

Who Can We Trust For Health Information?

When it came to Covid and the hugely profitable vaccines for it, that was the \$100 billion dollar question. During the final weeks of 2021 when Covid deaths across the country skyrocketed we heard all the alarming soundbites: CDC director, Dr. Rochelle Wallensky, President Biden, Dr. Anthony Fauci, Surgeon General Vivek Murthy, Dr. Peter Hotez, deliver virtually identical messaging: "Pandemic of the unvaccinated, 99% of Covid deaths are among the unvaccinated."



"Pandemic of the unvaccinated" appears to be unsubstantiated

But what were these scary numbers based on? We now know. The CDC defined "unvaccinated for Covid-19 as someone who has not been verified to have received a Covid-19 vaccine, but how did they keep track of the data?"

EHR (Electronic Health Records) became mandatory in 2009. This is what should happen in your doctor's office. You get a vax and that information goes into your EHR. That information can then be transferred to a state agency higher up the public health food chain. That's where public health officials can compile and use the data for meaningful studies.

Problem is that the EHRs weren't really talking to the state level agencies. Independent investigators I subscribed to were reporting this and raising red flags about it nearly 3 years ago. Now there is a peer-reviewed study confirming all of it.

A study from the Journal of the American Medical Informatics Association (JAMIA) titled: Assessing The Immunization Information System (IIS) and electronic health record interface accuracy for Covid-19 vaccinations was published in July 2023. This was not an article written by "anti-vaxers" (who I would more accurately define as people who support full disclosure and informed consent). This was a group who had hoped to use a well-oiled functioning record system for a straightforward task: to provide targeted outreach to the unvaccinated, to increase vaccine uptake.

They thought it would be simple, a few strokes on a keyboard and a couple of mouse clicks. However the project proved much harder than anticipated. When they went to actually use the system they couldn't figure out who was who because the records had not been compiled. When they needed the data in the middle of a tsunami of Covid deaths nationwide in December of 2021, **the interface between individual patient's EHRs and the IIS could only be activated for adult patients manually, one at a time, on a patient by patient basis.** Just as concerning was that many millions of people had been vaccinated outside the reporting system at drive-thru pop-up vaccination events. The only records generated there were mostly handwritten vaccine cards that patients could bring to their doctors for manual entry into their EHR – pretty unlikely.

But even more noteworthy, within the EHR system there are only 4 classifications pertaining to Covid 19 vax status: Fully vaccinated, partially vaccinated, postponed, or unknown. **The computer program written to keep track of Covid vax status doesn't even have a category for unvaxxed.** When a manual assessment of the records was done for nearly 10,000 patients for the final weeks in 2021 during the explosion of Covid cases, the JAMIA found that 44% of the patients with "unknown" Covid vax status were in fact,



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vaccinated against Covid. This means that virtually any graph, chart, TV doctor, public health official, or annoying relative who claimed that 99% of Covid deaths occurred in the unvaccinated was mistaken. **To be accurate and honest they should have stated that 99% percent of Covid deaths were among people of unknown status. And we now know that 44% of the thousands actually studied who were inaccurately assumed to have been unvaccinated were found, by the manual assessment, to have been vaccinated.**

It also showed that if you were one of the many tens of millions (or more) who got a Covid vax at a pharmacy or one of the pop-up drive through vaccination events, there was an excellent chance your Covid vax records never made it to a place where it could have been included for public health agency analysis.

June 2023 in her final testimony before congress before stepping down from her post as Director of the CDC, Dr Rochelle Wallensky finally appeared to try her best to set the record straight. She testified that: *"On a national level we have been able to get hospitalization data, hospitalization for Covid data but on a national level we have never been able to get hospitalization, vaccination and Covid data. This speaks to the real challenges in our data flows and our ability to give data back to the American people when we don't have full line of sight of all the data people are interested in. We did not get data in aggregate. All that data that is filled out in your EHR did not translate to public health data."*

In hindsight, what the motivation was for the obvious full-blown massive exaggeration about who was dying from Covid, how effective the vaccines may have been, the magical protective powers of 6' social distancing, the nearly non-existent threat to children & the need for school closures can only be answered by the public health officials who dishonored themselves by violating the public trust.



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In contrast, using powerful cholesterol lowering statin drugs alone far too often results in debilitating short and long term side effects. Drug companies know that large doses of Co-Q-10 should be added to statin drugs for additional safety. In fact some own patents on their statins combined with Co-Q-10 added but they never manufactured them, possibly because they don't want to call attention to the inherent dangers of their artificial statins.

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Why Are So Many High Quality Natural Supplements Often Out Of Stock ?

I've been asked this question many times. The answer is pretty simple. Mass-market supplements and drugs are made in factories. They are easy to duplicate by the millions, hour after hour, year after year. In contrast, high-quality natural and organic supplements that use roots, leaves, berries, stems, bark, and flowers are dependent upon the rhythms and variables of Nature.

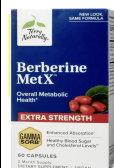
Some of the formulas we offer contain 10, 20, 30, or even more ingredients. Each component is grown in the earth and is subject to variations in temperature and moisture, season to season, year to year. They're also subject to assaults from bacteria, viruses, and insects. Due to these variables, supply lines to our manufacturers are occasionally interrupted, and the formulators need to re-source their ingredients from alternate suppliers around the world.

Prior to manufacturing, each natural raw ingredient needs to be thoroughly tested for purity, potency, and contamination.

If any of the dozens of ingredients fails any of these quality control tests, reputable manufacturers will shut down the line and scramble to find alternate suppliers to deliver replacement ingredients that then also need to be thoroughly tested. Sometimes, they may need to wait until the next growing season.

Here's another way that items go out of stock: At times, a single ingredient or formula is the subject of a clinical trial where it receives favorable publicity, causing demand to skyrocket. In such cases, it's not usually possible for farmers to simply add a second or third shift to their "factories" to keep up with a sudden trend. So, while the producer seeks to find an additional source of equivalent high-quality ingredients, the product goes from lightly stocked, to out-of-stock.

When you notice that a favorite out-of-stock item is taking a long time to reappear on the shelves, this often means that a reputable manufacturer has taken the steps necessary to ensure their product meets your expectations for safety and effectiveness.



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