

What you don't know about COVID-19 vaccines can hurt you

Opinion By Richard J. Eggleston
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In this column, I will share facts about COVID-19 and COVID-19 vaccines. Sources include: America's Front Line Doctors (www.AFLDS.com); Dr. Lee Merritt with American Association of Physicians and Surgeons (AAPS.com); Dr. Ray Solano's interview from The Eric Metaxis Show; Dr. Reinor Fuellmich interview, and Robert F. Kennedy Jr. and Alan Dershowitz on **Valuetainment.com**; the Jan.16 issue of **greenmedicinewslter.com**; **theepochtimes.com**; **TheHighWire.com**; Front Line Critical Care Conf (fccc.com) and **lifesitenews.com**.

As I will only be able to hit their high points, please refer to them.

YouTube and others have punished valid alternative views by canceling or blocking. This is part of the intent to discredit and silence any dissenting opinions, as is the present cancel culture.

Why is medical information as well as political and social free speech being stifled? Where do we see that the powers to be, tell the masses that is good is evil, and evil is good? Throughout history, stating unapproved ideas has been risky, as even in the case of Sir Isaac Newton, or deadly, as in the case of Jesus Christ.

With the advent of this unknown virus, different ideas of prevention and treatment are expected to continually change. In the attempt to be "good" citizens, we actually judge each other because of conflicting scientific information. Citizens are turning on and turning in each other in ways that are very disturbing. We are confused and in need of scientific honesty.

Check The Great Barrington Declaration, **gbdeclaration.org**, signed by more than 13,000 scientists and physicians. This explains the medical irrationality of lockdowns.

Many diseases are called by their area of origin such as German measles, Ebola virus, Lyme disease. The initial name was the Wuhan virus, but the Chinese Communist Party had it relabeled COVID-19.

The Food and Drug Administration approved hydroxychloroquine for Lupus and arthritis, and it has a 50 year history of safety and effectiveness. In most of the world, HCQ is over the counter for malaria prevention and treatment. Whenever used in Africa for these reasons, the number of deaths from COVID-19 of those citizens who take HCQ is only one-tenth of the U.S.

Other countries have the same success with HCQ. A new article in the January Journal of the American Medical Association stated unequivocally that HCQ is effective, if used early.

More than 195 medical articles support its use. The World Health Organization mandates all countries to have stocks of this essential medicine. However, the Lancet Medical Journal made a very rare mistake in publishing an article stating HCQ was ineffective for Wuhan virus. This was retracted, but it stopped clinical trials of HCQ's effectiveness.

Some media failed to report the retraction. However, the Chinese government mandated the use of HCQ as well as India. The lowest death rates from COVID-19 are in countries with no masking, no social distancing, lockdowns, but with HCQ access.

Emergency room physicians and university professors (Johns Hopkins) have been fired for prescribing or even talking about HCQ, Ivermectin, and the steroid budesonide. Others have had their medical licenses suspended or revoked. There is no appropriate reason for this.

Professor Satoshi Omura of Japan, who received the Nobel Prize for the discovery of Ivermectin, states it is even more effective than HCQ. The use of these two approved, safe and effective would cost about \$5 per day. The use of these medicines would remove the fear many people have about being infected and allow them "to get their lives back" as well as society. A leaked "panic paper" from a secret conference in Germany in May 2019 before the start of the COVID-19 problem presented ways to "sell" the need for compliant citizens in a pandemic. This included creating the feeling of responsibility in children if the grandparents became ill or died.

The media has been promoting the concept that COVID-19 vaccines will prevent spread of the virus. The U.S. surgeon general on "Good Morning America" refuted that. Better would be information, as taught in medical school and endorsed by Dr. Anthony Fauci that asymptomatic people do not transmit viruses.

One should understand that these vaccines are experimental (the largest human experiment in U.S. history) with minimal or no animal testing done. SARSCovid-1 and SARSCovid-2 are 78 percent genetically identical. Previous mRNA Corona vaccines (2005SARSCov1) and others have a long history of failure, meaning dead animals and some times dead people when they were exposed to the "wild" virus after receiving the vaccine. If this Antibody Dependent Enhancement that killed those animals, and people, occurs in a delayed manner with the new vaccines, what happens to millions of medical workers, first responders, military or other essential workers? And what happens to society? How high a percentage will be tolerated? This ADE did occur when the Dengue vaccine killed more than 600 Filipino children. The similar response occurred in the 1960s with a vaccine

for Respiratory Syncytial Virus for children. Dr. Mike Yeaden, chief scientist of Pfizer for 16 years, has requested in the strongest terms to the European Medical Agency to suspend COVID-19 vaccines studies, due to ADE.

ADE is so well known by vaccine scientists, that it has its own website: <https://wikipedia.org/wiki/Antibody-dependent-enhancement>.

Anyone taking a vaccine is automatically enrolled in an experiment under the Department of Defense but administered by Google and Oracle tech giants. Could third party abuse and/or hacking of personal information ever possibly happen? .

As of Jan. 29, there were 10,748 adverse reactions, significant enough to be reported to the Centers for Disease Control and Prevention, and 501 deaths (The Vaccine Adverse Event Reporting System) from current vaccines. Four-hundred fifty-three of these deaths were in the U.S. (JFK Jr. Children's Health Defense: <https://childrenshealthdefense.org>).

An Associated Press article on page 2 of the Feb. 11 Lewiston Tribune, stated "few, if any serious side effects have occurred."

Can the AP ever be totally believed? Under U.S. law, pharmaceutical companies have total and absolute immunity from any injury due to any emergency use vaccine unless willful misconduct is proven. However, pursuant to an Emergency Utilization Act, "Each person has a right to decline a medical/biologic that is not fully licensed."

An experimental treatment cannot be forced. A section of the EUA states "the PREP act does not shield employers or businesses as covered persons, and should they attempt to mandate vaccinations, they may be liable for resulting harm."

Become informed by reading the vaccine insert.

Possible permanent fertility problems of women due to placental tissue damage hasn't been determined. Merck stopped all work on vaccines, because they are inferior to natural infection.

Some minorities have antipathy to medical experiments because of events such as the Tuskegee experiments. The Advisory Committee on Immunizations of the CDC tried to inject race in the distribution of the vaccines. A Dec. 20 Detroit News article exposed them.

Is it possible to follow the money?

What are the connections between “Big Pharma,” Bill Gates, and Fauci. Some have become multibillionaires because of dramatic stock price increases. Besides COVID-19, HCQ stunts the replication of other viruses such as SARS, flu, etc. Therefore, HCQ replacing some vaccines will cut deeply into profits.

The initial grave mistake of Professor Christian Drosten, the chief virologist in Berlin, Germany, occurred when he had a sudden change of mind from the disease being only as lethal as the seasonal flu to extremely lethal. He was the only expert the German government consulted, thereby violating an important legal and scientific principle that the other side must also be given the opportunity to present information. This allowed the lockdown and suspension of constitutional rights in Germany for an extended period of time. When Dr. Neil Ferguson of England provided support that COVID-19 was very lethal, the same process happened in the U.S. Both of them in 2009 greatly overstated the Swine flu (H1N1) severity, when it was no worse than the seasonal flu. There were no lockdowns, masking or social distancing then. When dictatorial governors shut down their states, it took the Supreme Courts of Michigan and Wisconsin, and a federal judge in Pennsylvania ruling that governors are not emperors, but only have emergency powers for a few days before consulting the legislatures. The U.S. Supreme Court ruled against Gov. Andrew Cuomo, stating the U.S. Constitution is not repealed in a crisis.

In October, the CDC agreed with highly qualified epidemiologists from Stanford University, Harvard University and Oxford that mortality for COVID-19 is 0.14 percent. This means about one person in a thousand infected people dies.

One of the tests used to determine if a person is COVID-19 antibody positive is based on Polymerase Chain Reaction. Professor Kary Mullis, the Nobel Prize winner for inventing the PCR, and Dr. Mike Yeaden have both stated repeatedly that PCR is not adequate for detecting infections, especially when done wrong. This, they state, causes the PCR to be 95 percent erroneous for COVID-19. The New York Times stated it is 79 percent false positive.

For an infection that mostly affects the elderly, meaning more than 70 years old and especially more than 80, and those with preexisting conditions, and has a survival rate of over 95 percent of those ages infected, the world is shut down. The number of excess deaths in the aged group, beyond the expected number, is minimal. But we just have to accept religious needs blocked, the skyrocketing number of deaths from missed appointments for cancer detection and followup, suicides,

increased drug and alcohol abuse and deaths, the isolation of loved ones in hospitals and nursing homes, and the despair and hopelessness from the inability to provide for your family. Saving people in my age group is the supposed reason that young people's future is abridged. They are forced to pay cruel and unnecessary prices, the first one being out of school. The underprivileged are disproportionately harmed.

Deaths from previous epidemics, such as the Plague of 541-542 (30-50 million), the Black Death of 1347-1351 (200 million), the New World smallpox of 1520 (12-to-15million), the Spanish flu of 1918-1920(40-50 million), were not viewed as "letting a good crisis go to waste."

Could the real reason be that those who thirst for power now have a plausible excuse to get and keep it? So, "stay inside, shut up, close your business, do as you're told, we will take care of you, help is on the way, and here's \$600."

Meanwhile, the U.N. estimates 130 million people will starve this year due to economic damage from lockdowns.

Most common masks allow the incredibly small virus through both ways. It's like having a chain link fence to block bees. A few take inordinate pride in the virtue signal of the mask. H.L. Mencken cautioned that "the urge to save humanity is almost always only a false-face to rule it." How many layers of masks — two, three, four, five — are necessary?

The concept of herd immunity is commonly accepted as 60 percent of the population being antibody positive, and is not dependent on vaccines. As of Feb. 11, the U.S. number is already about 40 percent, with only about 35 million vaccinations. Most important is that in the development/testing of the vaccines aborted baby parts were used to produce fetal cell lines, such as WI38. Some of the abortions were by C-section, with the baby being dissected while still alive. The Human Embryonic Kidney293 means that 293 experiments using aborted kidneys were used. Therefore, many people will have ethical problems taking the vaccines. If being pressured to take it, check: info@icandecide.org.

Needed information about COVID-19 and COVID-19 vaccines and successful treatment with HCQ and Ivermectin is being misrepresented, ignored or suppressed, including high numbers of serious side effects and deaths from vaccines. How can we feel confident about information that we are allowed to see?

No matter one's age, race, or gender or location, those with very high levels of Vitamin D3 have much lower rates of morbidity and mortality from COVID-19. Zinc, Vitamin C, quercetin, melatonin, N-acetyl-cysteine, Curcumin, one low-dose aspirin and others also may have efficacy.

The cost per day of these plus HCQ and Ivermectin is about \$5.

In making treatment decisions, physicians and patients weigh risk vs. benefit, and we don't believe that the cure should be worse than the disease. First do no harm.