

I have taken the time to put together some thoughts and answers to some questions regarding the “pharmaceutical” that our government, industries and colleagues are currently “advising” us to receive.

I’ve attempted to use where possible reputable links and factual data, all the while acquiring this from the world’s most common internet search engine - Google.

I call it a “pharmaceutical” as it is not actually a vaccine per se, such as those administered for Polio, Measles, Mumps, Rubella (MMR), Chickenpox etc. These traditional vaccines are attenuated or inactivated viruses, or proteins exhibited by the virus, which elicit a natural broad spectrum immune system response to the virus as a whole which exhibit many (dozens) of antigen proteins to the body. <https://en.wikipedia.org/wiki/Antigen>. Each of these proteins/antigens become recognisable to the immune system and result in a broad long-term immunological memory.

The efficacy (ability to prevent the disease) of these traditional vaccines are recorded to be around the 95% range (with decades of lasting protection), see the official data from the Center for Disease Control & Prevention (known as the CDC)

<https://www.cdc.gov/vaccines/vpd/mmr/public/index.html>,

<https://www.cdc.gov/vaccines/vpd/varicella/hcp/about-vaccine.html> &

<https://www.cdc.gov/vaccines/vpd/polio/hcp/effectiveness-duration-protection.html>

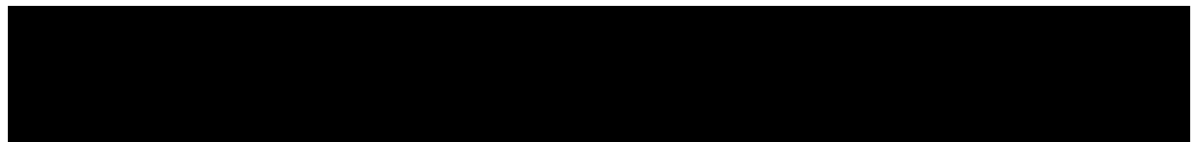
What is the pharmaceutical being administered for SARS-CoV-2?

In Australia we currently have two types of pharmaceuticals being administered and they both act by physically entering our body’s cells to produce just the SARS-CoV-2 spike protein antigen of a specific strain of the SARS-CoV-2 virus it’s coded for. These spike proteins are then meant to be exhibited on the host cell’s wall. Our immune system seeing the spike antigen then mounts a response to the host cells, which are attacked and destroyed by our immune system as a normal virus would be. This results in a temporary (months to a year) immunity through antibody and memory B & T-cell production to that form (strain) of spike protein as encoded in the mRNA.

What are Memory B & T cells <https://www.cancercenter.com/community/blog/2017/05/whats-the-difference-b-cells-and-t-cells>

Synthetic Messenger Ribonucleic Acid (mRNA) used by Pfizer

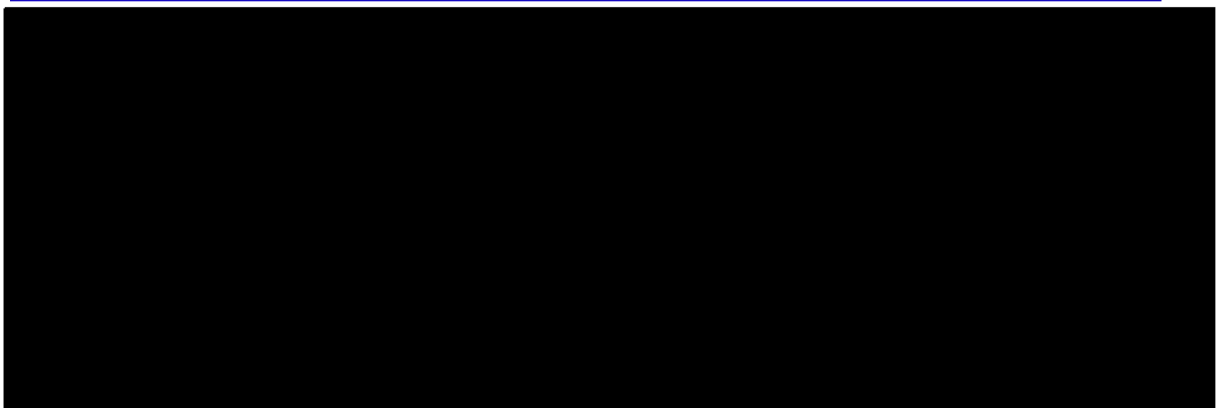
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>



Viral Vector (carrier) used by AstraZeneca (aka Vaxzevria) <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true/is-it-true-does-the-vaxzevria-astrazeneca-vaccine-contain-animal-dna>



<https://www.alfunctionalhealth.com/blog/what-you-need-to-know-astra-zeneca-oxford-vaccine>



See also <https://www.thainapci.org/2021/wp-content/uploads/2021/05/How-the-Oxford-AstraZenica-Vaccine-Works.pdf>
<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/learn-about-covid-19-vaccines/how-do-covid-19-vaccines-work> & <https://www.yalemedicine.org/news/covid-19-vaccine-comparison>.

How long does the currently administer pharmaceuticals in the fight against SARS-CoV-2 provide immunity?

The studies are ongoing as the pharmaceutical is still in the experimental phase, and **detailed** studies are difficult to find on Google based search engines which I've chosen to use for this exercise. The current research has shown that the durability of the antibodies produced wanes significantly over time. See the Time Course of SARS-CoV-2 Antibody Binding and Neutralization Responses after mRNA-1273 Vaccination <https://www.nejm.org/doi/full/10.1056/nejmc2103916>. This short lived immunity is in stark contrast to the classical vaccines for Mumps, Measles, Rubella, Polio and the like.

How successful is the jab? – a real world example from the source of global disease studies and guidance.

Straight from the Center for Disease Control (CDC)

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021 | MMWR (cdc.gov)

This states that of the 469 people that were infected at the fair 74% were fully 'vaxed', no one died and only 5 people ended up in ICU of which 4 of the 5 were fully vaxed.

It's quite the possibility that the pharmaceutical don't work as promised and possibly could make future infections worse in due course as a result of a phenomenon known as Antibody Dependant Enhancement, see [Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies | Nature Microbiology](#),

Additionally if no one died out of 469 then the virus doesn't appear that deadly, 89% of the cases were the "Delta" variant.

What's happening in the most vaccinated nation in the world?

<https://theconversation.com/covid-cases-are-rising-in-highly-vaccinated-israel-but-it-doesnt-mean-australia-should-give-up-and-live-with-the-virus-166404>

<https://www.news.com.au/world/coronavirus/global/israel-fighting-record-breaking-surge-in-covid19-cases-despite-high-levels-of-vaccination/news-story/3445287a9c46e8712574da2316bd3ee1>

Has Antibody Dependent Enhancement (ADE) occurred recently?

Yes, sadly in the Philippines 2017.

<https://www.nytimes.com/2017/12/17/health/sanofi-dengue-vaccine-philippines.html>

<https://www.npr.org/sections/goatsandsoda/2019/05/03/719037789/botched-vaccine-launch-has-deadly-repercussions>

Yes it was approved by the FDA, the same organisation that approved the SARS-CoV-2 pharmaceutical under Emergency Use Authorisation.

<https://medicalxpress.com/news/2019-03-philippines-sanofi-dengue-vaccination-deaths.html>

<https://www.pharmaceutical-technology.com/features/dangvaxia-philippines/>

Personally I'm deeply concerned that ADE might occur in future mutations of the SARS CoV-2 virus. Those that received the Dangvaxia whose immune system hadn't seen Dengue Fever before were those at risk of ADE.

[Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies | Nature Microbiology](#)

See also the Historical Vaccine Safety Concerns | Vaccine Safety | CDC.
The tragedy of Thalidomide a prime case of where pharmaceutical companies, regulating bodies down to family general practitioners got it very wrong. [After 60 years, scientists uncover how thalidomide produced birth defects - Dana-Farber Cancer Institute | Boston, MA](#)

Is the Pharmaceutical potentially dangerous?

See this very interesting video pod cast with the inventor of the mRNA technology Dr Robert Malone <https://www.youtube.com/watch?v=Du2wm5nhTXY> who concludes yes.

Here are two prominent cases of vaccine injuries to Australian media related personnel that could not be hidden. <https://www.news.com.au/entertainment/tv/radio/jackie-o-reveals-ex-experienced-adverse-reaction-to-pfizer-vaccine/news-story/0a734cde4b7cf42f3717e1b96fd9ade1>

Dr Geert Vanden Bosch believes the consequences could dire.

<https://www.geertvandenbossche.org/post/c-19-pandemia-quo-vadis-homo-sapiens>

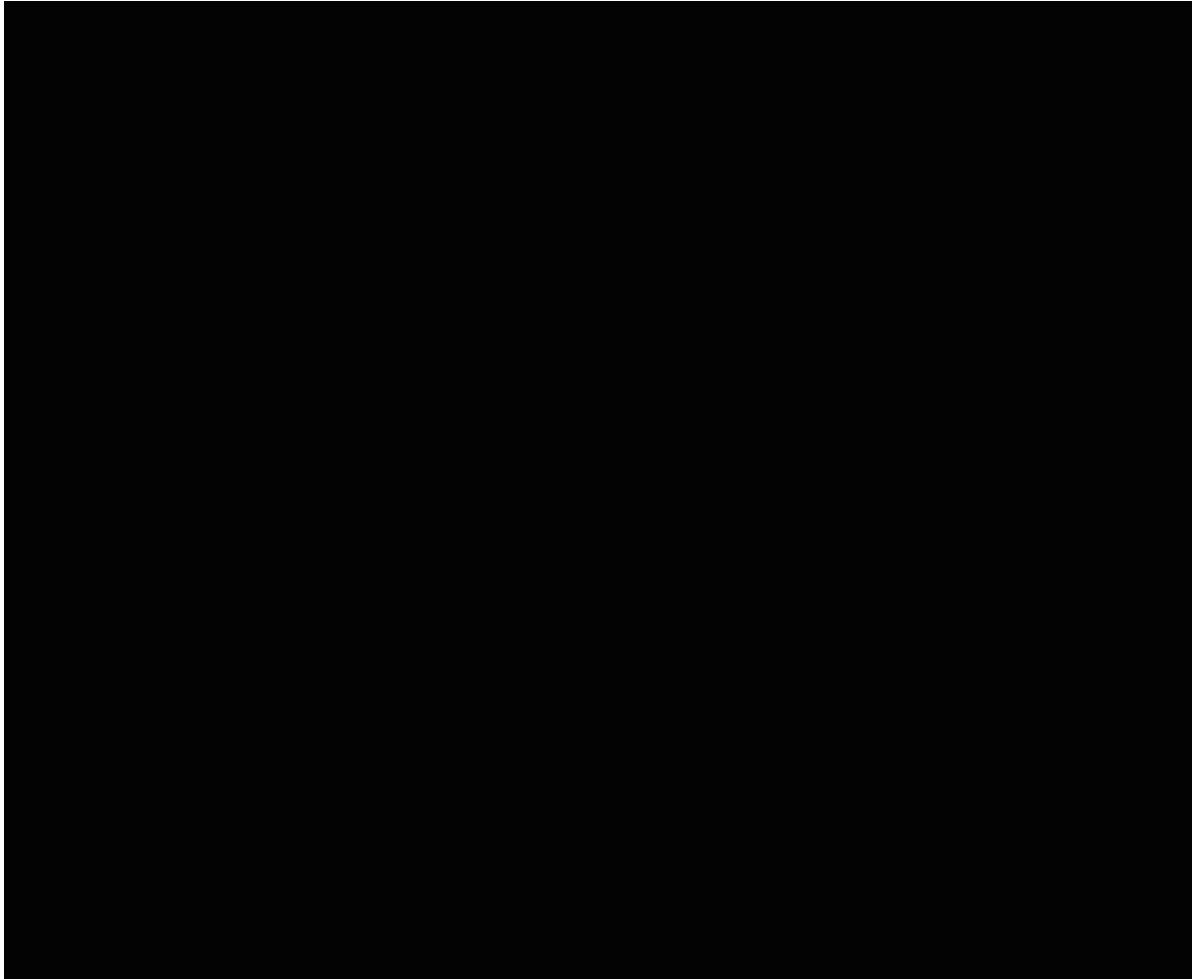
How deadly is the virus in the most vaccinated nation in the world?

<https://www.worldometers.info/coronavirus/country/israel/> 7205 deaths to 1117596 cases = 0.6%, and out of the entire populace of 9.45M equates to 0.076% and Israel has medium density living with the land mass of Israel being 22,145 square km. The land mass of NSW is 801,150 square km (36 times Israel's) with a population of 8.16M (which is commensurate (1.3M less people in fact) to Israel's population). Likely spread of the disease would therefore be less given the greater natural social distancing. As of 16:30pm 07Sept21 NSW has 193 deaths to 36267 cases., that's 0.5% death rate, not dissimilar to Israel's 0.6%. When assessed across the entire population of NSW that's 0.0023%.

How did countries with a lax approach to the disease fair?

Sweden is a prime example of a 1st world country and it's density of living is 25 people/km whereas Australia's is 3 people/km

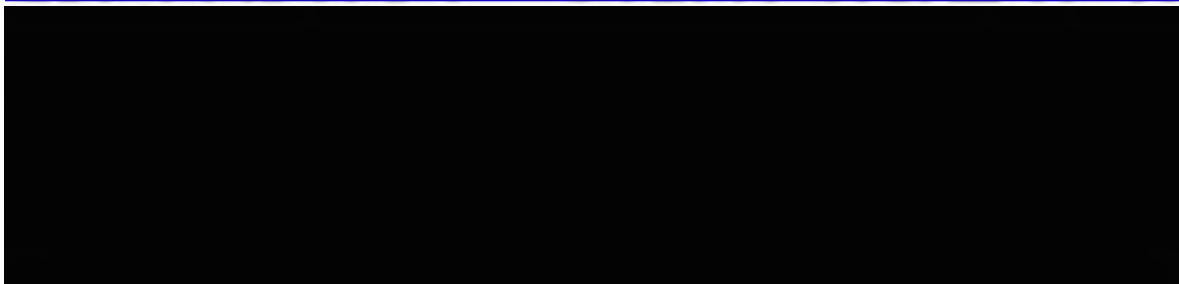
<https://www.statista.com/statistics/525530/sweden-death-rate/> The mean death rate in 2020 was 9.6/1000 people and was beaten by 2012 @ 9.7/1000 people.



How reliable are the tests?

The RT-PCR test used for diagnosing the disease has the following rates of efficacy

https://www.cochrane.org/CD013705/INFECTN_how-accurate-are-rapid-tests-diagnosing-covid-19



Furthermore, see the attached video with the statement from the inventor of the PCR test Nobel Prize winning (1993) Dr Kary Mullis

https://m.facebook.com/story.php?story_fbid=392865632367729&id=100049328857525&sfnsn=m o . Dr Kary Mullis died in Aug 2019 <https://www.nytimes.com/2019/08/15/science/kary-b-mullis-dead.html>

NY Times put out an article regarding the number of cycles and the false positives that result from turning up the number of amplification cycles.

<https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>

The PCR test can also be picking up dead virus fragments <https://www.bbc.com/news/health-54000629>

Do masks really work to reduce infection?

A Randomized controlled trial (DANMASK-19 [Danish Study to Assess Face Masks for the Protection Against COVID-19 Infection]). (ClinicalTrials.gov: NCT04337541)

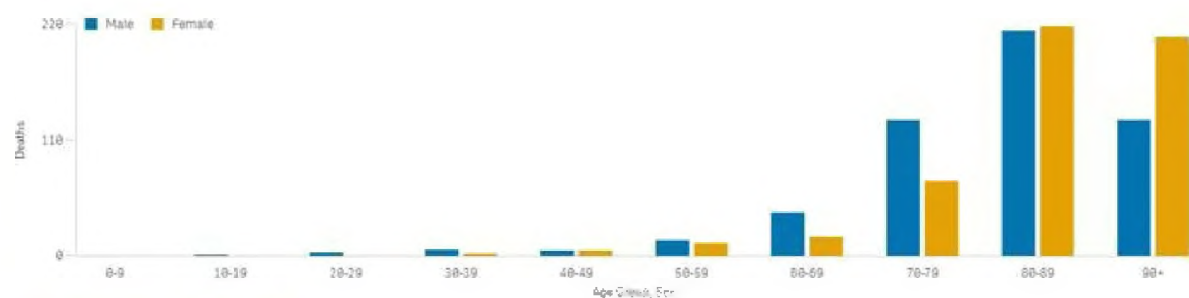
<https://www.acpjournals.org/doi/10.7326/m20-6817> A total of 3030 participants were randomly assigned to the recommendation to wear masks, and 2994 were assigned to control (no mask); 4862 completed the study. Infection with SARS-CoV-2 occurred in 42 participants recommended masks (1.8%) and 53 control participants (2.1%).

The CDC cites dubious “real-world” information regarding the effectiveness of the masks, with no “control” groups in any of the cited reports. While the DANMASK-19 study is not the pinnacle of epidemiological studies it has significantly more scientific merit than that cited by the CDC where the first cited report is based on hair salon in Springfield MO in the USA.

Is it wise to vaccinate the entire population?

The graph below is taken from <https://www.health.gov.au/resources/covid-19-deaths-by-age-group-and-sex>

Source: NINDSS data 12/9/2021



The total number of deaths in this chart may be less than what is reported due to delays in notification to the National Notifiable Diseases Surveillance System (NNDSS), or where the case's age or sex are unknown.

Surely a wise approach would be to allow those in the higher risk 50+ age brackets to voluntarily take the ‘vaccine’, not the entire populace including teenagers and children who statistically have no chance of dying from the disease, but the available data has shown there is a real possibility of suffering adverse effects from the ‘vaccine’, even death. The CDC itself reported on the 1st of Sept 2021 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

The inventor of the mRNA technology Dr Robert Malone had something to say about administering it to young people, see [mRNA vaccine inventor speaks out on 'Tucker' after YouTube deletes video of him discussing risks | Fox News](#)

See the attached report from the Australia Therapeutic Goods Administration (TGA) Database of Adverse Event Notifications (DAEN) report generated on the 21st of August 2021

- Number of reports (cases): 46438
- Number of cases with a single suspected medicine was the cause: 45778,
- Number of cases where death was a reported outcome: 448

Since the virus entered our nation, there has been 1167 deaths with SARS-CoV-2 over the last **18mths** <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics>. The pharmaceutical has been readily available for **6mths** now and there has been 448 cases where death was a reported outcome from receiving it. You can see that if the pharmaceutical had been administered for 18mths (3 x 6mths), the same length of time the virus existed in Australia, that the number of reported deaths arising from it would likely equate to $3 \times 448 = 1344$. This is 117 more people than what the virus has reportedly resulted/influenced the death of. Obviously there has not been millions of Australians exposed to the virus that we know of but it's still food for thought. I suspect that the number of people that were exposed to the virus would be 4 times the case rate, but they didn't develop symptoms, were immune or didn't bother getting tested.

Also see the death/injury rate from the pharmaceutical administered in the USA: [Latest VAERS Data Show: 5,165 Deaths Reported Following COVID Vaccines • Children's Health Defense \(childrenshealthdefense.org\)](#)

How long do clinical trials typically take?

<https://www.antidote.me/blog/how-long-do-clinical-trial-phases-take>



<https://www.gavi.org/vaccineswork/how-covid-19-leading-innovation-clinical-trials> "On average, vaccine development can take 10-15 years."

<https://www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation>

Are there other readily available drugs that can help reduce the infection rate and if the disease is contracted its severity?

Since the outbreak of SARS-CoV-2 cheap and readily available drugs have been trialed throughout the world, particularly in countries with lower economic capacities.

Ivermectin is a well-known, FDA-approved anti-parasite drug that has been used successfully for more than four decades to treat onchocerciasis "river blindness" and other parasitic diseases. It is one of the safest drugs known. It is on the WHO's list of essential medicines, has been given 3.7 billion times around the globe, and has won the Nobel prize for its global and historic impacts in eradicating endemic parasitic infections in many parts of the world. Our medical discovery of a rapidly growing published medical evidence base, demonstrating ivermectin's unique and highly potent ability to inhibit SARS-CoV-2 replication and to suppress inflammation. Ivermectin in COVID-19 - FLCCC | Front Line COVID-19 Critical Care Alliance (covid19criticalcare.com)

The following peer reviewed and published report also shows that Ivermectin is highly effective in reducing the likelihood of infection and severity of SARS-CoV-2.

[Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Treatment of COVID-19 : American Journal of Therapeutics \(www.com\)](#)

Nobel Prize multi-use for IVERMECTIN: Ivermectin: a multifaceted drug of Nobel prize-honoured distinction with indicated efficacy against a new global scourge, COVID-19 (nih.gov)

Enigmatic multifaceted ‘wonder’ drug continues to surprise and exceed expectations - The Journal of Antibiotics: <https://www.nature.com/articles/ja201711>

IVERMECTIN for SARS-CoV-2: <https://pubmed.ncbi.nlm.nih.gov/33278625/> and <https://www.monash.edu/discovery-institute/news-and-events/news/2020-articles/Lab-experiments-show-anti-parasitic-drug,-Ivermectin,-eliminates-SARS-CoV-2-in-cells-in-48-hours>

Anti-viral action: <https://pubmed.ncbi.nlm.nih.gov/32462282/>

Ionophore: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5835698/>

Stopping viral replication: <https://www.sciencedaily.com/releases/2020/04/200403115115.htm/>

Extremely safe: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043740/>

Works when distributed: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8088823/>

Works when administered: <https://www.biznews.com/health/2021/07/29/ivermectin-treatment>

India WHO white paper: <https://www.financialexpress.com/lifestyle/health/covid-19-states-ignore-who-recommendation-on-ivermectin-heres-what-doctor-who-wrote-white-paper-on-the-drug-has-to-say/2231596/>

2019 CDC Memo on Ivermectin Resurfaces After Media Blasted The Drug as ‘Horse Treatment’:

<https://resistthemainstream.org/2019-cdc-memo-on-ivermectin-resurfaces-blows-a-hole-in-medias-narrative/>

For those who do not wish to take a rushed inoculation that is only provisionally approved by the TGA (a process which [REDACTED])

[REDACTED], Ivermectin was **the** option for treatment.

Now this option has been taken away from GPs to prescribe it for SARS-Cov-2.

Monoclonal antibody Treatment Monoclonal antibodies are “ [REDACTED] ”

[REDACTED] according to the U.S. Food and Drug Administration (FDA). In this case, these antibodies

replicate your body's immune response to COVID-19, blocking or neutralizing the SARS-CoV-2 virus before it can make you severely ill. <https://www.prevention.com/health/a36464562/what-are-monoclonal-antibodies-covid-19/>



" <https://au.gsk.com/en-au/media/press-releases/2021/first-monoclonal-antibody-treatment-approved-for-covid-19-in-australia/>

Australians are set to have access to a new treatment for COVID-19, in addition to the continuously expanding vaccine rollout <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/additional-covid-19-treatment-for-australia>

<https://www.nwahompage.com/news/local-doctor-encourages-monoclonal-antibody-treatment-against-covid-19/>

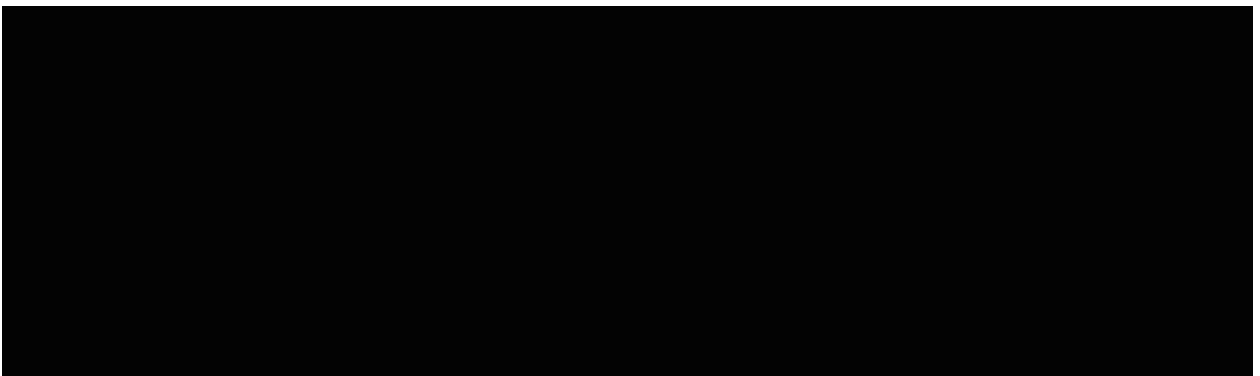
Closing statement:

If you feel you should take the pharmaceutical based on your physiology, age, health concerns and are comfortable with it, you are rightfully entitled to do so. If you consider your innate immune system to be strong or are uncomfortable with the pharmaceutical and are unsure about it all, don't submit to it. I note that taking a vaccine is irrevocable, you can't just stop its impact on your health such as a course of antibiotics, oral medicines, topical medicines or intravenous drugs should you begin to see side effects. It's for this reason that much caution and extensive research should be done by the pharmaceutical companies, governing bodies, medical practitioners and even the individual. We MUST NOT be driven by fear.

Forcing others to believe as you do, regardless of your fears, either way, I find that to be unacceptable.

Implementing a vaccine passport and restrictions in our society based upon the receipt of ANY pharmaceutical is abhorrent and discriminatory.

The following pivotal documents aim to prevent such measures:



The Nuremburg Code (1947)

https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf



Australian Constitution Section 51 XXIIIA

file:///C:/Users/dfoster/Downloads/2012_Australian_Constitution.pdf



Yours sincerely,
Dave.

“res ipsa loquitur”