

July 22, '21

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An Open Letter to the Jewish People in Response to Dr. Daniel Berman's Article in the Yated and on Matzav.com and to his Subsequent Reply to a Yated Reader's Write

As a medical researcher who has been fully immersed in studying the covid-19 vaccine and effective treatments for covid-19, I wish to respond to Dr. Daniel Berman. Two doctors with whom I collaborate have co-signed this response.

I will follow the structure of Dr. Berman's response to Mr. Dovid Britz's excellent letter in the Yated.

1) Mr. Britz made the very valid point that there are no third-party, unbiased studies to determine the safety of the covid-19 vaccines. The pharmaceutical companies ran their trials themselves, without oversight, and reported their findings to the FDA. Clearly, with billions of dollars in profits at stake, there was ample motivation to manipulate both the safety and efficacy data in order to arrive at numbers which would result in product authorization and in enthusiasm and acceptance by the public. No kosher certifying agency would ever be able to give a kosher certification on any product produced under such conditions. And as Mr. Britz pointed out, there is all the more reason for concern, as Pfizer has repeatedly engaged in fraudulent behavior for financial gain, to the point that they were actually fined \$2,300,000,000 in 2009, the largest healthcare fraud settlement in history. (<https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history>)

Indeed, there is ample evidence of the manipulation that Pfizer has done of their data to try to make the vaccine appear both effective and safe. For extremely powerful illustrations, please see the following articles: <https://anthonycolpo.com/more-problems-with-the-pfizer-biontech-covid-19-vaccine-trial-data> and <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data> and, particularly in regards to the children's trial, <https://americasfrontlinedoctors.org/frontlinenews/serious-violations-and-manipulations-of-trial-protocol-how-pfizer-obtained-fda-emergency-authorization-for-children/>.

While not disputing that there were no third-party studies about the vaccine, or that Pfizer has repeatedly engaged in fraud, Dr. Berman responded that safety data is primarily derived from the CDC's VAERS database.

It is highly problematic to use VAERS to assure safety, for a number of reasons.

A) By its very design, the database will only detect problems AFTER the vaccine has been given to a large portion of the population. VAERS is no substitute for a proper trial with unbiased third-party oversight **before** a vaccine hits the market.

B) Previous studies have shown that only between 1-10% of adverse reactions get reported to VAERS. A paper out of Harvard in 2016 indicated that VAERS may be showing only 10% of what's really happening. **This would mean that 10,000 deaths reported after the vaccine really may indicate a total of 100,000 deaths.**

C) Much of the population does not know about the existence of this database, so they cannot file reports.

D) Many people believe that the vaccine is very safe, and thus do not draw any connection between the covid-19 vaccine and subsequent illness or death, so they wouldn't be reporting anything. I know countless stories which bear out this fact, and so does a doctor I discussed this with.

E) Many doctors refuse to conclude that an adverse event is connected to the covid-19 vaccine and will not file a report, even if the patient's family suspects a connection.

F) Other doctors do not have time to file multiple VAERS reports for all the adverse events they are seeing after covid-19 vaccination. (This was personally told to me by a gastroenterologist about her own practice.)

G) Doctors are sometimes finding that the VAERS system will not accept their reports. Dr. Zev Zelenko testified that he personally knows of **twenty instances of patient death after the covid-19 vaccine in which a doctor attempted to make a report to VAERS and the report was not accepted.**

H) Two whistleblowers in the CDC, and one in the CMS, according to Dr. Peter McCullough, have come out saying that the CDC is **actually concealing tens of thousands of reports of deaths which they have received.** https://www.algora.com/Algora_blog/2021/06/27/dr-peter-mccullough-whistleblowers-inside-cdc-claim-injections-have-already-killed-50000-americans. Dr. McCullough believes that there are actually 50,000 dead Americans as a result of the covid-19 shots, while Dr. Zev Zelenko estimates that the true number is 200,000 dead. This is corroborated by a fascinating report showing VAERS numbers missing from the sequential order. See <https://www.cnbsnews.live/documentaries/cdc-removes-150k-deaths-from-vaers-system-vaccine-genocide/>. In fact, on July 19, America's Frontline Doctors filed a lawsuit in California against the CDC, based on the sworn testimony of a whistleblower within the government, whose access to the databases allowed her to discover that **45,000 Medicare and Medicaid patients alone have died WITHIN 3 DAYS** of their shots, **and the CDC has been hiding this information.** See <https://dailyexpose.co.uk/2021/07/19/vaers-whistleblower-45000-dead-from-covid-19-vaccines-within-3-days-sparks-lawsuit-against-federal-government/>.

However, even with all the above limiting factors, VAERS is still tragically showing, as of July 9, 10,991 dead Americans. (See www.medalerts.org.) These are people who died in very close proximity to their receipt of the covid-19 shot, 50% of them within 48 hours. An outside analysis of a sample of the reports by McLachlan et al from London has shown that 86% of the deaths are directly related to the vaccine. <https://www.researchgate.net/publication/352837543> Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System VAERS Database Interim Results and Analysis

While the CDC attempts to downplay the veracity of the VAERS reports, stating “This site contains unverified reports”, in actuality, **83% of the reports were made by healthcare professionals**, such as a doctor, nurse, or paramedic who cared for the patient, and believed that their death was related to the covid-19 shot they had recently received.

To put the number of **10,991 deaths in just over six months from the covid-19 injections** into perspective, it must be noted that a typical year sees under 200 deaths for the entire year for ALL vaccines combined, and that the 10,991 deaths now surpass the total of **thirty years** of death reports for all other vaccines together. Thus, using Dr. Berman’s metric of choice, the VAERS system, for verifying the safety of the covid-19 shots actually does not yield a very reassuring outlook at all. We are on track to see, G-d forbid, **20,000 covid-19 vaccine-associated deaths this year** on the VAERS system, compared to under 200 per year for **all** vaccines combined. (The total of **reported** deaths in Europe, the U.S., and the U.K. as of now is almost **30,000**. See <https://www.bitchute.com/video/8eis92PBd0rD/>).

2) Dr. Berman states that “based on the data provided by the manufacturers, it was quite reasonable for the FDA to approve the vaccines. Once the vaccines were administered in Israel to larger numbers of individuals, the data provided by the State of Israel were quite close to the data provided by the manufacturers based upon smaller numbers.”

If you read the article cited above from America’s Frontline Doctors about the dishonest children’s trial protocols which the FDA approved of, you see that something is wrong over here, and the FDA is not doing their job to ensure safety. Neither is this the first time such a travesty is occurring in the FDA. The agency has previously approved drugs and medical products that it knew to be dangerous or untested. These incidents, and the corruption by some top officials at the FDA were clearly expressed in 2009 letters to President Obama and to Mr. John Podesta, written by whistleblowers at the Department of Health and Human Services, and obtained under the FOIA.

In terms of the data from the trial which was unfortunately conducted upon the people of Israel without their consent (they were told that the vaccine was already FDA approved), this was a sham trial, as the **government has not provided a proper reporting system to the citizens/trial subjects**, (until April 2021 the Health Ministry form did not even ask for contact information, or allow for a description of adverse events, **and any data collected is not made public**), and doctors were instructed not to admit that any negative outcomes were connected to the shots. In fact, doctors and nurses are aware that if they speak out about the adverse effects of the covid-19 shots which they are witnessing, they will lose their jobs (or worse).

While Pfizer was required by the Health Ministry’s own regulations, and the FDA, to carry out constant monitoring and reporting of all adverse events in Israel during the vaccine rollout, they ignored these obligations, and the Health Ministry continues to fail to enforce them, even as the vaccine is now pushed on 12 year olds. Pfizer’s violations have resulted in a complete lack of true data on the adverse effects of the vaccine in Israel, and this falsified picture was then used by other countries as a basis for their own authorizations.

Many dozens of doctors and experts in Israel are indeed speaking out, though, about the severe effects and deaths that they are seeing, which the government has not been transparent about, and I am personally in touch with four of those individuals. The situation in Israel is not pretty. There are many severe disabilities and many sudden deaths among those who have received the shot. <https://americasfrontlinedoctors.org/frontlinenews/israel-and-pfizers-dirty-little-secret-opinion/> See further on in this letter for more links to information about Israel.

3) Mr. Britz made the very important and correct claim, which I as a researcher and my colleagues definitely can back up, that numerous doctors in various specialties are seeing many injuries related to the covid-19 shots. Dr. Berman’s response to this, namely that as an Infectious Disease Specialist, he is not seeing these adverse effects, is **not relevant**, since we are discussing stroke, heart attack, seizures, stomach problems, paralysis, vision problems, and more, which are not the purview of an ID doctor.

Dr. Berman goes on to discuss the deaths and disabilities in VAERS (there are **551,172** injuries reported there.) He implies that the CDC has already reviewed all the death reports (there are **10,991** as of July 9, and in the last two weeks, they have been increasing at a rate of approximately 2,000 per week), and determined that no link exists to the vaccine. **This defies logic**. A thorough investigation into **one death** is a tedious and involved process. It is **impossible** to have delved adequately into the deaths of thousands of individuals in such a short time span, to have determined definitively that no link to the vaccine exists. It would take **a very long time to properly go through the records for the deaths of 10,991 individuals, and exclude the vaccine as the cause of death of each one. Additionally, this would be better done by a disinterested third party.** (Indeed, when an outside analysis was performed on a sample of the reports, 86% of the deaths were actually found to be directly linked to the vaccine, as noted above).

While the CDC has obviously **not** yet investigated the deaths, it must be repeated that **83% of the reports were submitted by healthcare professionals who cared for the dying patient, and who were concerned enough to take the time to make the report, because they did believe that the death was caused by the shot. Wouldn’t they, being on the scene, be in an advantageous position to know?**

Researchers and doctors have been calling upon the CDC for months to pause the rollout as they stop and investigate the deaths, but so far, nothing doing.

In reference to myocarditis, in actuality I must respectfully correct Dr. Berman. There **have already been quite a few teens who died from myocarditis/heart attacks after the shots, and many others who have become severely ill. Dr. McCullough stated last week that 15 adolescents in the US have died after the shots. Here are some of the cases:**

- A) 19-year-old Simone Scott, a college freshman, who developed probable myocarditis after the Moderna shot and became progressively worse, until her heart failed two weeks later. She needed CPR, was put on an ECMO machine and continued to deteriorate, received a heart transplant, and subsequently died from complications.
- B) 13-year-old Jacob Clynick, who died of myocarditis 3 days after his shot. Autopsy found that his heart was enlarged with fluid around it.
- C) VAERS ID 1187918, a 15-year-old girl who died from cardiac arrest about 3-4 days after her second Moderna shot.
- D) VAERS ID 1218081, a 17 year old Wisconsin girl who died of cardiac arrest subsequent to her covid-19 shot.
- E) VAERS ID 1225942, 16-year-old Kamrynn Soleil Thomas, who went into cardiac arrest 9 days after her Pfizer shot and died 2 days later.
- F) VAERS ID 1242573, a 15-year-old Colorado boy who died of heart failure after the covid-19 shot.

There are many thousands of cases of myocarditis in which the young people did not die, but will likely remain with lifelong cardiac effects. Nothing about myocarditis is “mild”. It is an inflammation of the heart, which often leads to scarring and permanent impairment. The CDC now admits that the shot results in a hospitalization rate **four times higher** than that of covid itself. See <https://alexberenson.substack.com/p/vaccines-reasons-for-concern-569>.

4) In regards to both male and female fertility, there are indeed a number of grave reasons for concern which have been expressed by **numerous** esteemed doctors and scientists, and until we follow thousands of couples who have taken the shot for a period of years to ascertain their fertility, the viability of their pregnancies, and the health of the children they bear, it is **impossible** to know that there are no ill effects. It is neither scientific nor responsible on the part of “experts” who want to push the shot on people of childbearing age (whose risk of death from covid is minute), to take the scientifically grounded concerns of those doctors and “erase” them with no data to back up their words.

Pregnant women were excluded from the vaccine trials, so it is really surprising that anyone could claim to “know” that the vaccine is safe for them or their babies (but sadly that is what many obstetricians are somehow doing).

In fact, the way that it works with the introduction of new medical treatments isn’t “innocent until proven guilty” but “guilty until proven innocent”. And, as Dr. Peter McCullough pointed out, all the regular steps in testing a new medical therapy, such as studies for genotoxicity (causing damage to DNA), teratogenicity (causing birth defects), and carcinogenicity (causing cancer), were skipped. Dr. McCullough says that the government should not be allowing pregnant women to take the vaccine, and he pointed out worrying safety reports on VAERS of pregnancy loss. **“Anecdotal” evidence in the form of many, many reports from our communities has been coming in which tragically seem to corroborate the doctors’ warnings about danger to fertility and pregnancy, and mandate caution for the childbearing population. Dr. McCullough – not an “anti-vaxxer” by any stretch of the imagination – states conclusively that women of childbearing age should not take this vaccine.**

5) While Mr. Britz echoes the claim of numerous experts that what we need to be **most** concerned about are the **long-term effects** of the shot, Dr. Berman states that “the potential for long term side effects not yet discovered are not associated with vaccines.” Actually, that is incorrect, and the potential for long-term problems are indeed the reason that typical vaccines go through long-term safety trials.

But the even bigger issue here is, that this shot **is not a vaccine**.

A traditional vaccine takes a weakened or dead bit of virus and puts it in the body to create an immune response, thus stimulating antibody production to have in store for when the person may be exposed to the live virus in the future. **The Pfizer and Moderna are mRNA shots, which are gene therapy. Calling them “vaccines” makes people feel safe, but there’s nothing traditional about them.**

A bit of genetic code is injected into the body, instructing all one’s cells to **produce the corona spike protein**. Previously, it was said that the injected material remains in the arm muscle where it was injected, but that has proven to be untrue. The lipid nanoparticles circulate throughout the body, and also cross the blood-brain barrier. They settle in particularly high amounts in the spleen, ovaries, testes, and bone marrow. **This was not a feature of any previous vaccine.** The person’s cells all receive the command to start producing spike proteins, and the millions of spikes that they churn out can attach themselves to platelets and cause clotting or hemorrhaging. **This was also not a feature of any previous vaccine in the history of humanity.**

The spike protein has now been proven to be the dangerous part of the virus. **The spike protein alone is responsible for all the complications seen in covid-19 patients.** Dr. Byram Bridle admitted “We made a big mistake. We thought the spike protein was harmless. Now we know that it’s a cytotoxin.”

The **antibodies** which the body produces in response to the spike proteins can indeed also have unforeseen consequences, such as attacking the cells of the body that are producing the spike proteins. This would result in autoimmune diseases, such as Guillain Barre Syndrome (which can ultimately be fatal). **Far from being an unproven theoretical concept, the risk of autoimmune diseases resulting from the covid-19 shots is actually one of the 22 possible side effects that the FDA put on their warning list back in October 2020, and many cases of Guillain Barre Syndrome have already been seen.** There are other long term grave concerns which prominent scientists are expressing as well, such as the risks of **organ failure**, and that, too, has already been reported.

(I will not go into details here of the workings of the J and J shot, but I will state that much of the same severe adverse events are being seen, such as blood clots, sudden cardiac deaths, paralysis, severe, ongoing and disabling pain, Guillain Barre Syndrome, and more.)

I would also like to note that researchers conducting D-dimer tests on the blood of vaccinated individuals *who seem healthy*, and looking at their blood under the microscope, are finding microclots, which are very concerning, as these clots cause silent and irreversible blood vessel and organ damage. See Dr. Charles Hoffe, who says that these individuals will go into heart failure within a few years, at <https://rumble.com/vjini9-dr.-charles-hoffe-and-kevin-street.html>, and Dr. Jane Ruby, who presents findings of British researchers, at <https://brighthouse.com/0b936426-eea2-4e9d-8e21-e73f5dfa09b4>. Another critical new danger signal is the result of research by immunologist Dr. J. Bart Classen, who has found thousands of reports of multiple symptoms that are clear signals of neurodegenerative diseases, showing up after the shots. <https://childrenshealthdefense.org/defender/scientist-warning-covid-vaccines-parkinson-neurodegenerative-disorders/>

6) Mr. Britz addresses a) the lack of proper proof of the efficacy of the vaccine in the trials, b) the immediate spike in cases in nursing homes and in countries worldwide after vaccine rollout, and c) “breakthrough cases” in vaccinated people casting further doubt on the vaccine’s efficacy. All of Mr. Britz’s points are correct, and I will bring some proofs for him, so that Dr. Berman can see the evidence. These are foundational pieces of data on which the entire global vaccine initiative revolves, so a very intense look into these issues is absolutely necessary.

Dr. Berman did not respond to a) but here is the evidence for the manipulation of numbers in the trial.

<https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data> 95% efficacy sounds wonderful, but it is completely misleading. Not only are the trials questionable in themselves (see article), but even based on the trial data they present, the true risk reduction to any individual, called “absolute risk reduction,” (ARR) is the only number that matters, and that is less than 2% for any of the shots. The number that the manufacturer has been presenting to the public is the “relative risk reduction”, or RRR, which isn’t meaningful. See [https://www.thelancet.com/action/showPdf?pii=S2666-5247\(21\)00069-0](https://www.thelancet.com/action/showPdf?pii=S2666-5247(21)00069-0).

In terms of b), the spike in cases in nursing homes and countries upon the rollout, Dr. Berman makes a number of errors in his reply.

1) that transmission was already high at that point and 2) that there is no biological explanation for contracting covid-19 as a result of vaccination and therefore it cannot be so.

In actuality, vaccination began in many countries, such as Israel, at a time when the caseload was very low, and there was a huge spike and a tremendous number of deaths immediately following. These deaths were blamed on lack of vaccination and used to push more vaccination. Here is a study showing the phenomenon in countries worldwide, <https://medalkidnap.com/2021/05/27/french-medical-doctor-covid-19-injections-increasing-deaths-and-new-infections-the-evidence-is-overwhelming/> and here are nursing home reports from around the globe: <https://childrenshealthdefense.org/defender/nursing-home-residents-spain-die-pfizer-covid-vaccine/>.

In addition, a huge number of deaths follow the vaccine rollouts, which aren’t even associated with corona at all.

<https://dreddymd.com/2021/02/18/elderly-population-suddenly-dying-off-for-unexplained-reasons-and-its-no-longer-coded-as-covid-19/> This is absolutely contrary to what Dr. Berman stated that “Once the residents were vaccinated, the rates of infection and deaths plummeted.”

Unfortunately, the evidence does **not** support his statements.

The tragedy of increased death and disability after vaccination has unfolded in Israel but is not known to most of the world. See the treachery of the government against its people at <https://americasfrontlinedoctors.org/frontlinenews/israel-and-pfizers-dirty-little-secret-opinion/><https://www.the-people-committee.com>, <https://www.francesoir.fr/videos-les-debriefings/israel-yativ-seligmann-juin-2021> and <https://www.nakim.org>, or call Rabbi Uri Sofer, a Dayan in Bnei Brak who can describe the death, illness, and miscarriage occurring post-vaccination in Israel. His number is 011-972-53-310-0170.

In terms of a “plausible biological explanation” for becoming ill with covid right after being vaccinated for it, experts believe that the shot weakens the immune system and thus makes people more susceptible to the virus, which their body had been fighting off successfully on its own until that point. Another possibility is that this is a short-term form of ADE. Whatever the cause, you cannot deny the reality even if you cannot yet understand why it’s happening.

Regarding c), the “breakthrough cases” which are further evidence of the vaccine’s lack of efficacy, they are no longer “isolated” or miniscule. The CDC stopped publicizing the count of cases in vaccinated individuals at the end of April, unless they are hospitalized or die. See <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>

At last publication on April 30, close to three months ago, the case tally in the U.S. was 10,262 fully vaccinated people who tested positive for covid (see link above). They aren’t telling us the new numbers of people who only test positive or became ill, but the CDC does say that as of July 6, 5,186 fully vaccinated people had either been hospitalized or died of covid-19. Since not all states are even counting

breakthrough cases, and the CDC does not seem eager to aggressively pursue data which reflects negatively on vaccine efficacy, it is reasonable to assume that the number is actually higher than this.

Recent stories surfacing show that the cases in vaccinated people are skyrocketing. Consider a recent post from a very pro-vax doctor in Los Angeles, Dr. Sam Fink, who reports speaking with seven new covid patients, four of whom were vaccinated...with two of those being hospitalized. He also mentioned being told of a dinner party which resulted in 8 vaccinated people getting covid, 2 of whom are hospitalized...and they're only in their 40's. While he is trying to make the case for continued safety measures and isn't saying not to vaccinate, one cannot help but wonder from his words what exactly the vaccine IS accomplishing?

Dr. Peter McCullough said last week (July 14) that it is clear that vaccinated people **are transmitting the virus**, and that the **vaccines actually do not seem to be working at all against the Delta variant, and therefore are becoming obsolete at this point in time**. In fact, PHE (Public Health England) reports show that not only is the vaccine **not** helpful in reducing death, it actually **increases** the risk of death in vaccinated individuals who contract covid. Hospitalized covid patients with the Delta variant were found to be **six times more likely to die if they were fully vaccinated** than if they were unvaccinated (people who had received 1 dose fell out in the middle of this range.) See <https://childrenshealthdefense.org/defender/covid-delta-variant-lockdowns/>. This data corroborates the scientists' warnings about ADE (namely, that vaccinating for certain viruses, coronavirus among them, causes the body to react in a worse way than it otherwise would, when faced with the infection).

7) Mr. Britz brought up the important point of "booster shots". While most people believed that they would be immune for a very long time after vaccination, and Dr. Berman wrote that "For now, the vaccine immunity which consists primarily of prevention of serious illness, hospitalizations and deaths is lasting", all the recent evidence which has come to light (quoted above), proves that this simply is not the case. While natural immunity is extremely long lasting, and likely to be lifelong, whatever immunity the vaccine may have provided is proving to be short-lived and not adaptive to different strains. The solution, rather than boosters for each variant which will again expose the recipients to the risks of death and disability from the shots, is **safe and effective prophylaxis and early treatment**, which has been the answer all along. See <https://c19protocols.com> and <https://covid19criticalcare.com/> for various extremely effective covid-19 prophylaxis and treatment options and the clinical trials to back them up. These treatments work against **all** variants and are proven to reduce hospitalization and death. Yes, they **work better than the vaccine**, and yes, **they are used to prevent and to treat covid**.

Using these preventative and early treatment medications appropriately, rather than mandating lockdowns and distancing, would bring us to herd immunity.

Anyone in a medium risk or high risk category should ideally be on a preventative regimen, or at the very least, have the treatments at home to begin at the first sign of symptoms. This includes vaccinated individuals, because it is becoming increasingly clear that the vaccine is not offering adequate protection. In fact, Dr. Zev Zelenko stated that it is especially critical for vaccinated individuals in particular to be on a prophylactic regimen against covid, because their chance of becoming much sicker with it, G-d forbid, is greater.

8) Mr. Britz brings up the extremely serious risk of death from **cytokine storm caused by ADE**, which was indeed the problem with all previous attempts at producing a coronavirus vaccine, and the reason that none ever made it to the population. Indeed, **all** the animals in the trials died, but not right away. **It took up to three years for ADE to affect them.**

There are simply some viruses, including dengue, RSV, and coronaviruses, for which vaccination is not the solution, because it results in enhanced disease, not prevention of disease. Dr. Berman does not have an answer as to why we can be sure that this vaccine is known to *not* cause ADE in the long term. Indeed, **there is no such proof**, as there were no adequate animal safety trials on this vaccine, and not enough time has passed in the human trials, which are still ongoing (on the world population). Actually, some scientists believe that the spike in disease rate soon after vaccination, and the increased death rate among the vaccinated who contract covid, is a form of ADE.

9)-10) The discussion about early treatments for covid, and their global suppression, is **the crux of the entire matter**. Dr. Berman's very short response does not do justice to the topic.

If there are effective cures for corona, AS THERE ARE, no vaccine is needed. As a researcher, I have been following this topic for a very long time, and I, and the doctors I collaborate with, can unequivocally state AS AN ABSOLUTE FACT THAT THE TREATMENTS DO WORK, and they work very well.

Tens of thousands of covid patients have been cured with them. In fact, they are so effective that the vaccines would never have gotten Emergency Use Authorization if the treatments would have been acknowledged by the FDA. It is absolutely scandalous that the FDA pretended, and continues to pretend, that there is no cure for covid.

Mr. Britz is absolutely correct that the government, mainstream news media, social media, and pharmaceutical companies are working together in a coordinated effort to suppress the knowledge and availability of these safe, effective cures and preventions, and to vilify them.

The studies are there, and the proof is overwhelming. The doctors that I collaborate with **use these treatments and save thousands of lives. Used correctly, the proper early treatments can save almost everyone. As Dr. Zev Zelenko so aptly put it, there are only two risk factors for covid: the doctor you choose, and the government you live under. With the right treatment, virtually nobody had to die in**

this pandemic, no matter how old or what comorbidities they had. If you doubt this, ask Dr. Zev Zelenko, Dr. Stella Immanuel, and other heroes what their secret is to saving so many thousands of lives. It's actually **not** a secret – they do their best to share it with the world. It's the simple protocols of HCQ, Ivermectin, Vitamin D, Vitamin C, zinc, and anti-inflammatories, anticoagulants, and antibiotics as needed. There are also natural supplements that help tremendously. These **aren't "new"**. **All these treatments have been known for a year or more, but they are not being used by most doctors and hospitals, and that is why people are still dying.**

The government is spending billions to promote the vaccine and "save lives", but if they truly desired to save lives, the first and easiest thing that they could have done would have been to encourage Vitamin D supplementation. Studies show that people with an excellent Vitamin D blood level (a level over 50) simply do not end up in the ICU, or die of corona. Why is this fact not all over the news?

In order to have an effective dialogue about this topic, it is *necessary* to acknowledge the open and proven fact of the censorship of information about effective corona treatments (and of the dangers of the vaccine). For an excellent presentation showing the censorship in the media, please see <https://www.dropbox.com/s/skcr7aznhr3y224/covid%202520-3.mp4?e=0>. **The media is open about and proud of their censorship, and they have an agreement called "the trusted news initiative". This is not a secret. You can look it up.**

11) Mr. Britz correctly points out that many things have been accepted as safe, factual, and proven, only to be disproven and found dangerous afterwards, and that **this could easily be the case** with the current covid-19 vaccines. Dr. Berman's answer that "the data about the vaccines is based upon the administration of vaccines to hundreds of millions of individuals. We cannot do much better than that", does not acknowledge several crucial facts. **a) the typical safety trials have been skipped, b) not enough time has passed to know long term consequences, which you always want to be sure of before injecting a substance into such a large portion of the population, and c) the danger signals are very strongly present, and are being ignored by the responsible governmental bodies, who ought to be investigating them. 30,000 reported deaths in the EU, UK, and US in just over six months is a huge red flag and begs serious investigation. We are as far as we can possibly be from being assured of the safety of these injections in the short term or the long term.**

12) Dr. Berman states that his information (about the effects of the vaccine, it appears), is based primarily on his own personal observations as an infectious disease doctor, who has seen many hundreds of patients with Covid-19, many of them seriously ill, and that none of the patients he has seen have been fully vaccinated. He says "I have not seen a single person seriously ill with even a possibility of it being a complication of the vaccine." **Although at this time, unfortunately, vaccinated people seem to be starting to contract the Delta variant, so Dr. Berman may soon, G-d forbid, indeed see the effects, until this point he was not the type of doctor who would tend to see vaccine adverse reactions.** Cardiologists, gastroenterologists, neurologists, ophthalmologists, emergency room doctors, and many others *are* seeing the damage wrought by the shots, and it's on VAERS for all to see, as 551,172 injuries are now reported in the US alone for just over six months of use.

13) I am glad that Dr. Berman seems to agree about the strength of natural immunity, and agrees that the government has nevertheless been pushing to vaccinate individuals with a prior covid infection. It is crucial to take the next step, and question **why the government would be pushing a new medical treatment on people who definitely do not need it? The question is compounded by the following facts:**

a) that it is also being pushed on young people with prior infection (who have such miniscule risk in any case),

b) that the shot was never tested on people with prior infection (they were excluded from the trials),

c) that the vaccine-induced antibodies will destroy their superior natural antibodies (witness the Red Cross briefing saying that vaccinated covid-recovered individuals could no longer donate convalescent plasma, which was quickly amended after it created a storm),

(also see Dr. Geert Vanden Bossche, top vaccine developer, who has a similar concern which applies to all individuals <https://youtu.be/ZJZxiNxYLpc>),

d) that the shot is much more risky for individuals with natural covid antibodies from infection (studies have found these individuals to develop adverse effects from the shot, such as blood clots, at a much higher rate).

These are hard questions that must be asked of a government who purports to want our best health and interests.

In response to Dr. Berman's message about the vaccines being the way out from the inconvenience of quarantine, the truth is that the **only** way that the craziness of quarantine will end is **not by vaccination**, which in any case has proven to be largely ineffective, but when we **start taking control of our own health**, with G-d's help, and treating covid symptoms early at home with treatments that work, as we do for any other treatable illness. We need to stop allowing the government to dictate our lives and lock us up at will. There is no need to live in fear, or to test or quarantine asymptomatic people. There is no proof that testing and quarantining asymptomatic individuals helps, and we have never done it in the past. We don't need to do it in this case, either.

There is much, much more to be said on this topic. For more information, you may email areyouaware234@protonmail.com. If Dr. Berman wishes to respond, it would be very beneficial if he can back himself up with sources, as I have done, and not simply state opinions or personal experience. Our nation deserves no less. May Hashem save His people.

Sincerely, **Boruch Weiss Dr. Joel Groden, M.D. Dr. Zev Zelenko, M.D.**