

I stand to lose my job at the end of the month if I don't comply with the vaccine mandate recently imposed on me. Up until now, I've been quiet. I've held my tongue. I've kept my opinions to myself. I've been afraid to speak up. Afraid of losing "friends" and creating conflict. I hoped it wouldn't come to this! While many of my coworkers: nurses and doctors, aides and therapists, were in the front of the line to get vaccinated, I declined. I can say this: the past 8 months of vaccine rollout has not caused me to reconsider that decision. My reason is simple. Nothing in the rollout of these vaccines has convinced me that human health or wellbeing is forefront, or any part at all for that matter, in the program. Here's why I believe this:

1. For a vaccine that is still under emergency use authorization (EUA) meaning it is still experimental, there has been essentially no attempt to monitor and study and track adverse reactions. There have been no safety committees examining the post rollout data. There is no formal means of even collecting such data! There is no measured study of comparison of the vaccinated to the unvaccinated. No way to know if the morbidity and mortality are higher in the active group versus the control group. There is no formal comparisons going on. In fact it seems the goal now is to eliminate the control group (poorly studied as it is) altogether! How can this be construed as anything other than an attempt to obscure safety information? Just stop and imagine a "study" in which none of the results were tracked! It wouldn't be a study at all. It wouldn't be science. To all the people telling me self righteously that they follow the science, I say, "where is it?" Show it to me. To all the people who "follow the science" most, it seem, only follow the headlines.

2. The ONLY post rollout safety tracking in the US is through VAERS, a voluntary (passive) and underreported system that many people, including medical professionals, have never even heard of and is challenging to use. According to a Harvard study, VAERS captures only 1-10% of adverse reactions. according to VAERS, (remember that these are vastly underreported numbers, possibly only 1-10% of actual cases) covid vaccines have the highest rate of deaths and adverse reactions than ALL other vaccines combined for the entire history of vaccination. So far to date, there have been 12,000 reported deaths to VAERS in the United States associated in close chronological timing to vaccine administration. There have been over 30,000 hospitalizations, and 400,000 adverse reactions. If the vaccine program was actually about human health, these cases would be investigated. In fact, ethically, given that the vaccine is still experimental, they ought to be considered as related UNTIL proven otherwise. But this isn't what's happening! Instead from the very beginning, almost all the deaths associated with the vaccine were deemed "coincidental". "People die," we were told, "sometimes they die right after getting the jab". Just forget it and move on. The two are not related. No cause and effect here. And perhaps there isn't, but the regulatory bodies owe it to all of us to thoroughly study, evaluate and ultimately prove to us that this really is the case. According to Peter McCullough, a renowned cardiologist and internist in Texas, the cutoff for pulling a medication or therapeutic agent from market is between 25-150 deaths in close timing of administration. Again, we have had, according to the

CDC VAERS data, 12,000 deaths in close proximity to vaccination. The absence of a thorough and serious investigation of this is downright terrifying. And unethical. And possibly criminal.

Rather than address any of this, the freight train of employer based mandates around the country (backed by the Department of Justice) is barreling down the tracks straight for us all!

3. The EUA for the vaccines was predicated entirely on the basis that there were no viable alternatives in the treatment of Covid 19. (The vaccines could NOT have been granted EUA if any such alternative existed.) Effective alternatives DO actually exist. There have been brave doctors all over the world (Peter McCullough is one) pioneering and discovering treatments for covid 19. Covid did NOT need to kill over 600,000 Americans! This a travesty. It's criminal. Most of my healthcare colleagues have never heard of ivermectin. They have no idea that an extremely safe and inexpensive parasite medication has proven to reduce mortality by a substantial amount. Hydroxychloroquine, doxycycline, azithromycin, fluvoxamine, zinc, and vitamin D have also been shown to substantially reduce hospitalizations and death. All this information has been actively suppressed and censored. The effort to block any potential treatments was seen all too clearly in the fraudulent articles in both the lancet and the NEJM which claimed hydroxychloroquine was a dangerous medication in the use of covid. The articles were since retracted and are recognized as being FULLY FABRICATED. Think on that please! Every article that makes it into these journals is supposed to be thoroughly vetted by a team

