

## Observations on Covid-19 virus issues

March 2022

The CDC recently posted more information to the WONDER system about deaths in the USA.

Expressing the deaths in a rate/100,000 makes comparisons easier, so in total, the US normally experiences a DEATH RATE of 850/100,000 (5-year average, 2014-2018). In 2019 that RATE increased to 870, then 1,027 in 2020 and 1,048 in 2021.

One large issue with this RATE INCREASE is to identify WHY the explosive increase in deaths. It is not attributable to only the COVID attack, but with the combination of no southern border and the huge influx of drugs and criminals that began in 2019, resulting in an increase of murders, and drug deaths was also a large factor in this increase. Studies will later identify exactly why and what the causes were – if the government stops blocking access to the accurate data. The recent change by CDC to the total death counts by simply changing them (lowering the deaths) does not make one assured of accuracy by government.

On the treatments – more studies have been published about a link between those who have taken the covid vaccine treatment and then getting covid again – It appears that IF a person has acquired natural immunity, they are very unlikely to get covid again. However, there appears to be a much larger probability of those who took the vaccine in getting it again, some suggest the vaccination either ignores variations in covid, or actually assists those variations to be created. Further studies should be done to identify how and why this is occurring.

As of March 2022, the United States has one of the highest rates of COVID DEATHS in the world. Here is a listing of 25 nations showing their ranking by Death RATE/100,000.

\*Note that each country decides how it reports death by Covid – The United States continues to be very aggressive due to political directives to label deaths to include Covid – even if only suspected. Other countries may require a test, or list it

only if it was a contributor to the death.

<http://www.tebault.org/history/World.pdf>

Oct 15, 2021

Sadly, the political ordering of “mRNA treatment or NO JOB” is destroying American business and the economy. Hospital workers are fired, transportation workers (pilots) are being fired, the US Military is being dismantled – all for a political mandate. The COVID-19 virus has the same overall infection fatality rate (IFR) between 0.1% to 0.5% in most countries which is very comparable to the medium influenza seasons of 1936, 1957 or 1968. See the studies here

<https://swprs.org/studies-on-covid-19-lethality/>

Remember that the US data on COVID is suspect. Congress paid for a 20% bonus on Medicare treatments IF COVID was listed – and DID NOT NEED TO BE TESTED. There have been many published reports of “gun shot” deaths that ALSO LISTED Covid as a cause – which artificially boosted the totals. In the future, studies may examine the death certificates and uncover a truer number.

“Cases” in the United States are suspect. The CDC gamed the PCR CT testing in 2020 by recommending a CT=40 value. Scientific studies had shown that COVID tests by PCR set that high produce false positives – [Even Dr. Fauci admitted it July 16, 2020](#)

Many more studies are not published showing that NATURAL IMMUNITY to COVID is both long lasting, and robust against the variants. Other studies are showing that the mRNA treatment may be time limited, and does not protect against variants. Those studies suggest the mRNA treatments may have a limited immunity for about 90 days.

No studies have been done on the effect of giving the mRNA treatment to a person already Immune to COVID-19. Medically it does not make sense, but politically it is being done against science and medical precedent.

CDC VAERS reports now over 16,700 deaths from the mRNA treatments. A new lawsuit states the HHS Medicare tracking system has records of over 50,000 deaths within 14 days of the treatment. Hopefully the lawsuit will release the public document, if true this is a damning development of the government hiding critical information while they force the experimental treatments – especially after Congress placed a legal protection against lawsuits.

While in 2020 we knew little about the LAB-CREATED virus, we now have quite a bit of experience in the many nations about its effect and treatment options. There are many nations who choose to treat their citizens with available methods, like hydroxychloroquine, or Ivermectin – helping the body resist the worst effects of the virus, and develop a naturally created antibody protection. Those nations also have had a BETTER RESULT, measured in deaths/100,000 citizens than the US who politically ordered many NOT TO USE existing medications and has forced the mRNA treatment. See a comparison of countries at [www.tebault.org/history/World.pdf](http://www.tebault.org/history/World.pdf)

Oct 3, 2021

Scientific studies are again showing that natural immunity continues to be the gold standard. Our own bodies are the best defender against virus attacks. Knowing this, it would be best to ENCOURAGE healthy behavior and use of available protective medications and treatments helping our own bodies fight off COVID and create our own antibodies. However, some in the government are fighting against use of helpful treatments – and continue to FORCE mRNA treatments on everyone – including the MANY who already have recovered from COVID and have natural antibodies protecting them. That is a PURELY POLITICAL, and very questionable action. WHY – that is AGAINST SCIENCE.

It is also noted that the COVID Death Rate/100,000 in the United States stands at 211/100,000. [Compare that to many other nations](#), where the rate is less than 100/100,000. Israel is 89/100,000. India is 32/100,000. Turkey is 77/100,000. Many other nations choose to treat their citizens with existing medications helping the individuals fight off COVID, and are not using the mRNA treatment for everyone. Results matter – so the effective death rate is an indication of success - the lower that rate, the higher success you have. The US is failing in that measure.

The CDC VAERS continues to show how dangerous the mRNA treatments are. As of Oct 1, [VAERS reports over 15,900 deaths after COVID treatment](#). It reports over 85,300 had to go to the emergency room after treatment. Never in the history of CDC has a treatment caused such damage. Yet, the government still is forcing it on everyone.

Aug 30, 2021

A recent comment was made that somehow Covid is “automatically fatal” to anyone over 76 years old. It is made in part to defend the mask, and totalitarian controls that have been taken in many states – Let me clarify the facts about the US Population, Covid Deaths and Ages –

First, lets take the FACT that in the USA the life expectancy is 78.7 years.

The percentage of Covid deaths reported in the age 0-74 years is 0.1113% just over 1/10 of 1 percent.

The percentage of Covid deaths reported over the age of 75 is 2.7610%

The percentage of Covid deaths reported UNDER 40 is 0.0078% (less than 1/100<sup>th</sup> of one percent) and US Colleges are DEMANDING the students must take a mRNA treatment? Why.

<https://www.statista.com/statistics/1191568/reported-deaths-from-covid-by-age-us/>

AGE	DEATHS	% of Deaths	Population	% of Pop	% of DEATHS
0-17	161	0.0%	81,624,000	25.2%	0.0002%
18-29	2,630	0.4%	44,531,000	13.7%	0.0059%

30-39	7,501	1.2%	43,375,000	13.4%	0.0173%	
40-49	19,776	3.2%	39,929,000	12.3%	0.0495%	
50-64	98,973	16.1%	62,110,000	19.1%	0.1594%	
65-74	137,149	22.3%	31,487,000	9.7%	0.4356%	
75-84	167,533	27.3%	15,407,000	4.8%	1.0874%	
85 over	180,608	29.4%	5,893,000	1.8%	3.0648%	
total	614,331	100.0%	324,356,000	100.0%	0.1894%	Overall AVERAGE %
					0.1113%	Age 0-74 AVERAGE %
					2.7610%	Age 75-over AVERAGE

USA Life expectancy: 78.7 years

[Source: Mortality in the United States, 2018](#)

Aug 15, 2021

Much is being said about a DELTA variant of the Wuhan virus. It is reported to first have appeared in India, after a vax campaign. We have scientists telling us that this variant was CAUSED by the vaccinated product having a poor “neutralizing” effect, and have been warning the CDC about this effect earlier this year. Read the statement yourself and decide - [One Radio Network / Dr. Janci Lindsay, PhD - Top Doc Tells the CDC to STOP the Shots - May 27, 2021 | One Radio Network](#)

July 31, 2021

A new study of 254 patients who had Covid-19 virus (no vaccine treatment) finds that the natural antibody response was stable and long-lived. Increase for several months and then plateau over 8 months. The results appear to confirm what we medically assume based on human history – that the human body does create effective, and long-lasting immunity after infection.

“Another interesting finding of this investigation is the remarkably stable antibody responses among the pre-pandemic and COVID-19 patients to the common human coronaviruses that are acquired in children and adults. These data are most consistent with the generation of long-lived plasma cells and refute the current notion that these antibody responses to human coronaviruses are short lived.”

[Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells: Cell Reports Medicine](#)

July 30, 2021

Much is said publicly that IF you get the Covid Vaccine shot(s) it will protect you against Covid. Well, science now proves again that is not true. A study published by the CDC, in the *Morbidity and Mortality Weekly Report for July 30, 2021* found of the 469 cases in July 2021 of Covid-19 in Barnstable County, MA that **346 (74%) were in people who HAD ALREADY COMPLETED THE VIRUS SHOT(s).**

[Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Massachusetts - July 30, 2021 - DocumentCloud](#)

**ANALYSIS of the CDC document regarding Massachusetts.**

In this CDC sponsored publication (authors are paid by the CDC), the following FACTS are stated and by reviewing them, we can better understand what happened.

A total of 469 cases were reported, however only the results of 211 tests (45%) were stated that the PCR/CT value was 22. The tests of the other 55% are unknown, but assumed to be positive.

No Deaths are reported

Of the 5 hospitalizations, 3 of them has other underlying medical conditions – suggesting that Covid may be the actual medical requirement for treatment.

Curiously, 85% of the cases were in men.

Importantly 74% of the cases HAD BEEN VACCINATED an average of 86 days prior. It has been stated that the mRNA treatment may not have the same long-lasting protection as a NATURAL IMMUNITY, and this seems to confirm that suspicion.

Number	Percent	Fact established
469		Cases of covid reported during July in Barnstable County, MA
22		Median CT value of PCR Tests used (21.54-22.77)
211	45%	Number of PCR/ Testing reports of Cases
0		Number of Deaths reported is ZERO
5	1.1%	Number of Cases requiring Hospitalization, 3 because of underlying medical conditions
	69%	Average Massachusetts Vaccination population
123	26%	Of Cases had not been vaccinated

346	74%	Of Cases had already had the Covid mRNA treatments (avg 86 days after treatment)
301	87%	Of Breakthrough cases were Male.
274	79%	Of Breakthrough cases were symptomatic
398	85%	Of Cases were MALE
40		Median AGE of Cases was 40 (1-76)
1	0.8%	Of Non-vaccinated case was hospitalized and had multiple underlying medical conditions
4	1.2%	Of Breakthrough cases were hospitalized (1 Pfizer/3 Janssen), 2 w/underlying medical conditions
133	28%	Of cases were genomic sequenced
119	89%	Of Genomic sequences found Covid-Delta
13	10%	Of Genomic sequences unknown/no result
1	0.8%	Of Genomic sequences found Covid- AY.3
336	72%	Of Cases were NOT genomic sequenced so are unknown types
		<b>Other FACTS about Massachusetts</b>
18,065		Massachusetts deaths with Covid reported. (Jan 2020 - July 2021)
1,217		Massachusetts deaths by Flu/Pneumonia in 2019
1,441		Massachusetts deaths by Flu/Pneumonia in 2018
1,433		Massachusetts deaths by Flu/Pneumonia in 2017
6,892,503		Massachusetts Population currently

July 25, 2021

Updates to the global, US and State data is done. It continues to show the great reduction of deaths, and allows comparison between locations on what their outcome has been.

The [WORLD.PDF](#) file compares an increased number of countries and show many nations had less deaths per 100,000 population than the USA. It also shows that New Jersey has the highest death rate per 100,000 of any nation listed.

Investigations should examine why this is. It could be related to the methods each

political locality choose to use for medical treatment. Many of the nations choose to use prophylactic use of existing medications that showed they helped the symptoms, while others did not and in some cases refused to allow licensed Doctors in their state to choose what medication to use.

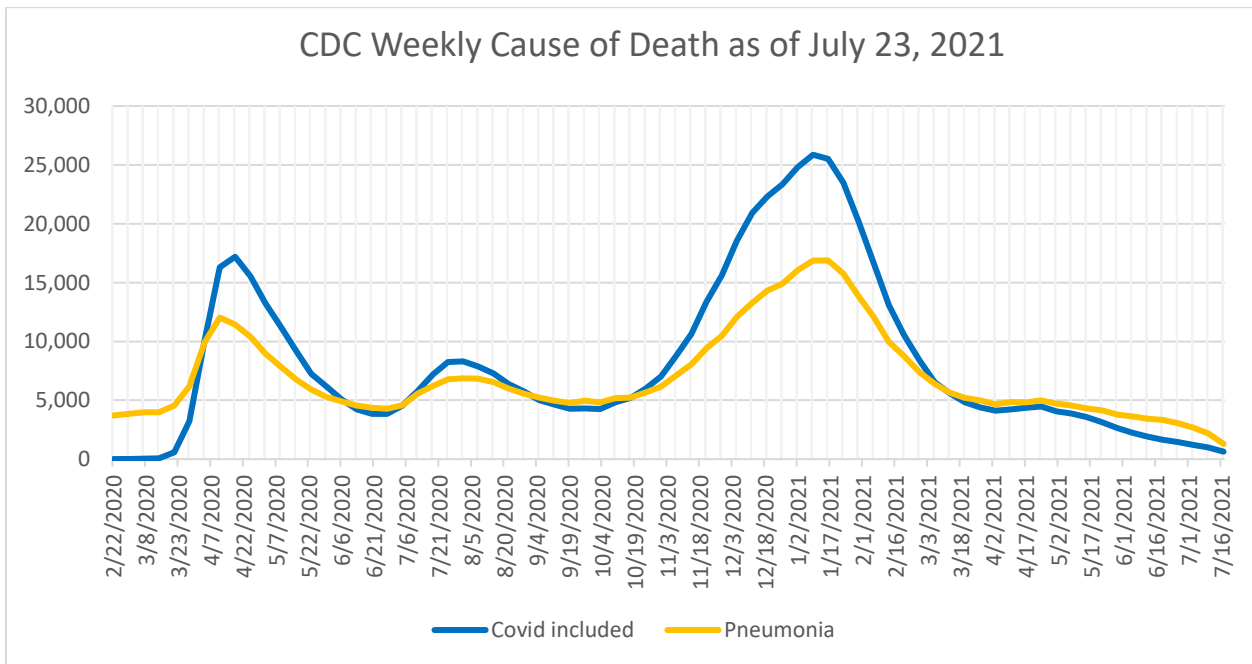
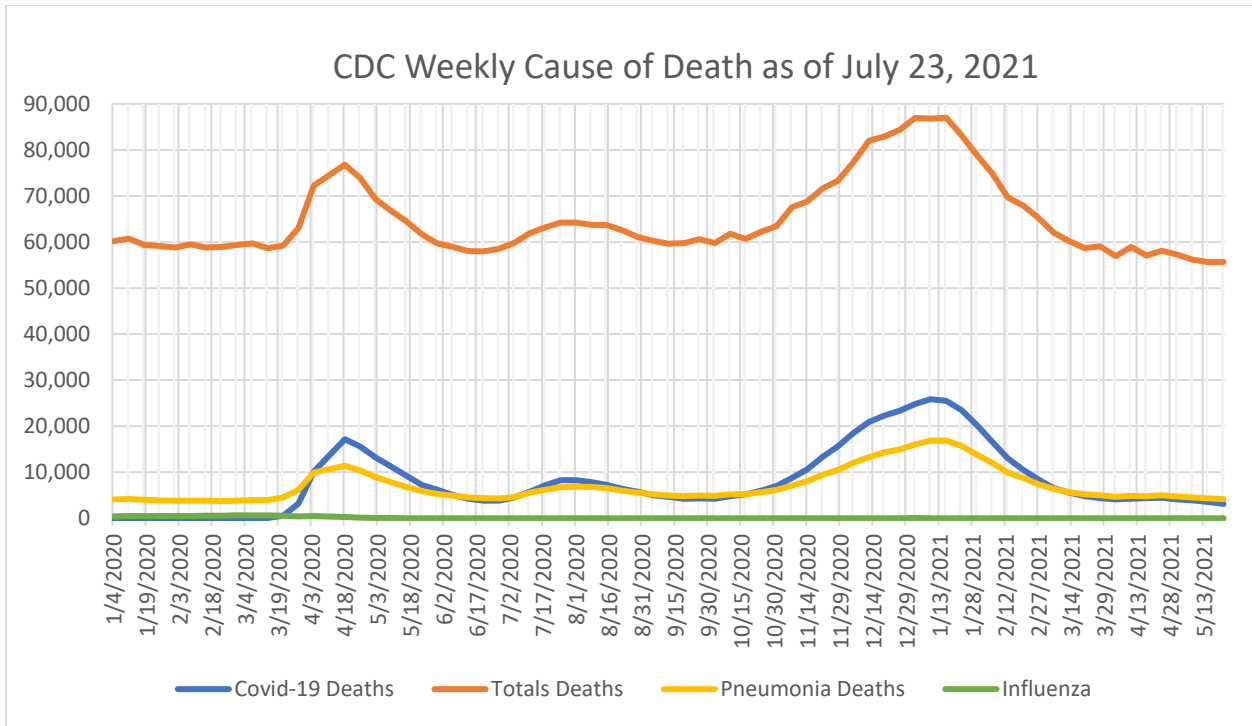
In the United States, once a drug has been approved for sale for one purpose, physicians are free to prescribe it for any other purpose that in their professional judgment is both safe and effective, and are not limited to official, FDA-approved indications. *Buckman Co. v. Plaintiffs' Legal Comm.*, 531 U.S. 341 (U.S.S.Ct. 2001) ("the FDCA expressly states in part that "[n]othing in this chapter shall be construed to limit or interfere with the authority of a health care practitioner to prescribe or administer any legally marketed device to a patient for any condition or disease within a legitimate health care practitioner-patient relationship." 21 U.S.C. § 396 (1994 ed., Supp. IV).") - Wikipedia Off-label use

Medical Doctors in the United States have the legal authority to prescribe any medication to treat their patient, and are not limited by the FDA listing an approval of a drug for a certain illness.

The California county report was updated to July 23, 2021 showing how little impact the current hospital bed utilization is. For California is using 3.5% of its hospital beds for patients who test positive – that does not mean they are seriously ill covid patients, but only that they have tested positive and are in the hospital. [http://www.tebault.org/history/CA\\_History.pdf](http://www.tebault.org/history/CA_History.pdf)

A look at the CDC VAERS database report shows the whole history of all vaccines that reported death. [This report is listed by the vaccine type](#) and as of the July 16, 2019 VAERS update, reports that COVID-19 has reported 6,016 deaths – and that accounts for 36% of all vaccine deaths reports of 16,605.





## Older updates and comments -

July 16, 2021

Updates to the global, US and State data on deaths shows a marked decline in 2021. As this is a coronavirus (flu), the season has passed so the actual cases should naturally be much less.

Note all the TOTAL Death numbers on these reports are SINCE JAN 2020, so this represents 18 months of information. It should not be confused with “annual” rates of any other medical event.

The World comparison table at <http://www.tebault.org/history/World.pdf> reflects the reported deaths for the past several months in 2021. Note to compare the deaths, use the RATE/100,000 and see that the US Rate of 182/100,000 is higher than many of the other nations. However, New Jersey continues to have the most deadly result with a RATE of 299/100,000. Why the US has among the highest reported death rate needs to be studied. Was it because of the bad reaction, the economic lockdown by many politicians and the denial of known medical treatments to many ? Of the other nations, many did not lock down, and many used existing treatments to limit the damage of this virus.

The US State report [http://www.tebault.org/history/Covid-Testing\\_2020.pdf](http://www.tebault.org/history/Covid-Testing_2020.pdf) is updated to July 16<sup>th</sup> and also shows the marked decline of deaths in 2021. A table was added to this report showing the deaths since March 2021.

The California county report was updated to July 16, 2021  
[http://www.tebault.org/history/CA\\_History.pdf](http://www.tebault.org/history/CA_History.pdf)

The CDC VAERS report is updated on each Friday when the CDC provides newer data. <http://www.tebault.org/history/Vaccine.pdf> As of July 9, 2021 the CDC has received 419,513 VAERS reports listing all those injured by the experimental Covid treatment released under the Emergency Use Authorization (EUA) by the CDC.

June 26, 2021

The majority of daily reporting on Covid testing, hospitalization and deaths have stopped. A infrequent summary of the states total reported Covid-related deaths is maintained here - [http://www.tebault.org/history/Covid-Testing\\_2020.pdf](http://www.tebault.org/history/Covid-Testing_2020.pdf)

The California data by county is maintained here -  
[http://www.tebault.org/history/CA\\_History.pdf](http://www.tebault.org/history/CA_History.pdf)

The majority of propaganda has been to push the experimental Covid treatment, in the face of an alarming rise of reported serious adverse effects and death recorded by the CDC in the VAERS database. The VAERS database was established in 1990 The summary of CDC data on the COVID treatment, and VAERS reports is <http://www.tebault.org/history/Vaccine.pdf>

A summary report of ALL VAERS reports of deaths after any vaccine treatment shows that the Covid treatment accounts for 53% of ALL DEATHS reported in VAERS. <http://www.tebault.org/history/Vaccine.pdf> This data would indicate this is a dangerous treatment and we should STOP the treatment except for people with very serious comorbidities.

Knowing the scientific data on the public use of masks makes your understanding of public political actions more informed. A listing of all known studies and public comments on masks shows that masks make no medical difference – but you read the studies and comments yourself, and make up your own mind. <http://www.tebault.org/history/Masks.pdf>

Apr 2, 2021

When you change the meaning of a word, or thing, you cannot compare it effectively to history.

Remember in March 2020 when the CDC changed the standard practice on how to record a death certificate? Never done before, and it only applies to Covid-19.

CDC directs all medical facilities to use Covid-19 as the cause of death when suspected, even if it had not been verified. This is likely to skew the number of reported deaths to list Covid-19, even where it is not a known cause, and had not been tested for. [this had never been done before by the CDC for any illness]

“COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death”

<https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

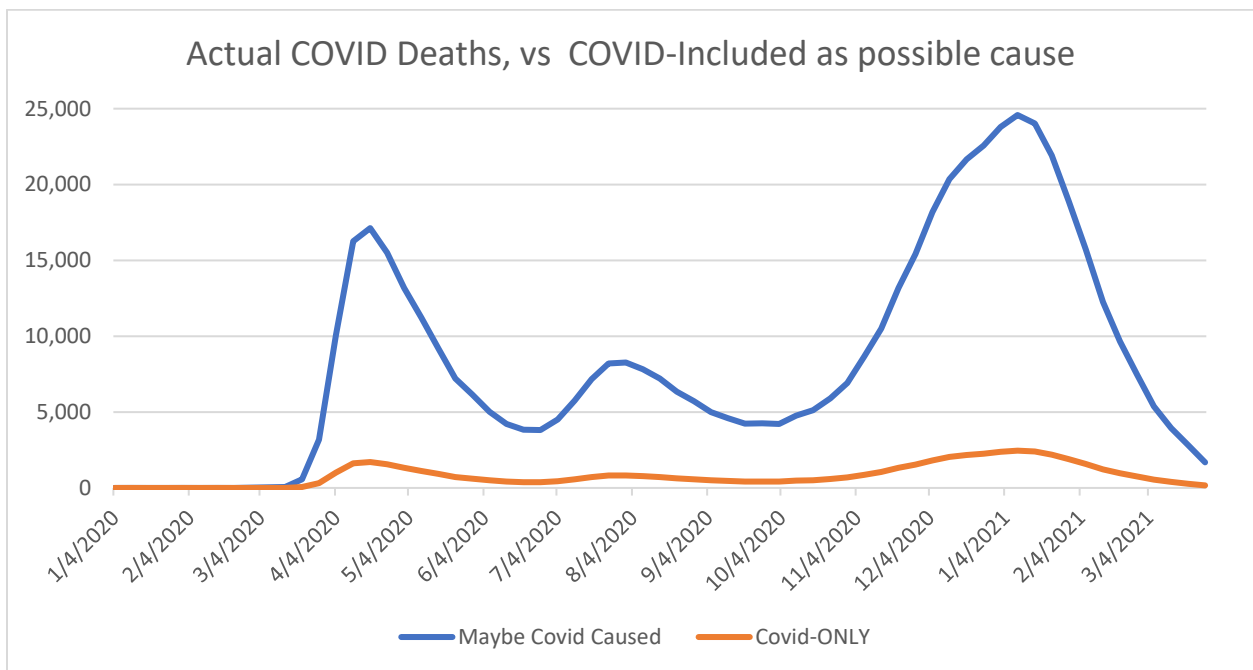
Looking back at the CDC admitting that the COVID-19 death counts included many other things, and that **ONLY 6% of the death reports by August 2021 were ONLY CAUSED BY COVID-19.**

DC reports Comorbidities “For 6% of the deaths, COVID-19 was the only cause mentioned... on average, there were 2.6 additional conditions (in the other 94%) or causes per death.” That means only 9,660 deaths were just Covid-19, out of the current 161,000 being reported.

[https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm#Comorbidities](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities)

If we extrapolate the CDC reports, and actually increase the reported 6% to 10%, it shows a very different result of this medical event. Rather than a total of 535,477 reported as being “associated with Covid-19”, it shows that the truer total is 53,548 as “Died from Covid-19”.

This then demonstrates this newer coronavirus had the mortality of a bad flu season, which is exactly what many scientific studies stated.

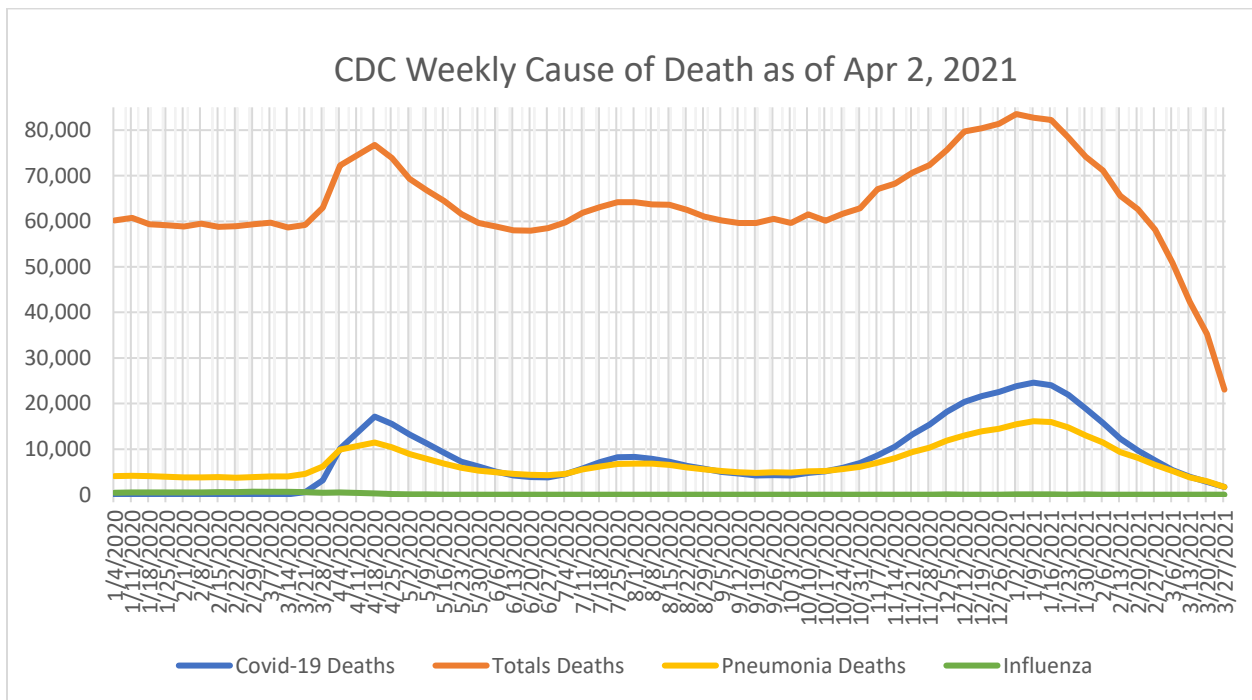


March 5, 2021

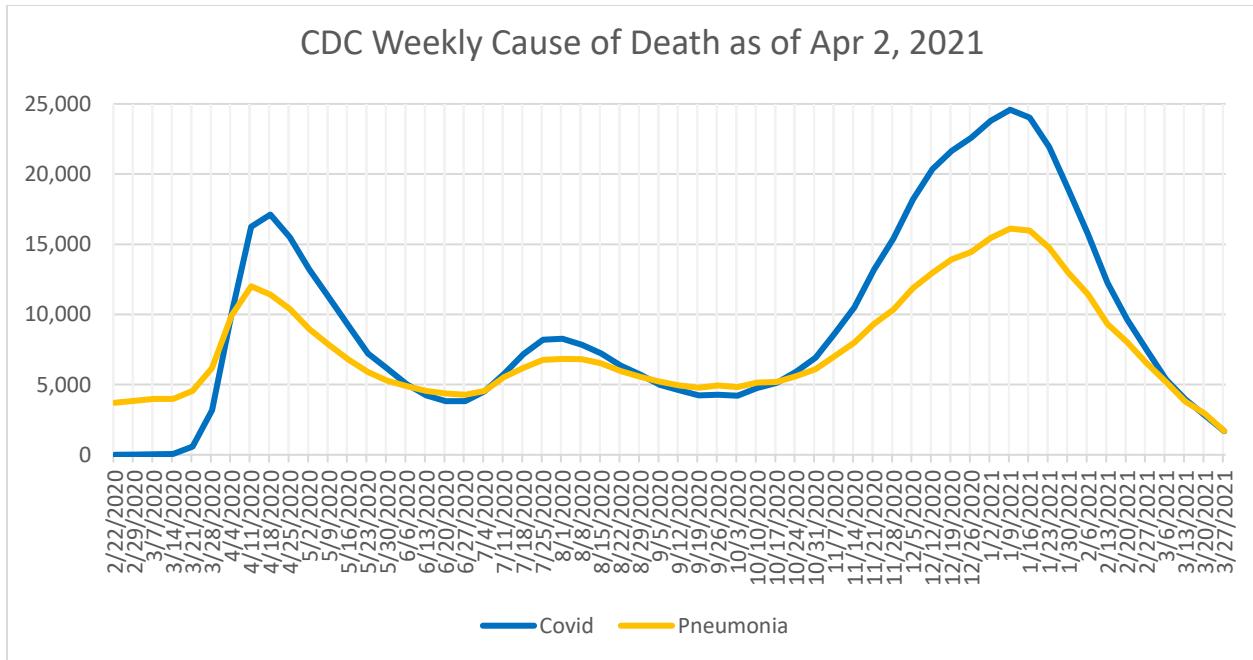
The CDC operates a voluntary Vaccine Adverse Event Reporting System (VERS) trying to track vaccine reactions. Understanding it is only voluntary and not actually tracking every adverse case, of those 25,072 cases deemed important to

report, 4,346 (17%) were marked SERIOUS, and 2,392 (10%) resulted in either permanent disability, were life threatening or caused death.

The CDC reports are updated as of Apr 2, 2021. The first chart includes TOTAL DEATHS, along with Pneumonia and Covid-19 related. Note the FLU deaths were about 500 each week in January – April 2020, and are now under 10 per week in 2021. The FLU deaths per week been consistent for years, but now are almost zero.



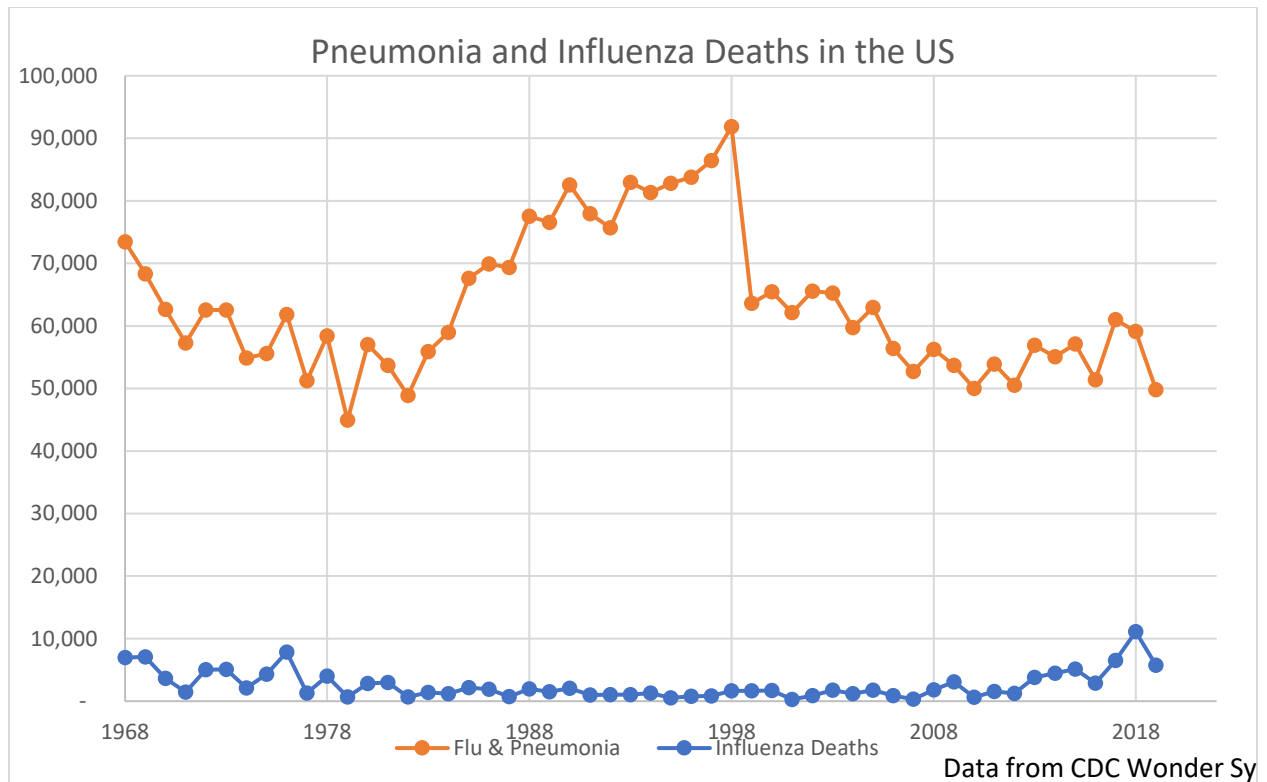
*Note the US normally has about 60,000 deaths recorded from all causes each week, this graph below shows more detail on just the Covid/Pneumonia deaths.*



Putting the yearly deaths into perspective, lets look back at the history of the FLU season data from the CDC.

We are told that the deaths are from influenza, but in reality the CDC reports deaths caused by EITHER Pneumonia OR Influenza as a FLU SEASON DEATH. Shown separately in the following history graph, note the MAJOR cause is Pneumonia between 1968 and 2018. The AVERAGE FLU deaths per year was 60,913, while the AVERAGE INFLUENZA deaths per year was 2,605. The CDC however combines those and the AVERAGE FLU SEASON deaths per year end up being 63,518.

Note that there are vaccines for Pneumonia and vaccines for FLU which the medical community and the government push in large marketing campaigns every year.



February 19, 2021

How to create a pandemic condition and justify locking people down?

The varsity of the Covid-19 testing being done in the US by the CDC standard of a PCR test set with a CT value of 40 is seriously questioned. According to an April 2020 study<sup>23</sup> in the European Journal of Clinical Microbiology & Infectious Diseases, to get 100% confirmed real positives, the PCR test must be run at just 17 cycles. Above 17 cycles, accuracy drops dramatically.

By the time you get to 33 cycles, the accuracy rate is a mere 20%, meaning 80% are false positives. Beyond 34 cycles, your chance of a positive PCR test being a true positive shrinks to zero.

A persistent sticking point with the PCR test is that it picks up dead viral debris, and by excessively magnifying those particles with CTs in the 40s, noninfectious individuals are labeled as infectious and told to self-isolate. In short, media and public health officials have conflated “cases” — positive tests — with the actual illness.

Medically speaking, a “case” refers to a sick person. It never ever referred to someone who had no symptoms of illness. Now all of a sudden, this well-established medical term, “case,” has been arbitrarily redefined to mean someone who tested positive for the presence of noninfectious viral RNA.

The research is unequivocal when it comes to who’s infectious and who’s not. You cannot infect another person unless you carry live virus, and you typically will not develop symptoms unless your viral load is high enough.

[The Insanity of the PCR Testing Saga \(mercola.com\)](https://www.mercola.com)

January 23, 2021

Strangely since the November election, the COVID-19 event is now going to be ok. Media reports now simply refer to the event with a “Biden plan will solve COVID-19” messages. This is in stark contrast to “Trump failing COVID-19” messages up to the election.

The drumbeat of “Positive Tests” used to close state economies and claiming to be a measurement of the problem now are having their test basis (PCR-CT) changed. The PCR-CT if set over 30 produces FALSE Positives. In the US, the CDC “recommends” a CT test up to 40. [Even Dr. Fauci admitted in July](#) 2020 a CT over about 35 produces false positives (False positives react to virus fragments that cannot be cultured, so cannot be spread). Now the election is over, the PCR CT tests will be either discontinued or have the CT value changed down to 30 – then the TEST RESULTS will be LOOK BETTER – It is a FAKE Move, when so many have demanded a lower CT setting for months already.

January 16, 2021

A special report of the zones of Covid shows the top 11 states where the mortality rate is over 150/100,000. Those 10 states are 18% of US population, but account for 30% of the covid deaths. The remaining 40 states and DC account for 81% of the population and 70% of the covid deaths. The report is sorted by Deaths/100,000 so you can see where most severe impact was. [Covid Zones](#)



A comparative report of many foreign nations, their deaths and deaths per 100,000 population **indicate that the US average mortality is higher than most European countries**, and taken along, New Jersey's mortality rate is way above all foreign countries. [See World.pdf](#)

Reports of ALL CALIFORNIA being in a surge and hospitals being overwhelmed is not widespread based on facts as reported by California. The 5 counties now responsible for over 66% of the Covid related deaths, and 70% of the covid related hospitalizations are all in Sothern California. Los Angeles, Riverside, Orange, San Diego and San Bernardino. [See California data](#)

[Nevada data is here.](#)

[The STATE REPORT is here.](#)

December 27, 2020

News continues to hammer home that the "total positives" has reached a new all time high. Let's look at that for a moment. A PCR test positive result is of a test. The PCR test has at least a 2% false rate, AND it is cumulative TESTS, not PEOPLE that is being reported.

As a society gains what is known as "Herd Immunity", it follows that more and more people might test "positive" and have no, or little symptoms – all beneficial to the society, as more people get the new virus, and their bodies develop antibody to defend against it. So, at some point more positive are a good thing.

Given that science guesses a time of about 4-6 weeks is the dangerous period when a person may be contagious to a newly acquired virus – having a "total positive" over months of time is completely meaningless. Perhaps if a "Total Positive" over the past 4 weeks might be a bit more meaningful.

A "positive" result does NOT MEAN a person is sick, or even showing symptoms, or depending on the PCR CT setting, that person may not even be infectious (If the PCR CT setting is too high, the viral fragments cannot grown in a laboratory so the person is most likely not able to spread it).

So – the use of “positive” is not an accurate fact, but holds mostly just emotional value.

As a society gains what is known as “Herd Immunity”, it follows that more and more people might test “positive” and have no, or little symptoms – all beneficial to the society, as more people get the new virus, and their bodies develop antibody to defend against it. So, at some point more positive are a good thing.

The news also runs filler stories about “hospitals being overrun”. While there certainly are some who’s local area has lots of people seeking treatment, when viewed at the State level, the US Average of hospital use for patients that include covid on their illness is only 16%. There are also reports by patients who are hospitalized for other illnesses who report partly empty hospitals, and even patients who were hospitalized for broken bones, who were then tested positive, with no symptoms, but listed as a covid patient, which serves to eliminate the meaning of what a covid patient is. (The broken bone patient is a Nevada patient I know, who was in the hospital during December 2020)

Many of the reports I hear refer to California hospitals. As of December 25 data, The five counties of Los Angeles, Riverside, Orange, San Bernardino, and San Diego where 54% live, account for 66% of the deaths reported, and 69% of the hospitalizations. Los Angeles alone, which is 26% of the population, accounts for 39% of the deaths and 36% of the hospitalizations.

These items serve again to highlight what the California Doctors wrote about in the December 2020 letter – which caused one of them to be fired from the hospital.

December 22, 2020

An updated report for Florida shows their population is about average for the US. Florida is OPEN for BUSINESS, and their results show they have chosen properly. Other states who continue to lockup citizens and business find they create their own problems while abusing the Constitution as well as the economy.

[Florida Report](#) December

**December 14, 2020**

Another math observation. California is now trying to control counties with metrics they create that include the number of new Covid-19 Positive test results per day, per 100,000, The 7-day average Positive test result rate, and the ICU availability percentage.

Note the PCR Test results depends on the CT settings – set high, over 25-30, the PCR test will have a higher false positive rate, and identify non-viable virus fragments that cannot be cultured (lab grown). Without knowing what CT value California tests are using, the meaning of a Positive PCR test result is meaningless. Hospitals now also report that during the fall winter season, it is NORMAL for their ICU's to be close to full occupancy – it is NOT TRUE to consider a 90% occupancy as Covid-19 related. So, setting metrics this way, almost guarantees California will be kept shut down.

Please read this letter from three medical doctors in one California hospital regarding these metrics and invalid message they send.

[California Doctors Letter December 2020](#)

Math Facts - Since February 2020, the US has had 2,685,404 deaths per the CDC. Of those, 257,953 only included Covid-19 as a possible contributing cause, which is 9.61% of the total deaths. The CDC also reports that of the Covid-19 deaths that Covid-19 contributed to, only 6% were actually **Covid-19 only caused deaths**, that is 18,057, or 0.672% of the total US Deaths. During this same time, CDC reports 255,204 deaths by Pneumonia with Covid-19 as a possible contributing cause - and we have a Vaccine for Pneumonia - go figure... (CDC does not list how many pneumonia only deaths occurred in 2020)

Now we are in the FLU Season, but as yet there are no reports of FLU deaths. The Covid-19 variant of a coronavirus, is a type of flu, so all the energy is used to report only Covid-19. If a patient were only to have FLU, it is most likely to be reported as (suspected) covid-19, even if that person were to be hospitalized – the hospitals get paid more if the case is classified as covid-19 related. Perhaps research will find out the truth in the future, but now the answer to everything is covid-19.

As a reminder – here is the published CDC history on Influenza deaths and the FLU Vaccine Effectiveness by recent year. Note the effectiveness varies from 10-60%

The CDC data reports this mortality and Influenza Vaccine Effectiveness.

	CDC Deaths for influenza and pneumonia reported	CDC Vaccine Effectiveness
2004	59,733	10%
2005	62,946	21%
2006	56,394	52%
2007	52,715	37%
2008	56,257	41%
2009	53,685	56%
2010	50,017	60%
2011	53,903	47%
2012	50,533	49%
2013	56,891	52%
2014	55,081	19%
2015	57,092	48%
2016	51,368	40%
2017	61,099	38%
2018	59,120	29%
2019	*24,000-62,000	31%

\*CDC estimate May 6, 2020

<https://www.cdc.gov/flu/vaccines-work/effectiveness-studies.htm>

<https://www.cdc.gov/flu/vaccines-work/2019-2020.html>

**December 8, 2020** Interesting to watch the variance between what a state reports, and what the CDC reports for that state. CDC data takes a few weeks to receive and process, but generally should be LESS THAN what a state reports for that reason. How does it mean if the CDC reports MORE ? See a [Variance Report as of Dec 8.](#)

State	State Covid Deaths	CDC Covid Deaths	Variance
New York	26,326	33,225	6,899
Alabama	3,457	4,242	785

**December 8, 2020** The reported mortality by state shows where the impact was the greatest comparing the Covid-19 reported deaths per 100,000 . See the [state report sorted by deaths/100,000](#).

As if to prove the tests are not accurate, Elon Musk just reported taking four tests in one day, sending them to different labs, and getting two positive and two negative results. His symptom was “a typical cold”. That would have generated two POSTIVES for California testing.

<https://www.foxbusiness.com/business-leaders/musk-says-took-four-covid-19-tests-two-were-positive-two-negative>

Doctors in India understand the value of CT, and advise their patients to take different action, based on the CT value. The CT value provides some indication of the “Viral Load”, or amount of virus found – If a CT is low, 20-25, the viral load is higher than if the CT is 25-30 or larger. If the CT is above 30, the viral load is thought to be so low as to not be easily communicated.

<https://timesofindia.indiatimes.com/city/bengaluru/covid-19-test-reports-must-also-state-ct-value-doctors/articleshow/77956302.cms>

The news currently reports a “surge in positive” test results. What does that mean? We know generally that the Mortality of Covid-19 is less than .5%, so that with a positive, you are 99.5% safe. However, IF the Covid PCR test was “cycled” more than 30 times, it will almost always show a positive result and often from non-infectious viral fragments. US Labs currently are NOT REPORTING there PCR standards – so there is no way of knowing if the Positive is a honest, or forced result. Read more – educate yourself. Do not live in fear.

[Understanding cycle threshold \(Ct\) in SARS-CoV-2 RT-PCR  
\(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/544242/understanding-cycle-threshold-ct-in-sars-cov-2-rt-pcr.pdf)

<https://thevaccinereaction.org/2020/09/coronavirus-cases-plummet-when-pcr-tests-are-adjusted/>

<https://www.publichealthontario.ca/-/media/documents/ncov/main/2020/09/cycle-threshold-values-sars-cov2-pcr.pdf?la=en>

<https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html?smid=fb-share>

<https://www.msn.com/en-us/health/medical/experts-us-covid-19-positivity-rate-high-due-to-too-sensitive-tests/ar-BB18wE8B>

More technical background on PCR tests, setting the CT  
[Interpreting Real-Time PCR Amplification Plot » Clinical Lab Science \(clinicalsci.info\)](#)

REGARDING MASKS -There has been a lot of comments and mis-directions regarding the use of masks to protect against Covid-19. I have compiled a document listing with references and many current scientific/medical studies with references for you to make up your own mind.

[www.tebault.org/history/Masks.pdf](http://www.tebault.org/history/Masks.pdf)

Updated Nov 8.

Curious to compare California and Nevada data. California continues to increase testing and continues to get a much lower rate of positive results. Nevada has reduced testing, and on some days, reports 100% positive results.

[A special report comparing the data from California and Nevada is here](#)

**Oct 12, 2020 NOTICE – WHO REVISES ITS POSITION ON LOCKDOWN.**

Dr Margaret Harris of WHO stated it did not recommend lockdowns and that some have done it, “Now a lot of countries have had to go to lockdown but we say do all of the other things to avoid going there, because the economic and social costs are very high.” “So what we are saying is exactly, manage your borders. No whether it is open or closed but really, really manage your borders,”  
Dr Harris said.

**OCT 8, 2020  
NOTICE – WHO REVISES ITS POSITION ON COVID-19**

WHO (Accidentally) Confirms Covid is No More Dangerous Than Flu Head of Health Emergencies Program “best estimates” put IFR at 0.14%

<http://www.tebault.org/history/Observations.pdf>

As much as the WHO were attempting to spin this as a bad thing – Dr Ryan even said it means “*the vast majority of the world remains at risk.*” – it’s actually good news. And confirms, once more, that the virus is nothing like as deadly as everyone predicted.

The global population is roughly [7.8 billion people](#), if 10% have been infected that is 780 million cases. The global death toll currently attributed to Sars-Cov-2 infections is [1,061,539](#).

That’s an infection fatality rate of roughly or 0.14%. Right in line with seasonal flu and the predictions of many experts from all around the world.

0.14% is over 24 times LOWER than the WHO’s “provisional figure” of [3.4% back in March](#). This figure was used in the models which were used to justify lockdowns and other draconian policies.

<https://off-guardian.org/2020/10/08/who-accidentally-confirms-covid-is-no-more-dangerous-than-flu>

You can’t embed the WHO’s stream, but I can tell you to go to [this page](#), click “Session 1” and skip to 1:01:33 to hear the exact quote:

“Our current best estimates tell us that about ten percent of the global population may have been infected by this virus. This varies depending on country, it varies from urban to rural, it varies between different groups.”

**The direct WHO link is at**

<https://www.who.int/news-room/events/detail/2020/10/05/default-calendar/executive-board-special-session-on-the-covid19-response>

August 14

The New York Governor was claiming the deaths were all the fault of the Federal Government – Just as a reminder, here is what WE (the taxpayers) did to help – and it was very costly, but hardly used by New York – In fact, New York actually told Sarmatians Purse to leave and hardly used all the other hospital facilities provided.

6,348 Emergency hospital beds were provided to New York at a cost well over \$412,941,585. New York allowed only 1,506 patients to use these before closing them down. The full table of emergency hospitals is here ;

[www.tebault.org/history/FieldHospitals.pdf](http://www.tebault.org/history/FieldHospitals.pdf)

This does not include all the PPE and emergency ventilators built and shipped to New York. Progressives let no good deed go unpunished.

A group of American Doctors held a medical summit on July 27-28, 2020 and expressed their medical opinion on the Covid-19 event. To see their positions and MEDICAL OPINIONS – please see their website at [Americansfrontlinedoctorsummit.com](http://Americansfrontlinedoctorsummit.com)

#### **July 25, 2020 – From the Heritage Foundation**

Comparing Death Tolls from Covid-19 and The 1918 Spanish Flu.

These results demonstrate how much more deadly the Spanish flu was than COVID-19 has been so far. In particular, in the United States, deaths due to Spanish flu as a percentage of the population were over 13 times higher than deaths due to COVID-19 thus far.

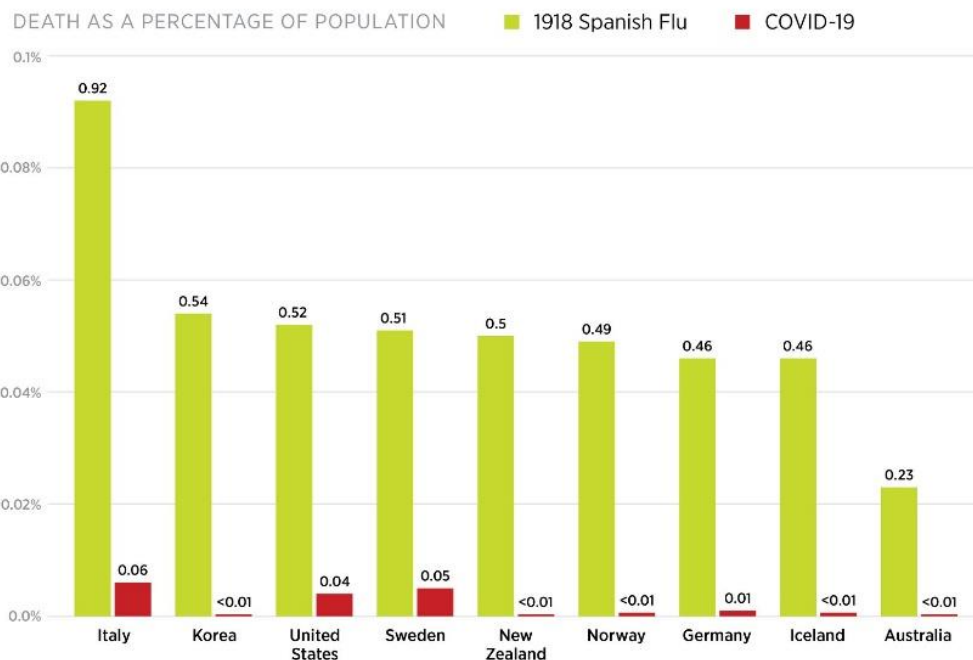
Although the Spanish flu and COVID-19 are two different illnesses, and although COVID-19 is still ongoing, these disparities in mortality statistics as a percentage of these countries' populations are a testament to how societies have evolved over the past century.

In the United States, for example, over the past hundred years, life expectancy has increased more than 40 percent, and per capita real income in the U.S. has increased over 500 percent.

Check out more charts in our latest COVID-19 Special Report: <https://herit.ag/3hK9ZWH>



# COMPARING DEATH TOLLS FROM COVID-19 AND THE 1918 SPANISH FLU



SOURCE: A COMPARATIVE ANALYSIS OF POLICY APPROACHES TO COVID-19 AROUND THE WORLD, WITH RECOMMENDATIONS FOR U.S. LAWMAKERS, HERITAGE.ORG



**Hold onto your wallets – “The Government is here to help you”, scariest words in our vocabulary.**

It is reported many of the EMERGENCY TEMPORARY Field Hospitals were almost completely unused, but built at a cost over \$626,000,000 – at a average cost of \$532,211 per bed.

A summary report of [Field Hospitals is here](#)