think that basic education, primary elementary school level will give you the ability to determine that these numbers are very clear in favor of not vaccinating and actually banning and making illegal these substances not only for children but for all people. Thank you, Luke, for your time. It's been such a pleasure. And thank you so much for your facts today. I hope that we get to spend more time and get more information from you as the days and months unfold.

Studies Side With Natural Immunity

Dr. Angie Farella

We opened up our doors to adults in the last two and a half years because of the pandemic. And we knew from the very beginning, the kids were gonna be fine and they are thank goodness, but the adults were getting sick. So I opened up and started treating adults because no one else would honestly mean everything else was closed down. And which is ridiculous in a pandemic, you don't close a medical office, but pretty much that's where we started and we just continue to go from there. So we've grown our practice quite a bit and we've grown providers and it's been a real great time here, actually.

The biggest thing about any new medication or any new technology when it comes to pediatrics and kids, and also in pregnant women, you don't use them as Guinea pigs. And what I mean by that is that vaccine safety and efficacy needs to be very vigilant in safety data. So we don't generally introduce anything into the pediatric P population unless it's had about five to 10 years of safety accumulation in the adult population. Now that's one. The second issue is that the COVID techno, the COVID-19 investigational injection is a brand new technology. If you look the technology up, it is not something that has been perfected by any stretch of the imagination. The animal studies are poor at best. The animals do not do well at all. And so, you know, just don't use humans as a test subject for something that did not do well in the animals.

And especially you don't do that on children or pregnant women. So my first issue with it was that it was brand new technology that was untested for the five years minimum that we use for safety and efficacy data before we present it to the population. So that's the first thing. The second thing is it just didn't seem like a very good idea. I mean, RNA just basic biology, basic gen genetics will tell you that the mRNA will unravel your DNA in order to produce a protein. So my questions were at first number one, how do we know that that is producing the right protein? And number two, when does it cleave off? When does it fall off and stop because there's gotta be some kind of endgame? And so in my mind, from the very beginning, I'm like, there's no way for this to turn off.

And what if it's not a good thing? So I always just wanted to wait. I just wanted to take caution because I knew the kids weren't really being affected. So because they were doing well and they had a 99.9, nine, 7% survivability from COVID, there was no reason to even introduce us to children more than 50% were already immune at the beginning of the pandemic. And when it was introduced into the pediatric population for use under the emergency use authorization, which it still is, it was even higher. They said that up to 75% of the pediatric population had immunity to coronavirus. So to me, it just didn't make sense if you have natural immunity that trumps anything else. So you don't need to take something for something that you're already immune to it, just to me, that blew my mind, and the fact that our government agencies were really speaking out against it, that natural immunity isn't enough.

Well, no natural immunity isn't enough, it's robust, it's strong and it should not be taken advantage of. So for me, I wanted to err, on the side of caution, I wanted to be sure that these injections were safe and effective. And from Pfizer's own data, as we started to see that it was being unloaded, it showed that it was not safe nor was it effective. And we're seeing that now. So the side effect risk profile, when you're looking at the risk-benefit analysis, it's all risk and no benefit. So I was right to be cautious. I took a lot of flack for it, but I still feel to this day that the children do not need a COVID-19 injection at all, whether it's initial series or booster, these are completely defunct now. And they are basically expired because they're against the strains that have been gone for quite a while now. So even the new one coming out it's expired, so we don't need expired food. So we shouldn't be taking expired investigational injections either.

Mandates are a bad idea, especially under an emergency use time period. So nothing is a cookie cutter. Nothing is safe for one and all that's basically the bottom line to we are being censored all the time for misinformation or disinformation yet the media is not. And that's something that really upsets me because how come they're not being held accountable. And that to me is a big detriment to our society as a whole, if we are doing our best to take care of our kids and to make sure things are right mandates should not be anywhere near the table, because mandates are saying that everyone is the same, that everything is perfect for everyone. And we know in medicine, that's not a true statement ever. It never is. We're not testing to see if kids are immune. So if you know, can't mandate something into cuz there's no end date.

So are they showing that the kids are now immune after, okay, we're forcing everyone to get inoculated? So what's the end game is the end game that you're immune or not because the booster thing just keeps on going well, you're not checking. And at the end of the day, you have to worry about safety. We don't know this is all brand new. So we don't know if it's a good idea to booster or not. And the data is starting to show that it's not, I mean, the rate of unfortunate heart problems is rising. I mean, the CDC just put out in something the other day that said that they anticipate the pediatric population to double. When you're talking about taking anticoagulants like that doesn't make any sense.

Kids don't take anticoagulants. Why would they have to take anticoagulants? And for them to put out a statement that says that they anticipate this to double in the next couple of years, that's fishy. So these are just things that we keep seeing. I keep seeing these warnings and mandates are not a good idea. And it'd be one thing. If people could opt out in some way, shape or form, but in a lot of places, it's really rammed down people's throats and that's dangerous. That's just dangerous and bad policy. And it goes against our oath to first do no harm.

So never before in history, was there something that came out that told doctors do not treat, which is exactly what happened at the beginning of the pandemic. If you remember, the media kept throwing out messages that said, if you think you have C stay home isolate, don't call your doctor, wait until you can't breathe and go to the emergency room. There is no treatment. And then the people were being turned away from ERs and been told there is no treatment. So just basic medical guidelines will tell you if you have a respiratory problem, use things like bronchodilators, whether it's oral in injection or nebulized steroids, they work very highly effectively. We have had phenomenal success just doing that, just using steroids, whether inhaled oral, both or injected and bronchodilators like albuterol or leave albuterol. We've also used vitamins to our great help. And really honestly like vitamin D I've been a proponent of vitamin D for children with asthma for over 15 years because a study came out 15 between 15, 20 years ago that stated that the higher their vitamin D level, the less twitchy they were, the less their asthma flared.

And so they noted that in a great study that was done on a whole lot of people. And so from that point forward, I was really encouraging a lot of vitamin D for that reason. So vitamin D was discouraged in the hospitals. They would tell patients that they can't have it. Vitamin C we know vitamin C is a potent antioxidant. Let's use some vitamin C let's use some fish oil, fish oil is a

great anti-inflammatory it thins the, but a little bit, Hey, let's use that. Let's use other medications like an, why don't you try an antiviral, an antiviral can work. So when this whole thing started, I actually did a deep dive into Ebola and into the SARS one outbreak that happened about 12. Well, right now it's about 14 years ago. And I started looking at the medications that they used for that.

And it was easy to find back then. I mean, in March of 2020, April of 2020, it was pretty easy to find these studies and it showed ivermectin. It did rim DVIR, but REM DVIR did not have great outcome studies. It showed hydroxychloroquine all over chloroquine. And so I started using hydroxychloroquine initially with the breathing treatments and with the high vitamin D and other supportive treatments, depending on what else they were suffering from. I used a lot of antihistamines like Pepsi Claratin, Allegra, Benadryl, even we used hydroxyzine. I mean, we were pretty much using any anti-inflammatory anti allergy-type medicine that we could think of just to stop the inflammatory cascade that we knew would come at day seven or eight. So we were highly successful here in our area. When I opened up my doors by December of 2020, we had seen a few hundred cases of patients and we had done very, very well.

All of our patients actually did really well in the year following in 2021, we actually still continue to see cases because after they introduced the vaccine, it kind of had a lull and then it started to strike again, unfortunately. And so all in all we saw in excess of 3000 adults in our practice, I saw a handful of kids that I treated. We used the early outpatient treatment protocol that was introduced by Dr. Z Lanco, Dr. Peter McCullough, the FL CCC with Dr. Pierre Corey and Dr. Merrick. So all those protocols actually worked well. And when there was an issue with the hydroxychloroquine or an issue with the ivermectin, I went to other flu medications. So I went to the flua. I went to TA I used all these drugs and I got good results. So I saw that, you know, can use quite a few things in our medicine bag with good results.

So this whole thing about there is no treatment. There is no treatment just did not seem to pan out for me because more of my people were getting well than sick. We sent a small handful to the hospital. All of them ended up staying in the hospital greater than 10 days. One came out of the hospital and the other three passed away. Unfortunately. So for me, my big goal was to not send anyone to the hospital, try to keep them home, try to keep them moving and try to keep them on breathing treatments and oxygen. If necessary at home, we did our best to do that. And we were hugely successful. And there's other docs around the country that had very similar results, but we're still being ostracized and Chas size and censored and told it doesn't work. When in clinical practice, we saw that it worked.

I mean, it's a pandemic, try everything. That was pretty much what our attitude was, is like you don't sit around and hide in a corner and suck your thumb as a physician, you attack the disease process in front of you. And so that's what I did. I just used my expertise and my experience in respiratory disease and other systemic disease, and just applied as much as I could to these patients. And thankfully the vast majority greater than 99% did extremely well, went home and continued to prosper in their lives. So it just kind of seemed sad that the few that we sent to the hospital was like the hospital washed their hands of these people and they weren't getting treatment. They weren't getting fed. That was very upsetting. I had a couple of

patients that didn't never got IVs. And to me, I just don't understand if you're sick, you're not eating, you're not drinking.

You probably will need some hydration and that's gonna hurt you more than anything. And so to me, that was kind of a medical blunder at the hospitals, jumping to try to intubate a patient when they really may have not necessarily needed it or tried other ways and use that as an absolute last result, but I don't do hospital work. And so I really don't wanna step on the toes of my colleagues in the hospitals, but it was quite frustrating. A lot of their home meds were stopped. They were told they weren't allowed to take their home meds, which is not true. You can always have a reconciliation of your prescriptions and you should be able to continue your medicine in the hospitals. What we saw in the hospitals was really medical mouth. Since it's, it's really depressing to hear some of the horror stories that we've heard over the last two years, but early outpatient treatment, it works. It works very well actually.

Dr. Bryan Ardis

Thomas Renz has a great team of people helping him compile all this information and data. And I don't know why we're doing it. The FDA said they were gonna be pulling CMS data in October 22nd of 2020. They actually defined in a meeting that they were gonna look at CMS data to determine if these shots were safe and effective when they started pumping them out to Americans. I have the document where they actually highlight we're gonna use CMS data. And every time we're in these events and we're going through VAERS data, which is what Dr. Peter McCullough is constantly quoting, I constantly wanna go back to CMS data because that's what the FDA said they were gonna use.

And they have not actually followed through once on what they said they were gonna do, which was a 7 to 10-day report every week once the shot started going out to look for safety and effectiveness using CMS data. Nope, they haven't done it once. So I find that atrocious and negligent, willfully ignorant, they're not looking out for our safety or efficacy. Why are there so many of us health professionals looking at the data and going, "Hey, there's something wrong here." Why is our federal health agencies can't do the same thing? As you see the next chart there. It says Medicare data deaths within 14 days of the first shot. Then the second shot. You're almost to the actual slides there. You'll see it.

Jonathan Otto:

Yeah. What's the notable aspect here?

Dr. Bryan Ardis:

So Pfizer Moderna and then waiting 14 days, but you'll see their total after the second dose within 2 weeks is 50,429 in CMS, within 14 days of the shots. These are the confirmed numbers of dead Medicare-age patients. This should be concerning. I mean, we pulled the swine flu vaccine when it killed 23 people. By the time we pulled the whole campaign, there was like 53

dead. I think it'd be important to start pulling this off the market and reconsider maybe some other vaccine option or some other natural immunity option. Now I have to say something while we're looking at these numbers. Pfizer and Moderna have already advertised and told us publicly that their immunity from their vaccines for COVID-19 is only lasting 6 months at most.

So you should get a 6-month booster every 6 months. Johnson & Johnson, 2 weeks ago published their findings that their immunity with their COVID-19 vaccine was only lasting about 2 months. And the same day, Anthony Fauci was asked in the news, "What do you think about Johnson and Johnson's declaration that their vaccine only provides 2months of immunity?" And he said, this was his exact answer, "I guess it should have been 2 shots all along." Really?

They just told you it was ineffective, even if it was only good for 2 months. That means if you got a second one, that's only gonna give you maybe 4 months of immunity. The reason why this is so disturbing, Pfizer says their immunity to COVID-19 only lasts 6 months. Moderna only 6 months at most. Johnson &Johnson, only 2 months. Do you know that there are currently 140 studies confirming natural immunity to COVID-19 is far longer lasting and more robust than the COVID-19 shots? Have you seen that list of studies?

Jonathan Otto:

You should show it to us. And I'll finish this one just before you go to that. So look at this... Spike protein S1 antigen binding showed significant levels for immunoglobulin while nuclear capsid was IGG. IGM was not elicited. Acute bronchopneumonia and tubular failure were assigned as the cause of death at autopsy. However, we did not observe any characteristic morphological features of COVID-19 postmortem, molecular mapping. By real-time, the polymerase chain reaction revealed relevant SARS-CoV-2 cycle threshold values in all organs examined. And the oropharynx… olfactory mucosa, trachea, lungs, heart, kidney, and cerebrum except for the liver and olfactory bulb.

These results might suggest the first vaccination induces immunogenicity, but not sterile immunity. And the issues here being that we see evidence that this person died from the vaccine and this spike protein so it's going to - that had embedded itself in all the tissues were all relevant tissues across the body. So this is what we see in these diagrams here. And like, the data is becoming clear that we have huge- we have evidence that this is- these are the things that are actually happening. Any commentary from you, Dr. Ardis?

Dr. Bryan Ardis:

Yeah. The first concern is immunogenicity. And I was actually interviewed by Patrick Gentempo for another COVID documentary. And in there, I said, "One of my biggest concerns about these shots is, they are gonna trigger autoimmunity, but the time-frame between the disease when it's diagnosed and when they got this shot is going to allow these vaccine manufacturers to actually exclude themselves from liability. And this is a perfect example. That's not providing sterile immunity against a virus. It actually was creating immunogenicity, which is immune system

attacking self." So we did not think at all from this one autopsy anyway, that the benefits of the mRNA vaccine outweighed the benefits. So the risk by far outweighed the benefits is what I meant to say.

So I just want to go back to this whole point though. I like using common sense. Yes, I do. So Pfizer says their shots only provide immunity for 6 months and you need a booster every 6 months. Moderna, it only lasts 6 months. And then Johnson & Johnson states "Our immunity from our COVID-19 vaccines only last 2 months." Well, let's look at natural immunity that no one seems to want to talk about, but I'm gonna talk about it.

Natural immunity. This is Brownstone Institute at brownstone.org. This is an actual combination of 141 research studies that affirm naturally acquired immunity to COVID-19. And this actually creates all the documents. It's all linked in a huge chart. This is 141 studies. Jonathan Otto, I don't know how many studies you need to be convinced that natural immunity works, but 141 studies, that appears to be a lot.

Jonathan Otto:

Because you know, until we work out this issue with natural immunity, then we're always gonna be at whim for the next variant and how they can scare us with that. Because we just don't believe in ourselves as like the age-old story. It's like, what? All these bad things are happening in my life because I don't believe in myself. Yeah, that's actually true. You don't believe in your God-given immunity. And so you're gonna show us why we can trust in our natural immunity. And before we leave as well, I want to make sure that you give like a really concise commentary on Omicron as well. So that'd be great.

Dr. Bryan Ardis:

Sure, absolutely. So… I just wanna read this to you. Immunology and Virology 101 have taught us over a century that natural immunity confers protection against a respiratory virus's outer coat proteins and not just one. For example, the SARS-COVID two spike glycoprotein. There is even strong evidence for the persistence of antibodies. Even the CDC recognizes natural immunity for chicken pox and measles, mumps, and rubella, but not for COVID. The vaccinated are showing viral loads, very high, similar to the unvaccinated. And he references the actual studies.

And the vaccinated are as infectious. Wisconsin data corroborates how the vaccinated individuals who get infected with the Delta variant or the Omicron variant can potentially, and are, transmitting SARS-CoV-2 to others, potentially to the vaccinated and the unvaccinated. Then it goes into all the troubling data. But what I wanna show the group is this. It's perfectly outlined, 1, 2, 3 through 141. They give you a list of all these studies and their findings that help support natural immunity.

So I'm gonna sit here for a minute. I wanna see if I can locate one study that I want to actually open. I just want to see if it's the one I want because you guys need to see this. I think it's phenomenal. It might be this one actually. Let's just see. Sometimes Paul Elias Alexander will change the order. I just want to make sure I don't get it wrong. There's one in the European Journal of Immunology. I want to see if I can find that one. Might be number 7. I may just search it this way. Hold on. Let me look. I may have an actual save, but it's one of those, it's actually in that list. I do have another interview at one, but let me pull this up here. Yeah, you're welcome. As long as this'll pull up. Come on open man. There we go. All right. So you ready to look at this? I want to show you guys this on the screen. This is one of the articles on the brownstone.org's website. This is one of the ones, I just don't know which number it was, but you can look at this.

This is from the European Journal of Immunology. The title of this actual research study that was published on September 27th, 2021: Persistence of Naturalizing Antibodies A Year After SARS-CoV-2 Infection In Humans. And I just highlighted in the abstract. It says in blue on the screen, "We found that natural antibodies against the virus persisted in 89% and in 97% of subjects for at least 13 months after infection." Now, this is- this means they've been able to identify robust natural antibodies against SARS COVID 2 a year after people had naturally gotten the COVID-19 infection or the SARS-CoV-2 infection.

Now, this is important for your audience to understand. The European Journal of Immunology published a study, confirming that as of September 2021, they could still see robust antibodies, 13 months after the original infection. Now let's talk about what Pfizer is saying. Pfizer has told our federal health agencies and the world that the immunity provided by their COVID-19 vaccines is only lasting 6 months.

This one study confirms that it's already proving to be twice as good, natural immunity, as compared to Pfizer's artificial vaccine immunity. Moderna's also advertising that theirs only provides 6 months of immunity. Well, the European Journal of Immunology just stated, they've seen now as of September of 2021, at least 13 months of robust immunity against SARS-COVID 2. Both of those shots, the mRNA shots of Pfizer and Moderna have a less than half of the vitality and length of time they provide immunity for outside of natural immunity or compared to natural immunity. So my question is why would we ever recommend shots that are proving to be less effective than natural immunity?

Now you have to understand this was 13 months after infection that they published here in Finland. This was done in Finland. If that's 13 months then, they are going to continue to evaluate here on out how long does this robust immunity last? The University of Washington State at St. Louis already published their findings that long-living plasma cells were identified in the bone marrow of people who have actually already been previously infected with SARS-CoV-2.

And what they published was that the presence of long-living plasma cells will provide immunity to all SARS-CoV-2 and its variants indefinitely, is what they stated. Provide immunity indefinitely, which means it will never end. So I would put more faith and trust in our God-given natural

immunity. We are producing antibodies, T-cells, CD4, and CD8 cells that will provide robust immunity for life. They've already been proven per research studies that have been peer-reviewed by experts outside of me, that they are already proving to provide twice as much immunity as the currently marketed Pfizer, Moderna, and Johnson & Johnson vaccines.

How To Boost Your Natural Immunity, Naturally

Dr. Daniel Nuzum

Per vaccine theory, the theory of vaccination is that when they inject you with a little bit of the disease, your body has a big response and you become immune to that disease.

On one hand, it'd be nice if it actually worked that way. I don't believe that it does, just because you raised antibody levels doesn't mean you raised immunity. And what the basis of vaccination is, that their theory is that they're going to trigger your body to produce antibodies against a specific microorganism. In some cases, they do get an increase in the antibodies. Not always, but in some cases the antibodies do increase.

What's interesting is the person still gets all the symptoms of the disease. And that's where we have to question the science. Is this science or is it theory? Because science means, when you're practicing science, you have something that's reproducible, and you get a consistent result. What we're not seeing in all of the vaccine industry is a consistent benefit. What we're seeing is people becoming sicker and sicker and sicker.

When I first was in med school, 30 some years ago, MS, multiple sclerosis was called the old ladies' disease. I'm not being disrespectful, that's literally what it was called then, because it was ladies in their late 40's to early 60's that got the condition. It wasn't common for men to have it, and absolutely wasn't common for anyone in their 30's or 20's to get it. In my career, I have cared for children with MS. 30 years ago that was unheard of. So my point is, we have a population that's sicker than it's ever been, and we're more vaccinated than we've ever been. So the more vaccines they give people, the sicker people are becoming as a general populace.

Now, another issue with vaccines is that it's very individualized. Just because you got vaccinated for 1 virus doesn't make you immune to any others. So I'm going to contrast all of that to how your immune system works. Your immune system starts on the outside of your body. Your immune system starts in your skin. Your immune system starts in your nose. Your immune system starts in your mouth. The immune system isn't just your white blood cells. Your immune system is also all of the probiotic microorganisms that live inside you and on your body.

Now, to give you an idea of the matrix that we're dealing with here, your gut, a healthy human gut has at least 1,000 times more bacterial cells, and in some estimates were like a million times more microorganism cells in your gut than there are in your entire body. Massive, massive, massive, massive numbers here. And then outside of your gut, each cell in your body has-

there's a 10:1 ratio of human cell per microorganisms throughout the rest of your body. So this is crazy.

Now, those microorganisms make up part of your immune system. And they either work for you or they work against you. And whether or not they're working for you or against you isn't determined by how many vaccines you have. It's determined by the state of the water that they're floating around in. Your body is 70% water by weight. Things like lymphatic fluid, that are like 96% water. You got different components of your body, different aspects of your body that have a higher water concentration than others. The thing about it is every cell in your body is floating in water. It's called extracellular fluid. Now, that extracellular fluid is where most of these bacteria and microorganisms live. And if they're in a nice, clean environment, they actually act as part of your immune system. They act for you, on your behalf. You are their home. And so, they want to keep a nice, peaceful, healthy, vibrant environment. And so, they'll fight for that, unless you don't have a healthy, vibrant environment. Then they can actually start working against you. Start breaking things down. It's really kind of an interesting balance, an interesting dance that we have going on.

Now, when you get exposed to- You're sitting in the airport and someone sneezes on you. Well, that doesn't go directly into your bloodstream and make you sick. There's a whole bunch of different things that have to happen before anything actually gets into your system. There are barriers.

The first one's your skin. And you have a microbiome on your skin. There are microbes growing on your skin. They have been there since you were born, and they will be there till you die. And the balance of those microbes protect your skin from infections and protect us.

They act as a front line of defense, if you will. So you have this line of microorganisms that communicate with your white blood cells. Communicating, "Oh, hey, we just got sneezed on. You need to be looking out for X, Y, Z, A, B, C." The microorganisms on your skin communicate with your immune system, telling your immune system that there's a possible incoming attack so the immune system can prepare itself.

Same thing happens in your nose, in your eyes, and any opening of your body to the outside world, including your entire digestive tract, including your entire upper respiratory system. Your upper respiratory system has its own microbiome. Your skin has its own microbiome. Your gut has its own microbiome. Your urinary tract, reproductive system has its own microbiome. Your ear, nose, and throat have their own microbiome. That microbiome acts as part of your immune system, unless you've wiped it out and it doesn't exist anymore. Which is what happens with antibacterial soaps, with antibacterial everything, when we're taking antibiotics or we're eating conventionally grown food even, and it has preservatives in it. The preservatives are antimicrobial. And every time we eat preserved, packaged foods, we're getting a little bit of bug killer in it. And it's killing the bugs in our microbiome, that should be there to help protect us.

Now, once something has gotten past that layer of microorganisms, and it's entered your system, there's all kinds of detecting mechanisms that our body has. Some of them are antibodies. Some of them are individual white blood cells. There's all kinds of things going on once you get past that.

But my point in telling you all this is is there's a front line of defense that is an early detection warning system to our immune system that's completely bypassed if you get an injection. You lose every benefit of your microbiome if you're getting your immunity out of a syringe. If that even functions, I have full doubt. I completely doubt the vaccine premise entirely, personally. I doubt it altogether.

In talking with vaccine manufacturers, I can't name anybody, but in talking with vaccine manufacturers in the process, learning the process of how vaccines are created. When they start off with their raw materials from mice, from dogs, from cows, from aborted babies, and from urine from these things, from blood of these things, when they start off with those raw materials, at no point are they scrubbing those materials of any pathogens that they might actually be carrying. So when you're starting with mouse brains and dog kidneys and cow blood and aborted babies' cells, they do nothing to make sure that isn't carrying some sort of disease. And whatever that tissue is carrying, carries over into the vaccine.

You're not only getting the things, MMR or a flu vaccine, or whatever that they're putting in there, you're also getting whatever that animal or that baby may have been carrying. There's no clean way of making vaccines. You can't do it in a way that's clean. So I doubt the whole thing altogether, from a scientific standpoint.

But if it does or did actually give you some sort of immunity, that little shot in the shoulder gave you a little bit of an immunity to something, you actually bypassed all of your body's natural defenses. You've got skin. You've got mucus membranes that produce mucus that's supposed to be another early detection mechanism for the immune system. You bypass all of that by injecting something into your system.

My point is, you're not teaching the immune system if you're injecting pathogens into the body. You've overshot, and the immune system now has to react. It can't respond because it had no time to respond. There was no early detection, therefore, bam, you created a fight or flight situation that the body has to respond to.

And in that lies the danger of vaccines. These are proteins that they're injecting into people by the way. That's what's supposed to provoke the immune system into making antibodies, these toxic proteins. We covered that earlier, remember? And so, when those toxic proteins bypass all of our early detection mechanisms, our immune system has a full on inflammatory response to this. And some people, it's minimal. Some people, it's autism. They're very dangerous, in my opinion.

So how do we boost natural immunity? Well, first off, let's talk about how the immune system works real quick. So in your bone marrow, these long bones, like your arm, your legs, those really long bones, they're hollow. They got marrow inside them. So do your ribs, your ribs have marrow inside them. Even your vertebrae have marrow inside them. That marrow is where your blood cells are born.

So marrow produces these blood cells, and in this case, produces the white blood cells. We're going to talk about the white blood cells. The white blood cells mature to a certain point in the bone marrow, then they are put into circulation. At which time, they get circulated down to the gut. And it's in the gut, is where they get trained. And there's a thing called the Peyer's patches in the gut. It's lymphatic tissue in the gut.

And it's in that area, in those Peyer's patches, that's where your white blood cells go to school. They learn what the internal environment of the body is like by going down to the gut, to their school. And when they're down there, they get trained per the condition of your gut.

So if your gut's an absolute disaster, guess what? They don't come out of school acting very good. They will misbehave, just like children going to some unruly, terrible school. They come out of there, not only do they not know everything they need to know, number 1. Number 2, they're unruly.

They're not with the program. And that's exactly what happens if you have a really dysfunctional gut, your immune system starts to become dysfunctional in relation to how bad your gut is. That's direct. That's actually your white blood cells. I'm talking about your white blood cells here. Those are neutrophils, basophils, your lymphocytes that produce your antibodies, your eosinophils, all those types of things, even your dendritic cells. They all go to "school" in your digestive tract.

And I'm trying to be as untechnical here as possible. I'm trying to use more word pictures to make this understandable, but in essence, this is what goes on. There's way more to all of this. I'm being very, very simple. So I don't want you to think I'm just not using technical terms or anything like that. I'm trying to give you analogies to help you really understand how this works.

So we go back to the microbiome of your gut. That microbiome is your central microbiome. So you have a microbiome in your upper respiratory system, your ear, nose, and throat. You have a microbiome in your skin. You got a microbiome in your reproductive and urinary tract. And each one of them's different, but each one of them is fed by your gut microbiome. And if your gut microbiome is off, your skin becomes wide open to all kinds of illnesses. Your urinary tract and reproductive system become open to all kinds of illnesses. Your respiratory system, ears, nose, and throat becomes open to all kinds of illnesses.

And people go to the medical doctor. The medical doctor views each of those as isolated incidences. Whereas in natural medicine, we don't view those as isolated incidences. Those are signs.

So skin illnesses; acne, eczema, rashes, those are all signs that something's wrong in the gut. And if you don't fix the gut, it doesn't matter what you do with the skin. It's going to keep happening because it's a response. The body's responding. This is like if somebody pokes you with a pin, and you respond and you go, "Ow. Ow. Ow." Well, they quit poking you with a pin, you quit saying "Ow." But as long as they keep poking you, you're going to go, "Oh. Ouch."

Well, that's what's happening with your skin. If you have acne, if you have eczema, if you have rashes, or these types of things, it goes back to your gut. If your gut's a mess, of course your skin's going to have problems because your skin has a microbiome. And that microbiome is supplied or fed by the microbiome in your gut. When the microbiome in your gut is bad, your skin microbiome's going to be bad.

What else? Well, how about allergies? How about chronic sinus infections? Chronic ear infections, chronic bronchitis, or chronic sore throats, all of those are signs that the gut microbiome is not good. Because it's not good, those ear, nose, and throat, upper respiratory areas aren't being fed, or sent, or supplied with the proper microorganisms to support that microbiome there. Therefore, that microbiome is unhealthy. It's as unhealthy as the gut is.

Now, instead of those microbes working for you, they become a source of inflammation. Your body has constant inflammatory responses to that imbalance in that area's microbiome. Whether that comes out as eczema in your skin, or chronic allergies, or chronic urinary tract infections, or vaginosis in women, or prostatitis in men. All of those things, you cannot fix them permanently if you don't fix the gut first.

So the gut plays a huge role in our immune system, not just from a microbial standpoint, but also by way of the gut being where our white blood cells go to school and learn how to do their job properly. Those Peyer's patches, remember? We talked about them.

So now, there's something else that the gut does. The gut is where we receive our nutrition or don't. If you don't put nutrition in your gut, you don't receive nutrition from your gut. If you eat garbage, you will have a trashy... Your body can't sustain itself on garbage.

Let me put it to you this way, the body is a living organism. And as we speak, pieces are wearing out in your system, and they have to be replaced. If you don't give the body the raw material to replace those pieces that are wearing out, it can't repair them properly. Therefore, the machinery starts to deteriorate, and its functionality deteriorates. So our gut also supplies nutrition. That's how we get the nutrients in our body. We consume them. Our gut extracts the nutrition, puts that into our bloodstream. Our bloodstream then delivers the nutrition where it needs to go. It's that simple. And if we're missing nuts and bolts, the machinery can't operate properly.

Something I explain to my patients, a standard American diet; cup of coffee, maybe we'll call it a frappe, latte, chino, whatever they want to call it. Sugar with a little bit of coffee in it, some cream, all that kind of stuff. Bunch of chemicals and flavoring. And a donut. A bunch of chemicals and flavoring in a donut as a breakfast. We go onto lunch, and it's a fast food

something or other. You got chicken-like products, beef-like products, or pizza, those types of things. And then for dinner, you got spaghetti meatballs, maybe some bread, and maybe if you're real lucky, you might get a salad, something like that.

That standard American diet supplies 20% of the recommended daily allowance of vitamins and minerals that your body needs per the FDA. These are the FDA guidelines. So the FDA says that you need X amount of vitamins and minerals on a daily basis, or you develop nutritional deficiency diseases, and that standard American diet only supplies 20% of the quantity of vitamins and minerals that you need to prevent a nutritional deficiency disease. It doesn't even come close to providing what you need to be healthy. That's a total other scale. Now, I'll give you an analogy here.

Let's say I got a classic car, it's 20 years old, we go out, and we randomly remove 80% of the nuts and bolts from your car, and we hand you the keys and say, well, take her for a spin around the block. What's the chances of that car breaking down? What's the chances of it even starting? This is how people are operating on a daily basis, and things are breaking down, and we get a engineered virus introduced into our populace, and it causes so many people to have severe health problems and even die, my question is, if they were missing 80% of their nuts and bolts in their machinery, it wouldn't have taken much to knock them over. You know what I'm saying?

So since our nutrition is so terrible, our immune system isn't functioning. This is a general population. There's estimates right now that say that right around 92% of the US population is clinically deficient in 10 to 20 nutrients, meaning up to 92% of the population could actually be suffering from a nutritional deficiency disease. That leaves only 8%.

Only 8% of the population is getting enough nutrition to prevent these nutritional deficiency diseases. And I don't know if you've been to the store lately, but the US population ain't made of little people. There's a lot of big folks. And you know why they're big? Because their body's in a constant inflammatory response, and they're swollen. They're swollen. Their body's screaming, it's trying, doing everything possible to keep functioning. It doesn't have all the nuts and bolts to repair itself, therefore it just keeps swelling up and swelling up and swelling up and swelling up. And we want a pill for that too, by the way.

Dr. Henry Ealy

So here's some work I did just trying to work with state health department officials to get them to issue guidance on nutrient therapies. They refused. We'll see if we can get this whole presentation to you all, but there's- you know, we have information on asymptomatic transmission and how this great study from Wuhan with almost 10 million people and it proves that there's no such thing as asymptomatic transmission. They tested 9,865,404 people, and they found that there were 300 possible asymptomatic cases. And then when they further tested those 300 people, they found that there was no transmission. They were never infectious. It was just false positives.

Then, after this study comes out this study, the Wuhan study comes out in November of 2020, a couple months later when that Wuhan study starts getting some attention, the CDC decides to put out another study here through the Journal of Medical Association showing that 59% of transmissions are asymptomatic. So you go, "Well, what? What do you mean?" One study with almost 10 million people is showing that there's zero asymptomatic transmission, but now you're saying that 59% of all transmissions are asymptomatic. Okay. Well, then you look at this and you look into this study a little bit more, and you find out there wasn't one enrolled. There was zero enrolled participants in this study. They're just projecting what they think based upon a lot of assumptions. It's not actually something that's steeped in fact. So actually, there were more enrolled, 9,898,828 participants in the Wuhan study.

So when we look at this, this Wuhan study had almost 10 million people. They used the PCR, antibody testing, and viral culture. They found maybe 300 people that they thought would be asymptomatic carriers. They were actually possibly 29. But the key for this is how many of those possible 29 actually transmitted the disease? Zero. So the actual asymptomatic transmission rate in the Wuhan study was 0% - 0.00 and you can keep going on down there. There wasn't 1 person that contracted SARS-CoV-2 from a person who was said to be asymptomatic. But yet the US study with nobody enrolled in it, shows 59%. Folks, that's wrong. It's just wrong.

So, how are they getting away with this? We talked about this a little bit when I was on with Jonathan. The CDC has manipulated statistical reporting, but only for coronavirus. This is a study that- This is a manipulation that we found the, COVID-19 Alert No. 2, which basically said that all death certificates for COVID have to be de-emphasized, comorbidities have to be de-emphasized and should be put on Part II of the death certificate and that COVID should always be listed as the cause of death. And then they incentivized the people who did this to do it.

And so if you want a little example of that, looking at a death certificate, there's 2 very important parts. There is Part I, which is the cause of death, and Part II, which is the contributor to death. So Part I - cause, Part II - contributor. Of these 2 parts, Part I is most important. What they've always done since 2003, I should say, is that for all causes of death, what happens is they list out what the comorbidities were in Part I so that you can know what was the oldest thing, what really did somebody in. And what we always have relied on is the oldest comorbidity is considered the major cause of death. It's not the initiating factor, which might be an infection or something like that. It's always the oldest comorbidity that is considered to be the cause of death.

Well, what they did with COVID was they completely changed this without public comment or federal oversight. And they effectively moved this. They said, "You know what?" If this was a case of same guy, let's say we had the same guy passing away here, but in this example, the initiating factor, the infection was Influenza H1N1. But in this example, it was COVID. Well, this is what the H1N1 death certificate would look like. It would be properly reported. And the cause of death would be considered to be chronic obstructive pulmonary disease, COPD, since in this case example, this is the oldest comorbidity - oldest comorbidity. But if this same 77-year-old

person, instead of it being Influenza H1N1, it was SARS-CoV-2 virus, COVID, what would happen is COVID-19 would be listed as the cause of death, and all the comorbidities that had been going on for 10 years-plus would be listed in Part II as contributing. And that's how you start manipulating data. Because these rules, this change, only applies to COVID. It doesn't apply to any other cause of death. So COVID has its own unique rules.

COVID also has its own unique rules for what constitutes a COVID case. And that's another big concern there. And that's where we talked about the Council of State and Territorial Epidemiologists. So you can read all about this stuff in my team's peer-reviewed works. And they're all published and links are provided to them on the covidcon21 website. They're actually- It's this work that we've done, which is the major foundation for our work on the grand jury petition that's currently in process right now on all of this.

So let me jump away from some of this stuff here, because I don't want to... This is definitely things you want to read about. And if you go to covidcon21.com, you can read about our grand jury petition and get yourself acclimated. And there's actually a really good video on a presentation I did on it in May. So, let's get away from this stuff and let's just get into a couple of key pieces here. There's a couple things I wanna point out on a few slides and then we'll call it a day.

So the first thing I want to point out is, you know, we're looking at data through August 22nd on this side. This side of this fence right here, if we have a fence right down the middle, this side is gonna be Infection Data published by the CDC in the US. This side is gonna be Inoculation Data published by the CDC. And this one is through August 13th. So we're just looking at a kind of side by side infection versus inoculation. So what this helps us develop is benefit versus risk, okay? So, when we look at this analysis, I think it's really important for folks to see that when we're talking about recovery rates, recovery rates under 18 years of age are essentially 99.99% and 98%. So it's an aggregate of really, almost about 99.99%. It's just insanely high. So what that does is it helps us understand what the gain of benefit really is.

The gain of benefit is, what would it take for this to be a 100% recovery rate? The gain of benefit is very small in these groups, which says that the inoculations are not necessary. They do not improve gain of benefit. You cannot take somebody from 99.99% recovery rate to 100%. There's no such thing as a 100% in life. There's no such thing as 100% medicine. Anybody will tell you that. I think it's also interesting to note that people under 65 years of age, the aggregated recovery rate is 99.6%. This is data through August 22nd. And believe me, these, with all these - the amount of data we've collected, these will not fluctuate significantly at all. They won't change but maybe by a 0.1% here and there at most., all right? This is what's happening. We know what- we have all the data we need to extrapolate who's at risk, people over 65, from who's not, people under 65. So that's right off the bat there.

When we look at the inoculation data from the CDC, and this is through August 13th, we can see the number of people who've been inoculated. And what I like to point out here that drives me up the wall is that over 200,000 children under age 12 have been inoculated even though

they are not eligible. This is a crime. This is a definitive crime to inoculate someone using a experimental product that is not eligible. But the CDC has said nothing about this, done nothing about this. Over 200,000 children have been inoculated and they should have never been eligible for it. That's medical misconduct. That is clearly a problem. And as a result, some of these kids have gotten injured. But what we want to do is look at the reported injuries versus the potential gain of benefit.

And we look at reported injuries versus potential gain of benefit, what it does is it helps us understand what is the risk of injury based upon the number of people who've been inoculated? What percentage are being injured? And wherever the risk of injury exceeds gain of benefit, this tells us that these people, this age demographic should not be eligible. If the risk exceeds the benefit, then these groups should not be eligible. This is basic math going on here. Again, it's all CDC data. So kids that are under 12 are 4.7x greater risk than benefit. And that would be bigger if they opened it up. But this is a group that doesn't need it. Why would you need something, an experimental inoculation, if you're at a 99.98% recovery rate and a 99.99% recovery? That doesn't make any sense. Kids 12 to 17, 15.8x greater. This, again, as of August 13th, 15.8x greater risk than benefit in that age range. 18 to 39, 3.4x greater risk than benefit. So when you see those, anybody under 40, there's no statistical argument that they should be eligible for it. So Simone Scott, she should have never been eligible to receive the experimental inoculation based upon the risk of injury versus gain of benefit data that we have. Never.

I think on this slide, it's important just to note that really simply that for 6% of death, this is as of August 23rd of 2020, for 6% of deaths, COVID-19 was the only cause mentioned. So for deaths or conditions or causes in addition to COVID-19 on average, there were 2.6 additional conditions. So there was 2.6 comorbidities. But when we go to September 17th, a year later, that has gotten even worse. So over 5% of the deaths, so COVID-19 was the only cause mentioned. So that's a clever way of wording it to say 95% of the death certificates had multiple comorbidities listed in Part II, 95% of them. And on average, there were 4 comorbidities listed. For 95% of that means that COVID isn't the cause for those and we need to do a full audit on them.

I always like to share recovery rates here. So we have the recovery rates and percentages. But I also like to share the actual numbers. This is through September 6th on this one. So in the zero to 4 age range, there have been over 700,000, almost 700,000 recoveries. In the 5 to 17 age range, at least 3.3 million recoveries. In the 18 to 39, over 11 million recoveries. Folks, by and large, the common experience from COVID is not death, is not hospitalization. It's recovery. The numbers don't lie. And this is all, again, CDC data.

So how do we assist this? Well, we assist this by looking at what we can do to, like we said, and we led with, to prime the immune system. So I'm just gonna share some studies that you can rely on, I think, 'cause they're just great studies on this. So the CDC does something called the NHANES survey, the National Health and Nutrition Examination Survey, to assess what percentage of Americans are deficient in key immunological nutrients. They've done this through 2004, and then we have another summary of studies from 2005 to 2016. And what these

studies confirmed was that Americans by and large are deficient in Vitamin A to the tune of 35 to 45% of Americans are deficient in Vitamin A. 37 to 46% of Americans are deficient in Vitamin C. 65 to 95% of Americans are deficient in Vitamin D. 60 to 84% of Americans are deficient in Vitamin E. And 11 to 15% are deficient in zinc. What is this telling us? Americans are deficient in key immunological nutrients. This is why it's so important to prime the immune system 'cause most people's immune systems are nutrient deficient, placing them at very high risk for prolonged recovery times, long haul, very serious adverse events from the infection symptomatology, and fatality.

So, let's see what the peer-reviewed research has showing on this. I'm just gonna pull out a couple of things here. Vitamin D, 3 studies tested the blood levels for Vitamin D and this was a takeaway. Taking an initial loading dose of 20,000 IUs of Vitamin D for 2 weeks can help to raise the level to an adequate level to lower the risk of infection. Well, where are they coming up from this? A Philippine study showed that with a deficient Vitamin D status where you're under your 50 nanomoles per liter, 50 nanograms per milliliter, the probability of becoming severe or critical with COVID was 72.8%, against just 7.2% with people who had adequate amounts of Vitamin D. Indonesian studies, same thing. With the deficient Vitamin D status, the mortality rate was 98.8% against just 4.1% with adequate Vitamin D. This has been out there. We've known this virtually from the beginning, folks.

This study, oral Vitamin D and modest amount 1000 IUs every day, oral dose, magnesium, and a little bit of B12. What happened? A significant reduction in the proportion of patients with clinical deterioration requiring oxygen support and/or intensive care support. This is how a little bit of nutrients can go a long way for reducing symptomatology and reducing the necessity for hospitalization, especially intrusive hospitalization, such as intensive care, ICU or ventilation.

Another study, 10,000 IUs a day of Vitamin D3 for a few weeks rapidly raised Vitamin D concentrations. And then you can lower it down to 5,000 IUs. So loading doses, they're talking about loading doses here. And this is a great strategy, something we've been using in medicine for years. Getting the bloodstream built up with nutrients. Another great study here by Castillo and company, of the 50 patients treated with Vitamin D3, zero deaths occurred. All 50 patients were eventually discharged without complications. How cool is that, right? Another one, Vitamin D by Marcos and company. Vitamin D deficiency is associated with higher infection rates, increased incidence of sepsis, and increased mortality risk among critically ill populations. This is all specific for COVID-19, folks.

Another great one. This is one of my favorite studies on Vitamin D. A total of 191,799 patients were included in this study. This was a study where they measured the serologic levels of Vitamin D in the bloodstream. Of the SARS-CoV-2 positivity rate was higher in the 39,190 patients with deficient levels of Vitamin D, that's 25(OH)D, that's Vitamin D. So people who are below 20 nanograms per milliliter, they were higher in terms of contracting the virus than the 27,870 patients with adequate levels. So people between 30 and 34 nanograms per milliliter. And the 12,331 patients with a value of 55 or higher. So what they're showing here in this one is

that you are twice as likely to contract the SARS-CoV-2 virus if your Vitamin D levels are below 20 nanograms per milliliter than if you are at 55 nanograms per milliliters.

So this starts to establish a benchmark. And here's their conclusion. SARS-CoV-2 positivity is strongly and inversely associated with circulating Vitamin D levels. A relationship that persists across all latitudes - it doesn't matter where you live; races and ethnicities - doesn't matter what your cultural heritage is; both sexes - doesn't matter your gender; and all age ranges - doesn't matter how old you are. The more Vitamin D you have, if you get yourself above 50, 55 nanograms per milliliter, you are gonna be half as likely to be infected. And because of that, it's going to reduce the potential for severe symptomatology and reduce the necessity for hospitalization. How much?

This is a study that is in pre-print, just came out a couple of days ago. This study shows that they did a regression analysis which suggested a theoretical point of zero mortality at approximately 50 nanograms per milliliter. So these folks assessed the literature and found that, if people are above 50 nanograms per milliliter in Vitamin D3, it's a virtually a zero mortality rate. That's how important Vitamin D is. Their conclusions, despite ongoing vaccinations, we recommend raising serum Vitamin D levels to above 50 nanograms per milliliter to prevent or mitigate new outbreaks. Simple stuff. Little bit of nutrition goes a long way.

And then we talked about this Vitamin C study, what was going on in the Wuhan epicenter with Dr. Cheng and Dr. Richard Anderson, who wrote on it. He wasn't in the epicenter. But this is the study that showed 50 cases, moderate to severe COVID. Everybody recovered, everybody recovered faster using intravenous Vitamin C. Zinc, these patients were found to have higher rates of complications, acute respiratory distress, corticosteroid therapy, prolonged hospital stay, and increased mortality. These are people who are deficient in zinc, okay? So, what are they saying in their conclusions?

A significant number of COVID-19 patients were zinc deficient. These zinc-deficient patients developed more complications, and the deficiency was associated with prolonged hospital stay and increased mortality. Same thing has been found with deficiencies of glutathione. Same thing has been found with deficiencies of Vitamin D. So imagine putting all of those nutrients together, instead of looking at them in individual ways. Now you're putting yourself in a position where you can prime your immune system to be very, very effective.

This is the Brownstein study that was done in Detroit, Michigan, a suburb of it. Great study here. 107 patients were involved in the study. They used early treatment, given to 99% of patients first 4 days of symptom onset. So as soon as their symptoms, they started treating immediately like we should always do. Vitamin A at 100,000 IUs, Vitamin C at 1,000 milligrams per hour during waking time.

So they're giving, really, if a person's up for 12 hours, they're giving up to 12,000 milligrams of Vitamin C. Vitamin D, 50,000 IUs daily, so very aggressive dose of Vitamin D, love it. And iodine 25 milligrams daily. So small little touch of iodine. Also giving some solution of hydrogen

peroxide and saline for people to breathe in. And what did they find after using this? First improvement on average was at 2.5 days. Everyone was mostly better by 4.5 days and completely better by 7 days. What they noticed in this, and this was published in July of 2020, is that 100% improvement in all 100% patients treated. They had 100% success rate, simply using targeted therapeutic levels of key immunological nutrients. 107 out of 107 recovered.

So where that takes us to is some suggestions. And we have this on the website again. Let me go bring it back here. And this is where we developed our immune priming from, right here. That's where we have on the immune priming on the covidcon21 page. And you can get to that from the top. We lay out the case for immune priming and based upon your age, which nutrients should you consider. And when I first put together some of the work that I just showed you, we were in our infancy in understanding what was going on. And we still knew that there was a lot of things that we could utilize. Now, we've since added on an understanding of why we need to include quercetin to help act as a zinc ionophore. We know and we've learned about bifidobacterium. We understand previously about the role that a multivitamin plays. And then we get later on for people who are actually infected and sick, we get other information from the UCSD Salk Institute Study, L-Arginine, liposomal glutathione or N-acetyl cysteine. Serrapeptase, which didn't come out of that study, that's just a theoretical add-on. You know, and there's post-inoculation injury, the liquid iodine from the Brownstein study.

Folks, there's so much out there. It can be a little overwhelming. That's why sit down with it and make sure you discuss it with your healthcare team. You know what I mean? I think that's really important that you do that. But overall, that's what I have to present. There's always more, but I think that's a good place for us to end tonight. And hopefully, there's a lot of information for you to digest, discuss with qualified healthcare professionals, and make decisions that are best for you and your family. The data is very clear. The high percentage, an insanely high, I shouldn't say insanely, a significantly high percentage, 99 percentile and up of people recover without really any help or any assistance. Yes, some people have severe symptomatology from the infection. Some people require hospitalization. Some people will require a lot of intervention. And typically, those people are entering into these situations, these infections with a severe nutrient deficiency status and a severe number of comorbid preexisting conditions.

So the data's clear on that. The data's very clear on which groups, what age groups and which health groups are succumbing to the infection. And it's very clear it's not the young and it's not the people who are in a good state of health. So this is where we come in and we say that old adage still hold and rings true, an ounce of prevention is worth a pound of cure. All right, everybody, I'm Dr. Henry Ealy, and founder of the Energetic Health Institute, lead author for the COVID research team, and executive producer for covidcon21. It's been my pleasure to be here with you today, sharing all this information. And I hope you will use it in good health, use it wisely, and use it in discussion and collaboration with your trusted medical teams. Thank you so much.

Repairing a Damaged Immune System Post-vaccine

Dr. Daniel Nuzum

I'm not here to convert medical doctors, I'm here to help those who don't know about this. I want to teach you so you can take care of yourself so you're not dependent on us doctors. That's what this is all about. That's why I show up on these things. I want to teach as many people how to help themselves so they don't have to depend on the doctors because, unfortunately, most of the doctors don't know how to fix these types of problems. So what are the remedies? That's the next question. What do we do, Doc? What's the remedy? Well, this is going to come in multiple layers, so I want you to take notes. Number 1, if you're putting toxins in your mouth, it almost doesn't matter how many pills you take.

You may be able to get enough pills in your system, enough supplements in your system to maybe neutralize the toxins that you're stuffing in your mouth, but you're never going to get ahead. You may be able to take enough supplements to minimize the collateral damage...

So first off, let's talk about how to remedy all this. What are our remedies? What can we do about this? Well, first off, if you're taking and putting toxins in your mouth and you're swallowing them on a daily basis, you may be able to take enough supplements to neutralize what you're doing to yourself with eating garbage, but what is going to be real hard is for you to get ahead. Actually, minimizing the impact of our environment takes a unified military-diligent approach. You have to eat good, clean food, and you have to supplement. If you're going to have all of the nuts and bolts for your body to repair itself, you're going to have to do both of those 2 things at the same time.

You can't do one or the other, and the food- Now, let me just take a step back. The supplements that I stand for, the ones that I believe in are concentrated food, food concentrates, herbal concentrates. Why? Because we can't grow things like we could 100 years ago. The soil doesn't have the nutrients to get into the food. Therefore, we have to do concentrates of the food in order to get the same amount of nutrition. Therefore, you can't eat a healthy diet and be healthy, you have to supplement. You have to. If you're going to get all the vitamins and minerals, to get all the nuts and bolts your body needs, you're going to have to supplement, but you need to do those 2 things side by side. Doing one or the other isn't enough.

Next is water. Municipal water. You know what happened in Michigan, in Detroit area? You know what happened there? You know everybody got the lead poisoning? They still had lead pipes in their municipal water system. What they did is, they raised the amount of fluoride that they were circulating in the water system, the municipal water supply, by just a minute of, I think it was a 100th of a percent, but it was just enough to start eroding all of those lead pipes, and all that lead started leeching into their water system. So the problem there is, not only did they have the fluoride, they had the lead. And the thing about fluoride is it likes those heavy metals. They bond together and make something even more toxic. So it was really nasty. Toxicology is a rough area of study, because, my gosh, 1 thing's toxic, 2 things are 10 times that toxic, 3 things are

100 times that toxic. That's the math when it comes to toxicity. It's not 1 + 1 = 2, it's 1 amplified by 1 = 10, and then you add another to that, that amplifies it by another 10 to 20. It's crazy. Toxicology, it can be scary.

Now, when it comes to water, we have to drink clean water. Water is the medium that everything moves around in our body, and if we put dirty water into our system, just all the more that our filters have to clean out. You're going to stress your filters even more by putting dirty water in. So we need clean water. So we got nutrition, which is a good diet and supplementation. That's number 1. Number 2 is good water. How are we going to move these nutrients around the system if we don't have good water? Number 3, specific supplementation. Those are things like herbal remedies, medicinal mushrooms, higher dose individual nutrients, or even higher dose groups of nutrients like your water-soluble vitamins or periodically taking large doses of Vitamin D. Vitamin D has over 3,000 known functions.

Vitamin C. There's a component in our bodies, a tissue called fascia or connective tissue. So that's the protein matrix that holds everything together. It connects everything. You know what Vitamin C does? Vitamin C protects and anti-oxidizes or preserves that protein, keeping it from breaking down too fast. So if you're Vitamin C deficient, guess what? All your proteins break down too fast, and your face sags, your rear end sags, and everything sags. Now, taking Vitamin C isn't going to put your cheeks back where they're supposed to be, but your cheeks can't go back to where they're supposed to be without Vitamin C. And on that point, remember I talked about zinc earlier and how zinc makes up the component of those zinc-dependent enzymes that repair our protein. So the zinc enzymes are going around repairing protein, but if the Vitamin C's not there to anti-oxidize and slow down the deterioration of those proteins, the zinc enzymes can't keep up.

So there's a huge symphony that has to happen when it comes to nutrition in your immune system. We had nutrition, water, now we have, I call them co-factors. Herbal remedies, medicinal mushrooms, things like adaptogens, those types of things. You got Chaga mushrooms, Reishi mushrooms, turkey tail mushroom, Cordyceps mushroom. Those are some of my favorites. They work so well in so many different areas. And what's nice about those things is, they supply food for your microbiome, they supply information and fuel to your immune system. There's a lot of things that those do. Then we have things like adaptogens, like Rhodiola, or Eleuthero, Ginseng, and even you have calming adaptogens like holy basil, Ashwaganda. These are all different things that help with enabling your body to adapt. Anything that stresses your body is stressful because it's causing you to adapt.

If you get on adaptogens and stay on them for extended amounts of time, they train your body, your immune system and your whole system actually to handle stress better. So you become more resistant, more resistant to stress. And that's not just emotional stress, I'm talking chemical stress like from the environment, I'm talking infectious stress, microorganisms and viruses, things like that. These things raise your resistance so you can ward off these things much easier. Then we have activity. If you're not up moving around, things aren't circulating. My very first appointment with people, I always explain that there are 4 things that we have to establish

or re-establish before you can even start getting better, and there are 4 areas of circulation that have to be circulating in order for your body to even start to heal.

These are your blood circulation. Your cardiovascular system has to be pumping and moving blood around. If that ain't happening, nutrition doesn't happen, detox doesn't happen. There's all kinds of things that are involved there. Number 2, your lymphatic system. It has to be flowing. Your lymphatic system works just like the sewer system in a city. The sewer system's plugged up, all the cells, or the houses, get toxic. So if that sewer system isn't moving, is not circulating, all that nasty stuff, that all backs up into the houses. It's exactly what happens in your body when your lymphatic system's not draining. If your lymphatic system's all plugged up , and it isn't draining, and it's not circulating, all those toxins that your cells are throwing off are then coming right back onto the cell and eroding your cells. It's a really nasty process. The lymphatic system has to be draining. That's number 2. Number 3, your digestive system has to be circulating. From top to bottom, it has to be circulating. Things have to be moving in your digestive tract. If they are not, you cannot heal. I had an argument with the largest patient I ever treated, weighed over 680 some pounds, and we had an argument about what was regular, and he told me twice a week, that was regular. He'd been twice a week his whole life. And I said, "Well, that's fine. How often do you eat?" He said, "3 times a day." I said, "Okay. So you're telling me you're having 21 meals a week, and you're only getting rid of 2? You think that doesn't affect your weight?" Digestive system has to be circulating. Things have to be moving. Number 4, your nervous system. The impulses from your nervous system have to be circulating. If those things aren't circulating, healing is going to be very, very difficult. So how do we do that? Well, the primary mechanism is movement. We have to be moving or we have to be active.

Your digestive tract has to have enough water and enough fiber in it in order for it to exercise and keep moving. If it doesn't have enough fiber and it doesn't have enough water, it's not going to move very well. Your blood, your cardiovascular system, isn't going to pump around really well if you don't get the pump active. If all you're doing is sitting down, the pump's going to be really low on the activity level. You start getting up, moving around, the pump's going to pump more. And as it pushes, it's going to move that blood and circulate that blood. It's super, super important. As you're up moving around and you got those muscles moving, those joints moving, everything's active, that's what pumps the fluid around in your lymphatic system. That's how you circulate everything around in your lymphatic system. That also helps get those nerve impulses going from your brain through your spine out to your hands and feet and liver and kidneys and heart and everywhere else, and back.

So where do we start? Nutrition. And good nutrition is a healthy diet with supplementation. Number 2, water. You have to have water, and you have to have good clean water. It's ridiculously important. Your body's 70% water by weight. If you don't change that water, I mean, come on, how many times- If you want to keep your car healthy, you have to change the oil every once in a while. You don't put good clean water in your system, you're not changing your oil very often. Then we've got movement and circulation. We have 4 levels of circulation. We have cardiovascular circulation, lymphatic circulation, digestive circulation, nerve impulse circulation. Those things have to happen. They have to happen. And if those are happening, and they're happening well, then we can think about detoxing. But until those 4 things are

happening, detoxing shouldn't even be on the map. There's preparation before detox, and that's in any way. You've got to get things moving in your system before you try to move the toxins out of your system. If there's a traffic jam, you're just going to make things worse.

So specific remedies would be anti-oxidant remedies like Astaxanthin, NAC, even L-carnitine would be helpful, although those help also with mitochondrial function, and mitochondrial dysfunction is one of the things that we're seeing with people that have had the vaccine. So those would be things to look at. Also things like medicinal mushrooms. That's another fantastic thing. Medicinal mushrooms are one of the ways we can help repair our DNA is through medicinal mushrooms. It's one of the effects that they have, and that's one of the things that these vaccines are harming is our DNA. Adaptogens. Adaptogens increase your ability to adapt. And if you can't adapt to very well walking up the stairs, you go from the bottom of the steps to the top of the steps and you're huffing and puffing because you can't adapt to that kind of movement, it's something adaptogens could help with.

If you can't adapt to other types of stress or you are in a crowded place and someone coughs and you get sick, you just don't have much resistance, adaptogens enhance resistance. At drnuzum.com, I have all those types of things, by the way. Another thing to look into would be CBD. That's another thing to be considering both as something you could use to minimize the inflammatory response from these vaccines, and then also something you could use as a remedy for viruses and things like that. There's all kinds of research out there right now, especially on more recent viruses and how CBD can deactivate those types of things. So something else to look at.

Dr. Henry Ealy

Okay, so what we have here and what I want to share with everybody today is 2 cases that I've been involved with in helping, in success cases. I think that's something so important for us right now is, you know, if I had my druthers about all this, doctors and everybody in the healthcare field will be sharing information all the time. what's working? What's not working? You know, so we can really hone in on the key strategies, the key approaches that are going to bear fruit for people in need. That's what this is supposed to be all about if we're all in this together.

If anybody who wants to, they can get these free resources on covidcon21.com. What we've done is we've put together a really, I think, thorough prevention and early treatment strategies down here. Some of you might already be aware of this. We have a great talk that I was a part of with Dr. Peter McCullough, Dr. Simone Gold from the American Frontline Doctors, and myself. Just really in-depth on what we are seeing clinically, the exact conversation that we should be having throughout this.

I think it's really important also to bear in mind this disclaimer, I wanna make sure that that's a part of everything I'm doing now, that all the information that we share on this interview and that's shared on this website and anything else that I do share with the audience is that it's

public domain and for educational purposes. Information can be shared freely with the understanding that all statements have not been evaluated by the FDA. You can go to the FDA's website to get their position on various therapeutic interventions. I respectfully disagree with a great deal that's on there, but that's neither here nor there. I think we should be able to disagree in a free society.

We are required to inform you, though, that any information presented on this site, in this interview, on any of the videos are not intended to advise, diagnose, treat, cure, prevent any disease, including COVID, and we're required to inform you that any information presented on this site, videos in this interview are not intended to constitute legal advice. Always, I should say, consult with qualified licensed medical professionals and legal experts before an acting information presented in this interview.

With that being said, you know, we wanna make sure we can share evidence-based information. I think that's the real key here. So, I've been working and I provide some background here on the work that I've been doing really since June 30th of 2020 and before to try and work with and collaborate with state health officials. I submitted for everybody's review a couple of Gmails and a couple of emails that I've had with some folks. We've been in a couple of meetings, but we've been largely ignored without any really justifiable reason, in my opinion.

With that being said, you know, and with a duty to help people in need, I want to do that, do my part through education. I've been teaching for well over 2 decades. I'm the founder of the Energetic Health Institute. What we do is we bring information together, we collect it, we analyze it, we really organize it, and then we share that information from the heart for the betterment of all. That's in our mission statement.

A couple of things. If you want really detail, we've collected well over 100 research articles here on COVID-19: Restoring Public Trust During a Health Crisis. There's lots of links throughout this website to substantiate what we're saying. We're not just pulling things out of thin air and left field. We wanna make sure that what we share is verifiable information, as we should all be doing. These are the basic standards for it.

So, I'll get into this information a little bit later, but I wanna talk about immune priming as a theory because people talk about prevention and prevention strategy. And I want to make sure that we understand when we're talking about COVID, what we can do to make sure that our immune system is prepared for any exposure to COVID, especially if it's a first-time exposure and a person's immune system hasn't really figured out yet how to deal with this infection, especially if it's one of the Delta variant or any of the new variants that come along.

The best approach, in my professional opinion, is to prepare the immune system for battle. To prepare your immune system to be effective, efficient, and really work on your behalf. And to do that, your immune system is going to need some key immunological nutrients. The first one that the immune system's gonna need is Vitamin D. And Vitamin D is really all about coordinating the immune response and stimulating what are called "antimicrobial peptides," "cytokines," and

"immune cell proliferation." I wouldn't be surprised if it's involved in the production of interferon as well.

Vitamin E is an antioxidant that's gonna really protect your healthy cells. It's gonna enhance your B cells and your T cells to be as effective as they can be in response to any infection. This is how we start understanding by looking at the mechanism of action of what these nutrients do for immune cells. It helps us understand how they become immune-priming nutrients, meaning that your immune system is now primed and ready to handle infections, any kind, especially infections that are new to the entire system, as a SARS-CoV-2 would be for many people.

Vitamin C is another antioxidant. When you think of antioxidants, you think of stopping damage before it starts. I think that's really the key way to understand the effectiveness of antioxidants. Antioxidants that we get in vitamin form are gonna be very effective. Antioxidants that we get in the plant world, like some of the polyphenols and some of the anthocyanins that we find throughout the plant world.

One other thing that's interesting in the plant world is that the antioxidants that we get from the plant world are part of the plant's immune system and what the antioxidants are doing is helping to prevent infection in that plant. It's so interesting that our bodies can utilize those same antioxidants in the same capacity. It's like the plants were developed for us. We grew up together and they're a part of our existence, that they're such a essential part of our existence, of a healthy existence. So, Vitamin C is also gonna protect healthy cells, including the activated immune cells. It's going be also specifically antiviral. Now, we don't know if it's antiviral. I haven't seen anything published showing it's antiviral specific to SARS-CoV-2, but we do know it's been antiviral to other viruses in the past.

Now, increases systemic interferon response. Jonathan, you know how you might get sick and your body starts to get really achy and stuff like that? That's your body producing interferon and interferon is a key substance for your body to produce because what interferon does is it helps block viral replication systemically. The reason the body has that as a key first initial step is that your body, in using interferon, even though it makes you feel a little achy and you can't get comfortable sometimes when you're laying down and not feeling well, what your body is doing is buying time for your more specific immune cells like the intrinsic cells and B cells and T cells and natural killer cells and all these wonderful specifically and very effective cells, it's buying time for them to study the virus, study the infection, and learn how to kill it. So, your body has all of these different levels of immunological response. Some of them are systemic, some of them are very specific, but it's all this incredibly well-coordinated response that we need to enhance.

What primes it to work? You got it, nutrients. People who have a abundance of nutrients in their body are going to be less likely to experience severe symptomatology, need hospitalization, and have worse outcomes. People who are deficient in these things, people who are deficient in Vitamin D, Vitamin E, Vitamin C, Vitamin A, which we'll come to next, are gonna be more likely to have a much more arduous experience when they encounter and are affected by a new pathogen.

Now, what's also interesting is that the Vitamin C is gonna help increase the circulating number of antibodies, so it's gonna make the immune system more effective. Now, we get into Vitamin A. Vitamin A is gonna be all about coordinating the cellular-immune response and promoting immune cell proliferation. It helps immune cells divide and things like that and it's going to enhance the mucosal integrity of the system.

And then we hear about zinc. Zinc has these wonderful, wonderful attributes. One of the things that it's gonna do is it's gonna increase binding capacity and it's gonna optimize the immune cells to be more effective at killing, all right, the exact thing we want. What it's also gonna do is when it gets into the cell, zinc, when it gets into the cell, is it's going to help the cell produce an enzyme that, again, now at a cellular level blocks viral replication. Just like we have interferon that's blocking viral replication throughout the entire system, your cells have defense systems as well. One of the defense systems that your cell has is a enzyme that it's going to help block viral replication. Well, that is a zinc-dependent enzyme, so the trick is getting zinc into the cell.

Now, Dr. Zelenko has done some great work on this. And, what he shown was that hydroxychloroquine is a zinc ionophore that helps get zinc into the cell. That's what an ionophore does. Well, fortunately, we have other ionophores, like quercetin. Quercetin's a zinc ionophore that helps get zinc into the cells. It also helps enhance nerve conduction and perception so your body can perceive what's going on.

You may not know this, but your body has over 600 miles of nerves throughout it. It isn't that wild, that 600 miles of anything could be packed into our bodies? But you have over 600 miles of nerves just coursing through your entire body, perceiving what's going on. So giving a little enhancement to that perceptive tool, that perceptive tissue that we have, is gonna make the immunological response more accurate.

What we want to think of, ‘cause a lot of people get sick and they don't feel good, right, that's why we're so afraid of getting sick, we don't feel good. Well, when you don't feel good, it's the pain that you're feeling, the uncomfortableness that you're feeling, those are sending signals, excuse me, through your nervous system, telling the immune system where to go. You think of pain as not necessarily a bad thing. Pain is really a beacon for the immune system. It tells the immune system where to go, where the immune system is needed, and it's an important part of this entire cascade of events that ultimately, when it's conducted properly, results in a person healing, you know, when a person overcoming an infection. Well, in addition to quercetin, which you can find in frozen organic blueberries in high content, green tea is going to be something. Organic green tea is something that also will help get zinc into the cells, as it acts like a zinc ionophore.

We've read some research from Dr. Sabine Hazan that we really love on bifidobacterium. She just published a pre-print manuscript that's fantastic. You can get it right here on that link, showing that the commonality and the microbiome of every person who had severe infections of SARS-CoV-2 virus. The thing that they all had in common, one of the things that they've all had

in common is that their microbiome was absent of bifidobacterium. They didn't have any good probiotics, bifidobacterium in their microbiome, in their digestive tract, so that becomes something else that we would consider.

Then we have other things that we would consider, such as multivitamin with pantothenic acid. People ask me, "Well, how do I know if my multivitamin is good? How do I know if it's strong enough?" Right? Multivitamins are fantastic at nourishing your mitochondria within the cells, your cells' powerhouses. I have been working for over 2 decades with people. I have not had one patient who hasn't been on a multivitamin because that's how essential multivitamins are to the entire restoration of health and healing process.

When we are healing, there's one rule I put above all others: get the body producing energy. When the body produces energy, healing is virtually, not always, but virtually a foregone conclusion. So, what we do is we get a good strong multivitamin in with a lot of B-complex vitamins because I should say almost all of the B-complex vitamins participate in energy production at the mitochondrial level.

What I tell folks is an easy way to look and see if your multivitamin is really strong and doing a good job is to look at pantothenic acid, Vitamin B5 on the label. If there's at least 100 milligrams per serving of Vitamin B5, pantothenic acid, typically that is a multivitamin where the other vitamins are in therapeutic range, and it's gonna be pretty effective at helping the mitochondria within each cell produce energy. It's gonna drive that energy production. And when there's energy in the cell, something amazing happens within the cell. All the functions, all the little organelles within the cell turn on and start doing what they're designed to do. So, the parts of the cell that are designed for detoxifying the cell turn on and they can start detoxifying what's not supposed to be there.

The other things that turn on are the ability to replicate a healthier version of itself. It takes energy to replicate, so we want to make sure that that happens with minimal errors throughout the process. How do we do that? Energy, ATP, and then we have metabolic enzymes, enzymes that are gonna help break down foods into smaller substrates so that the cell can digest and do the things that it needs to do. Well, folks, it all requires energy. When you have energy at the cell level being produced, then something amazing happens. The cell starts producing a wide array of enzymes. And when the cell starts producing a wide array of enzymes, you get to see what the potential of that cell really is and how your body is designed to heal, right?

Your body is encoded with all the information it needs to heal. It just needs a little bit and it doesn't ask you for much. It doesn't ask for much Vitamin D, much vitamin E, much Vitamin C, and all the other wonderful immunological nutrients. It doesn't ask for much, but what it needs, that little bit it needs, and it's your job to provide it. So, a little bit of Vitamin D goes a long way, a little bit of Vitamin E, Vitamin C, Vitamin A, zinc, quercetin, bifidobacterium, and even a multivitamin, a really strong multivitamin, something with a V`itamin B5 content above 100 milligrams. These are all good ideas for priming your immune system.

If you added onto that a good amino acid, protein powder, something to put into a smoothie, if you added onto that, if you wanted to be really specific, liposomal glutathione, then what can happen for you is now you have set your immune system up for success. Your immune system is primed, it's on the lookout, and should you come into contact with the SARS-CoV-2 virus, which you will, that's something we're all gonna have to accept, everybody is going to be exposed to this at some point.

That's the problem with having a manmade manufactured virus released out into humanity, you know? That's why we don't wanna support gain-of-function research and opening Pandora's box because it is a guarantee that once something escapes containment, or is released from containment, investigation will have to show what happened there, but once something like that happens, it's a virtual certainty that it's going to spread throughout the entire species. And that's where putting your immune system in a position for success, priming your immune system can be so instrumental.

So, what we've done on this page, prevention and early treatment, what we've done on this page on the covidcon21 website is we've laid out based upon the research what is the therapeutic range of nutrients for all these things for truly priming your immune system in our opinion. Again, this is for educational purposes, and we would want you to discuss this with your doctor. And you know, and they might have a different opinion and that's okay. You have to decide. You have to decide who you're gonna go with and what you're gonna do. That's the power that you still possess. We want you to keep that power.

We put up here the difference between what the recommended dietary allowance and what we're recommending for a therapeutic range is. We have it for different age ranges, 13 and up and 5 to 12 published on the site. So, there's information here to consider. We're not saying, again, we're not advising, we're not treating, we're not making any claims. There's no attempt to be deceptive here. We're just saying, this is what the empirical evidence suggests. This is what's in the literature.

Now, when you go a little bit deeper, this is the basis for my immunological work when I work with people. I've consulted with over 100 cases, we have 100% success rate in the cases that I've consulted on, and we've had noticeable accelerated recoveries as well. So, this is the basis of what I'm doing with this, is understanding the mechanism of action, what's happening at the cellular level with all these nutrients, and then making sure that the nutrients are available to the person in need.

When we go a little bit further down, and on this page, you can find stuff like Clinical Testing and we're really advocating that people make sure after they recover, they test for antibodies, for IgG antibodies so they can prove that they're immune and no even potential threat to anyone. We have lot of great stuff here on Vitamin D, specifically from the c19early.com website. This is their specific Vitamin D page on there, but really great. These folks here, I don't know who they are, but they have organized so much research, virtually all of the available research from around the world, for everything from ivermectin and hydroxychloroquine to Vitamin D, Vitamin C,

Vitamin A, so you can see what the scientific literature is actually saying instead of having to be reliant on a narrative.

What that takes us to is in the use of evidence-based interventions. What that takes us to is understanding that we can prevent things like long-haul syndrome. One of my theories for long-haul syndrome is that it has a lot to do with severe nutrient deficiencies that were unaddressed. I still don't understand why 20 months into this we are not testing every single person who is hospitalized for their Vitamin D levels. I mean, I'm gonna show you some stuff on Vitamin D levels in a little bit that's gonna blow your mind. Some of the stuff that we have on Vitamin D levels just shows conclusively that when we get above 50 nanograms per milliliter, 50, 55 nanograms per milliliter of Vitamin D in the bloodstream, that recovery is a virtual certainty, and actually, it can act as a preventative for infection as well.

So, one of the things to consider if you are experiencing long-haul syndrome is to discuss the possibility of nutrient deficiency with your medical team and see if there's ways that you can assess that, such as a simple Vitamin D test, and see if there are certain ways that you can also augment that. I think if we're all in this together, then all possibilities should be on the board, and so far throughout the world, I have heard of exactly zero instances of Vitamin D injuring a person. We have no reports of that that I am aware of and we have literally billions upon billions of doses administered every month over the last 20 months globally, so that should tell you about that's the kind of safety profile we're looking for.

Now, we have some information on this page as well on recovery information, and especially for mild. "Mild" meaning that a person, hospitalization is not required. But one of the things that when people get tested that's been fingernails on the chalkboard for me is they get sent home often with no recommendations, no prescriptions, nothing. They'll just said, "If things get worse, come back and see us. We'll start treating you."

That's not the way medicine is supposed to be practiced. Medicine, when we get to a diagnosis, the whole point of doing testing and checking symptomatology and clinically getting to a definitive diagnosis is to open up the pharmacopeia so we know what we need to do to treat and help that person recover. Sending somebody home after you've diagnosed them with COVID is unethical because you're not sending them home with a treatment. You're not sending them home with something that's gonna support their immunological response and hopefully prevent a future hospitalization. It's unethical, so we really like the work that Dr. Pierre Kory of the Front Line COVID-19 Critical Care Alliance, the FLCCC has been doing. We have a link to it here.

We have some additional considerations for when people are recovering. I'll talk about a case like this in a second. L-arginine is a precursor to nitric oxide, which dilates the blood vessels. This is all from the UCSD, University of California San Diego Salk Institute Study. What they found helps really reverse the damage caused by the spike proteins. L-arginine is one of those therapeutic interventions, liposomal glutathione, or N-acetyl cysteine is one of those interventions, and serrapeptase, which is a very interesting enzyme in that serrapeptase has the ability to break down, I should say, theoretically, I've seen this clinically and I suspect that this is

what's happening. But it has the ability to break down potentially circulating spike proteins, which we know from the UCSD Salk Institute Study are injurious to the cardiovascular system and to the mitochondria, which produce energy within the cell.

Serrapeptase can help lower the spike protein load circulating and L-arginine is gonna dilate the blood vessels to create more room and liposomal glutathione is gonna act as an antioxidant to help deal with the infection. It's not an accident that we know from studies very early on in this that the people who are glutathione deficient were more susceptible to severe- again, severe symptomatology and hospitalization.

The thing nutritionally we know definitively from the literature is that people who are deficient in Vitamin D, people who are deficient in glutathione are much more likely, and I should say the bifidobacterium, are much more likely, much greater probability of severe symptomatology and hospitalizations. This is important information that we should be getting out to every practitioner who's interested in honoring their oath over honoring a fraudulent narrative of what's going on. And I am gonna say that, okay?

Now, what we have here is, again, some information on how to- on the amounts that we've seen working clinically. Again, this information has not been evaluated by the FDA, and it's not intended to act as advice, diagnose, treat, cure, prevent any disease, including COVID, all right? It's food for thought, it's food for consideration, and something we would hope that you would be talking with your medical team about because I know my patients do a great job of educating me. Maybe you can be that patient that educates your doctor and sparks their interest on going, "Okay, I wasn't aware of this. I wanna learn more."

That's when you know you got a good doctor when you bring some information to them that they're not aware of and they research it for themselves, consider it, and then can come back and have a conversation with you. One of my not favorite things to say to people, but it's something that I think is important if we are really espousing integrity, is that when we don't know something, to simply say, "I don't, but I'm gonna learn. I don't know what you just asked me. I can't answer your question because I don't know enough about it, but I'm gonna go get educated the best I can so we can talk about it." That's when you know you got a good doc that you're working with.

Conclusion

Over the years, we've been brainwashed to have little faith in our God-given immunity. People are set on getting their yearly flu shots, they make sure their kids have all their childhood vaxxes and may even be pro-COVID "vaccine".

The sad reality is that many people have no idea about the dangers lurking in the jabs and believe that acquired immunity is more powerful than natural immunity.

Well, the plandemic has been eye-opening for all of us. We are much more aware of the ineffectiveness and dangers associated with all vaccines. And we know the so-called COVID jab is not a vaccine at all.

The global government, health authorities, and the media keep promoting the jabs as safe and effective. They are neither. Studies have clearly shown that natural immunity is far more robust than any so-called acquired immunity with the jab.

Furthermore, the risks of getting jabbed way to surpass any benefits. In fact, more people are dying from the shot than they are from COVID. So there really is absolutely no reason to get the jab in the first place.

And the more people who know the truth about this, who know that the media and global government are spreading dangerous lies, the more lives will be saved. It's time we go back to our roots and put faith in the incredible gifts that God has given us.

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