

## Vote FAVORABLE for HB1150

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I thank your committee for hearing my testimony today & reviewing these articles & data.

No other “disease” has been treated/calculated the way CDC has done for COVID.

No other flu data has been censored by Big Tech as COVID has.

This information is presented to give just a few examples of how valid, consensual, scientific data has been kept from you.

When the Great Barrington Declaration, hosted by AIER, appeared in October, millions found the statement to be a breath of fresh intellectual air. Finally some good sense! Others were scandalized that some were willing to dissent from the lockdown orthodoxy. In the end, a full year after this terrible experiment began, it is almost time to declare a narrow victory: the Declaration was right and the lockdowners were wrong. The lockdowners are in retreat just as is the virus, and exactly the way that the authors said it would, through the acquisition of population immunity via natural exposure and vaccines.

Even if this battle is won, there are so many ahead of us. We have a broken federal budget, a broken monetary system, and a broken and demoralized population that never imagined people could be so ill-treated by their own political class. The trauma of 2020 will be felt decades hence. The healing will only come from honesty and truth, and a thorough rejection of the folly, duplicity, and deception that has defined our era.

**It's time for the truth.**

<https://www.aier.org/article/the-one-year-anniversary-of-lockdowns/>

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We also point out that the fuel for this fear rests on the reliance of our leadership on wholly unreliable PCR testing for SARS-CoV-2. In effect this has led to a fear-based *PCRdemic* that has not only paralyzed society but has led to massive societal disruption and unnecessary suffering and death.

The CDC has again revealed itself to be a nonautonomous entity grifting on the illogic of pseudoscience with its recent guidance regarding Covid-19 vaccines and travel as well as how vaccinated people can safely visit others. This once glorified agency has stooped to issue conflicting and at times illogical and frankly misleading guidance on Covid which can confuse not only the public, but healthcare providers and policy makers alike. It is troubling that the reports and guidance being produced by the CDC are at times contradictory and very confusing and make no sense. We focus first on the foremost and most disturbing issues of the day: The current guidance follows in step with Dr. Anthony Fauci's suggestions when he opined that children will be vaccinated in early 2022.

How could Dr. Fauci, who we assume reads the science and understands the science, make this statement when he knows that 1) children were not included in any of the Covid-19 vaccine research studies and as such, the results cannot be extrapolated to them and 2); these actions are even more perplexing particularly if one is 'following the science,' which in this case simply does not exist? It needs to be reemphasized that the risk for the development of serious SARS-CoV-2 infection in children is infinitesimally small in the first place (risk is in the range of 0.002%). They are also at very low risk of transmitting virus to other children, to adults, to their teachers, or of taking it home. We know there are exceptions as there are for any infectious pathogen, yet these exceptions remain exceedingly rare. This is not heresy and is a fact, based on undisputed science. This recommendation made by Dr. Fauci does not consider the long-term risks to children, especially given their low probability of infection and even lower probability of illness from the

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## Ep. 1850 When COVID Became a Religion

8th March 2021

Tom Woods

9 COMMENTS



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I think this one is self-explanatory, but let me add this: this episode begins with reference to three academic papers that make preposterous, blue-pilled claims about COVID, and which were funded by a major libertarian organization. Let's shine a light on this.

### Articles Mentioned

["Save the Economy, Liberty, and Yourself: Christian Nationalism and Americans' Views on Government COVID-19 Restrictions,"](#) by Samuel L Perry, Andrew L Whitehead, and Joshua B. Grubbs

["Prejudice and pandemic in the promised land: how white Christian nationalism shapes Americans' racist and xenophobic views of COVID-19,"](#) by Samuel L Perry, Andrew L Whitehead, and Joshua B. Grubbs

["The Contagion Externality of a Superspreading Event: The Sturgis Motorcycle](#)

<https://tomwoods.com/ep-1850-when-covid-became-a-religion/>

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...we argue that we are well past the point where we must replace systems with your own knowledge and fact. The schools must be immediately re-opened for in-person instruction as there is no reason to do otherwise.

Where do we begin with the devastating school closure policies due to COVID-19? How did we get here and why would our government leaders continue and toughen these irrational policies with no good reason? We have never previously implemented policies like school closures or masking of children for seasonal influenza which is much more deadly for children. Settled science shows that children do drive influenza into the home but do not drive COVID-19 into the home. Our policies make no sense whatsoever when we know children do not transmit COVID-19 and asymptomatic spread has been questioned. Children, if infected, just do not readily spread COVID-19 to others. We state at the outset that our children are suffering as a result of school closures (and lockdowns) as we shall demonstrate below. They are being abused with child and domestic abuse escalating as a result of these unsound societal restrictions. It is time that we as a society recognized the harms we're inflicting on our children in order to protect ourselves; the adults/parents. This could be the 1<sup>st</sup> time on record in western society where we have reversed positions with our kids and are asking them to suffer in order to protect us from an infectious disease no worse than annual influenza; we've made them into human shields in effect. Aside from the devastation it causes them, this alone is shameful, and would still be shameful even if children transmitted SARS CoV-2, which they don't. History will not look kindly upon us.

We are talking about extensive educational losses but more alarmingly, deaths of despair and suicide among our children that is already occurring, depression, and abuse of our children etc. As an example, CNN's Lisa Selin Davis recently put out a very informative piece on the urgent need to pay close attention to our children during this pandemic as their mental health is at stake and has taken a hit. This impacts our poorest and minority children the most who will not be able to bear the toll and it is a travesty that it has been allowed to go on for so long. We argue that top US public health agencies such as the CDC continue to fail in its needed leadership role and there

<https://www.aier.org/article/school-closure-a-careful-review-of-the-evidence/>

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## CDC Data Suggest Lockdowns Could Kill As Many People As COVID

*COVID has clearly been devastating. But our reaction has turned a bad pandemic into an unrivaled self-inflicted national disaster.*



By Karl Dierenbach

NOVEMBER 4, 2020

Three-hundred-fifty years ago, John Graunt **attempted** to give Londoners an accurate assessment of fatality rates of diseases in the community so people could understand their risk level. Until COVID-19, the Centers for Disease Control and Prevention (CDC) fulfilled the same role.

Then the CDC abandoned tradition and sensibility and treated COVID differently than every other disease. For a death to be considered a COVID death, COVID no longer needed to be the immediate or underlying cause of death. Now, a death is considered a COVID death even if COVID was only a contributing condition.

For example, a certificate that lists dementia as the cause of death but doesn't list a respiratory ailment is likely to be a case of dying *with* COVID, not *from* COVID. Likewise for accidents, heart attacks, strokes, and any other non-respiratory condition.

<https://thefederalist.com/2020/11/04/cdc-data-suggest-lockdowns-could-kill-as-many-people-as-covid/>

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In fact, since the Covid lockdowns were initiated in Great Britain as an example, it has been reported that incidence of abusive head trauma in children has risen by almost 1,500%! Similar catastrophic head trauma in babies that is linked to the Covid pandemic has been reported in Canada! There has been a devastating trend in Ottawa, Canada hospitals with a rise in the number of little children and babies being seen with catastrophic head injuries during the second wave of Covid-19. Covid-19 has cost lives and our government leaders and health agencies with television medical experts are partly to blame for their nonsensical and seemingly politicized decision-making that had no scientific basis. Look at what they have done!

<https://www.aier.org/article/masking-a-careful-review-of-the-evidence/>

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## What about possible harms from wearing masks?

But what about harms from mask use? The information that is accumulating involves mask wearers within a Covid-19 environment and raises many concerns especially regarding psychological damage and especially to infants and children, with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs or who are on the autism spectrum who need to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms:

i) difficulty with breathing

ii) inhalation of toxic substances such as microplastics and chlorine compounds located in the masks (these are potentially serious risks)

iii) CO<sub>2</sub> intoxication

iv) sudden cardiac arrest seen in children

v) a reduction in blood oxygenation (hypoxia) or an elevation in blood CO<sub>2</sub> (hypercapnia)

vi) psychological damage

vii) (N95 masks) a reduction in the PaO<sub>2</sub> level, increases in respiratory rate, and increases the occurrence of chest discomfort and respiratory distress with prolonged use

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viii) dizziness and light-headedness, headaches especially among healthcare workers

ix) bacterial and mould buildup in children's masks that can then be inhaled

x) anxiety and sleep problems, behavioral disorders and fear of contamination in children

xi) deoxygenation during surgery

xii) potentially life-threatening damage to the lungs (e.g. Stanford engineers report that masks can make it much more difficult to breathe, estimating that N95 masks as an example, reduce oxygen intake from 5% to 20% and if worn for a prolonged period)

xiii) as reported by Koops, facial skin infections, nose/throat and sinus infections, a change in breathing patterns.

## Predominant finding?

The predominant conclusion is that face masks have a very important role in places such as hospitals, but there exists very little evidence of widespread benefit for members of the public (adults or children) as well as evidence that masking is truly an ineffectual way to manage pandemic-related spread of viral disease. As Kolstoe stated, it has become less about the science

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The Well Being Trust in Oakland, California, released a study that sought to determine how many “deaths of despair” (from drug or alcohol abuse or suicide) will occur as a result of the pandemic, including the lockdowns. Their estimate, according to CBS News: about 75,000.

4

UNICEF warned of 1.2 million child deaths – “visits to health care centers are declining due to lockdowns, curfews and transport disruptions, and as communities remain fearful of infection.”

5

Oxford University’s Sunetra Gupta has pointed to warnings by global authorities that as many as 130 million people are at risk of starvation thanks to the possibility of famine in several dozen places around the world, brought on by lockdown-induced disruptions of supply chains.

6

Suicidal ideation is massively on the rise in the United States.

The federal government’s Substance Abuse and Mental Health Services Administration reports on percentages of people who have considered suicide within the previous 12 months, organized by age. People between the ages of 18 and 25 fluctuate between 6.8 percent and 11 percent.

Now, from the Centers for Disease Control, we find that that percentage (for the 18-24 group) had leaped to 25.5 percent by the summer – and this survey asks not about the previous 12 months, like the earlier one, but whether they’ve considered suicide just in the past 30 days.

————— TOM WOODS • TOMSPODCAST.COM • 13 —————

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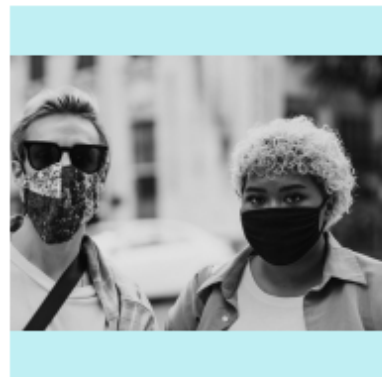
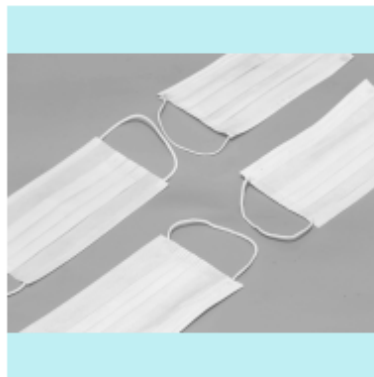
## HOW THE MEDIA SPINS FACTS

The propaganda surrounding masks has generally gone like this: if maskers can find a place where cases or deaths came down following the introduction of a mask mandate, they attribute the decline to masks – even though neighboring areas without the mandate saw a similar or greater fall.

And when the numbers shoot way up again, even though everyone is just as masked as before, this trend is met with complete silence.

The best the maskers have been able to do is to claim that things would have been even worse without the masks. But that won't do. If masks are so effective that wearing them for four to eight weeks would bring COVID-19 under control, and they're potentially more effective even than a vaccine, we should see an unambiguous trend in the charts when people start wearing them in large numbers.

Yet we don't. Over and over again, we don't. "Studies" claiming to show such a thing always start and stop at times designed to make masking appear more effective than it is. Look at a wider timeframe and the alleged effect vanishes.



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there is evidence like this of limited asymptomatic spread:

We also point out (and we also recognize and appreciate that this argument is far from being one based in strong evidence *per se*) that if ten's of studies or more are required to prove, one way or another, whether a procedure is effective or not (and to therefore lead to changes in standard of care), and there are still no reliable data, the effects are either minimal or nonexistent. Hence it can be reasoned that there is no meaningful effect in the first place; such an argument can be used for the masking dilemma.

All this is to say that there is and was no scientific justification to mandate or call for 'voluntary' masking of healthy people. None! And we also suggest that this straightforward reasoning can be applied to most of the other 'mitigation' efforts being implemented to date; specifically societal lockdowns, and school closures. In fact, we can find no definitive research-based evidence to support masking, societal lockdowns, or school closures at the time of writing this piece. We continue to argue that most of this has been arbitrarily construed by the government leaders and their medical experts.

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We also argue our core thesis that the flurry of travel and visitation vaccine-related guidance by the CDC has in effect subversively driven the concept of the need for mass vaccination accompanied by *vaccine immunity passports*. In fact, our suspicions comport with what was said previously by Dr Wen. Dr. Wen may have let the cat out of the bag in this statement: “And that’s one of those incentives that we can give as a way for restoring freedoms that you are now able to travel and go visit your loved ones and go to museums and cultural institutions once you’re fully vaccinated.” So, the government will give us back our freedom if we get vaccinated? Our Founders would be aghast! Dr. Makary also highlighted this mass vaccination agenda by the CDC when he weighed in on the CDC’s comment indicating that vaccinated people can get together with vaccinated people, in essence, telling us that once we all get vaccinated, life pretty much can get back to some semblance of normal. Apart from being wholly irrational, this is an infringement of our Freedoms and Liberties! Is the reticence by the CDC to come out and fully explain to the public that the reason why they are calling for masks and no travel etc. is because the vaccines have not been as effective and do not appear to give sterilizing immunity with effective neutralizing antibodies? In other words, is the public being asked to continue masking and locking down and not travelling (as if we were still living in March 2020) even if vaccinated because the vaccines are not optimally effective? Then why force the people to take the vaccines in the first

<https://www.aier.org/article/cdc-vs-common-sense/>

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## VIDEO CENSORED BY BIG TECH

**MyPupDaisy** @MyPupDaisy · 1h

**Dr. Pierre Kory, M.D.**, Associate Professor of Medicine at St. Luke's Aurora Medical Center:

"Ivermectin has emerged as an inexpensive wonder drug for Covid."

Heated Senate testimony - "We have a cheap drug that works miracles on Covid!"

@OANN @newsmax

**LIVE**

**SENATE HEARING** **KORY, MD**

**NEWS NOW** **STATE OF PANDEMIC AND DEVELOPMENT OF OUTPATIENT TREATMENTS**

9:37 AM CT MPA FAIR 50° WASHINGTON, D.C. FAIR 37° NEW YORK CITY WEATHER

"I CAN'T KEEP DOING THIS": Doctor pleads for review of data during...  
Pierre Kory, M.D., Associate Professor of Medicine at St. Luke's Aurora Medical Center, delivers passionate testimony during the Senate ...

[youtube.com](https://www.youtube.com)

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## Review of the Medical Literature

Here are key anchor points to the extensive scientific literature that establishes that wearing surgical masks and respirators (e.g., "N95") does not reduce the risk of contracting a verified illness:

**Jacobs, J. L. et al. (2009)** "Use of surgical face masks to reduce the incidence of the common cold among workers in Japan: A randomized controlled trial," *American Journal of Infection Control*, Volume 37, Issue 4, pp. 419-424. <https://www.ncbi.nlm.nih.gov/pubmed/19216002>

N95-masked health-care workers (HCW) were significantly more likely to experience headaches. Face mask use by HCW was not demonstrated to provide benefit in terms of cold symptoms or getting colds.

**Cowling, B. et al. (2010)** "Face masks to prevent transmission of influenza virus: A systematic review," *Epidemiology and Infection*, 138(4), 449-456. <https://www.cambridge.org/core/journals/epidemiology-and-infection/masks-to-prevent-transmission-of-influenza-virus-a-systematic-review/64D368496EBDE0AFCC6639C0>

None of the studies reviewed showed a benefit from wearing a mask, in either HCW or community settings or households (H). See summary Tables 1 and 2 therein.

**bin-Reza et al. (2012)** "The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence," *Influenza and Other Respiratory Viruses* 6(4), 257-267. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x>

"There were 17 eligible studies. ... None of the studies established a conclusive relationship between mask use and protection against influenza infection."

**Smith, J.D. et al. (2016)** "Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis," *CMAJ* Mar 2016. <https://www.cmaj.ca/content/188/8/567>

<https://www.rcreader.com/commentary/masks-dont-work-covid-a-review-of-science-relevant-to-covide-19-social-policy>

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## 31 Links:: Review of the Medical Literature

30. "The effect of interventions on COVID-19" by Kristian Soltesz, Fredrik Gustafsson, Toomas Timpka, Joakim Jaldén, Carl Jidling, Albin Heimerson, Thomas B. Schön, Armin Spreco, Joakim Ekberg, Örjan Dahlström, Fredrik Bagge Carlson, Anna Jöud & Bo Bernhardsson . *Nature*, December 23, 2020. "Flaxman et al. took on the challenge of estimating the effectiveness of five categories of non-pharmaceutical intervention (NPI) – social distancing encouraged, self isolation, school closures, public events banned, and complete lockdown – on the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). On the basis of mortality data collected between January and early May 2020, they concluded that only one of these, the lockdown, had been effective in 10 out of the 11 European countries that were studied. However, here we use simulations with the original model code to suggest that the conclusions of Flaxman et al. with regard to the effectiveness of individual NPIs are not justified. Although the NPIs that were considered have indisputably contributed to reducing the spread of the virus, our analysis indicates that the individual effectiveness of these NPIs cannot be reliably quantified."

31. "Stay-at-home policy is a case of exception fallacy: an internet-based ecological study," by R. F. Savaris, G. Pumi, J. Dalzochio & R. Kunst. *Nature*, March 5, 2021. "A recent mathematical model has suggested that staying at home did not play a dominant role in reducing COVID-19 transmission. The second wave of cases in Europe, in regions that were considered as COVID-19 controlled, may raise some concerns. Our objective was to assess the association between staying at home (%) and the reduction/increase in the number of deaths due to COVID-19 in several regions in the world.... After preprocessing the data, 87 regions around the world were included,

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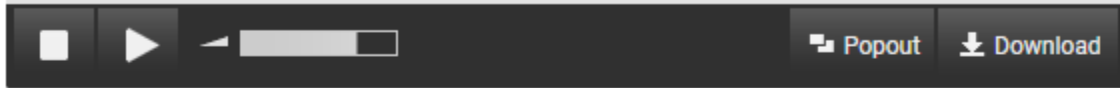
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