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SPEAKERS

Hello, everybody, my name is Nicole.

I am an ICU nurse and I have been a COVID Crisis Response travel nurse since April of 2020.

I'm making this video today to share some information with you that I think a lot of people don't know.

But - you are being lied to!!!

And I think that people need to know this information.

So I have a list of things that I want to talk to you about. And if you learn anything, please share this **information because the more people that know the better. So the first of many lies is that you are being led to believe that there are no treatments for COVID the only messaging that you hear is that vaccines and masks are the only tool that we have to fight this pandemic. And it is a downright lie.**

Please go listen to the Joe Rogan. Joe Rogan experience excuse me podcast 1671 to its evolutionary biologist, Dr. Brett Weinstein and an ICU doctor named Dr. Pierre Corrie, who was part of a group of, of doctors led by Dr. Paul Merrick, who incidentally I worked with for three years.

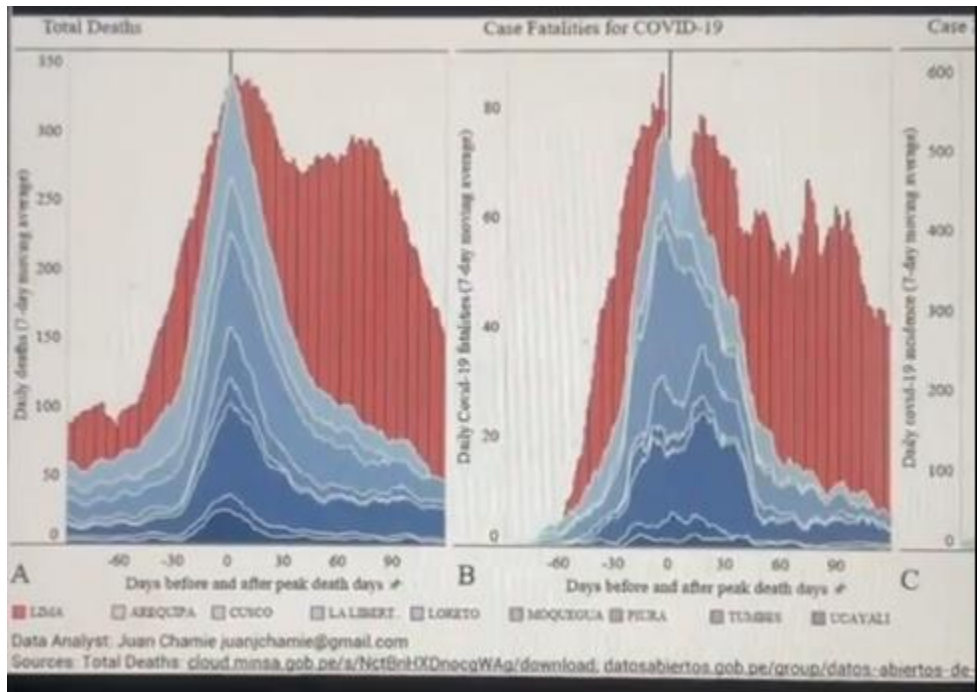
And they have been looking at the use and the effectiveness of ivermectin, which is being used around the world with astounding results to treat and prevent COVID. If you learn more if you take nothing else from this video, and if you want to know what is really going on with COVID, please go listen to that podcast and just start there.

So the first thing I want to tell you what they go over in that podcast. And like I said, it's about ivermectin if you don't know what ivermectin is, it is an anti parasitic drug that is been showing really promising antiviral properties. And so when COVID first went down, all of these doctors around the world were trying to figure out what they what drugs that are currently in use that they could use to potentially fight COVID I and a group of doctors discovered some benefits with ivermectin and it is an FDA approved drug. It's on the World War One World Health Organization's list of essential medicines, won the Nobel Prize in 2015. And over 4 billion doses have been given out around the world. It is an extremely well tolerated drug with minor side effects like nausea, headache, and dizziness. And it is safer than aspirin or Tylenol. So in that podcast, they discuss some of the benefits out of the studies that people are seeing using ivermectin. And I'll just tell you about a couple of those. There was a study out of Argentina back in December of 2020, in which they had 1200 frontline healthcare workers, which is

considered high risk. They gave eight of them or I'm sorry, 800 of them. prophylactic ivermectin and prophylactic means preventative. You take it regularly. It's available in pill form. So they gave 800 of them ivermectin and 400 of them they did not out of the 400 who did not take ivermectin. 58% of them got COVID. Out of the 800, who were on the ivermectin protocol zero got COVID. That should be front page news. And yet you hear nothing about it.

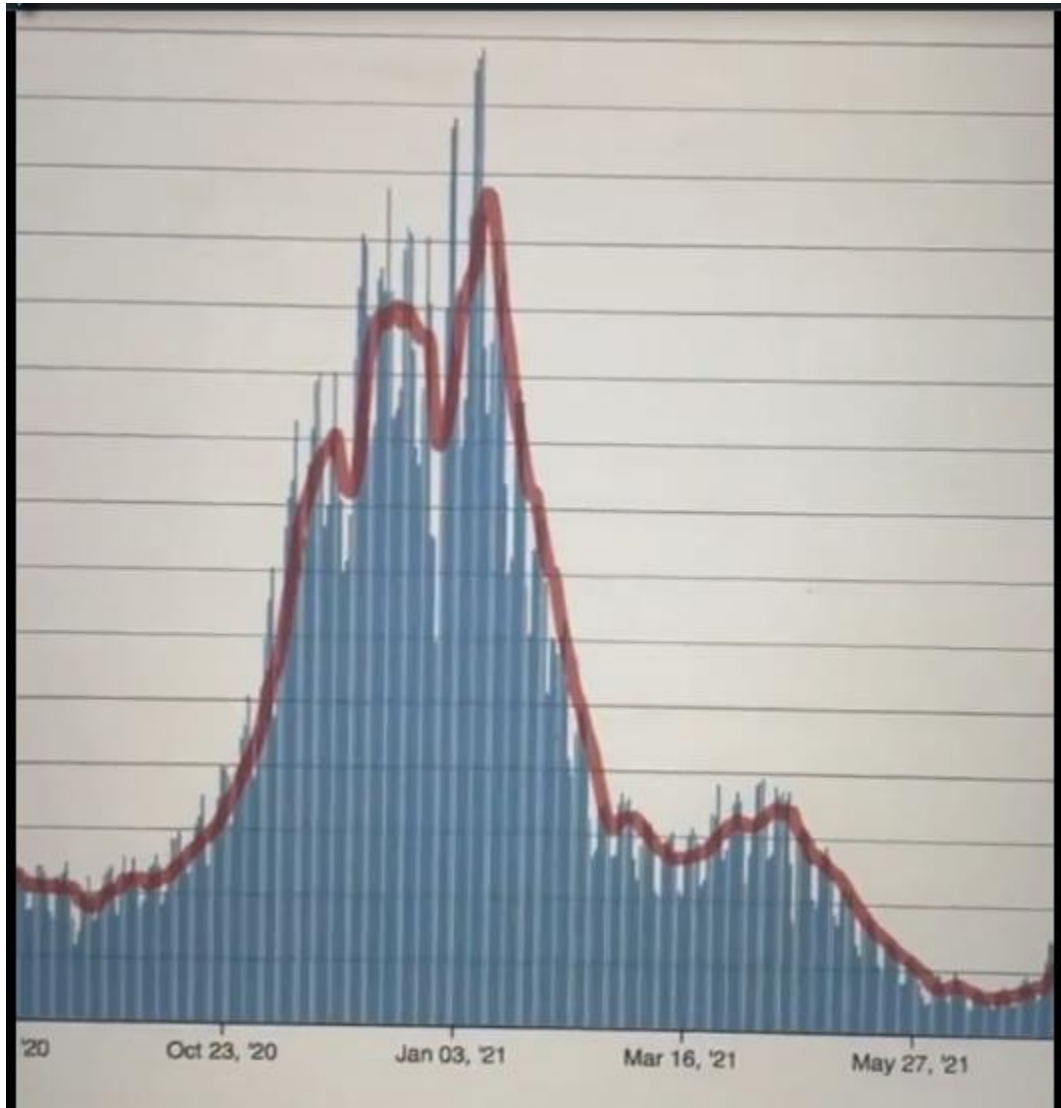
In Mexico, which a lot of these lesser developed nations, they don't really have the money to pay large pharmaceutical companies to develop new drugs. So they were looking how to repurpose cheap, affordable drugs. ivermectin is off patent it's been in use since the 70s. And so there is no financial incentive for the pharmaceutical companies to really push it. So over in Mexico, they had seen a benefit with all these studies. And they implemented a test and treat program. And within which is where with somebody tested positive or were very early in showing symptoms. They gave them ivermectin, and within two weeks, the hospitalization and death rates completely plummeted. hospitalizations in those who took ivermectin versus those who did not were reduced by 75%. In India and Peru, they're really good examples because they implemented ivermectin in certain states in the country and other areas did not. In Peru, specifically 24 of their states adopted it. And in one month, their deaths, death numbers were down 59%. They were down 75% after 45 days.

And I just want to show you because I think this graph does a beautiful job.



So what you're looking at here in the blue is the areas where they implemented ivermectin. This is the total deaths in the country. That is the case fatalities for COVID and then the total cases, and as you can see, when ivermectin was implemented in the blue areas, cases immediately drops the deaths immediately dropped. And I think it goes a really stark contrast to red. The red color is in Lima, Peru where they did not adopt the ivermectin and as you can see, their case number stayed higher, their

death stayed higher, and for longer and over here, after they implemented ivermectin In the blue areas there number stayed down. He had in Lima, Peru in the red. They came down initially and then they spiked back up and took much longer to come back down.



All over the world they're seeing benefits with the use of ivermectin.

There's a meta analysis by Dr. Test Laurie who is actually a consultant for the World Health Organization. And the meta analysis is when somebody up here takes a look at studies down here, they extrapolate the data, they run the numbers, and essentially determine like a summary of those of those studies. So she did a meta analysis and she found that when ivermectin is used as prophylaxis, it reduced the COVID infection by an average of 86%, which is far higher than the threshold of herd immunity that they've been telling us at 70. Even if it were ineffective at treating COVID in moderate to severe cases, when it is used as prophylaxis, ivermectin is capable of driving this virus to extinction.

Currently, when a patient gets when a patient it comes to the hospital, they're treated with corticosteroids, steroids and remdesivir. It should be noted that the importance in treating most viral infections is that you want to treat them early, because it's not actually the virus that kills you. It's your systemic inflammatory response. Once your immune system goes to attack this virus, you have this severe systemic inflammatory response.

So currently in the hospital, we use steroids which helps with inflammation. So corticosteroids and remdesivir are now the standard of treatment for COVID. It is becoming well known that remdesivir does nothing. It has some pretty significant side effects. And it costs about \$3,000 per treatment, versus ivermectin, which will be about \$3 per treatment. Corticosteroids have had a great benefit. We've been seeing it, and really improving treatment protocols for the COVID patients that come in whether they're in the hospital are in the ICU. Dr. Cory from the podcast actually is the one who, who had this implemented because last May of 2021, he went to the Senate and brought them one study that showed the benefit of corticosteroids being used. And based on that one study, we adopted the protocol nationwide.

Currently, there are 60 published controlled trials with 58 of them, saying that there are overwhelming positive benefits to the use of ivermectin. And yet, you probably never even heard of it. We have a drug that is safe, it is cheap. It is highly effective. And it is widely available. And it's not being used. There is no other medication to treat COVID that has simultaneously shown impacts on the prevention of transmission, viral clearance, which is how long it takes your body to get rid of the virus, the time to clinical recovery and the survival rates.

So Dr. Corey, and this part and who was part of this group called the FL CCC. He brought this information of all this amazing potential that ivermectin has, in December of 2020. He went to the Senate, and he gave a powerful presentation. And I suggest you look it up. He, you know, showed all the benefits. He showed all of this data, and it's still not unused. **And further. his presentation to Senate has been completely wiped from the internet.** They removed it from YouTube. Dr. Tess Laurie, she brought her presentation her overwhelming. In her meta analysis that showed the overwhelming benefits. She brought that to the government in the UK. And then that video was posted on YouTube and within three hours, they pulled it down. And if you look at the Community Guidelines for YouTube, it is it's incredible because you literally cannot speak about ever mexic ivermectin you cannot speak about hydroxychloroquine. The censorship is insane. So turns out that if you have a drug on the market, that is to treat something, if there's a drug available, that is safe and effective, you cannot get an emergency use authorization. Merck, the maker of the maker of ivermectin attacked the safety of their own drug, they said that there's there doesn't seem to be any benefit and that basically the risks are, are too great for one of the safest drugs known demand. Turns out Merck has a new drug that they think is going to treat COVID and so they're seeking an emergency use authorization and the government just gave them \$356 million to develop that. The World Health Organization and the FDA will To prove this drug, ivermectin, they say that there's a lack of sufficient data and they want the gold standard of large randomized control trials. The problem with that is that large randomized control trials, costs a lot of money. And they take a lot of time. And if you're drowning in an ocean and you see a piece of driftwood, why would you not grab on to that? Um, ivermectin is an opponent to the emergency use authorizations and the profits that can be made that are up for drugs that are on patent. Your governing agencies in

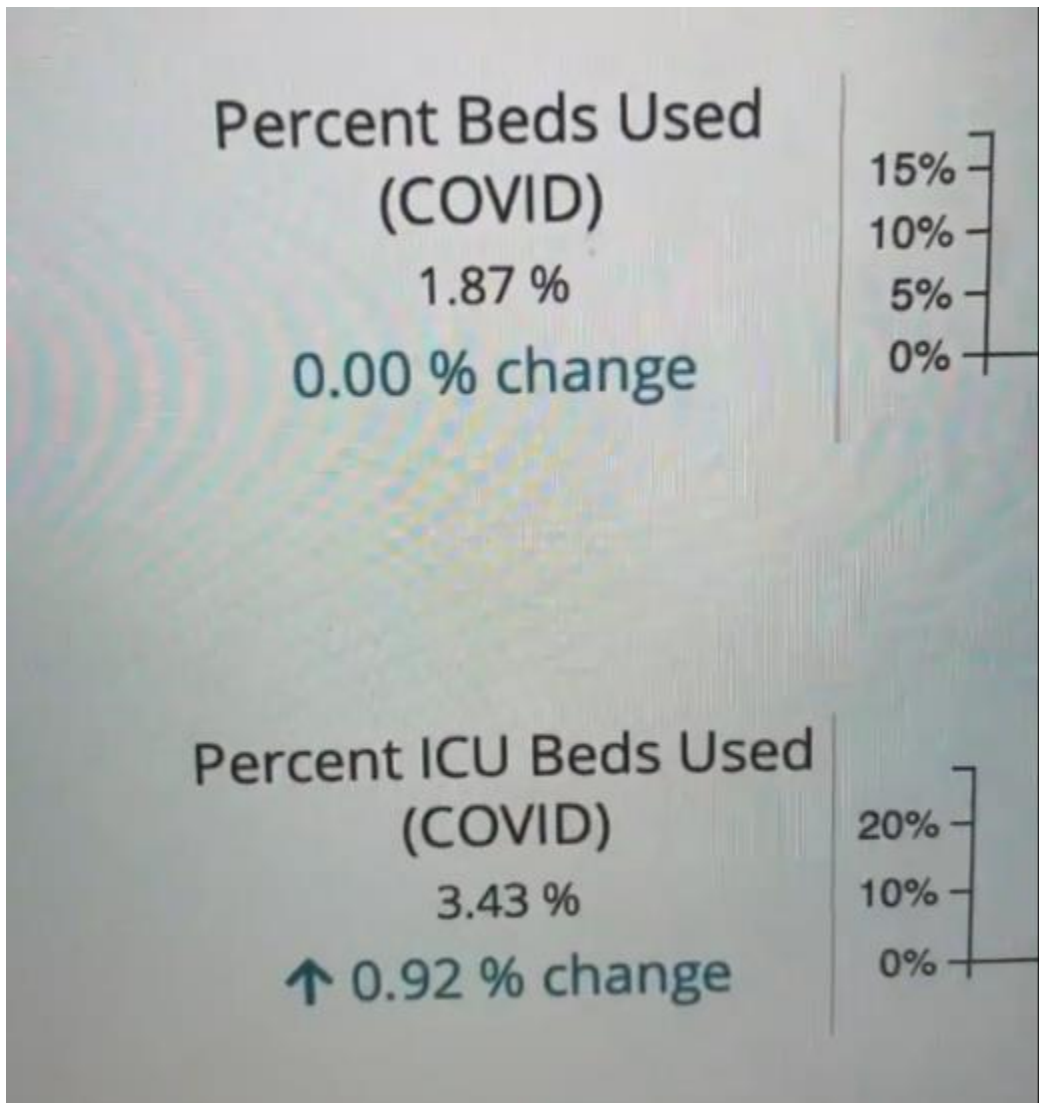
North America and Europe are doing everything that they can to not approve this drug, despite overwhelming evidence that it is safe, and that it works. They are favoring those with financial interests, and we are paying the price. They could have stopped this in December. They knew about it in December. And they could stop it now. Because ivermectin also works on the variants, they could stop this at any point, and they are choosing not to. So if you are somebody who is in any way been affected by the pandemic, by COVID, if it bothers you that potentially millions of people around this world have died, because they will not put this in use. Or if you are a healthcare worker who has watched your patients turn blue and suffocate to death, no, without doubt that your government has failed you. The next thing is hydroxychloroquine. If you remember in the beginning of COVID, hydroxychloroquine. You know, Trump came out with hydroxychloroquine, saying that it was a potential game changer. And they were seeing really great benefits with it. That came out of a study where it was being used in northern New York. And they brought it to the government, they've you know, said that this could be a potential game changer. And we started implementing it. We were using it in the hospitals, they were doing controlled trials. And then, shortly thereafter, there was a paper published in The Lancet, which is one of the most prestigious medical journals that guides the practice of doctors and scientists all over the world. In this paper, they said that they, the author said they had access to a database where they were looking at 90,000 COVID patients across six continents. And they found that hydroxy Flora hydroxychloroquine was causing fatal cardiac arrhythmias. And it was showing no benefit in improving cases or prevention or anything like that. So immediately, the World Health Organization shut down all clinical trials, and pulled it from Boulder from the hospitals and told the doctors that cannot prescribe it. They couldn't even the hospitals couldn't get it in the outpatient setting.

Lo and behold, within a week, all the doctors around the world that were looking at this article, were writing to the Lancet saying, this does not make sense explain this. And within two weeks, the paper was polled. And it is now widely known that the data was completely fraudulent. It's known as Landsat eight. And yet the smear campaign was done. They do not tell you that in the hospitals. Over 78% of the patients who have COVID and are hospitalized are obese, they do not tell you that 80% of the patients are vitamin D deficient. There was a big study that came out of Kaiser Permanente out in California, where they looked at 50,000 patients who were COVID positive and they were trying to find something that that correlates for having a poor COVID outcome whether you would be hospitalized, whether you would go to the ICU, or if you were that you would die. And they found that physical inactivity, not moving your body was the strongest risk factor across all outcomes compared with the commonly cited modifiable, modifiable risk factors, including smoking, obesity, diabetes, hypertension, cardiovascular disease, and cancer.

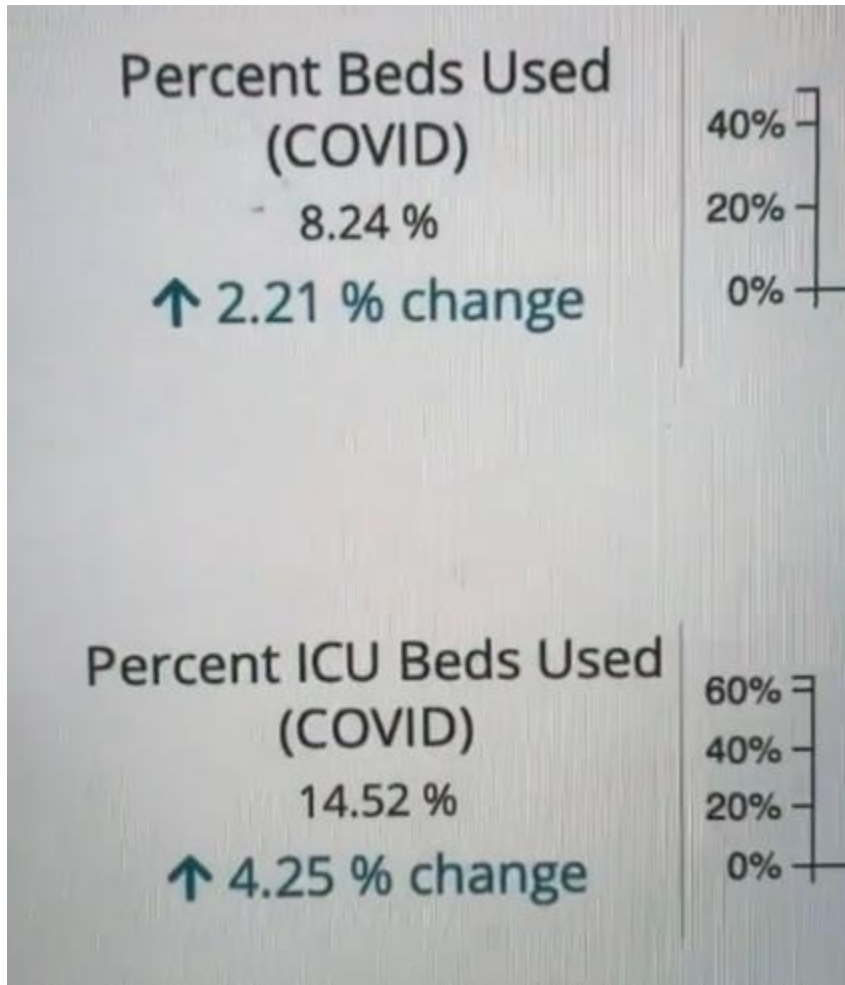
And yet you don't hear any of this, there is no messaging about proactive steps that you can take in order to improve your outcomes with COVID. **If this was about saving lives, if this was about ending the pandemic, we have any number of tools that we can use to defeat it, and they are straight up lying to you.**

So next, I want to talk to you about the case numbers and the testing and how completely artificially inflated they are.

So the gold standard for testing is the PCR tests. And the way that these tests are done is that it is essentially there's different levels of sensitivity that you can set it and those are called cycle thresholds. You know, you've been led to believe that there is a massive crisis on this, let me just go with that. You have been led to believe that there was a massive crisis then and that there is a massive crisis now and You know, I just want to show you, because all these mandates are popping up all over the country. And they are painting this picture that there is a huge crisis. **So this is your CDC, the COVID data tracker. So you know, New York City just implemented mandates that 50% of the city who is not vaccinated, cannot go into any indoor dining or any gyms or anything like that.** So you would think that there is some sort of crisis that we need to stop, right. So if you look at New York, which has a population of 1.6 million, this is gonna be your seven day totals. And currently, because the point of all of this was to not overwhelm the hospitals, remember, in New York, the percentage of the beds that are used for COVID is 1.8%. in the NICU, it is 3%. And if you look at the death numbers in the last week, 11 people out of 100, or I'm sorry, 1.6 million have died. And while any death is a tragedy, you have to consider how many lives are affected by the actions that they take.



So let's check out les because they're doing it over there to Los Angeles, which has a population of 10 million people that 8% of their beds use with COVID. And I don't know if this is the number of beds that actually have people in them or the beds that are actually occupied.



Same thing with the ICU only 14% and 95 people have died. When I looked at this yesterday, it was actually negative 4% meaning that was on the downtrend make about what you will. So I also want to show you there is from Johns Hopkins, the weekly hospitalization trend, which shows all of the beds available in the hopper in the country, you can break this down by state. But currently, this is what it looks like.

The green is non COVID beds, and the orange is COVID beds, the gray is empty beds. This is for all inpatients and then this is for the ICU use does look like it's increasing some. But there's still a lot of space available. So when they tell you, when they have the media, freaking everybody out by all these case numbers and how overwhelmed everything is.

WEEKLY HOSPITALIZATION TRENDS

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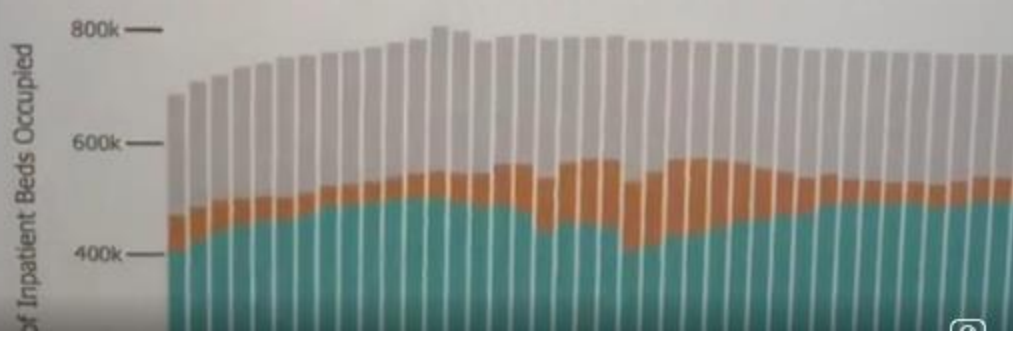
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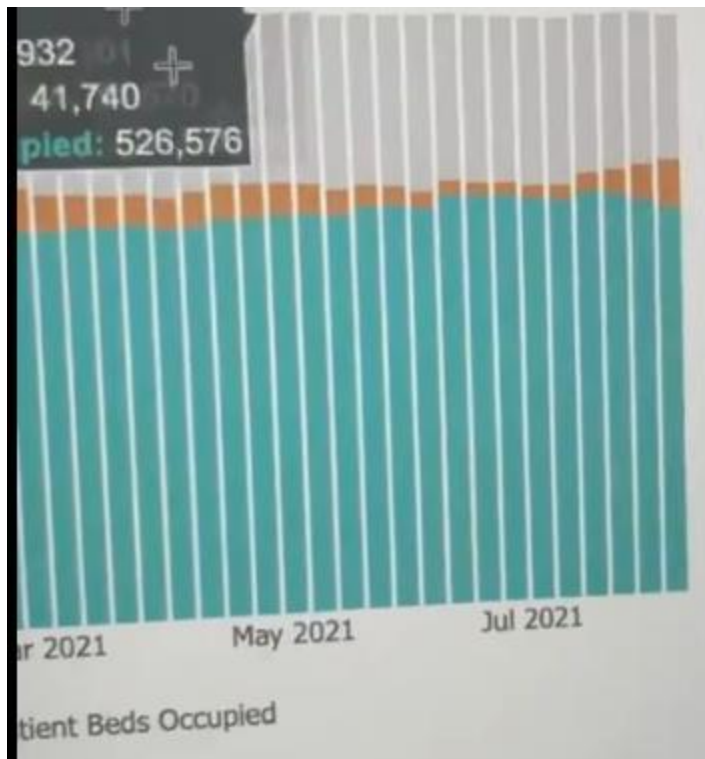
[United States Country Profile](#)

ICU Capacity

Inpatient Capacity

Hover for more detail.





There's not really a crisis, they are manufacturing this to facilitate fear and panic and everybody and people are just falling for it.

And here we are. So let's talk about the inflated case numbers. So the PCR tests, the way that they're done, like I said, is a sensitivity test where they can set the cycle thresholds in order to detect the presence or absence of a virus, **the creator of the PCR test said that this is not a diagnostic test, and that they should not be used for that. And yet they were.** And so what we were seeing, you know, in the beginning, **we were seeing all these false positives, people were being tested multiple times, because we knew that the testing didn't line up with what we were seeing clinically, you could look at a person who came in for a broken leg, and they would test positive and you know, it doesn't match up with what we were seeing.** So they had set the sensitivity so high that when you set it that high, you can pick up the tiniest little molecule particle of something that could be floating in the air, or somebody who had COVID, three months previously, or had an asymptomatic case three months ago, and it was being picked up on these PCR tests, which were being run in, you know, areas where they were doing 1000s of tests a day, positive tests and negative tests. **So we were getting all of these false positives, and that affects the case numbers, the hospitalizations and the deaths. Anybody who everybody who went into the hospital was tested for COVID. And if they happen to have a positive test, they count in that hospitalization number. All of those false positives also count in that hospitalization number. And this applies to the deaths as well.** Anybody who, like I said, anybody who came into to the hospital, whether they, you know, got into a car accident, or if they were shot in the streets, we tested them for COVID. **And those who tested positive were considered a COVID death. And there is a very big difference between dying with COVID and dying from COVID.** Multiple government officials have stated that those anybody who tests positive with COVID is considered a COVID death. **And George Floyd died with COVID even COVID killed him.**

You know, furthermore, I have been in I'm not saying COVID isn't real and I'm not saying that there are no People who were hospitalized and had positive cases and that there weren't people that died from it, because there certainly were. I was in, I've been in eight hospitals across four states since the started and I went to New York, I went to New Jersey first and it was busy. And yes, New York at heart got hit hard.

But most hospitals across this nation were fine. And further than that, they were actually empty. Because, you know, they cancelled all non emergency surgeries. And they, you know, because there was this big, massive freakout, nobody was coming into the hospital, because they were afraid they were gonna catch COVID there, and that has had long detrimental effects. **But most hospitals reported massive losses this year. And so there were financial incentives. You know, hospitals were getting money from the government to take care of COVID patients. So I have personally seen people walk into the hospital from their house two blocks away, incidentally, test positive for COVID. oxygen saturations are 98% of room error, their labs look completely fine. And they admit them. Oftentimes, those patients are put into actual, like COVID wards, with actually infectious people. The, you know, the media has spun this, and they have created so much fear.**

And, you know, everybody is scared to leave their house because they are convinced that they're going to get COVID if they go anywhere, when in reality, you know, there are 330 million people in this country. And I think there's 35 million cases so far. That's about 10%. And if you count in the false positives, it's even less than that. **And yet, everybody is afraid to leave their house, they're, you know, given up their lives, basically, for the last 18 months, when in reality, COVID overwhelmingly only affects people who are above the age of 70.** And, or, or ill, if they have multiple comorbidities, and they're, you know, more likely to be severely affected by COVID.

In reality, if you are above related to influence, if you are above the age of 70, you have a slightly bigger chance of dying from COVID than you do from influenza. If you are below the age of 70, you are less likely to die of COVID than you are of the flu. And I have, there are so many people who are convinced and brainwashed by the media that this is a plague, and that they need to lock themselves in their house and wear seven masks. And it's it is wrong.

You have been emotionally manipulated and you still are.

So with the testing. It's interesting to note that on January 20, which is Inauguration Day, the World Health Organization instructed all of the labs to lower the cycle threshold and decrease the sensitivity. And what you saw was immediately, right here around January 20, the cases dropped completely, the fatalities dropped completely, once you you know, lower the cycle threshold to a more reasonable amount. And all of a sudden, Joe Biden fixed COVID, and vaccines work.

So let's talk about vaccines. Well, I'm not here to tell you not to get a vaccine, and I fully support that that is the right of every person to make a risk benefit analysis. And they should. But there are things that I want to discuss.

So most vaccines and most drugs take like 10 to 15 years to come to market because they have to prove over a period of time that they are safe and that they are effective. Operation warp speed pushed this brand new experimental gene modification therapy through an 11 months clinical trial. **And I am disturbed by the number of healthcare workers who do not realize that we are still in clinical trials.** Clinical trials for these vaccines go until the end of 2022 and the beginning of 2023. We are in clinical trials, their monitoring of the reactions for two years. So our clinical trials, the only thing that they tested for in the clinical trials was the presence of side effects. And the presence or absence of symptoms. They did not test them weekly. **They didn't do a PCR test on them or anything. They merely checked for two months if they had symptoms from COVID. And that's where you get your 95% effectiveness if they made it two months without having symptoms or dying.**

I'm not surprised that you know now they're finding that vaccinated people can transmit the virus and that they can carry similar vital viral loads because these vaccines were never designed or tested to prevent transmission or to stop you from getting it - they nearly detected whether you got the symptoms or not.

So, you know, right now it looks like it looks, the numbers and everything that we're seeing does look like that those who have been vaccinated are less likely to have symptoms for a period of time. You know, now the booster shots are a thing. We are learning that at about the six month mark, the immunity begins to fade.

So one of my favorite things people love to say that, you know, this is not a new technology, it's been around for 30 years. And that is true, but it has never made it past animal trials because all of the animals died. This technology, the mRNA technology, and it should also be noted that coronaviruses we, you know, this is a novel Coronavirus, but we've been living with coronaviruses. And they've never been able to develop a vaccine because of what they find when they do. So with this technology and with so with the Coronavirus, and this is also seen with other vaccine developments with RSV with dengue with HIV. In the animal trials when this technology was used previously, for SARS code one, because we're in source code two, when they tried to use this technology to develop a vaccine for SARS, code one, what they found was that all of the animals, you know, they vaccinated them and they had they had a period of immunity and then after that, when they were re exposed to the virus, they all died.

And they attribute that to a condition which is known as antibody dependent enhancement. And that is a phenomenon that they find with the development of certain vaccines. And I think certain viruses lead to that as well naturally. But antibody dependent enhancement is essentially when you are vaccinated with something and your immune response. Once those that immunity starts waning, and you're reexposed to the virus, **again, you have an overwhelming immune response that eventually it can be severe or it can kill you. And that's what they found with this technology. When it was used previously in every other effort. That is why it has never it has never previously made it to human trials because all of the animals die.**

So as we are hitting, you know six months, eight months into our vaccination campaign, we are hearing now that all these breakthrough cases are happening.

And I just want to show you something. This is from today. Israel Australia report 95 to 99% of the hospitalized were fully vaccinated. And just listen to this. This is in Sydney, Australia.

There are a number of people in hospital 141 people that are in hospital with COVID At present, and 43 are in intensive care 18 of whom require ventilation. So this is a very serious disease. Of those 141 60 are under the age of 55 and 28 under the age of 35. And of the 43 people in intensive care. One is in their teens, seven are their 20s three are in their 30s 14 or they're 15 and 12 in their 60s and 70s. So this is affecting people of all ages with very serious disease. For the one vaccinated one person has it just received one dose of vaccine and I do not speak this language but there are subtitles so please pay attention to the bottom showing me the full COVID COVID woman kalamalka fuoye health.

Exactly Scotland in the National Mall beta Halima surname, damn Halima cache in and send them to a hospital for a salary. Information Are you looking for a way to shop and 28 day intensive care below {???

but what we're seeing in all these places, especially smaller places that started their vaccine campaign campaigns earlier and have a high rate of the population are vaccinated that more and more breakthrough cases are happening and it's happening among the vaccinated. And now I'm not saying that this is happening.

I'm not trying to sensationalize. **But it can be argued that, you know, if you have a population that were most of them are vaccinated, it makes sense that any breakthrough cases would be among a vaccinated person.**

However, in Australia, they have one of the lowest vaccination rates, it's like 20% for the country, and they in Sydney, Australia, there are 15% of people who are vaccinated. And what concerns me if you listened as the ages of the people that he said, you know, COVID, traditionally accepted affects people who are old, or ill. And yet in Sydney, Australia, they have a hospital full of vaccinated people who are in their 20s and 30s, and 40s, and 50s.

And I find this concerning and it's something to think about. The inventor of mRNA technology, Dr. Robert Malone. virus, you know, biologists and doctors all over the world have been warning about the possibility of antibody dependent enhancement, and optimal long things is happening. There's no test to determine what you know, if you have it, it's it's based on, **you know, you look at if the vaccinated people are experiencing these side effects**, and you can, you can look at the nasal titers as well, which is where they swab and they look at the viral load.

And there are also reports coming out that people who are vaccinated are having higher viral loads than those who are not when they're re exposed to the virus. So it's something to think about and it is concerning. And if 70% of this country has been vaccinated, and 80% of healthcare workers have been vaccinated, what happens if this goes south?

So, another thing with the vaccines is, because of this was, you know, Operation warp speed they, they cut corners in certain areas. And when they did their biodistribution studies, which is where they study

where the virus goes throughout the body in order to determine where it lands. And apparently, when Pfizer did theirs, they substituted what the actual vaccine, like the active component of the vaccine, they used a different protein when they did their biodistribution studies. I don't know much about this, and I can't figure out if it's reliable or not. **But there are a lot of reports that the spike protein is cytotoxic. That is a pathogenic protein, meaning it damages cells or kill cells.** So recently, there was apparently when they brought the vaccines over to Japan, they wanted to do their own biodistribution studies. And so it's recently come out that when they did theirs, they found that they look at the little, called the nano lipid particle with like the lipid that carries the technology through the body. **And currently, the working model is that you get the injection in your shoulder and it stays there. And it doesn't go throughout the body. However, in this Japanese study, they found that across a period of time that it is heavily deposited in the spleen, the liver, the brain, the heart, the bone marrow, breast milk, and particularly heavily in the ovaries. And there are a lot of scientists, there are a lot of scientists and people across the world who are calling for a halt to these vaccines.**

They're saying we have safe and effective treatments. And, you know, we injected people with toxins, and we need to stop this. And yet you don't hear any of this.

So I'll talk to you about theirs. And if you don't know what theirs is - it is the vaccine adverse event reporting system, which is where injuries to vaccines are reported to the government. Because mind you the pharmaceutical companies, if you didn't know this, they are not liable for any vaccine injuries, any of the traditional ones or this one either. So if you get an A Vaccine Injury, you are actually compensated by. I can't remember quite the name of it. But there is a fund that taxpayers pay into for people who have vaccine injuries so that the pharmaceutical industry, the pharmaceutical companies are not held liable. So there's there was a big study out of Harvard that estimates that 1% of vaccine injuries are reported to vaers. And I will say in the last hospital that I was in, we were asking patients, it was not part of our admission database to ask them if they had a COVID vaccine until like may so currently There's [In the VAERS reports -]

There are over 12,000 reports of death. And I will Mind you, anybody can submit a report to bear. So they go through and they verify them. And potentially Not, not everybody, you know not all of these numbers are exactly what they are, but maybe they are too. **So, over 12,000 deaths there's 121,000 reports of anaphylaxis. Over 8000 reports of blood clotting disorders, which can give you blood clots anywhere throughout your body can also give you heart attacks and strokes and over 2000 cases of myocarditis and pericarditis.** They are seeing gamma ray syndrome. They're seeing Bell's Palsy all sorts of neurological disturbances, seizures. **2600 pregnant women have reported adverse events. And I'm sure you've heard that women all over the world are having menstrual irregularities in the children, because they're doing this to 12 to 17 year olds now.** There are 2300 reports of anaphylaxis. 406 reports of Myo carditis, and pericarditis and at least 18 reported deaths.

I find it criminal that they are doing this to kids. And I cannot help but wonder how much collateral damage we're willing to allow. When we have safe and effective alternatives.

For those who are vaccine hesitant, they can be given ivermectin and that will bridge the gap. Kids can be given ivermectin they don't need to be part of this experimental gene therapy.

There is a lawsuit going on right now that has a CDC whistleblower, who I guess has access to there's a couple other databases that they looked at to evaluate. And she has attested, under penalty of perjury, that there are at least 45,000 deaths that have happened within three days of receiving the vaccine.

Another thing that I find strange is with these vaccines, they're pushing it to those who have been already had COVID. You know, there's this huge debate about around natural immunity. And they, when SARS came back in, in the early 2000s. In trying to figure out this natural immunity situation. Scientists nowadays went and found people who had SARS and they drew their blood. And they found that 17 years later, they still had a robust immune response. So the in the genetic makeup for SARS code one which is SARS, and SARS, cov two which is COVID. There's about an eight or I'm sorry about a 20% difference between the genetic makeup of those two viruses. And with with COVID. **And with all when they took their blood over here, if there's a 20% difference in in these two viruses, and yet those who had SARS and demonstrated that immune response 17 years later, they also found that they were immune to COVID.**

With the COVID virus in in, in all of the variants that we know about right now, the furthest genetic makeup that they've been able to identify is 0.3% different than the original virus and naturally follows that those who have had COVID will absolutely retain natural immunity and do not need to be vaccinated. And I heard this from a gentleman named Dr. Mike Eden, why ea DON, he is **he is the former chief science officer and vice president of Pfizer. And over the last few months, he has come out and started giving interviews because he is terrified by what he is saying. And I don't want to venture too much into the conspiracy theory area. If you still think that conspiracy theories are a thing, you are not paying attention, but Dr. Eaton and I do not say this lightly. I think he is a hero. And he is terrified by what he is seeing. And he is trying to get the word out.**

So if you feel like you know, if you feel like there is any sort of like dark or nefarious stuff going on, please go look up Dr. Eden, and see what he has to say.

In regards to children, he thinks that children are 50 times more likely to die from this vaccine than they are COVID.

So, you know, we're having all these adverse events and who knows what the long term effects are going to be because in case you haven't noticed yet, you know, despite them saying these are safe and effective, they are not and we have no idea what the long term effects are going to be.

There are scientists all around the world that are calling to end this vaccine campaign because we have a treatment that is safe and effective. And here we are just pushing mandates.

And you know, you have you have seen the desperation. At first it was voluntary. And then there were incentives like doughnuts and lottery tickets. And now it is becoming mandatory. And it's concerning. So regarding the mandates, and these vaccine passports, they do not make any logical sense for multiple reasons.

If vaccinated people and unvaccinated people are both carrying the virus at the same viral loads than they are both just as likely to infect somebody else. It doesn't make sense because if you are vaccinated, there is no risk to you from a person who may be unvaccinated. If they come around you it will protect you from the symptoms.

And for those who are unvaccinated, they have clearly made that choice, potentially because they're young and healthy, and they trust their natural immune system. And that is their choice that if they want to live in a world where they may potentially run into a risk of somebody else, sneezing on them and giving them a cold, then that is their choice.

So vaccine passports don't make sense because, you know, if we can both carry and spread the virus in the same way, and if those who are worried about it are protected. What is the point?

You know, currently 70% of African Americans in this country are not vaccinated. These mandates and these vaccine passports will absolutely discriminate against them the most in any year where we have spent so much focus on fighting racial injustice and on you know, advocating for equality and respecting people's right to live however they want to live and identify how they ever however they want to identify.

It is blowing my mind that we are literally ushering in segregation and discrimination and people are cheering it on. Like I said, 50% of New York City is vaccinated and these mandates are going to crush the small businesses that were lucky enough to make it out of 2020. They are talking about locking this country down for a hospitalization rate of 1.8%.

And if you don't know what the Great Barrington declaration is, I would look that up too, because over 65,000 doctors and scientists around the world have said that the lockdowns did not work and that they have caused huge detrimental effects, suicide rates way up mental health issues way up.

Lots of people delaying their care, because, you know, they're they're frequently the house or any number of reasons has led to a whole bunch of things that have been missed because people aren't going to their normal appointments and the lock downs. You know, there's many reasons elections don't work, but even if they worked in the in the short term, you have to look at the risk to life in the long term and that the lockdowns are should not happen, do not comply.

So, you know, again, regarding these mandates, I just want to read from you to read to you the nursing code of ethics, which is I'm sure there's obviously there's a medical code of ethics to but you know, the right to making your own medical decisions and the right to having informed consent stems from the Nuremberg Code which was done after the Nuremberg Nuremberg Trials after the Holocaust. **You know, the last time there were crimes against humanity, and the at the very forefront of the nursing code of ethics is the right to self determination, which states that self determination, also known as autonomy is the philosophical basis for informed consent in healthcare.**

Patients have the moral and legal right to determine what will be done with their own person to be given accurate, complete and understandable information in a manner that facilitates an informed

judgment to be assisted with weighing the benefits, burdens and available options in their treatment, including the choice of no treatment, to accept refuse or terminate treatment without deceit, undue influence, duress, coercion or penalty.

They're telling those who are unvaccinated that they cannot be a part of society. And that to me is duress coercion and penalty. And we need to fight this at every level.

In regards to taking place in research, because we are in research, says, provision 3.3 the protection of participants in research, stemming from the right to self determination, **each individual has the right to choose whether or not to participate in research.** It is imperative that the patient or legally authorized surrogate receives sufficient information that is material To an informed decision to comprehend that information and to know how to discontinue participation in research without penalty, necessary information to achieve an adequately informed consent includes the nature of participation, potential harms and benefits and available alternatives to taking part in the research.

Do you think people know they're available alternatives to taking part in the research, or the potential harms and benefits because I don't.

And if you, you know, regardless of whether or not you know any of this information, if you're a healthcare worker who is shaming and intimidating and bullying people into making into making a decision that they don't want to do, everybody has the right to decide what will be done to their own body. And I think it's a shame.

So, with the hospitals mandating all of these, you know, hospitals have started mandating that their health care workers be vaccinated. And as of right now, 20%, at least, you know, people are under the threat of losing their livelihoods and losing their 401, K's and all sorts of stuff. And as of right now, 20% of the hospital workers are not vaccinated. And supposedly we are having this huge crisis. And they're saying that we're going to get slaughtered by COVID. Again, and yet, hospitals are willing to fire 20% of their workers, when they are already understaffed.

There was a nursing shortage before the pandemic started. And then when it hit, a lot of people quit. And since then, a lot of people have been extremely stressed and frustrated and tired, just like everybody in the world, like, you know, we have to deal with everything that's happening in the world, but then what's happening in the hospital too, and a lot of people have just said, This is not for me, and they've walked away. So hospitals across the world are extremely short staffed right now. And yet hospitals are saying that they are willing to fire 20% of their staff, when there's this big looming threat, and makes zero sense.

And also, please keep in mind that doctors and nurses are willing to lose everything that they have worked for, to give up a career that they love in order to not take this vaccine. So you know, what happens if they fire 20% of the, you know, hospital workers, the patient ratios are going to go, you know, through the roof, your nurses, your doctors will have more patience, and care will suffer and people are going to die.

So, you know, I guess I just want to close it out by saying that, you know, there is no finish line, there will never be a point where we can wear enough masks or get enough vaccinations to make you know, to make this stop. It has been 18 months, past two weeks to slow, slow the spread.

And I do not care if you are on the left, or if you are on the right or what color your skin is.

We are not enemies. The government is your enemy. The media is your enemy. Big Pharma and big tech are your enemies. And they have done a beautiful job at pitting us against each other. And, you know, there is no way that any of this is going to stop until we make it stop. If we keep going down this road, it will only get worse.

They're using fear and propaganda to control us.

You're being emotionally manipulated and you're being intentionally deceived.

And our rights and our freedoms and our liberties are being ripped out from under us and it's not going to stop unless we make it stop.

So, you know, get mad and get loud because they will not stop. And this needs to stop.

We cannot implement vaccine passports or mandates.

And this vaccine I truly believe that the vaccination campaign needs to stop.

So you know, all this stuff that is coming down. Do not comply with it.

And, you know, if you learn something, share this, tell a friend, speak out about it.

If you're in health care, speak out about it.

And hopefully we can stop all this from happening.

Good luck.