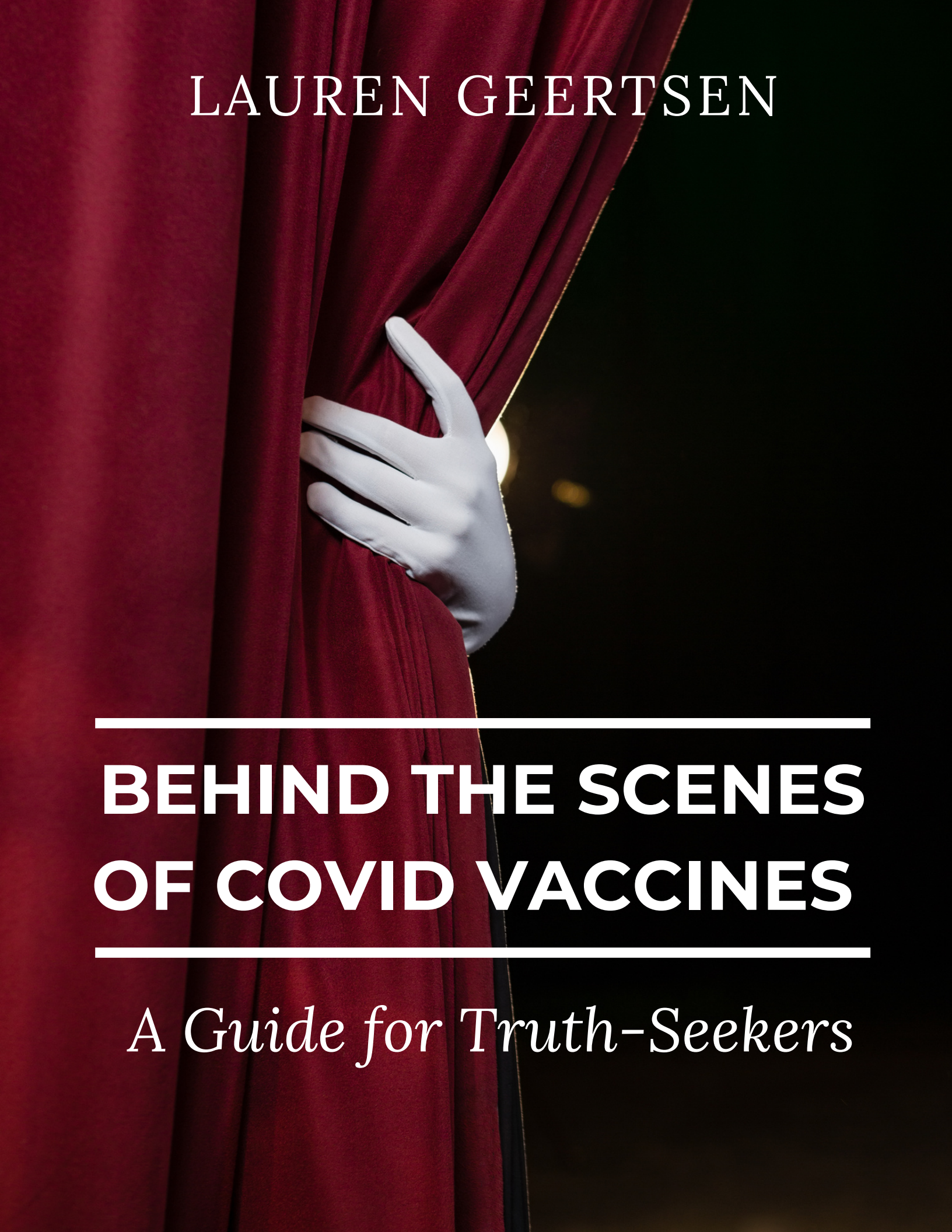

LAUREN GEERTSEN

BEHIND THE SCENES OF COVID VACCINES

A Guide for Truth-Seekers

There are four chief obstacles to grasping the truth, which hinder every man, however learned, and scarcely allow anyone to win a clear title to knowledge; namely, **submission to faulty and unworthy authority, influence of custom, popular prejudice, and concealment of our own ignorance accompanied by the ostentatious display of our knowledge.**

- Roger Bacon

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The information contained in this document is not intended nor implied to be a substitute for professional medical advice, it is provided for educational purposes only. Statements in this book have not been evaluated by the Food and Drug Administration, and no information in this book is intended to diagnose, treat, cure, or prevent any disease.

You assume full responsibility for how you choose to use this information.

Always seek the advice of your physician or other qualified health-care provider before starting any new treatment or discontinuing an existing treatment. Talk with your healthcare provider about any questions you may have regarding a medical condition.

The information presented reflects the author's opinions at the time this document was created. Some information will change over time, as new research, clinical data, anecdotal experiences, and science become available. The author assumes no responsibility for updating the information contained herein. Future information may modify any information presented herein.

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A NOTE FROM THE AUTHOR

Anti-depressants. Acid blockers. Insomnia drugs. Laxatives. High-dose corticosteroids. Autoimmune drugs. Anti-cancer drugs.

I had been prescribed all of those medications before I turned 18.

This approach to "health" didn't work, however, because I became sicker and sicker. When I was 18, I was in chronic pain and nearly bedridden.

The medical community told me medications were my only option, and I would require these drugs for the rest of my life. My doctors said my autoimmune disease was "incurable" and that nutrition wouldn't help me, and that I'd likely require ongoing surgeries.

Then, I decided to make a radical choice.

I decided to listen to the small, still voice inside of me, instead of the medical authorities outside of me. I started a nutrition protocol and made lifestyle changes. Within three months, all symptoms of my disease had disappeared and I was off all my medications.

Now, I've completely healed this "incurable" disease through nutrition, lifestyle changes, and energy-based therapies. **I've spent the last decade of my life helping others reconnect to their own bodies' healing wisdom**, through my holistic health website EmpoweredSustenance.com and my coaching.

I used to think pharmaceutical products were my only option. **It turns out there were superior alternative options available the entire time**.

Sometimes, those alternatives include nutrition and supplements, as well as indigenous techniques such as acupuncture and herbs. Sometimes, those alternatives meant undertaking more difficult work, such as changing my mindset and values.

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A DARK HISTORY

The pharmaceutical industry and the FDA have a long history of bringing to market **extremely dangerous products that don't deliver on their health-promoting claims.** Every year, 1.9 million people are hospitalized from properly-prescribed, FDA-approved pharmaceutical drugs (1).

In fact, the allopathic model of medicine is based on suppressing natural alternatives (nutrition, herbalism, and homeopathy) in order to raise demand for drug-based treatments (2).

Indigenous healing practices were also suppressed and condemned. It was illegal for Native Americans to practice many of their healing rituals in their own land until 1987 (3). The U.S. Government and FDA have consistently suppressed natural, affordable and indigenous healing practices, to protect the financial interests of Pharma.

Notably, pharmaceutical companies fund their own drug trials, which influences the study outcome and interpretation of data (4, 5).

The FDA divisions responsible for drug approval are heavily funded directly by pharmaceutical companies. These companies pay "user fees" to the FDA to assess their products — fees which make up **25% - 75% of the divisions' budgets** (6, 7).

Further, **medical schools obtain about 50% of their funding from pharmaceutical companies, and teaching faculty often have business links to drug companies** (8). Doctors frequently accept Pharma payouts, and dozens of politicians each receive over six-figures a year from Pharma companies (9).

"Do you accept Pharma as Your Lord and Savior?"

Currently, the entire world is being bombarded with government campaigns, celebrity endorsements, and influencer promotions for experimental Covid vaccines.

We're told these vaccines are the *only* way to combat Covid and "return to normal society."

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This rhetoric parallels the message of fundamentalist cults, with a slight variation in terminology. Instead of being told, “Our doctrine is the only path to salvation,” we’re told, “Our products are the only path to health.”

In fact, Big Pharma uses many more **rhetorical techniques employed by manipulative religious cults.** These messages include:

- Getting the vaccine makes you virtuous (morally superior)
- Outsiders (those who don’t get the vaccine) are “impure”
- Don’t listen to outsiders, they will weaken your faith (hence the censorship dissenting medical voices and Pharma injury testimony)
- Outsiders are morally corrupt (selfish)
- Blame outsiders for the problems of the world
- If you leave us and join the outsiders, you will be shunned

We’re also told that there are no other alternatives for treatment or prevention. Any suggestion of nutrition, herbs, or supplements is labeled, “disinformation.” Further, we’re told that vaccination benefits “the greater good,” and is the socially-responsible thing to do.

But is any of that true?

In short: no.

The pharmaceutical industry has always told us that we need their products to live healthy lives, and we have no alternatives.

This has *never* been true. It’s not true now.

You don’t need to accept Pharma as your one and only health savior. And society doesn’t need more Pharma products to be healthier.

CONSENT VS. COERCION

Have you heard of the term “fully-informed consent” when it comes to medical choices?

Consent is about the power to choose, *with* full information (including differing medical opinions), and *without* manipulation, psychological coercion, and guilt-tripping.

In other words, **consent is not a matter of, "Did you say *yes*," but rather, "Given the circumstances, could you have said *no*?"**

This applies to sex, religious practices, relationship choices, and lifestyle choices. It also applies to pharmaceutical choices.

It can be easy to recognize a lack of consent when physical force is involved. For example, if someone is raped or otherwise forced into a certain behavior.

It is much harder to recognize a lack of consent when psychological coercion is used. In fact, psychological coercion is often more dangerous than physical force such as violence or torture.

Why?

Because physical force changes behavior, and the victim often recognizes they are doing that behavior against their will. **Psychological coercion, however, can change thoughts, beliefs, and personality.**

In cases of coercion, the victim often happily complies, not recognizing they are being manipulated.

In order to make a truly scientific and consensual medical decision, one must be informed with the full spectrum of data. One must also recognize **the psychological tactics at play designed to manipulate their thoughts** in ways that may not be in their highest good.

I created this document so you can see the bigger picture, and make the most fully-informed medical choices for yourself.

In health,
Lauren Geertsen
Founder, Empowered Sustenance
Washington State Chapter Leader, Health Freedom For Humanity

HOW DANGEROUS IS COVID?

According to CDC numbers, the lethality of Covid-19 is .1 - .3%, in **the range of a severe flu.**

Only 6% of the CDC's initially reported Covid deaths list *only* Covid as a cause of death. The other deaths have an average of 2.6 other co-morbidities — underlying conditions that may have caused death.

According to a medical report from The World Doctors Alliance, countries without lockdowns (Sweden, South Korea, Belarus) **have not experienced a worse trajectory than countries with lockdowns** (1).

Covid hospitalizations, adjusted for population, are lower in Florida (no mask mandates or lockdowns) than California (strict mandates and lockdowns) (2).

The state of South Dakota *never* implemented lockdowns, mask mandates, or shutdowns. On their worst day, reported by governor Kristi Noem, they had 600 people hospitalized, well within their hospital capacity (3).

Nearly 60,000 confirmed doctors and scientists have signed the Great Barrington Declaration advocating for the lifting of global lockdowns and a return to normal society, and selectively protecting vulnerable people (4).

A report by An Institute for Pure and Applied Knowledge thoroughly examined **the CDC's reporting of COVID deaths and suggests the deaths are over-reported.** It states, "Supportive data comparisons suggest the existing COVID-19 fatality data, which has been so influential upon public policy, may be substantially compromised regarding accuracy and integrity, and illegal under existing federal laws." (5)

The CARES Act (Covid Economic Relief) provided financial incentive for hospitals to over-report Covid on discharge statements and death certificates. If a patient had typical pneumonia, the Medicare payment to the hospital was $5,000. But if it was Covid, and the patient was put on a ventilator, the hospital would receive a medicare payment of $39,000 (6). Could this have influenced Covid diagnosis rates?

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Nurses and doctors around the world went to social media to share their personal experiences and observations, but their videos and testimonies were quickly deleted by tech platforms, for diverging from "community standards" and for containing "misinformation." But what could be more important than listening to in-the-trenches medical practitioners? Some of these first-hand reports can be found here.

Corporate media repeatedly uses blatantly false images to fear monger. For example, an image from the 2011 movie Contagion was used to falsely suggest mass graves in Italy (7). And a video of deaths due to a gas leak in India was used to suggest Covid deaths (8).

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IS PCR TESTING ACCURATE AND RELIABLE?

PCR testing amplifies DNA to detect the presence of a certain molecule in the body. The higher the "cycle threshold" the more magnified the sample is, and the more likely it is to find *any* molecule in the body.

Kary Mullis, who won the Nobel Prize in chemistry, invented the PCR test. Regarding using the test to detect viruses, he said, "With PCR, if you do it well, you can find almost anything in anybody. […] That could be thought of as a misuse of it, to claim that it's meaningful." **He explained that just because PCR detects a virus molecule in the body, it doesn't mean it's the cause of illness** (1).

In a video interview, Mullis said of Dr. Fauci, "He doesn't know anything really, about anything, and I'd say that to his face." He stated that Fauci and other administrative people "**have an agenda, which is not what we would like them to have, being that we pay for them them to take care of our health**." He offered to debate Fauci publicly, but Fauci declined (2).

Mullis died in August 2019, reportedly of pneumonia, but his death raises suspicions.

PCR tests are *not* FDA-approved medical devices for COVID testing. PCR tests have Emergency Use Approval (EUA) by the FDA, as medical devices (3, 4).

Like Mullis said, a PCR test can find almost any molecule in the body because it amplifies genetic material from the virus. The term "cycle threshold" indicates how many times that genetic material is amplified.

The higher the cycle threshold, the more likely for false positives on the test — meaning, someone has the viral genetic material in their body, but they may not be contagious.

Many PRC tests had set their cycle threshold to 35 - 40, creating an abundance of false positives. The New York Times (a branch of Pharma-influenced corporate media) even reported the high false-positive rate **of Covid PCR tests was 90%**!

In that article, epidemiologists suggested the cycle threshold should be set below 30 to be more accurate.

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In April 2021, the CDC said **that the cycle threshold for Covid-vaccinated individuals should be set at 28 or lower.** No similar guidance was provided for non-vaccinated people.

Was this a way increase the perceived efficacy of Covid vaccines, by reducing false positives for vaccinated people only?

1,500 "positive" Covid PCR tests turned out to be negative. Stanford, Cornell, and numerous labs at the University of California rechecked those tests and **couldn't find proof of Covid. They found strains of Influenza B and C** (5).

The CDC states, "When determining whether COVID-19 played a role in the cause of death […] where possible, conduct appropriate laboratory testing" **This means Covid could be reported as a cause of death if someone has a positive PCR test, which is arguably meaningless, and *no symptoms* of Covid** (6).

"Asymptomatic" people were counted as Covid cases if they had a positive PCR test for Covid, but no symptoms. **Previously, individuals were diagnosed with corona viruses/flu viruses if they first presented with symptoms and got diagnosed by a doctor.** If tests were used, it was to *confirm* the diagnosis made by the doctor based on symptoms.

Asymptomatic people are what we used to call *healthy people*. **Never before have governments implemented lockdowns because there were so many cases of "healthy people."**

Case rates are meaningless. **They indicate the amount of people being tested, rather than the amount of people with Covid symptoms**. It's more useful to look at hospitalization and death rates for Covid.

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ARE SAFE, EFFECTIVE COVID TREATMENTS BEING SUPPRESSED?

Since the early 1900's, Big Pharma has significantly influenced governmental policies regarding pharmaceutical products. This is accomplished largely with lobbying, direct payouts to politicians, funding medical research, and bribing doctors (1).

Big Pharma stands to make unprecedented profits from Covid vaccines. The Pfizer vaccine generated $3.5 Billion in profit in just three months (2).

Emergency Use Approval (EUA) for the experimental Covid vaccines can only be granted if there are no other "adequate, approved, available alternatives."

As a result, the pharmaceutical industry, Pharma-beholden politicians, and Pharma shareholders have **extreme financial incentive to suppress other safe, effective Covid treatments.**

Many doctors across the world were successfully treating their patients (including high-risk and minority patients) with various drugs, vitamins, and nutraceuticals. **Their patients not only recovered but had no "long-hauler symptoms."** The treatments used included hydroxychloroquine, ivermectin, high-dose vitamin D, vitamin A, intravenous vitamin C, and nebulized hydrogen peroxide (3, 4)

Dr. David Brownstein, a doctor in Michigan, was successfully treating patients with Vitamins A, D, C, and nebulized hydrogen peroxide. Yet he was rebuked by the FTC and coerced into silence (5).

Among these successful physicians were America's Frontline Doctors, who shared their clinical experience and medical data. **Their interview was immediately removed from big tech platforms, and corporate news platforms published smear campaigns against the doctors** (6).

One study was used as an excuse to ban hydroxychloroquine, after being widely available and prescribed for decades (and available over-the-counter in Europe). **But that study used excessive, dangerous doses of the drug**. Properly prescribed, doctors were using the drug to safely treat even high-risk patients (7).

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The supplement N-acetylcysteine (NAC) helps the body produce glutathione and combat oxidative stress, two important functions for Covid recovery. **There are currently seven studies underway at clinicaltrial.gov involving NAC for COVID-19.**

Although NAC has been used widely as an unregulated supplement since 1985, The FDA is cracking down on the sales of it, and it is banned from Amazon. **Is this another safe treatment that is being suppressed?** (8, 9)

Is first-hand clinical experience from doctors is "misinformation?" **How can medicine and science progress, if medical experts who share their clinical experiences are being silenced online?**

Is it appropriate for doctors to rely on their own experience and expertise, and use vitamins and well-tested pharmaceuticals to treat their patients?

If doctors are using safe treatments with patients and getting great results, why are they being silenced by Big Tech?

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DOES THE VACCINE WORK?

We're told that the Covid vaccines are 95% effective, and have few if any side effects. **Is that true?**

ANALYZING INITIAL DATA

All covid vaccines were *not* tested to evaluate antibodies or infection rates of the Covid virus. They were evaluated for *symptom reduction* of Covid.

All three Covid vaccines available (Pfizer, Moderna, J&J) are in the experimental phases, meaning the clinical trials are not done and they are not FDA approved. They have Emergency Use Authorization (EUA) from the FDA.

The ongoing Pfizer vaccine trial (to be finished in 2023) reported initial data after about 2 months. The trial reported that 2-dose vaccination was 95% effective in preventing PCR-confirmed COVID-19, occurring at least 7 days after completion of the vaccination regimen.

But there were hundreds of suspected (not PCR-confirmed) COVID cases that occurred *before* the 2nd vaccination: 409 in the vaccine group vs. 287 in the placebo group.

Summarized from the Everly Report:

> *If you were to include suspected cases in the numbers used for calculating the 95% effectiveness claim, it would be 417 in the vaccine group (8 + 409) and 449 in the placebo group (162 + 287), which would mean that would mean 48% who developed COVID (suspected or confirmed) were vaccine recipients, and 52% were placebo recipients. That is a 4% difference.*

There is no evidence that the Covid vaccines prevents death from Covid. In the ongoing Pfizer and Moderna trials, there were no deaths from Covid, within a median time of 2 months.

There are similar limitations with the Moderna trial, which observed subjects for only two months. There is no data to indicate this vaccine prevents infection or

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transmission. It may be 60% effective in symptom reduction in subjects aged 65 years and older — the age demographic that comprises the majority of Covid deaths.

Regarding the 2-month trial of the Johnson & Johnson vaccine, Physicians for Informed Consent summarized the data:

> *The clinical trial indicates that in subjects 65 years or older, the vaccine may be only 39% effective, and* ***in subjects 75 years or older, the age group that comprises about 60% of all COVID-19 deaths, the vaccine may be 0% effective; also, in subjects 60 years or older with risk factors for severe COVID-19 the vaccine may not be effective.*** *The clinical trial did not have enough statistical power to measure the vaccine's ability to prevent hospitalizations and deaths in the U.S., and the trial had limited data to assess whether the vaccine prevents asymptomatic infection or spread (transmission) of the virus.*

LACK OF PLACEBO

Although Pfizer states in their published trial that "safety monitoring will continue for 2 years after administration of the second dose of vaccine," **participants in the trial who received the placebo are already being offered the vaccine.**

This means there will be *no placebo group left.* We won't know if chronic health conditions (autoimmunity, neurological disease, cancer, etc.) are more or less prevalent in the vaccine group or placebo group.

ABSOLUTE RISK VS. RELATIVE RISK REDUCTION

Pharmaceutical research, including vaccines studies, typically uses Relative Risk Reduction (RRR) **to report the efficacy of their drugs**. It makes the efficacy of the drug look more impressive, especially for non-scientist laypeople who don't know how to interpret the data.

RRR measures how much the treatment reduces the risk of bad outcomes *relative to the control group* who did not have the treatment.

In contrast, Absolute Risk Reduction (ARR) considers the risk of a bad outcome given the whole population. As established by other data in this document, healthy people are already at a very low risk of developing severe symptoms or death from Covid.

If we look at absolute risk reduction of the Covid vaccine, it's a measure of how much the vaccine will reduce your total likelihood of severe symptoms from Covid (remember, the vaccine data doesn't establish reduced death or reduced infection rate, just reduced symptomatology).

As reported by a July 2021 study in The Lancet, the ARR of the vaccines is very low:

- 1·3% for the AstraZeneca–Oxford
- 1·2% for the Moderna–NIH
- 1·2% for the J&J
- 0·84% for the Pfizer–BioNTech

A critical question is: **do these low efficacy rates outweigh the risks of side effects and death from the vaccines?** I explore the vaccine risks later in this document.

BIASED TESTING STANDARDS

The CDC calls it a "breakthrough case" when a vaccinated person gets Covid-19 *after* 14 days of getting fully vaccinated (two doses). **This means someone may get Covid after one vaccine dose, or within 14 days of their second vaccination, but it will not be reported as a breakthrough case.** This increases the perception of efficacy for the vaccine.

Vaccinated people can get sick with Covid, and many do. But as of May 14, **the CDC will** no longer report Covid-19 cases in vaccinated people **unless it results in hospitalization or death.**

This means that a non-vaccinated person counts as a Covid case if they have no illness symptoms but have a positive PCR test. But a vaccinated person can have a positive PCR test *and* covid symptoms, and not count as a Covid case unless they end up in the hospital.

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Is this a form of **lying with statistics,** to improve perceived efficacy of the vaccines?

SUPPRESSION OF EXPERT OPINION

Further, the "experts" do NOT agree that Covid vaccinations are safe or effective. The doctors who dissent with the vaccine agenda are often silenced by Big Tech and become the target of corporate media smear campaigns.

Dozens of doctors explain their concerns with Covid vaccines here, and **100 doctors joined a Roundtable Discussion** here to discuss their concerns with the mainstream Covid narrative and vaccinations.

Pharma-tied corporate media tells people to "listen to the experts." Perhaps what they really mean is, **"Listen only to the experts who push the pharmaceutical agenda… ignore the rest."**

DOES THE VACCINE CREATE HERD IMMUNITY?

None of the Covid vaccine trials have enough data to conclude if the vaccine prevents infection or transmission, they only drew conclusions for the potential symptom reduction of the vaccinated person.

If a vaccine doesn't prevent infection or transmission, is cannot create herd immunity.

Further, as more people get vaccinated and Covid hospitalizations continue, questions are raised. Seychelles is a small country with the highest vaccination rate (as of mid-May 2021), but they are having an extreme spike in Covid cases. Keep in mind the problems with counting *cases,* as explained earlier in this document.

Nurses and hospital employees are also reporting high rates of hospitalizations of vaccinated people. This hospital employee says 100% of Covid cases at her hospital are fully vaccinated people. Again, these reports are taken off Big Tech platforms but some are preserved on alternative platforms like Telegram and BitChute.

DOES THE VACCINE CAUSE SIDE EFFECTS?

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Between December 14th 2020 and May 7th 2021, **US citizens reported 192,954 adverse events after they got a Covid Vaccine. This includes 4,057 deaths and 17,190 serious injuries** (1).

With statistics updated May 14, 25% of VAERS-reported deaths occurred within 24 hours of getting the Covid vaccine. 56% of deaths occurred within one week of getting the vaccine (2).

Vaccine injuries are notoriously underreported to VAERS, suggesting the actual number of adverse reports and deaths are much higher.

As of May 8th 2021, there were 10,570 deaths and 405,259 injuries reported to the European Database of Suspected Adverse Drug reaction, after getting the Covid vaccines (3).

Thousands of first-hand reports of Covid vaccine injury are removed from social media for "violating community guidelines" or are marked as "misinformation." Many Instagram accounts that collected photos, videos, and social media comments reporting first-hand Covid vaccine injuries have been deleted by the platform.

Many women are reporting menstrual disorders post vaccination. Some fertility clinics are seeing a drastic uptick in miscarriages. Conveniently, corporate media reports that the vaccine trials didn't record these issues, and Big Tech platforms delete first-hand reports of vaccine injury instead of considering them what they are: **valuable medical data.**

On a more eerie and strange note, many people are filming the "magnet experiment" — **showing how magnets stick to the site of their Covid vaccination.** These videos are quickly deleted from Big Tech platforms but are available on some platforms without medical censorship, like Telegram and BitChute.

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WHAT ABOUT VARIANTS?

It's the natural course of a virus to create variants in a human population. **It's also the natural course of any influenza or corona virus to decrease in severity the longer it is within a population, as people develop immunity to it.**

Dr. Stephen Malthouse, a Canadian physician, explains:

> *"**Many of us have heard about something that is designed to scare the living daylights out of you.** It's something we're hearing 24/7 pumped through the television, and that's the possibility of dangerous variants.*
>
> *Now here's something that will surprise you: **one slight variant was created after a lot of hard work in a mouse study**. The so-called variants have never been found in humans.*
>
> ***This was followed with some papers with mathematical modeling and coding, not real life observation.** This was simply guesswork about spread and severity, not real research with human beings. That is the sole foundation of all you're hearing about on TV.*
>
> *Viruses naturally change over time and new strains emerge. Since a virus cannot live alone and depends on human cells to live, it makes evolutionary sense that it will become less dangerous, not more so, over time. If it becomes more easily spread, but less likely to make you really sick, then that is a good natural progression towards herd immunity.*
>
> *The covid virus is no different. Over all the time we have studied viruses, this is what they've always done: adapt to humans as humans adapt to them.*
>
> ***We can all relax, since viruses always become less likely to cause harm as time goes on."***

DO VACCINE MANUFACTUERS HAVE LIAIBLITY?

The National Childhood Vaccine Injury Act, passed in 1986, removed liability for vaccine injuries from vaccine manufacturers.

This means that claims for vaccine injuries must first file with the U.S. Court of Federal Claims. If their claim is approved, they will receive injury reimbursement from a federally-funded National Vaccine Injury Compensation Program (NVICP).

This program determines what injuries are associated with vaccines, and the allowable interval from vaccination to onset of event. **The federal program responsible for payouts for vaccine injuries is the same program determining what counts as a vaccine injury.** Does this create a conflict of interest?

For example, thousands of families in the early 2000's began claiming that their children's autism resulted from vaccination. The NVICP decided that vaccines do not cause autism (1).

Imagine if the cigarette industry was responsible for deciding if smoking causes cancer… what do you think they'd conclude?

Because the Covid vaccines aren't FDA-approved, they are covered by the Countermeasures Injury Compensation Program (CICP). **The CICP has rejected more than 90% of claims filed, and it doesn't cover legal fees or pain and suffering** (2).

As stated on the Covid vaccines fact sheets, **a vaccine injury claim must be submitted to the CICP within 1 year of receiving the vaccine.** Unfortunately, it's possible to manifest or notice long-term effects (such as neurological issues or sterility) after one year (3).

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CAN EMPLOYERS OR SCHOOLS MANDATE EMERGENCY USE AUTHORIZATION VACCINES?

The Covid vaccines currently have EUA (Emergency Use Approval) from the FDA, which means they haven't the undergone standard FDA testing and approval process. **They are experimental medicine**.

It is illegal to mandates an EUA vaccine, and employees/students can file a civil suit against an employer or school that tries to mandate them.

When it comes to EUA medical products, the FDA requires recipients to be given informed consent, and have the option to *accept or refuse* the EUA product (1).

The Nuremberg Code, written in 1947, established international law for medical experimentation with human subjects. When it comes to medical experiments, the human subjects must give voluntary consent without force, coercion, fraud, or deceit (2).

No court has ever upheld a mandate for an EUA vaccine. In Doe #1 v. Rumsfeld (2003), a federal court held that the U.S. military could not mandate EUA vaccines for soldiers: "…[T]he United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs" (3).

According to the FTC Guidelines, if a company is endorsing a product, especially a health-related product, they can be guilty of "deceptive advertising." To avoid this, the company must not make misleading claims or omit important information. **Stating the vaccine is "safe and effective" or "prevents Covid" are untrue, misleading claims that omit information** (3).

If an employer or school mandates a EUA vaccine, OSHA states, "any adverse reaction to the COVID-19 vaccine is work-related." **That means the employer/school is liable and can be sued for adverse reactions** (4).

Some states have additional protections to protect people who are refusing to participate in violation of federal law. **Companies requiring EUA vaccinations are in violation of federal law, and may face additional lawsuits in these states,** allowing you to sue for damages and attorney's fees (5).

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ARE VACCINES TYPICALLY SAFE AND EFFECTIVE?

It's often assumed that the introduction of vaccines reduced childhood mortality rate and is responsible for the decline of illnesses including polio, measles, and mumps.

In reality, **92.3% of the childhood mortality rate decline happened between 1900 and 1950,** before most vaccines existed.

Mortality from measles and mumps declined drastically prior to the introduction of the associated vaccine. Same with polio, which many doctors believe was linked to widespread DDT use, which contains a paralytic toxin (1, 2).

Three studies examined the correlation of childhood vaccines and children's health. These studies concluded that **unvaccinated children had lower rates of neurodevelopment disorders, developmental delays, allergies, ear infections, and asthma** (3, 4, 5).

In a 1981 study, researchers inoculated young children in Guinea-Bissau with two vaccines: diptheria-tetanus-pertussis (DPT) and the oral polio vaccine. Children who received the DPT vaccine were less likely to die from those diseases, but had an increase in overall mortality rate (6).

The historical usefulness of vaccines, and their supposed efficacy, is a mainstream myth. Provided with a healthy environment, healthy social interaction, and healthy food, **the human body does not require *any* synthetic pharmaceutical products to be healthy or ensure the health of a community.**

If you are new to researching vaccines, here's a list of doctors explaining why they do not recommend these pharmaceutical products to their patients, and why they may cause harm:

1. Dr. Nancy Banks - http://bit.ly/1Ip0aIm
2. Dr. Russell Blaylock - http://bit.ly/1BXxQZL
3. Dr. Shiv Chopra - http://bit.ly/1gdgh1s
4. Dr. Sherri Tenpenny - http://bit.ly/1MPVbjx
5. Dr. Suzanne Humphries - http://bit.ly/17sKDbf
6. Dr. Larry Palevsky - http://bit.ly/1LLEjf6

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7. Dr. Toni Bark - http://bit.ly/1CYM9RB
8. Dr. Andrew Wakefield - http://bit.ly/1MuyNzo
9. Dr. Meryl Nass - http://bit.ly/1DGzJsc
10. Dr. Raymond Obomsawin - http://bit.ly/1G9ZXYl
11. Dr. Ghislaine Lanctot - http://bit.ly/1MrVeUL
12. Dr. Robert Rowen - http://bit.ly/1SIELeF
13. Dr. David Ayoub - http://bit.ly/1SIELve
14. Dr. Boyd Haley PhD - http://bit.ly/1KsdVby
15. Dr. Rashid Buttar - http://bit.ly/1gWOkL6
16. Dr. Roby Mitchell - http://bit.ly/1gdgEZU
17. Dr. Ken Stoller - http://bit.ly/1MPVqLI
18. Dr. Mayer Eisenstein - http://bit.ly/1LLEqHH
19. Dr. Frank Engley, PhD - http://bit.ly/1OHbLDI
20. Dr. David Davis - http://bit.ly/1gdgJwo
21. Dr Tetyana Obukhanych - http://bit.ly/16Z7k6J
22. Dr. Harold E Buttram - http://bit.ly/1Kru6Df
23. Dr. Kelly Brogan - http://bit.ly/1D31pfQ
24. Dr. RC Tent - http://bit.ly/1MPVwmu
25. Dr. Rebecca Carley - http://bit.ly/K49F4d
26. Dr. Andrew Moulden - http://bit.ly/1fwzKJu
27. Dr. Jack Wolfson - https://thedrswolfson.com/vaccines/
28. Dr. Michael Elice - http://bit.ly/1KsdpKA
29. Dr. Terry Wahls - http://bit.ly/1gWOBhd
30. Dr. Stephanie Seneff - http://bit.ly/1OtWxAY
31. Dr. Paul Thomas - http://bit.ly/1DpeXPf
32. Many doctors talking at once - http://bit.ly/1MPVHOv
33. Dr. Richard Moskowitz - censored
34. Dr. Jane Orient - http://bit.ly/1MXX7pb
35. Dr. Richard Deth - http://bit.ly/1GQDL10
36. Dr. Lucija Tomljenovic - http://bit.ly/1eqiPr5
37. Dr Chris Shaw - http://bit.ly/1IlGiBp
38. Dr. Susan McCreadie - http://bit.ly/1CqqN83
39. Dr. Mary Ann Block - http://bit.ly/1OHcyUX
40. Dr. David Brownstein - http://bit.ly/1EaHl9A
41. Dr. Jayne Donegan - http://bit.ly/1wOk4Zz
42. Dr. Philip Incao - http://bit.ly/1ghE7sS
43. Dr. Joseph Mercola - http://bit.ly/18dE38I
44. Dr. Jeff Bradstreet - http://bit.ly/1MaX0cC

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45. Dr. Robert Mendelson - http://bit.ly/1JpAEQr
46. Dr Theresa Deisher https://m.youtube.com/watch?feature=youtu.be&v=6Bc6WX33SuE
47. Dr. Sam Eggertsen-https://m.youtube.com/watch?v=8LB-3xkeDAE

There are dozens of additional doctors testifying that vaccines aren't safe or effective in these documentaries:

1. Vaccination - The Silent Epidemic - http://bit.ly/1vvQJ2W
2. The Greater Good - http://bit.ly/1icxh8j
3. Shots In The Dark - http://bit.ly/1ObtC8h
4. Vaccination The Hidden Truth - http://bit.ly/KEYDUh
5. Vaccine Nation - http://bit.ly/1iKNvpU
6. Vaccination - The Truth About Vaccines - http://bit.ly/1vlpwvU
7. Lethal Injection - http://bit.ly/1URN7BJ
8. Bought - http://bit.ly/1M7YSlr
9. Deadly Immunity - http://bit.ly/1KUg64Z
10. Autism - Made in the USA - http://bit.ly/1J8WQN5
11. Beyond Treason - http://bit.ly/1B7kmvt
12. Trace Amounts - http://bit.ly/1vAH3Hv
13. Why We Don't Vaccinate - http://bit.ly/1KbXhuf

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DOES SCIENCE SUPPORT MASK USE?

The idea of using masks to reduce the spread of a virus is not a new idea. **Widespread mask use to prevent viral spread has not been implemented before because it's not supported by science**.

The WHO published a summary of peer-reviewed research on mask use in June 2020, which noted that science doesn't support mask use and masks may carry health/ psychological consequences. (Page 35 here.)

A meta-analysis of 65 mask studies was published April 2021 in *The International Journal of Environmental Research and Public Health.*

The authors stated, "There are clear, scientifically recorded adverse effects for the mask wearer, both on a psychological and on a social and physical level." They stated, **"compulsory wearing of masks gives a deceptive feeling of safety**," and "**Masks do not show any significant effect with regard to viruses in an everyday scenario.**" (1)

Previous meta-analysis and systemic reviews have concluded that masks don't prevent the transmission of influenza or respiratory infections (2).

In March 2021, The Annals of Internal Medicine published **a randomized controlled trial of 5,000 participants, examining mask use and Covid spread.** It showed how no statistically significant difference in Covid infection rates between mask-wearers and non-mask-wearers. The researchers warn that mask usage may increase likelihood of infection (3).

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WAS THE PANDEMIC PLANNED?

Event 201, a planned worldwide pandemic exercise, was hosted on **October 18th, 2019**. **It stimulated a worldwide outbreak of a corona virus from bats.** It encouraged steps like vaccine deployment and digital censorship of "misinformation" (1).

Sure enough, five months later, a corona virus outbreak is blamed on a bat, a worldwide pandemic ensues, and these techniques are employed. **Coincidence?**

Event 201 was organized by the Johns Hopkins Center, Bill & Melinda Gates Foundation, and World Economic Forum. It included representatives from Johnson & Johnson and the CDC.

Bill Gates heavily funds the WHO, Johns Hopkins, and CDC. He holds shares in Moderna and other vaccine technology manufacturers, and has been investing in vaccine technology/distribution for over 20 years (2).

Vaccine Passports were being planned **at least 20 month prior to the pandemic** (3).

Many leading scientists agree that the Covid-19 virus was **lab-created and released from the Wuhan Virology Lab**, which Dr. Fauci funded with NIH money (4).

The most-watched documentary in history, The Plandemic, outlines how this pre-meditated pandemic is a vehicle to usher in global governance and bio-surveillance (5). Corporate media launched a smear campaign against the documentary and Google buried it.

The next possibly planned move? Injecting people with a "biochip" under the guise of pandemic detection and prevention. This technology is also heavily funded by the Bill & Melinda Gates Foundation (6).

This research paper published March 2020 in the *Journal Of International Crisis and Risk Communication Research*, outlines a course of action for a "SPARS Pandemic," hypothesized for 2025 - 2028. **Is this possibly another planned pandemic, like Event 201?**

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OTHER QUESTIONS WORTH CONSIDERING:

Why is the information in this guide so difficult to find mainstream? Could it have anything to do with the fact that Event 201 established plans for combatting widespread “pandemic disinformation” on the internet and social media?

Why is personal experience with vaccine injury removed from mainstream tech platforms? Is it a form of “medical gaslighting" to tell thousands of people that the symptoms they started experiencing after vaccination can’t be due to the vaccine?

Is it appropriate for mainstream tech platforms and “fact checkers” to delete medical voices? Doesn’t the progress of medical science rest on doctors sharing their clinical experiences?

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ABOUT THE AUTHOR

LAUREN GEERTSEN is a Body Connection Coach and author. Her holistic health website EmpoweredSustenance.com has supported over 40 million people.

She's the author of *The Invisible Corset: Break Free From Beauty Culture and Embrace Your Radiant Self*, *Stronger than the Master: Poems of Manipulation and Escape*, and *Beyond The Rulebook: A 30-Day Writing Journey For A Quantum Leap In Your Life*.

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