

THE MISSED INFORMATION NEWSLETTER

Focus of this Newsletter is COVID-19

In this issue:

- COVID-19 origins
- Are the vaccines safe and effective?
- If vaccines are safe, why are you worried?
- Vaccinate children?
- Ivermectin approved by NIH
- Ethics & Mandates

Is this worth reading?

If your mind is already convinced that anyone who shares information that is contrary to the mainstream media is wrong, then the thoughts shared in this newsletter will not be of benefit to you.

If your mind is open to **possibilities** regarding COVID-19 origin, pathology and treatment options, then you may benefit from thoughts shared.

Perhaps you have **Missed Information**.

COVID-19 Origins

Q: Did this originate from a mutated strain from bats?

A: No. It was probably developed in a lab. Some believe it is a weaponized biological agent. Bats may have been used in the research.

Q: Are the COVID-19 vaccines causing problems, or is this fake news?

A: Yes, according to Vaccine Adverse Event Reporting the spike in adverse reports dwarfs decades of reporting.

Q: Did the NIH and Dr. Fauci financially support research on the corona virus?

A: Yes, it has become apparent that the NIH was involved with Gain of Function research regarding the SARS virus.

Q: Is the PCR an accurate test?

A: Kary Mullis, PhD, Nobel Prize winner and the late inventor of the diagnostic test for SARS-CoV-2, the virus behind COVID-19, explained how his test could be misused. So did a Portuguese court which ruled a positive test is an insufficient basis to isolate or quarantine anybody. Unfortunately, this is not the mainstream news.

Note: This will be discussed in more detail in this newsletter.

Q: Are there resources for treatment at home?

A: Yes, There are a few websites with helpful suggestions.



Helpful suggestions and references are available on the Front Line Critical Care website (<https://covid19criticalcare.com>)

Physician List & Guide to Home-Based COVID Treatment - AAPS | Association of American Physicians and Surgeons (<https://aapsonline.org>)

"I am trying to think. Don't confuse me with the facts."

- Plato

"I am not an anti-vaxxer. I just took my flu shot, and all required vaccines. But the COVID vaccines are not safe."

- Peter McCullough, MD

On September 17, 2021, an independent committee of physicians, scientists, and public health experts recommended 16:2 against full approval of the third dose of the Pfizer vaccine for the general public.

Pfizer vaccine antibodies waned after 4 months by 47% after being fully vaccinated.

Lancet, October 4, 2021

What do scientists know that mainstream media missed?

THE GREAT BARRINGTON DECLARATION— SIGNED BY 860,000! Why was the Declaration written?

The Declaration was written from a global public health and humanitarian perspective, with special concerns about how the current COVID-19 strategies are forcing our children, the working class and the poor to carry the heaviest burden. The response to the pandemic in many countries around the world, focused on lockdowns, contact tracing and isolation, imposes enormous unnecessary health costs on people. In the long run, it will lead to higher COVID and non-COVID mortality than the focused protection plan we call for in the Declaration.

Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations.

Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.

Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.

“Science, like nothing else among the institutions of mankind, grows like a weed every year. Art is subject to arbitrary fashion, religion is inwardly focused and driven only to sustain itself, law shuttles between freeing us and enslaving us.”

- Kary Mullis, PhD

Are COVID Vaccines safe in Pregnancy? 4/21/2021 NEJM—
Implication: They are safe.

Correction by the authors 9/8/2021, NEJM: They did not prove the vaccines are safe. **Unfortunately, this has not gained the media attention of the first article.**

Persistence of Sars-2 Cov antibodies persist at least one year after infection.

Eur. J. Immunol. 2021. 0: 1–12

International Alliance of Physicians and Medical Scientists September, 2021

Signed by more than 12,700 physicians and scientists to stop mandating vaccines. Many who have signed are not anti-vaxxers. Their concern is these ‘vaccines’ are not proven to be safe.

Mandatory Vaccinations Debated at Human Rights Court

Europe’s top rights court on Wednesday heard from the lawyers of Czech parents who don’t want to vaccinate their children. They allege the vaccines are not needed and are not safe.

International Criminal Court of Justice has received a complaint by Holocaust survivors that mandated vaccines violate the Nuremburg Code of crimes against humanity. They claim that vaccines should be voluntary, especially when natural immunity has proven to be longer lasting than the Pfizer vaccine.

If Ivermectin is approved and safe....why is there confusion?

NIH LISTED IVERMECTIN AS AN APPROVED DRUG FOR TREATING COVID-19—UPDATED JULY 2021

Potential Antiviral Agents | COVID-19 Treatment Guidelines (nih.gov) viral Agents

Research the history behind the FDA approved medication and one has to wonder why there is so much resistance to using this. To make it more confusing, why is MERCK releasing a 'new pill' that is supposedly effective and yet we do not know the ingredients?

The content of the new Merck pill is unknown. Is it Ivermectin or variation of Remdesivir? Dr. Fauci referenced a trial of Remdesivir and Ebola as 'proof of success.' He failed to say the drug was stopped due to high mortality in this and another study!

New Delhi recently demonstrated remarkable success in controlling their COVID-19 outbreak with Vitamin D, Ivermectin, Hydroxychloroquine and antibiotics. The death rate is reported to be 1.74%

In the regions of Delhi, Uttar Pradesh, Uttarakhand and Goa cases fell by 98%, 97%, 94% and 86% respectively. In contrast, Tamil Nadu who chose not to use ivermectin, the number of cases exploded and became the highest in India. Deaths in Tamil Nadu have increased tenfold.

Nardelli, et al. "Crying wolf in time of Corona: the strange case of ivermectin and hydroxychloroquine. Is the fear of failure withholding potential life-saving treatment from clinical use?"

DOI: 10.22514/sv.2021.043

Publish date: 11 March 2021

The study analyzed 7 Randomized Controlled Trials (RCTs) and found that use of ivermectin reduces risk of death from Covid-19 by 81% as compared to controls.

A five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness among hospitalized patients.

Int J Infect Dis
2021 Feb; 103: 214-2156

ICON (Ivermectin in COvid Nineteen) study: Use of Ivermectin is Associated with Lower Mortality in Hospitalized Patients with COVID19

Chest chest.2020.10.009

The Indian Bar Association (IBA) sued WHO Chief Scientist Dr. Soumya Swaminathan on May 25, accusing her in a 71-point brief of causing the deaths of Indian citizens by misleading them about Ivermectin.

Point 56 states, "That your misleading tweet on May 10, 2021, against the use of Ivermectin had the effect of the State of Tamil Nadu withdrawing Ivermectin from the protocol on May 11, 2021, just a day after the Tamil Nadu government had indicated the same for the treatment of COVID-19 patients."

<https://science.thewire.in/health/tn-revises-protocols-leaves-out-ivermectin-for-covid-19/>

Dr. Fauci stated the only approved drug was Remdesivir, based upon research with this drug for Ebola. A Randomized, Controlled Trial of Ebola Virus Disease Therapeutics.

NEJM December 12, 2019 vol. 381 no. 24 . Read the end of the article. Remdesivir had a high, unexplained mortality rate in this and another study (22% and 50%). They could not explain this mortality.

PCR testing - Accuracy and prevalence of positive test

Require Mandatory Disclosure Of 'Cycle Threshold' Data in Covid PCR Testing Performed By Arkansas State Labs

"Cycle Thresholds" (Ct) are the level at which widely used polymerase chain reaction (PCR) test can detect a sample of the COVID-19 virus. The higher the number of cycles, the lower the amount of viral load in the sample; the lower the cycles, the more prevalent the virus was in the original sample.

When someone is tested by PCR as positive when a threshold of **35 cycles** or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is **less than 3%**, the probability that said result is a **false positive is 97%**

The C.D.C.'s own calculations suggest that it is extremely difficult to detect any live virus in a sample above a threshold of 33 cycles. Officials at some state labs said the C.D.C. had not asked them to note threshold values or to share them with contact-tracing organizations.

The Wadsworth Center, a New York State laboratory, analyzed the results of its July tests at the request of the NYT: 794 positive tests with a Ct of 40: **"With a Ct threshold of 35, approximately half of these PCR tests would no longer be considered positive," said the NYT. "And about 70% would no longer be considered positive with a Ct of 30! "**

No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with SARS-CoV-2 Delta Variant

Charlotte B. Acharya, John Schrom, et. Al.

Data was collected on individuals who voluntarily sought testing for SARS-CoV-2 from two demographically distinct populations in California during a two-month period from June 17 to August 31, 2021, during which Delta was the predominant variant.

The viral loads were the same in vaccinated and unvaccinated people. 20% of some samples from those vaccinated had low CT scores. This means they had high viral loads. A high viral load may not mean they are contagious. But it demonstrates the vaccines do not lower the viral load.

The CDC guidance is to set the CT < 28 for post vaccinated people...why?

If the PCR test is too sensitive when the CT is > 30, why lower the testing for post vaccinated people? Even Dr. Fauci agrees that the higher the CT score the less reliable the test.

The only logical answer is that the CDC wants to 'prove' the effectiveness of the vaccines.

It is important for the lab to report the CT number for routine testing. This is helpful regarding the viral load when the CT is low. Following the CT number and natural immunity could be helpful in determining the time that it takes to develop natural immunity.

The Israeli experience has demonstrated that the Pfizer vaccine immunity wanes after four months. It does not make sense to continue with boosters. This will most likely induce new viral strains that are resistant to future vaccine efforts.

If the vaccines are effective, why is the virus spreading? Israel is > 86% vaccinated...why a 4th vaccine?

Coronavirus Spreading Among The Vaccinated In Highly Vaccinated Countries

A recent study published by King's College in London, which operates the ZOE COVID Study app to monitor COVID infection and vaccination rates, found that, as of July 15, 2021, there was an average of 15,537 new daily symptomatic cases COVID-19 among partly or fully vaccinated people in the United Kingdom—an increase of 40 percent from the previous week's total of 11,084 new cases. Infections in Vaccinated People in U.K. are outpacing infections in the Unvaccinated.

The Zoe COVID Study, led by epidemiologist Tim Spector, MD, of Kings College in London, estimated that there were 17,581 new daily symptomatic cases of COVID-19 in unvaccinated people, or 22 percent less than the previous week's total of 22,638 new cases. According to a press release issued by the study's authors, "With cases in the vaccinated group continuing to rise, the number of new cases in the vaccinated population is set to overtake the unvaccinated in the coming days."

On July 17, the U.K.'s Health Secretary, Sajid Javid, announced he had tested positive for the SARS-CoV-2 virus despite having received two doses of the AstraZeneca/Oxford University's experimental AZD1222 COVID vaccine on Mar. 17 and May 16.

In a message posted on Twitter, Javid wrote: *"This morning I tested positive for COVID. I'm waiting for my PCR result, but thankfully I have had my jabs and symptoms are mild."*

Cleveland Clinic Study—52,000 people studied

Conclusion: Those who previously had SARS Cov 2 Infection are unlikely to benefit from COVID-19 vaccines. Vaccines can be saved for those who are at higher risk.

SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2 Circulation Research. 2021;128:1323–1326

Dr. Byram Bridle, a pro-vaccine Associate Professor of Viral Immunology at the University of Guelph, issued a terrifying warning of the harms of the vaccines that were disclosed in a recently published peer-reviewed study. The study showed that "vaccine" material quickly enters the bloodstream, circulates throughout the body and over several days it accumulates in tissues such as the spleen, bone marrow, liver, adrenal glands, and testes. In particular high concentrations are found in the ovaries. Dr. Bridle notes that they "have known for a long time that the spike protein is a pathogenic protein, it is a toxin, and can cause damage if it gets into blood circulation." Studies confirm that Spike proteins are causing clotting, neurologic damage, bleeding, and heart inflammation. There is a high concentration of the Spike protein getting into breast milk and there are reports of breastfed infants developing bleeding disorders in the gastrointestinal tract, leading to infant deaths. There are further warnings that this injection can potentially render recipients infertile, and that people who have been vaccinated should NOT donate blood as the spike proteins and other circulating "vaccine" constituents can be transferred in the blood supply.

Japan was the first nation to ban vaccinated persons from donating blood.

Insanity...

Doing the same thing over and over and expecting different results!

Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in Lombardy, Italy

JAMA Intern Med. May 28, 2021

The study results suggest that reinfections are rare events and patients who have recovered from COVID-19 have a lower risk of reinfection. Natural immunity to SARS-CoV-2 appears to confer a protective effect for at least a year.

Do children need to be vaccinated....why is there confusion?

THE CDC REPORTS 335 DEATHS FROM COVID—BUT THEY DID NOT CLARIFY THE CAUSE OF DEATH

A team of Johns Hopkins researchers recently reported that when studying a group of about 48,000 children, they found **zero** COVID deaths among healthy kids, but the Centers for Disease Control doesn't care.

Dr. Marty Makary is a medical expert and professor at the Johns Hopkins School of Medicine, Bloomberg School of Public Health, and Carey Business School. His research team "worked with the nonprofit FAIR Health to analyze approximately 48,000 children under 18 diagnosed with Covid in health-insurance data from April to August 2020."

After studying comprehensive data on thousands of children, the team "found a mortality rate of zero among children without a pre-existing medical condition such as leukemia." Rather than acknowledge this scientific reality, Makary says the CDC continues to use "flimsy evidence" to push the COVID vaccine upon children.

Children are not COVID-19 super spreaders: time to go back to school

Alasdair P S Munro ,1,2 Saul N Faust1,2

Arch Dis Child 2020;105:618–619. doi:10.1136/archdischild-2020-319474

Evidence is therefore emerging that children could be significantly less likely to become infected than adults. On the other hand, children could have a more transient upper respiratory infection with minimal viral shedding, or the less likely scenario of showing minimal symptoms despite significant viral shedding. A further key question is the ability of infected children to spread SARS-CoV-2. A collection of international family clusters found that children were not likely to be the index case in households, only being responsible for around 10% of clusters.

Pathologists worldwide are reporting blood clotting and 'mechanical things' in blood samples after vaccination. They have no words to describe what they see.

93 Israeli doctors: Do not use Covid-19 vaccine on children

Arutz Sheva Staff , Apr 11 , 2021 3:22 PM

"We believe that not even a handful of children should be endangered through mass vaccination against a disease not dangerous to them."

The doctors addressed the letter "to the chiefs of the Ministry of Health, to our fellow doctors around the country, and to the entire public."

They noted that "the increasingly prevalent opinion within the scientific community is that the vaccine cannot lead to herd immunity, therefore there is currently no 'altruistic' justification for vaccinating children to protect at-risk populations."

They added that even today it is unclear whether the vaccine prevents the spread of the virus and for how long it confers protection, and noted that new variants "that may be more resistant to vaccination are popping up all the time."

The Nuremburg Code 1947 - Highlights revisited/summarized

Permissible Medical Experiments

The great weight of the evidence before us to effect that certain types of medical experiments on human beings, when kept within reasonably well-defined bounds, conform to the ethics of the medical profession generally.

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.
3. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
4. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
5. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
6. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.
7. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
8. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
9. **During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.**

Nuremberg Doctor's Trial, *BMJ* 1996;313(7070):1445-75.

The Ethics/Economy/Effectiveness of Mandating Vaccinations

What is one supposed to do with the information in this newsletter?

Physicians/Healthcare Workers: It is reasonable to allow using all potential options for treating these new viruses. Historically, people were allowed to be treated with off-label medications.

Informed consent is an ethical aspect of all health care delivery. It is unethical to imply that the COVID-19 vaccines are effective, and that hospitals cannot use anything outside of their 'protocols' to care for the ill.

Hospital Administrators: You should be held accountable for intimidation of health care staff who suggest using off-label medications. Hospitalized patients should be afforded the freedom to accept or deny all treatment options.

Employers: Allow your employees the opportunity to take or refuse the COVID-19 vaccines. There is enough evidence regarding the safety and lack of effectiveness that is reasonable to allow employees to have the option to refuse without fear of losing their job or reprisal.

Employees: Consider becoming part of the class action lawsuits against employers who coerce you to take a vaccine or lose your job.

Parents: Review the concerns expressed in this newsletter and consider the fact that there is zero risk of death from the corona virus if your child is healthy. Also, consider the documented risks of myocarditis, transverse myelitis, and other adverse side effects that have been reported.

Politicians/Judges: Remember that we are a Republic. We do not have a King. A mandate must be approved by the balance of power. You will be held accountable for your complicit support of mandating vaccines.

Bob Dylan, the great lyricist, summarizes it best, "The hour is late, we do not have time to speak falsely."

The economic and social impact COVID-19 has done to America is obvious. We cannot afford to drift further down the road of chaos and division.

Best regards,

David MacDonald, DO