

2/11/21

Dear IL Legislators,

What to do about the COVID problem? Starting with the truth is a good first step!

The #1 COVID issue of the day for most folks is - do I take the Pfizer or Moderna jab or don't I? As a physician I have recommended to watch and wait with these new mRNA vaccines, I do not recommend experimental treatments lightly – they are risky because they are experimental – period! Here we are approximately 2 months after starting the Pfizer and Moderna vaccination programs and now we are getting enough reports from people of all the various side effects and issues to make an informed decision.

Please take this as a warning to everyone: <https://fox8.com/news/coronavirus/man-in-70s-collapses-dies-after-getting-covid-vaccine-officials-saw-no-sign-of-allergic-reaction/>

This is not the only case of death that has occurred directly after being vaccinated. In fact there have been so many that I am saying enough is enough with the Pfizer and Moderna vaccines! They have had hundreds of deaths occur immediately or shortly after the shots, especially in the elderly - there are many hundreds of people who had allergic reactions, some necessitating serious emergency life-saving treatments - there are tens of thousands of people complaining of severe flu-like symptoms for days after the second shots: <https://childrenshealthdefense.org/defender/deaths-injuries-following-covid-vaccine-cdc/> - also there are dozens of cases of life threatening immune thrombocytopenia (ITP), <https://childrenshealthdefense.org/.../pfizer-moderna.../>

Plus there are some indications that these vaccines might cause long term health problems:

<https://childrenshealthdefense.org/defender/pfizer-moderna-vaccines-long-term-chronic-illness/>

"In a new [research article](#) published in Microbiology & Infectious Diseases, veteran immunologist J. Bart Classen expresses similar concerns and writes that "RNA-based [COVID vaccines](#) have the potential to cause more disease than the epidemic of COVID-19."

For decades, Classen has published papers exploring how vaccination can give rise to chronic conditions such as [Type 1](#) and [Type 2](#) diabetes — not right away, but three or four years down the road."

AND there is NO proof that these present vaccines will be sufficiently effective against the many variants that are coming down the pike, (the UK, South African, and Brazilian to name a few). In fact Fauci is openly stating that we will have to receive regular boosters of these vaccines to maintain protection. So instead of a pill mill, they are setting up a vaccine mill where 1 variant at a time will be covered - yegads, I say enough is enough: <https://www.mcclatchydc.com/news/politics-government/white-house/article248831649.html>

I am going to refuse to get these experimental Pfizer or Moderna vaccines and recommend that my contacts do the same - as far as I am concerned the experiment is already a failure.

Fauci, the CDC, NIH and the FDA are all obviously corrupted by Big Pharma - all they seem to want to do is sell vaccines. The proof is that they have not once mentioned to the public the need for everyone to take Vit D (as has France, UK, India, and many Scandinavian countries) – even though 80% of all hospitalized COVID patients are Vit D deficient - this alone is proof that they do not really care about the public, or controlling COVID! **STOP LISTENING TO FAUCI, THE FDA, CDC AND NIH!**

Instead, if anyone is at high risk for severe COVID, I highly recommend that they talk to their

physician about Ivermectin prophylaxis - a well known, generic, oral medication (4 Billion people have taken at least 1 dose) that they will take once every two weeks for months to keep from getting symptomatic COVID. Ivermectin has at least 6 different mechanisms of action against SARS COV 2, this is the reason that there is a significant probability that it will remain effective against these newer variants. Please go to the website of the Front Line COVID Critical Care Alliance and read all the research and details about this important, effective, safe alternative. The NIH is now reporting that they are not saying yes or no to Ivermectin in the treatment or prophylaxis of COVID (this is the best that we will get from this corrupt organization), and the WHO is reporting on a large review of Ivermectin research soon, after doing a full analysis of clinical data from around the world - so this has opened the door to physicians using their own judgment about this medication: <https://covid19criticalcare.com/>
https://www.youtube.com/watch?v=gIOBNuPM_mA
<https://www.youtube.com/watch?v=2IQrcVuNEAU>

WE MUST DO WHAT INDIA DID TO DRIVE THEIR COVID CASELOAD DOWN!

Go to this data site below and look at the graph of India (scroll down until you get to the graphs) - they did not have a spike of cases in Oct and Nov and Dec - they have had a steady downward slope of cases since mid September - WHAT DID THEY DO TO DRIVE THEIR CASELOAD DOWN?

WE SHOULD DO THE SAME!!!

<https://www.worldometers.info/coronavirus/country/india/>

This article outlines exactly what they did in Uttar Pradesh, one of the "states" in India, to drive their caseloads down - it took a couple of months but they did it, and they avoided the fall waves of COVID:

<https://indianexpress.com/article/opinion/columns/coronavirus-pandemic-covid-vaccine-tracker-uttar-pradesh-7107756/>

After Uttar Pradesh, other Indian states followed suit – we must do the same, these ineffective, harmful vaccines will NOT control the COVID problem!

A Reality Check About the UK Variant:

The UK variant is now in more than 40 states in the US, and will quickly become the dominant variant, if it is not beaten out by the other new variants (Brazilian and South African). It is 1.35 times more transmissible than the previous variants - so approximately 1/3rd more infectious. It has been growing in prevalence in the UK since Dec 2020, and the UK's large symptom tracker app (with almost 2 million people logging in their health data) has shown that there is no real change in the symptoms between the UK variant and previous variants, also it does not seem to be causing more severe disease. Also there seems to be a very low reinfection rate with the new variant, 0.68% (approximately 7 in 1000), with none of the reinfection cases reporting severe symptoms:

<https://www.youtube.com/watch?v=zn9NZKIEt2g>

All of this is great news, even with this new variant becoming the predominant strain in the UK, the numbers of new cases have been decreasing in the UK since the first week of Jan due predominantly to lockdowns - this downturn was well ahead of any significant numbers of people being vaccinated.

https://ourworldindata.org/coronavirus-data-explorer?zoomToSelection=true&time=2020-03-01..latest&country=IND~USA~GBR~ZAF~ISR®ion=World&casesMetric=true&interval=smoothed&perCapita=true&smoothing=7&pickerMetric=total_cases&pickerSort=desc

Staying Safe

So the bad news is this new UK variant is 1/3rd more infectious but the good news is that it does not appear to cause more serious disease! Therefore to help protect against this new variant I think people should avoid indoor dining at this time, double their distance from others to 12 - 15 feet, wear your

N95 face masks or double up on the face masks that you have, gargle frequently or as needed with any mouthwash with Cetylpyridinium Chloride (which kills SARS COV2), wash your hands, and keep taking your nutritional supplements. All of the previous recommendations I have written about still stand regarding Vit D3, K2, C, B-complex, Zinc, Quercetin, N-Acetyl Cysteine, Selenium and a little Melatonin at bedtime.

Here is a new video from Dr. Seheult discussing these recommendations and a few more, he is especially detailed about Vit D. Please make sure you ask your Dr. to check your blood Vit D levels to make sure your levels are high enough, at least 34 ng/ml but 50 - 60 ng/ml is better:

<https://www.youtube.com/watch?v=obPAKgwueGE>

Other vaccines coming down the pike but watch and wait:

Here is a video about the new Johnson and Johnson vaccine <https://www.youtube.com/watch?v=Vr8Vc7FGDno> - this one will be coming very soon, probably by the end of Feb. It is a DNA / Chimpanzee Adenovirus vaccine which is a bit disconcerting. But the J&J is a single shot vaccine, so right there allergic reactions and side effects will be diminished.

In Phase 3 interim results, the efficacy of this vaccine got more potent over time, no one who was vaccinated got severely ill after 49 days, and it was tested in Brazil and South Africa (57% effective) during the time of the rise of some of the variants so the efficacy has actually been proven, whereas Pfizer and Moderna are basically guessing about their efficacy rates with the newer variants.

Overall J&J is reporting an 85% efficacy against severe disease which rose to 100% effective against hospitalizations and death after 49 days post vaccination. And serious side effects were reported in higher numbers in the placebo group than the vaccination group.

I am not saying yes or no to this J&J vaccine right now - again I recommend watching and waiting for a couple of months after they start mass vaccinations and monitoring the news reports, before anyone decides to sign up for this jab.

Also the NovoVax vaccine is right around the corner - I am fairly interested in this vaccine because it has no mRNA, no DNA, no chimpanzee Adenovirus, it is a cleaner technology - but of course I do not have the clinical data for this vaccine just yet, they are in the middle of their Phase 3 clinical trials right now. My decision will be based on all the clinical data AND watching and waiting for a couple of months for the real life reports of side effects.

I am safe. I have had the vaccinations!

If you hear this from anyone then please tell them "no you are not" and keep your face masks on! Please do not buy into the media blitz about these vaccinations - none of them 100% effective, none of them have proven that they cut the transmission of the virus, especially in the first few months - they have only proven that they cut the progression of an infection to keep moderate and severe disease from occurring. They just have not done the testing to determine if vaccinated people who get exposed to the virus can then shed it, so we don't know.

What's Up with Reinfections?

I call it Re-Exposure not Re-Infection!

The media keeps harping that these new variants are going to carry a large reinfection rate, with patients who have already had COVID getting the illness again - yegads, there is just no end of fear mongering!

Well finally there is a large study about this issue:

<https://www.medrxiv.org/content/10.1101/2021.01.26.21250535v1>

(This is a preprint and not peer reviewed as of yet.)

The words in italics below are my own.)

“Getting reinfected with the novel **coronavirus** may not be as rare as previously believed, a new study in preprint suggests. Researchers found that among young Marine Corps recruits who had previously tested positive, more than 10 percent had a second positive test during a six-week follow-up.” *(In this study they called reinfection = 1 PCR positive test – but the problem is that the Cycle Threshold of the PCR test was not reported and we now know that PCR tests carry a 30% false positive rate - this is some of the mumbo jumbo of this study. But did these recruits go on to exhibit symptomatic COVID disease? – This is the vital question – who cares about a lab test - what matters is if someone actually gets or spreads the disease!)*

“Among the recruits, 189 had previously been infected with COVID-19 before arriving for the quarantine period and 2,247 had not been. Results showed that 19 recruits of the previously infected group, or 10.1 percent, had at least one positive test during the six-week follow-up.” *(Once again, a positive PCR test does NOT equal actually having the disease called COVID.)*

“This is much higher than the rate among the general public, in which **only three known people** in the U.S. out of more than 32 million have tested positive twice.” *(This is true but there has been a paucity of studies that have followed patients over time to see if they temporarily test positive if exposed to the virus again in the general population – it would make sense that they would test positive again for a day (depending on the sensitivity of the cycle threshold of the test) after re-exposure to the virus while their immune memory kicks in and their immune system starts fighting off the virus again. But their viral loads may be so low as to render them non-infectious at that time - we just do not know because they have not done the studies!)*

“By comparison, 1,079 recruits of the uninfected group, equivalent to 48 percent, tested positive during the follow-up period.” *(Wow, they are really spreading COVID in the military – this is much higher infection rate than in the population at large.)*

“Our results indicate that although antibodies induced by infection are largely protective, they do not guarantee effective immunity against subsequent infection,” the authors wrote.” *(Bogus!)*

(One thing we must all know about our immunity - effective immunity involves T and B cell memory to a virus, leading to the ability to produce antibodies when needed in the future if reinfection occurs. Antibodies don't just hang around at high levels in your body all the time, your body produces them when needed – this is the actual mechanism for healthy long term immunity! So the authors of this study are pulling our legs – they are running a line of BS. But the most important question is whether these recruits, who tested positive again, went on to having a second bout of symptomatic infections – keep reading.)

“The team then tested the viral loads and the antibody levels among the two groups.

They found that recruits in the newly infected group who were testing positive for the first time had 10-fold higher viral loads (*they were more infective*) than those who tested positive again. In addition, 84.2 percent of the reinfected group was asymptomatic compared to 67.8 percent of the newly infected group.”

(Bingo – the recruits with possible reinfections were not as symptomatic or infectious to others. The reinfected group had a huge percentage of asymptomatic cases – it was not 100% - but none went on to having moderate to severe symptoms. This study is also a very good trial about how many younger people may be asymptomatic in the general population, 67.8% is a huge number.)

“Perhaps surprisingly though, antibody levels were highest among the group testing positive for the first time.”

(Not surprising at all – after an acute infection resolves, as time goes on, antibody levels decrease and specific T and B cell memory increases – T and B cell memory is as good as circulating antibodies, these cells can kick in and build antibody levels quickly if any reinfection is encountered by the body.)

So I think this study looked at re-exposure rather than re-infection, up to 10% of young recruits may get re-exposed, but if you had an adequate immune response to your first case of COVID then you have a 84% chance that you will not have another case of symptomatic COVID. And even the 16% that get some symptoms, they will only be mild. I am sure that if you have chronic disease impacting your immunity, or if you have Vit D deficiency, or any other immune problem that you have a much higher risk of re-infection after re-exposure.

I think actual re-infection leading to significant symptoms of COVID is still very rare. Remember that in the UK, studies using data from almost 2 million people, showed a very low reinfection rate with the new UK variant, 0.68% (approximately 7 in 1000), with none of the reinfection cases reporting severe symptoms:

<https://www.youtube.com/watch?v=zn9NZKIEt2g>

If you Legislators want to do something that will actually help in this pandemic my recommendation is that you pass a law that declares that any PCR in IL is positive only if it is at or below a 30 cycle threshold – standardization is the first step towards restoring some sanity and science to this pandemic! The PCRs must be standardized in Illinois, and across the Nation! The false positives with the PCRs, if the cycle thresholds are run to high, can run as high as 30% - this is completely unacceptable – these false positives drive up the caseload and anxiety about this pandemic, when there is not enough evidence that these patients even have a viral disease!

Below is more information about some of the more sinister aspects of this COVID problem – I am not saying yes or no to any of these opinions but they are real questions in the minds of the American people and must be addressed – enough is enough!

FILES: Dr. Sherri Tenpenny - Overview of the COVID Agenda

<https://www.podbean.com/media/share/pb-fbmii-f67a56>

I hope this information helps you make more informed decisions during this time of great confusion and mass hysteria. If you would like to discuss this information in more detail, do not hesitate to contact me,

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