

Medfree is the new vegan, vioxx shenanigans and futarchy

Ariel Gabizon

Aztec - which doesn't necessarily endorse the following
messages ;)

28. marts 2022

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A goal of this conference is to put such an option “on the menu” of the zero-knowledge community.

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Many consider zk-snarks, a type of zkp, **the** tool for blockchain privacy and scalability solutions. Hence, the zk community heavily overlaps with several blockchain communities like Ethereum.

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The subtext: This was a very extreme exception
⇒ the system is fine!!

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Anecdotally, a notorious covid **pro**-vaxer.

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- ▶ 2007 - Merck pays 4.85 Bil to settle civil suit of 27k plaintiffs claiming Vioxx caused their storke/heart attack.
- ▶ 2011 - Merck pays another 1B to settle other allegations.

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- ▶ Work by inhibiting an enzyme called Cyclooxygenase (COX). Results in reduction of pain, inflammation, fever.
- ▶ But since COX protects the stomach lining, this inhibition can cause GI/stomach problems, at worst case a *hole* in your colon (perforated ulcer).

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The catch: COX-1 and COX-2 balance each other in vascular system. COX-1 makes blood clots more likely, COX-2 opens blood vessels, makes them less likely.

Side thought: Is modern drug therapy an 8 year-old debugging code?

```
:  
100 lines of code  
:  
    i++;  
:  
100 lines of code  
:  
print(i);
```

“Hmmm..the computer printed 5 when I wanted 4 so I’ll delete that i++..”

The first Vioxx paper - Nov, 2000

The VIGOR study showed 4 times more heart attacks, and 25% higher all-cause mortality when using Vioxx vs a traditional NSAID (Naproxen).

GENERAL SAFETY

The safety of both rofecoxib and naproxen was similar to that reported in previous studies.^{20,21} The mortality rate was 0.5 percent in the rofecoxib group and 0.4 percent in the naproxen group. The rate of death from cardiovascular causes was 0.2 percent in both groups. Ischemic cerebrovascular events occurred in 0.2 percent of the patients in each group. Myocardial infarctions were less common in the naproxen group than in the rofecoxib group (0.1 percent vs. 0.4 percent; 95 percent

Michael Jordan level moves - explaining away a 4X increase in heart attacks.



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than in the rofecoxib group (0.1 percent vs. 0.4 percent). This difference was primarily accounted for by the high rate of myocardial infarction among the 4 percent of the study population with the highest risk of a myocardial infarction, for whom low-dose aspirin is indicated.²² The difference in the rates of myocardial infarction between the rofecoxib and naproxen groups was not significant among the patients without indications for aspirin therapy as secondary prophylaxis.

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As part of our expression of concern, we also pointed out that three myocardial infarctions in the rofecoxib group were not included in the data submitted to the Journal. The authors state that these events did occur during the trial but did not qualify for inclusion in the article because they were reported after a “prespecified cutoff date” for the reporting of cardiovascular events. This date, which the sponsor selected shortly before the trial ended, was one month earlier than the cutoff date for the reporting of adverse gastrointestinal events. This untenable feature of trial design, which inevitably skewed the results, was not disclosed to the editors or the academic authors⁵ of the study.

Brought to you by Pfizer!..I mean Merck

Figures/Media

merck

22/33



Dr. Ferraz has received clinical research support from Bristol-Myers Squibb, **Merck** Sharp & Dohme, and Aventis Pharma. He has served as a consultant to Aventis Pharma.

Dr. Hawkey has received clinical research support from AstraZeneca, Asta Medica, Boehringer Ingelheim, Boots Healthcare International, Cell Tech, Eisai, Elan, **Merck** Research Laboratories, NicOx, and Novartis. He has served as a consultant to AstraZeneca, Abbott, Cell Tech, Eisai, **Merck** Research Laboratories, NicOx, Novartis, Parke-Davis, and Synthelabo Pharmacie. He has been a member of speakers' bureaus sponsored by AstraZeneca, Boehringer Ingelheim, Boots Healthcare International, Takeda, Wyeth Lederle, and **Merck** Research Laboratories.

Dr. Hochberg has received clinical research support from **Merck** and Quintiles (Aventis Pharma). He has served as a consultant to Aventis Pharma, Biomatrix, **Merck**, Negma Laboratories, Procter & Gamble, Roche, and Wyeth-Ayerst. He owns stock in Johnson & Johnson, Eli Lilly, **Merck**, Procter & Gamble, and Schering-Plough.

Dr. Kvien has received clinical research support from **Merck**, Searle, Aventis Pharma, and Schering-Plough. He has served as a consultant to **Merck**, Searle, Aventis Pharma, and Schering-Plough. He has been a member of a speakers' bureau sponsored by **Merck** and Aventis Pharma.

Dr. Schnitzer has received clinical research support from Abbott, Boehringer Ingelheim, Johnson & Johnson, McNeil Consumer Products, **Merck**, Novartis, Ortho-McNeil, Parke-Davis, Searle, and Wyeth-Ayerst. He has served as a consultant to Boehringer Ingelheim, **Merck**, Novartis, Ortho-McNeil, Searle, and SmithKline Beecham. He has been a member of speakers' bureaus sponsored by Boehringer Ingelheim, **Merck**, Ortho-McNeil, Wyeth-Ayerst,

Most Viewed

CORRESPONDENCE MAR 16, :

Efficacy of a Fourth Dose of Vaccine against Omicron

G. Regev-Yochay and Others

CORRESPONDENCE MAR 16, :

Neutralization of the SARS-BA.1 and BA.2 Variants

J. Yu and Others

REVIEW ARTICLE MAR 17, 202

Cryptogenic Organizing Pn

T. E. King, Jr., and J. S. Lee

The second paper in NEJM - Aug, 2001

The difference in major cardiovascular events in the VIGOR trial may reflect the play of chance. The end point was prespecified, and the difference in the frequency of events was statistically significant, but the absolute number of cardiovascular events was small (less than 70). Although an effect of this magnitude

Ad Laundering

Merck purchased 929,000 reprints of these articles from the NEJM for a price of between 697k to 836k usd, which it sent to doctors.

The information lag

2001: FDA warning to Merck to stop marketing Vioxx as safe.

2004: Stacey Palmer dies at 17; a healthy girl getting Vioxx for a headache from her doctor - samples he got from Merck.

Now coming to covid..

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The pharma master has been turbo-charged with the power of government mandates.

Pfizer trial - the impressive part:

| | BNT162b2 (N=23,040) | Placebo (N=23,037) | | |
|---|--|--|------------------|------------------------|
| First COVID-19 Occurrence after Dose 1 | Surveillance Time ^a (n ^{2d}) | Surveillance Time ^a (n ^{2d}) | VE (%) | (95% CI ^c) |
| n ^b | n ^b | n ^b | | |
| Overall (≥12 years old) | 131 (22,505) | 8.412 (22,505) | 1034 (22,434) | 8.124 (22,434) |

| | BNT162b2 (N=23,040) | Placebo (N=23,037) | | |
|---|--|--|----------------|---------------------------|
| Efficacy Endpoint Subgroup | Surveillance Time ^a (n ^{2d}) | Surveillance Time ^a (n ^{2d}) | VE (%) | (95% CI ^c) |
| n ^b | n ^b | n ^b | | |
| First severe COVID-19 occurrence after dose 1 | 1 (22,505) | 8.439 (22,505) 30 | 8.288 (22,435) | 96.7 (80.3, 99.9) |
| After dose 1 to before dose 2 | 0 (22,505) | 1.351 (22,505) 6 | 1.360 (22,435) | 100.0 (45.0, 100.0) |
| Dose 2 to 7 days after dose 2 | 0 (22,170) | 0.425 (22,170) 1 | 0.423 (22,070) | 100.0 (-3783.5, 100.0) |
| ≥7 Days after dose 2 | 1 (22,142) | 6.663 (22,142) 23 | 6.505 (22,048) | 95.7 (73.9, 99.9) |

Pfizer trial all cause mortality after **early unblinding**:

| Reported Cause of Death* | BNT162b2 (N=21,926) | Placebo (N=21,921) |
|---------------------------------------|------------------------|-----------------------|
| Deaths | n 15 | n 14 |
| Acute respiratory failure | 0 | 1 |
| Aortic rupture | 0 | 1 |
| Arteriosclerosis | 2 | 0 |
| Biliary cancer metastatic | 0 | 1 |
| COVID-19 | 0 | 2 |
| COVID-19 pneumonia | 1 | 0 |
| Cardiac arrest | 4 | 1 |
| Cardiac failure congestive | 1 | 0 |
| Cardiorespiratory arrest | 1 | 1 |
| Chronic obstructive pulmonary disease | 1 | 0 |
| Death | 0 | 1 |
| Dementia | 0 | 1 |
| Emphysematous cholecystitis | 1 | 0 |
| Hemorrhagic stroke | 0 | 1 |
| Hypertensive heart disease | 1 | 0 |
| Lung cancer metastatic | 1 | 0 |
| Metastases to liver | 0 | 1 |
| Missing | 0 | 1 |
| Multiple organ dysfunction syndrome | 0 | 2 |

Except that that those numbers turned out to be wrong

From report on FDA site a few months later:

From Dose 1 through the March 13, 2021 data cutoff date, there were a total of 38 deaths, 21 in the COMIRNATY group and 17 in the placebo group. None of the deaths were considered related to vaccination.

Even my once beloved meditation school is now mandating vaccines and giving medical advice



Vipassana Meditation Center – Dhamma Dharā

Vipassana Meditation as taught by S.N. Goenka in the tradition of Sayagyi U Ba Khin
Massachusetts, USA

| | | | | | | | | |
|------|-----------|---------|----------|-------------|--------------|---------|--------------|--|
| Home | Vipassana | Courses | Schedule | Inclusivity | Getting Here | Contact | Old Students | |
|------|-----------|---------|----------|-------------|--------------|---------|--------------|--|

Current Covid-19 Protocols for Courses

During this pandemic period we have been happy to be able to continue offering courses, although for a smaller number of students than usual. As of March 2022, we can safely accommodate approximately 75 students and 15 servers each course.

We recognize that many want to sit courses, and we will do our best to help applicants with this process. We recommend that you apply for courses as soon as they open on our schedule page, typically at 6:00 AM EST, six months before the course begins. Courses fill up within days of opening. Upon receipt, all applicants will be placed on the waiting list, and we will be in touch shortly thereafter.

Center management will call each and every student and server accepted and enrolled for courses approximately two weeks before the course begins to more fully outline the protocols for being at the center during this time. The most important thing is ensuring that everyone who comes to the center is healthy.

Therefore, although we are transitioning into more relaxed COVID protocols, we require the following for all who come to the center:

Dhamma Dharā requires all students, servers, teachers and staff be vaccinated. We encourage those who are vaccinated, but not boosted, to do so if eligible. Additionally, proof of vaccination must be presented during course registration upon arrival.

A word about tests

Are we going to use tests that exclude almost as many healthy people from events as sick?

The investigators also point out that false-positives are possible due to administering the test too early or late in the infectious stage, or from incorrectly performing the self-test. Despite finding that 42% of positive results were false, Gans emphasized the relevance of the low overall rate. Jan 18, 2022



<https://www.contagionlive.com> › view › high-false-positiv... ::

High False-Positive Rate with Rapid Antigen Test for SARS ...

In cryptographic terms - the prover and verifier got mixed up. Pharma company does the trial, and decides which data to represent to journal reviewers - which questions to answer.

Little Chariot vs Big Chariot



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- ▶ Big chariot - make “The system” work for benefit of the collective welfare of the people.*imo: very hard to do...maybe impossible?*

The great divide - as I see it

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One answer I like:Futarchy and Democracy DAOs

Before talking about futarchy - good time for break

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- ▶ During election people trade these two bond types on the free market - their price gives a prediction of election result from people with *skin in the game*

Democracy DAO - Merkle (over simplified)

Instead of voting for a candidate or bill (e.g. brexit), people vote once a year by a number from zero to one saying “How good was my last year”.

ACW_i := the average of these numbers in year **i**. It's the Annual Collective Welfare.

Prediction markets based on **ACW**

- ▶ In beginning of year, bank sells for 1\$ pairs of bonds (**P, N**).
- ▶ At end of year bank redeems a **P** for **ACW** dollars and **N** for **1 – ACW** dollars.

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- ▶ If E didn't happen, bank reimburses a dollar to buyers of bond pairs.
- ▶ IF E did happen - as before bank redeems P_E for ACW dollars and N_E for $1 - ACW$ dollars.

Governing in democracy DAO/futarchy

- ▶ Given proposed law L , we start two conditional prediction markets - one with event $E = "L \text{ was passed}"$, the other with event $F = "L \text{ didn't pass}"$.

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- ▶ Given proposed law L , we start two conditional prediction markets - one with event $E = "L \text{ was passed}"$, the other with event $F = "L \text{ didn't pass}"$.
- ▶ If after a while P_E is worth more on the market than P_F , we pass the law; otherwise we don't.