Testimony Provided by Matthew T. Clark, MD MPH[i]

South Carolina Pandemic Preparedness Listening Session (PPLS)

Tuesday, September 12, 2023 in Room 105, Gressette Building

Meeting Agenda

The PPLS has invited to testify, representatives of the Department of Health and Environmental Control, as well as individuals with medical backgrounds and those with relevant and credible analytical input regarding the COVID-19 pandemic period. The aim of this hearing is to determine a framework for evaluating the public health response, identifying successes that should be replicated, as well as understanding areas of potential improvement, if South Carolina must address another pandemic circumstance.

Legislative Members of the PPLS

Senator Tom Corbin, Chair, PPLS
Senator Richard Cash
Senator Billy Garrett
Representative Sylleste Davis
Representative Steven Long
Representative Adam Morgan

Opening

Thank you for the opportunity to provide testimony on this critical topic. Your foresight to plan ahead demonstrates the kind of leadership that can help achieve optimal public health outcomes in the case of future epidemics.

Professional and Pandemic Experience

I gained my MD in 1995 from the Medical College of Georgia and was awarded membership in AOA, the national medical honor society, during medical school. I gained my Masters in Public Health in 1998[ii] from The Harvard School of Public Health. I have been the sole business owner and practicing physician of my allergy, asthma and immunology medical practice since 2008. I am board certified in pediatrics and allergy/asthma/immunology. In the past, I was board certified in aerospace medicine after completing the US Navy public health residency in aerospace medicine. Aerospace medicine focuses upon practicing public health within the context of aviation and aerospace occupations. Also, I am a Christian pastor. I was ordained in 2014, and I have been pastoring the same church in Edgefield, SC, since even before that time. I am husband to the best wife in the world, father of 11 wonderful children, and grandfather of 3 perfect granddaughters. Also, I am the executive director of Personhood SC, a statewide pro-life organization devoted to restoring equal legal protection to every baby in SC, beginning at conception, without exception. During the coronavirus pandemic, leading a medical clinic and a church required almost daily assessments of a wide array of data with ongoing real-time decision-making and frequent re-assessment. As a result of drinking from these firehoses, I observed, experienced, and interpreted many important narrative points and

policy decisions along the way. Today, I will endeavor by God's grace to present to you an accurate picture on this topic as I understand it at this time, and based upon this understanding, I will make recommendations for your consideration.

My Thesis

I cannot find a scientific or medical explanation for the course of events that I have observed since March of 2020. I am left to other areas of study and experience to find explanations. My Biblical worldview with its particular understandings regarding human nature, the ultimate questions of life, and the ultimate battles of life has been essential to remaining with an open mind in my search for answers. I find myself deeply saddened by my current understanding, but if it is true, and I believe it is, it needs to be vocalized for all to hear, for the good of my fellow Americans. It is my position that our national public health agencies have forfeited their credibility via their decisions and their deep and long-term conflicts of interest with the trillion-dollar pharmaceutical industry. Thus, for SC, I believe we face a dual threat. We need to be prepared for both the threat of future infectious pandemics and the threat of the attendant deluge of propaganda and bullying likely to accompany any future pandemics.

Learning From the Past

We need to understand what happened in order to prepare for future. I have attempted to include only the most pertinent information, each point included for the purpose of making recommendations for the future. Please bear this in mind as I proceed. Each point has its place leading to my recommendations.

Good Science Requires Authentic Scholars

Scientific inquiry uses a logical process to gain accurate information about a particular aspect of observable reality. The reliability of this information is directly related to both the scientific skill and the honesty of the investigator. Authentic scholars with a deep background and solid backbone have a fighting chance to report truth that can help others. (Conversely, compromised investigators and leaders immediately bring almost insurmountable doubt upon their studies and their policy recommendations.) This quest for a better and better understanding of observable reality, for the good of our neighbors, drives good scientists to learn and practice good science, including good medicine and public health. Physician scholars walk this path one patient at a time via interpersonal interactions involving history, physical examination, diagnostic testing, medical decision-making, management recommendations and ongoing follow-up to monitor for success, failure, adverse reactions, or unexpected outcomes. This one-on-one healing process can be very complex, surrounded with uncertainty, but the level of uncertainty is somewhat limited because we're only dealing with one person. Always, our highest priority must be "First, do no harm". Public health scholars walk a similar path as physicians, but their "patient" is a particular population (such as Edgefield County or the state of South Carolina or a helicopter training squadron), and their "history and physical" involves careful acquisition and monitoring of accurate population data, such as infection rates and

death rates. Then, the public health physician proceeds through a process of decision-making that weighs the potential efficacy, risks, benefits, and alternatives of the public health interventions under consideration. Then, ongoing monitoring is necessary to assess success, failure, adverse events, and unexpected outcomes. The complexities and uncertainties of public health efforts are often vast and very significant. Just like typical outpatient or inpatient physicians, good public health experts also adhere to the highest priority of medicine: "First, do no harm." They must know and anticipate and closely monitor for ways their recommendations could backfire and make the cure worse than the disease.

Complexity and Uncertainty

Most of the questions surrounding the coronavirus pandemic involved multiple, overlapping sources of complexity and uncertainty. It is in this context that the public health professional is most challenged. Infectious disease pandemics are often fast-moving events that tempt decision-makers to minimize complexity and uncertainty, embrace oversimplified answers, and promote insufficiently considered policies. Surely, even great expertise and proven character can sometimes be outmatched by an accelerating, complex and uncertain pandemic situation. Thus, we must have compassion on state-level public health leaders who were misled and browbeat by federal agencies, but now that we've seen the schemes, we can make plans to protect South Carolinians from future misguided federal public health policies.

Dogmatism and Division

When an oversimplified answer is promoted as if it is absolutely true, when the presence of complexity and uncertainty is minimized, and when public policies are promulgated within this context of false certainty, then dogmatism has defeated rational thought. When this occurs, especially if public health and media messaging involves mocking and marginalizing and threatening dissenting voices, then the public health leaders behind this are guilty of manipulating and dividing individuals from one another. They're practicing propaganda, not science. Surely, even an untrained mind can quickly imagine all the public health indices that will worsen because of population polarization and discord. If violent crime, suicide, divorce, abuse, mental illness, and other conflict-associated public health problems worsen, then the public health leader behind the oversimplified, dogmatic, divisive policies has broken the physician's first maxim: "First, do no harm." We must stand against unnecessary polarization while insisting upon discovering the reality of this situation. To love our neighbors as ourselves, we cannot allow this to be about politics. Public unity as fellow human beings is critical to our future success. Avoiding divisive decisions and messaging should always be a top priority. Seeking informed consent and full disclosure of conflicts of interest must remain intact while displaying courtesy and respect to one another.

Comprehensive Considerations

When a public health intervention is implemented, there are a wide array of potential unintended consequences, known and unknown. For example, it has been observed that

increases in unemployment correlate with increases in death rates.[1] Were all the potential concurrent and future public health consequences of aggressive non-pharmaceutical interventions such as lockdown and school closures fully considered, or did a myopic focus only upon reducing case cloud their judgment?

Types of Evidence and Consistency

Different types of evidence have differing levels of certainty. Biological plausibility based upon animal studies will never be as convincing as a good randomized, controlled clinical trial. Hence, the strength of a recommendation must be tempered by the level of certainty of the evidence underlying the recommendation. Also, consistency in application of this standard must be applied to every question. For example, why were promising pre-existing outpatient medications rejected[2] simply because they lacked randomized clinical trials while masks were recommended for public use even though multiple prior good quality studies demonstrated questionably efficacy?[3,iii] Observant scholars scratch their heads and wonder what's really going on when this happens.

Re-interpreting What We Experienced: SARS-CoV-2 Origin Cover-Up

The SARS-CoV-2 virus was almost certainly created within the Wuhan Institute of Virology and was partially funded by money from the National Institute of Allergy and Infectious Disease (NIAID), a department within the NIH. In addition, American scientists helped create the virus, and at least one NIH-funded American non-profit also helped. Studies published in the US medical literature reveal the NIAID funding and the American scientists working together with the non-profit and with Chinese scientists from the Wuhan Institute of Virology (WIV).[4,5] This all occurred despite the Obama-era moratorium on gain of function research. The NIH ended this funding pause in December 2017.[6,iv] The initial story of wet-market origins via natural selection was highly dubious even in early 2020, and so NIH leadership took steps to quiet the story about WIV origins.[7] Some of the scientists who wrote

---

[1] Brenner, M. H. (1984).Estimating the Effects of Economic Change on National Health and Social Well Being, Joint Economic Commission, U.S. Congress, U.S. Government Printing Office, Washington, D.C.

[2] The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro, Antiviral Research Volume 178, June 2020, 104787; https://web.archive.org/web/20230322141130/https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19

[3] https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

[4] https://www.nature.com/articles/nature12711

[5] "Vineet D. Menachery, et al., "SARS-like WIV1-CoV poised for human emergence," PNAS, March 2016, https://www.pnas.org/doi/abs/10.1073/pnas.1517719113

[6] https://www.nih.gov/about-nih/who-we-are/nih-director/statements/nih-lifts-funding-pause-gain-function-research

[7] https://theintercept.com/2023/01/19/covid-origin-nih-emails/

the key cover-up article have received large grants from the NIH.[8,9,10,v] Even Dr. Robert Redfield, who was the head of the CDC at the time, confirmed this as a cover-up later when he said, "I think we have to really recognize that there was a real attempt by the leadership of NIH and some of the major scientists across the world to cover up the fact that this virus was, in fact, a consequence of science." He described the actions as an "aggressive attempt to stifle any discussion."[11] Dr. Anthony Fauci, the main US public health leader involved in funding the creation of the SARS-CoV-2 virus[vi], and the main leader overseeing the WIV origins cover-up, also went on to oversee or greatly influence the Federal public health response in America throughout the entire pandemic. This shocking fact places insurmountable doubt upon the federal pandemic response and should influence how we interpret every Federal policy measure. The meticulously researched and documented book by Robert F. Kennedy, Jr, "The Real Anthony Fauci", details fifty years of similar shocking character concerns.

Re-interpreting What We Experienced: Inaccurate Tests and Multiple Counts

In January 2020, German physician, Dr. Christian Drosten and colleagues published a study claiming they had developed an accurate PCR (polymerase chain reaction) test to diagnose Covid-19. PCR tests can detect tiny amounts of DNA or RNA via numerous cycles of copying and increasing the amount of DNA or RNA present. This multiple cycle process is called amplification. Positive and negative testing for a PCR test is established based upon a pre-determined number of maximum amplification cycles. This is the test's maximum cycle threshold. If the test remains negative after the pre-defined maximum number of cycles, then the test is considered negative. The Drosten PCR test was rolled out worldwide in early 2020 with a maximum cycle threshold of 45. "An external peer review [published in November of 2020] by 23 scientists, including some who have patents related to PCR or DNA isolation and sequencing, and a former Pfizer chief scientist, identified numerous flaws in the Drosten article. They concluded that "an analytical result with a cycle threshold value of 45 is scientifically and diagnostically absolutely meaningless."[12,13] Yet, the results of this dubious test served as the major source of coronavirus infection data used to guide the worldwide pandemic response. In addition, some protocols involved multiple tests in the same patient, and some patients would seek more tests after the first positive test. Thus, one infection could lead to multiple positive tests. This is NOT to say inaccurate SARS-CoV-2 testing or multiple counts made something out of nothing, but rather the data presented an exaggerated picture of the problem.

[8] https://www.nature.com/articles/s41591-020-0820-9
[9] https://report.nih.gov/award/index.cfm?ot=&fy=2019&state=&ic=&fm=&orgid=&distr=&rfa=&pid=10971328&om=n#tab5
[10] https://www.washingtonexaminer.com/policy/healthcare/covid-lab-leak-virologist-changed-tune-fauci-funding
[11] https://www.foxnews.com/media/cdc-director-unredacted-fauci-gain-of-function-email-reveals-aggressive-attempt-change-narrative
[12] https://www.jpands.org/vol26no1/orient.pdf
[13] https://www.scienceopen.com/document?vid=eedca1b3-0bcd-4572-b831-c51d1b977e2f

Re-interpreting What We Experienced: Financial Incentives for Positive Covid-19 Tests

Hospitalized patients who tested positive for SARS-CoV-2 were counted as Covid hospitalization cases regardless of why they were in the hospital. In addition, the CDC guidance stated, "In cases where a definitive diagnosis of COVID-19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as "probable" or "presumed"." [14,15] This is fairly reasonable, but the big financial incentive for hospitals must be considered when we are gauging accuracy of hospital-reported data. "The Cares Act created a 20% add-on to be paid for Medicare patients with COVID-19. The Act further created a $100 billion fund that was used to financially assist hospitals." A portion of this fund was designed to be used to reimburse providers for COVID-19 care of the uninsured. The US government paid hospitals for doing COVID-19 tests, for admitting COVID-19 positive patients, and the full daily Medicare hospitalization rate (plus the 20% add-on), regardless of their insurance status.[vii] Bear in mind the hospitals would receive all this money even if the hospital did nothing for the patient except place them in a room and provide the most basic care. But, to make matters worse, in November 2020, the US government then began paying an *extra* 20% to hospitals that utilized *new* FDA-approved drugs to treat COVID-19. Medicare paid this extra 20% on top of the already 20% augmented hospital bill whenever remdesivir was used. Instead of mocking the possibility of false data emerging from this financial arrangement, a prudent public health official would acknowledge the prior evidence of financial incentives driving up health care costs, thus skewing public health data.[16] Again, this is not to say that this incentive created something out of nothing, but rather the data we received at the time surely gave an exaggerated picture of the problem.

Re-interpreting What We Experienced: Innacurate Modeling Influenced Public Health Policy

The Imperial College London model predicted on March 16, 2020, that over 1.6 million Americans would die from COVID-19 if aggressive NPIs such as lockdowns and school closures were not adopted. The actual number one year later was around 560,000. But, based upon what we've already heard, that number is surely inflated. Some have argued that it was American lockdowns and school closures that avoided the large death toll, but of interest, the same modeling principles of the Imperial College London model were used to estimate deaths in Sweden in early 2020. This is helpful because Sweden did not implement the recommended aggressive NPIs and ended up having death outcomes better than or comparable to other European nations AND a better economic outcome than all other European nations AND

[14] The Courage to Face COVID-19, p156-157.
[15] https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf
[16] Zoe Chace. How Perverse Incentives Drive Up Health Care Costs. NPR Morning Edition, Jan. 16, 2014. https://www.npr.org/2014/01/16/262946913/how-perverse
-incentives-drive-up-health-care-costs

avoided the negative public health outcomes of aggressive NPIs.[17,18] In any case, from this point in early 2020 forward, aggressive NPIs are presented as the only good options until the vaccine arrives, even though reports of promising re-purposed medications had emerged in February.

About Masks

The most gracious interpretation of the current data is that general public non-respirator masking (surgical masks or cloth masks) is unlikely to add benefit during a pandemic, but some studies have shown potential modest benefit. This data goes back many decades[19], and this is why the CDC and The WHO both recommended against public mask usage early on in the pandemic. Why they changed their mind when they did was another decision that did not make sense to me at the time, especially given their stridency and the subsequent mask mandates. Subsequent data specific to COVID-19 has been consistent with what we already knew before the pandemic.[20] Public masking is unlikely to offer benefit. In addition, masks have a list of known negative physical and mental health outcomes for the wearers, and have obviously served as a visible item that can quickly divide us from one another when we greatly need public unity.

Re-interpreting What We Experienced: What was the Infection Fatality Rate?

We had a case fatality rate of 2-4% from the early data out of China. This is a scary number. Fortunately, subsequent infection prevalence data[viii] showed the overall COVID-19 infection fatality rate between 0.075 % (1/1300) and 0.28 % (1/360) in the US. So, at worst, this is about 5 times the IFR for seasonal influenza (0.05% or 1/2000), and this IFR is comparable to the US influenza epidemics of 1957 and 1968 and the British influenza epidemics of the late 1990s.[21] No lockdowns occurred during those epidemics. It is not true that the SARS-CoV-2 virus is a highly lethal pathogen for the general population. For the elderly and the sick, yes, it was very dangerous, but especially for the young and healthy, it was not a highly lethal pathogen.

March 13, 2020

Based upon data from China and Italy at that time, we knew the virus was much more dangerous for the elderly and the sick, and we knew that containment efforts had failed. The virus was spreading through the world population despite multi-national quarantine efforts. Astute public health professionals knew it was simply a matter of time before this respiratory virus spread throughout the world population, and that total societal lockdown was sure to fail and make public health indices even worse via the subsequent economic catastrophe. The good

---

[17] https://www.aier.org/article/the-failure-of-imperial-college-modeling-is-far-worse-than-we-knew/#:~:text=As%20can%20be%20seen%2C%20Imperial,of%20magnitude%20in%20several%20cases

[18] https://www.cato.org/policy-analysis/sweden-during-pandemic

[19] https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

[20] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/references

[21] UNREPORTED TRUTHS ABOUT COVID-19 AND LOCKDOWNS: PART 1: Introduction and Death Counts and Estimates" – Alex Berenson, December 2020

news was that the virus appeared to have a very low morbidity/mortality rate amongst the young and healthy. So, I made recommendation to Edgefield County leadership at that time to focus on protecting the vulnerable while keeping the younger and healthier population working.[22] This approach had obvious advantages: 1) buy us time to find effective early treatment, 2) protect economic stability, 3) continue educational progress for children and young adults, 4) prevent hospital system overload, and 5) increase population immunity amongst the young and healthy which would decrease risk for the vulnerable over time, and 6) allow time for viral attenuation[23] which would also protect the vulnerable once they stopped isolating.

The Great Barrington Declaration: October 5, 2023

This type of selective protection approach was also later promoted by the Great Barrington Declaration[24] which has been signed by 938,000 individuals, including over 63,000 medical professionals. "The aim of focused protection is to minimize overall mortality from both COVID-19 and other diseases by balancing the need to protect high-risk individuals from COVID-19 while reducing the harm that lockdowns have had on other aspects of medical care and public health. It recognizes that public health is concerned with the health and well-being of populations in a broader way than just infection control."[25] This was and is an eminently reasonable approach. Yet, these tested and proven scholars were mocked and attacked, and the idea of selective protection was vilified and censored, and those at the top of the US public health apparatus were involved.[26,27] (The 5th Circuit recently ruled the 1st Amendment Rights of two of the Great Barrington authors were violated when the FBI, CDC, surgeon general's office, and Whitehouse secretly coerced social media outlets to censor their work.)[ix] This type of swift propaganda reprisal occurred repetitively, anytime bright physicians seemed on the verge of undoing the "stay at home and wait for vaccines" narrative.

Why the Repeated Doubts about Natural Immunity?

Studies on coronavirus infections prior to the SARS-CoV-2 outbreak demonstrated effective natural immunity after infection.[28,29,30,31] So, why were we hit with messaging casting

---

[22] https://www.facebook.com/1816477086/videos/10213309684136060/?mibextid=K8Wfd2

[23] Viral attenuation is the process whereby over time a pandemic virus is likely to become less severe because more severe variants tend to kill the infected person or cause the infected person to limit contact with others, while less severe variants spread more widely and more quickly.

[24] https://gbdeclaration.org/

[25] https://gbdeclaration.org/focused-protection/ https://gbdeclaration.org/frequently-asked-questions/

[26] https://www.aier.org/article/twitter-files-confirm-censorship-of-the-great-barrington-declaration/

[27] https://blog.independent.org/2022/01/05/great-barrington-declaration-authors-fire-back-at-nih-and-niaid-bureaucrats/

[28] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851497/

[29] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4917442/

[30] https://www.medrxiv.org/content/10.1101/2020.05.11.20086439v2.full

[31] https://www.hindawi.com/journals/bmri/2021/8870425/#conclusion

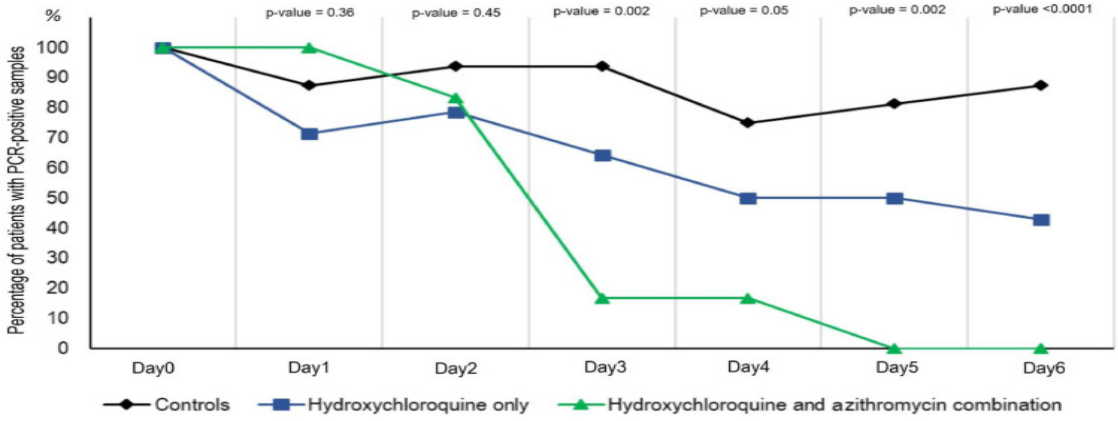
doubts upon the human capacity to form a protective response against SARS-CoV-2?[32,33,34] Given, we didn't know for sure, but we had past data that should have shaped a more hopeful messaging about natural immunity outcome. Subsequent studies have demonstrated COVID-19 natural immunity is robust and durable.[35]

March 16, 2020: NIAID Announces New Clinical Trial for mRNA Vaccine

Even though reports from China of promising re-purposed medications had already surfaced in February 2020[36,37], instead of focusing efforts on these widely-available and proven safe solutions, the NIH begins touting and promoting new mRNA vaccines as the answer to the problem.[38] From this point forward, vaccines are consistently presented positively as the best and only treatment option.

The Early Outpatient Therapy Story, Briefly Stated

February 2020 reports from China and South Korea[39] suggested Hydroxychloroquine (HCQ) effectiveness. Then, on March 4, 2020, experienced French physician researcher Professor Didier Raoult published an article entitled "Chloroquine and hydroxychloroquine as available weapons to fight COVID-19".[40] Then, not long afterward, an open-label non-randomized study of 26 treated patients and 16 control patients was reported by Dr. Raoult. HCQ + Azithromycin result: 0% in treated group with PCR-positive tests at 6 days compared to 90% of controls still positive at 6 days.[41]



[32] https://www.pbs.org/newshour/health/why-health-experts-say-we-cant-count-on-natural-herd-immunity-to-curb-covid-19

[33] https://www.webmd.com/covid/what-is-herd-immunity#1 (1st posted 2020)

[34] https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---12-october-2020

[35] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9828372/

[36] https://www.jstage.jst.go.jp/article/bst/14/1/14_2020.01047/_pdf

[37] https://www.nature.com/articles/s41422-020-0282-0

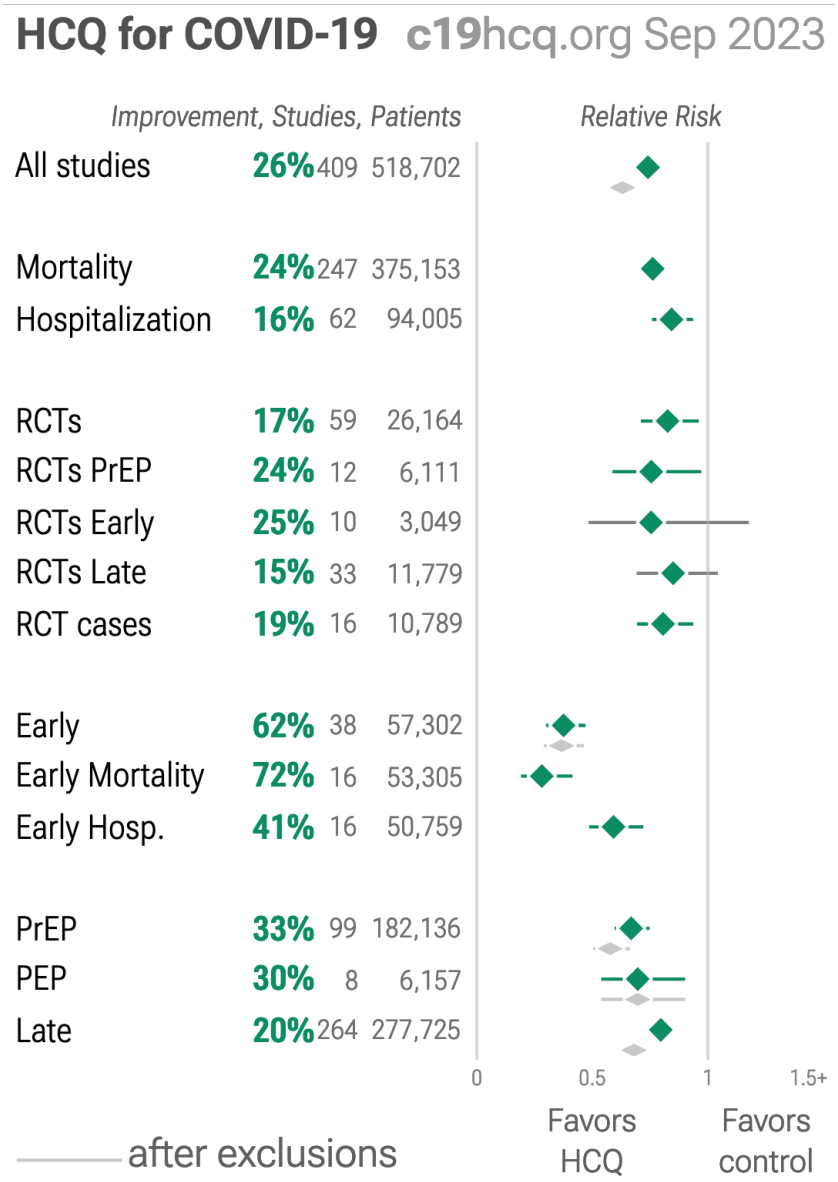
[38] https://www.nih.gov/news-events/news-releases/nih-clinical-trial-investigational-vaccine-covid-19-begins

[39] https://www.koreabiomed.com/news/articleView.html?idxno=7428

[40] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7135139/pdf/main.pdf

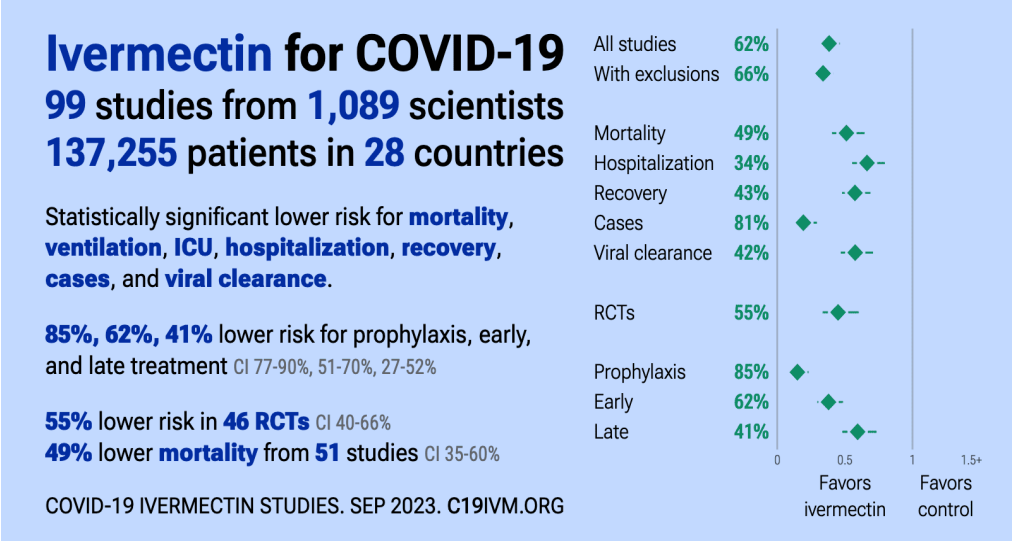
[41] https://pubmed.ncbi.nlm.nih.gov/32205204/

This was picked up by Dr. Vladimir "Zev" Zelenko who added zinc, and used the cocktail successfully in 141 of his high-risk patients. This case/control retrospective study published in June 2020 showed significant reduction in hospitalization and death in high-risk patients.[42] He publicly reported his initial successes with his protocol in March.[43] Subsequent early-outpatient studies have proven time and time again that this regimen is safe and effective.[44] HCQ has been used safely for millions of patients for multiple decades and has been on the WHO List of Essential Medicines[45] for decades.



[42] https://www.preprints.org/manuscript/202007.0025/v1
[43] https://www.nytimes.com/2020/04/02/technology/doctor-zelenko-coronavirus-drugs.html
[44] https://c19hcq.org/meta.html#fig_fpre
[45] https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02

Later, in April 2020, ivermectin (IVM) arose as another promising early-outpatient treatment option when an in vitro study showed its powerful anti-COVID effect in the lab.[46,x] Subsequent early-outpatient studies have proven time and time again that ivermectin is safe and effective for the treatment of COVID-19.[47] Ivermectin's discoverers were awarded the Nobel Prize[48] and this medicine has been used safely with more than 3.7 billion treatments distributed.[49]



In addition, multiple other easily-available and widely used medications and supplements have also demonstrated hopeful results. This includes widely available options like sunshine, exercise, melatonin, vitamin d, zinc, metformin, and vitamin C.[50]

The next suspicious development was the publication of negative HCQ studies[51,52,53] that were highly touted in the media[54], but upon inspection the studies only looked at very sick already-hospitalized patients, and one of the studies was withdrawn from Lancet once the underlying fraudulent data from Surgisphere was discovered. But, the retraction came too late. "Within days, public health bodies including the World Health Organization (WHO) and the UK Medicines and Healthcare products Regulatory Agency (MHRA) instructed organizers of clinical trials of hydroxychloroquine as a COVID-19 treatment or prophylaxis to suspend recruitment, while the French government reversed an earlier decree allowing the drug to be prescribed to patients hospitalized with the virus."[55] It appears to me the fraudulent article achieved its goal. Finally, and sadly, our own SC DHEC website continues to send false messages about HCQ and IVM.[56]

---

[46] https://c19ivm.org/caly.html
[47] https://c19ivm.org/
[48] https://www.nobelprize.org/prizes/medicine/2015/press-release/
[49] https://www.thelancet.com/action/showPdf?pii=S2214-109X%2819%2930453-X
[50] https://c19early.org/
[51] https://www.nejm.org/doi/full/10.1056/nejmoa2022926
[52] https://www.nejm.org/doi/full/10.1056/nejmoa2012410
[53] https://jamanetwork.com/journals/jama/fullarticle/2766117
[54] https://www.cnn.com/2020/05/11/health/hydroxychloroquine-doesnt-work-coronavirus/index.html
[55] https://www.the-scientist.com/features/the-surgisphere-scandal-what-went-wrong--67955
[56] https://scdhec.gov/covid19/dangers-using-hydroxychloroquine-ivermectin-preventing-or-treating-covid-19

So, my observations of the public health decisions and media responses regarding early-outpatient therapeutic measures have left me with no scientific explanation that could justify those decisions and messages, again, especially given the stridency and the strength of the public health and media messaging. My assessment from then has only been strengthened over time: a lot of our fellow Americans have very likely died unnecessarily because of those public health decisions. And, while I am not an academic scholar designing and publishing literature, I know how to study a study, and I am not at all alone on this. The Association of American Physicians and Surgeons, representing thousands of physicians across America for over 75 years, takes the same position.[57,58] In addition, world-renowned scientists and scholars such as Dr. Peter McCullough, Dr. Robert Malone, Dr. Harvey Risch, Dr. George Fareed, Dr. Tess Lawrie, Dr. Didier Raoult and Dr. Peter Breggin also take the same position. Contrary to what has been claimed, the decisions made by our public health leaders have not been based upon science or uncontested consensus. So, what is really going on?

Blocking Prescriptions Outpatient and Inpatient

When thousands of conscientious physicians ignored the non-sensical recommendations against early-outpatient treatments and began prescribing, they frequently ran into pharmacists or pharmacies that would refuse to fill the prescription. Or, insurance companies would refuse to pay for the medications. In addition, hospital protocols refused to allow use of these safe and potentially effective therapies, even in gravely ill patients worsening under the hospital protocol. I saw both of these shocking activities right here in the Palmetto State. All of this nonsense occurred despite the long history of both inpatient and outpatient physicians commonly implementing off-label prescribing for many medications.[59,xi]

Moving On to Threats and Attacks

When physicians and pharmacists found ways around the hinderances and continued to take care of their sick COVID-19 patients, some of them received serious threats against their state licensure and/or their board certifications. For example, the American Board of Internal Medicine has revoked the board certifications of Dr. Peter McCullough over his "misinformation", and they base this upon the false idea that a solid consensus exists on these topics.[60] A consensus cannot exist if a transparent and thorough public discussion of all the facts has not been allowed amongst physicians and scientists. To my knowledge, no physicians or pharmacists in SC have been threatened or had their SC licenses revoked. I don't know if any SC physicians have had their board certifications threatened or removed.

[57] https://aapsonline.org/hcq.pdf
[58] https://aapsonline.org/aaps-challenges-the-ama-on-efforts-to-suppress-ivermectin-use-in-covid/
[59] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538391/
[60] https://www.documentcloud.org/documents/23242430-abim-decision-on-mccullough

Attacks on the Most Influential Dissenters

From spring 2020 until the vaccines received emergency use authorization, other events occurred that made no sense to me. Previously highly esteemed titans of medicine were relentlessly attacked in the media because of their stance on early-outpatient treatment.[61,62,63] Bear in mind that in his long and distinguished career, Dr. Peter McCullough MD MPH has authored over 1000 studies, has over 600 citations in the National Library of Medicine, has served as a member or chairman of data safety monitoring boards of dozens of randomized clinical trials, and has over 60 peer-reviewed publications on COVID-19. He has served as vice-chief of internal medicine at a major Texas university medical center. He remained clinically active as an internist and cardiologist throughout his career. He helped found the Cardio-renal Society of America and served as co-editor-in-chief of its publication, Cardiorenal Medicine. Why would a man of such distinguished, impeccable background risk his reputation and work? I cannot think of any reason other than his superior expertise and solid backbone prompted him to act to protect his fellow Americans. The idea that he had suddenly lost his mind and become a quack was very, very hard to believe. Similarly, Dr. Didier Raoult has published over 2300 papers and is the most cited microbiologist in Europe. He and his team have discovered 468 species of bacteria.[64] Again, I could not imagine any reason why such a heavyweight would risk everything over this issue unless he is simply seeking to protect his fellow man. Conversely, I could quickly and easily imagine reasons to explain the consistently perplexing public health decisions, the unjustifiably strident and divisive media messaging, the rush to mandate aggressive economy-wrecking NPIs, and the attacks against high-influence doctors.

5th Circuit Judges on Censorship Suit

A group of social-media users and two states alleged that numerous federal officials coerced social-media platforms into censoring certain social media content, in violation of the First Amendment. The 5th circuit sided with the plaintiffs (2 of whom were authors of the Great Barrington Declaration). “The judges wrote that the White House likely “coerced the platforms to make their moderation decisions by way of intimidating messages and threats of adverse consequences.” They also found the White House “significantly encouraged the platforms’ decisions by commandeering their decision-making processes, both in violation of the First Amendment.... and the judges found, “like the district court, that the officials’ communications — reading them in ‘context, not in isolation’ — were on-the-whole intimidating.... The 5th Circuit panel limited the government institutions affected by its ruling to the White House, the surgeon general’s office, the Centers for Disease Control and Prevention and the FBI.”[65] The censorship by the government-social media complex was real. They quietly conspired to shut down discussion. A consensus cannot exist if an open and thorough debate has not happened.

---

[61] https://www.france24.com/en/europe/20230528-french-researchers-slam-former-hospital-director-for-unauthorised-covid-trial

[62] https://www.nytimes.com/2020/05/12/magazine/didier-raoult-hydroxychloroquine.html

[63] https://www.nytimes.com/2020/11/24/opinion/hydroxychloroquine-covid.html

[64] The Courage to Face Covid. Leake and McCullough.

[65] https://www.washingtonpost.com/technology/2023/09/08/5th-circuit-ruling-covid-content-moderation/

And then Came the Vaccines

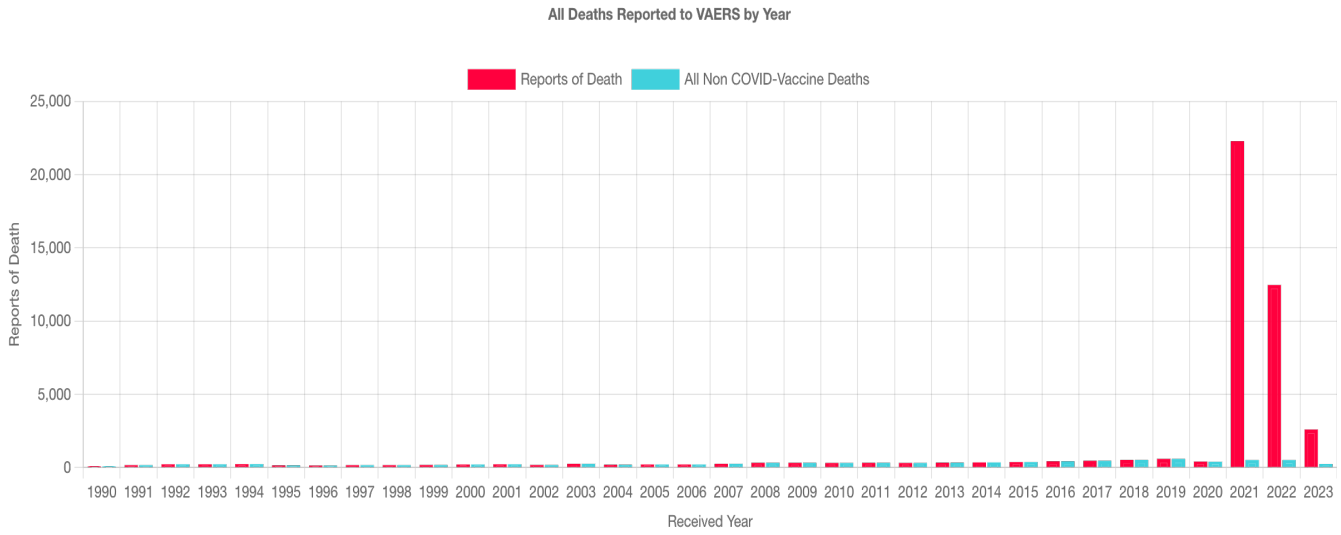
The initial plan for the Pfizer mRNA vaccine was for a 3-year study, but the study was cut short at 6 months and unblinded, and the mRNA vaccine was offered to the control patients.[66] So, we will never know from that data set if long-term harm could occur from that mRNA vaccine. This is particularly important given the widespread knowledge regarding "pathogenic priming", also called antibody dependent enhancement (ADE). This occurs when the vaccine stimulates the production of antibodies that bind to the virus, but instead of weakening the viral illness the bound antibodies make the infection experience worse, even causing death. This occurred during vaccine trials for Dengue virus where never-infected vaccinated children were much more likely to die when they were eventually infected with Dengue.[67] In March, NIAID director, Anthony Fauci, said, "That's the worst possible thing you could do—is vaccinate somebody to prevent infection and actually make them worse."[68] In addition, experience teaches us that severe adverse events such as cancer, autoimmune disease, infertility, allergic illnesses, and neurological illnesses may not show up within 6 months. Similarly, the initial Moderna trial ran from July 2020 to October 2020 and was published December 2020.[69] Thus, even though the initial studies showed some impact on decreasing infections, astute observers knew from the brevity of the initial trials there was no way to say whether the mRNA vaccines were safe or not.

By mid-2021, anyone watching the VAERS data knew a very serious safety signal was emerging. The Vaccine Adverse Events Reporting System was established by Congress about 30 years ago as an ongoing vaccine safety surveillance tool. Its use and helpful signaling led to the cessation of vaccine usage in the past. Yet, a prior study concluded that vaccine adverts events are significantly under-reported to VAERS.[70] "In 2010, the federal Agency for Health Care Research Quality (AHRQ) designed and field-tested a state-of-the-art machine-counting (AI) system as an efficient alternative to VAERS. By testing the system for several years on the Harvard Pilgrim HMO, AHRQ proved that it could capture most vaccine injuries. AHRQ initially planned to roll out the system to all remaining HMOs, but after seeing the AHRQ's frightening results—vaccines were causing serious injuries in 1 of every 40 recipients— CDC killed the project and stowed the new system on a dusty shelf. Dr. Fauci left that system safely cached, throughout the pandemic, allowing HHS's broken voluntary system to continue to conceal vaccine injuries, including any evidence of pathogenic priming."[71] In any case, by mid-2021, the number of deaths reported to VAERS was greater than all the deaths reported to VAERS for all vaccines combined during the prior 30 years of surveillance. This is an extraordinary safety signal. Imagine remaining vigilant during the night in order to spot a spark in the distance, and instead an earth-shaking explosion occurs. As of August 25, 2023, a total of 37,350 deaths have

---

[66] Robert F. Kennedy Jr. "The Real Anthony Fauci."
[67] The Reality About Coronavirus Vaccine (W/Dr. Paul Offit), Dr. Paul Offit interview with Dr. Zubin "ZDogg" Damania, M.D. (Apr. 5, 2020). https://zdoggmd.com/paul-offit-2/
[68] Robert F. Kennedy Jr. "The Real Anthony Fauci."
[69] https://www.nejm.org/doi/full/10.1056/nejmoa2035389
[70] "Ross Lazarus, "Electronic Support for Public Health–Vaccine Adverse Event Reporting System" (ESP:VAERS),(Sep 30, 2010), https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf"
[71] Robert F. Kennedy Jr. "The Real Anthony Fauci."

been reported to VAERS after a COVID-19 vaccine. There were 22,285 reported in 2021, and 12,461 reported in 2022, and 2,604 reported so far in 2023.[72]



In addition, there have been over 60,000 reports of permanent disability.[73] Also, these report tallies: 209,218 hospitalizations, 238,466 doctor visits, 152,224 urgent care visits, 38,348 life-threatening reports, over 50,000 severe allergic reports, over 27,000 myocarditis reports, and over 20,000 heart attack reports.[74] No one is claiming these events were definitely caused by the vaccines, but that is not the point. The point is these are massive safety signals that have been ignored and dismissed by the governmental agencies tasked to investigate for a causal link. The burden of proof rests on them, and until they provide a transparent evaluation for a causal link, any caring physician will insist these vaccines be removed from the market until our eminently reasonable concerns are put to rest.

A look back at Pfizer's data gives these types of safety signals when we take a closer look. "Pfizer's six-month clinical data for its COVID vaccine trials suggested that, while the vaccine would avert a single death from COVID-19, the vaccinated group suffered 4x the number of lethal heart attacks as the unvaccinated. In other words, there was no mortality benefit from the vaccines; for every life saved from COVID, there were four excess heart attack fatalities. Twenty people died of "all-cause mortality" among the 22,000 recipients in Pfizer's vaccine group, versus only fourteen in the numerically comparable placebo group. (Pfizer was evidently so alarmed by the total number of deaths in its vaccine cohort that it omitted five of

[72] https://openvaers.com/covid-data/mortality
[73] https://openvaers.com/covid-data/disabled
[74] https://openvaers.com/covid-data

them from table S4, and only disclosed them in fine print buried in the body of its report.) That means there were 42.8 percent more deaths in the vaccine than in the placebo groups. Under FDA guidelines, researchers must attribute all injuries and deaths among the study group during clinical trials to the intervention (the vaccine) unless proven otherwise. Under this rule, the FDA must assume people who take the vaccine have a 42.8 percent increased risk of dying."[75,76] But, instead, governmental agencies have provided ongoing dismissive and misleading statistical reports[77] and the VAERS data has been attacked in the press.[78]

But, wait, what about autopsies? "CDC refused to recommend autopsies on deaths reported to VAERS. That omission allowed the agency to repeatedly make the audacious, fraudulent declaration that all the 16,000 reported deaths following vaccination by October 2021 were "unrelated to the vaccines." The regulatory agencies thereby abolished vaccine deaths and injuries by fiat."[79] "In September 2021, veteran German pathologists and professors Dr. Arne Burkhardt, who served as director of the Institute of Pathology in Reutlingen for 18 years, and Dr. Walter Lang, chief of a leading lung pathology institute for 35 years, performed autopsies on ten cadavers of individuals who died following vaccination, finding that five were very likely, and two more probably, related to the jab."[80] In addition, an autopsy review study identified 44 papers that included 325 autopsy cases. The authors included Dr. Peter McCullough. "A total of 240 deaths (73.9%) were independently adjudicated as directly due to or significantly contributed to by COVID-19 vaccination."[81] Initially published on Lancet pre-prints, it was quickly removed.[82,83] You'll note in my footnote that I had to use the online "wayback machine" to find an archived copy of the study.

Data from CDC, BLS and life insurance companies reveals that all-cause mortality had a large increase amongst the young and healthy during the time the vaccines were rolled out.[84] And a closer look back at the original Pfizer data contains this same finding."[85] Last year, the Surgeon General of Florida, Dr. Joseph Ladapo, released guidance recommending against COVID

---

[75] Robert F. Kennedy Jr. "The Real Anthony Fauci."

[76] U.S. Food & Drug Administration, Good Review Practice: Clinical Review of Investigational New Drug Applications, (Dec, 2013). https://www.fda.gov/media/87621/download

[77] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

[78] https://www.science.org/content/article/antivaccine-activists-use-government-database-side-effects-scare-public

[79] Robert F. Kennedy Jr. "The Real Anthony Fauci."

[80] Die Lymphozyten laufen Amok'—Pathologen untersuchen Todesfälle "nach COVID-19-Impfung." RT Question More (September 21, 2021). https://de.rt.com/inland/124390-lymphozyten-laufen-amok-pathologen-untersuchen-todesfaelle-nach-impfung/

[81] https://web.archive.org/web/20230708073651/https://web.archive.org/web/20230706021406/https:/papers.ssrn.com/sol3/papers.cfm?abstract_id=4496137

[82] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4496137

[83] https://web.archive.org/web/20230710074531/https:/dailysceptic.org/2023/07/06/lancet-study-on-covid-vaccine-autopsies-finds-74-were-caused-by-vaccine-journal-removes-study-within-24-hours/

[84] Robert W. Malone. "Lies My Gov't Told Me. Ch 8: Shocking Increases in All-Cause Mortality Coinciding with COVID Vaccine Mandates by Ed Dowd"

[85] Stephen J. Thomas et al., Six Month Safety and Efficacy of the BNT162b2 mRNA COVID-19 Vaccine, medRxiv preprint (July 28, 2021).

vaccines for children[86] and against COVID-19 vaccines for males age 18 to 39.[87] Last week September 8, 2023, Dr. Lapado also warned against the updated boosters approved[88] by the FDA yesterday, on September 11, 2023. Dr. Lapado gave his reasons why to avoid these new boosters: They have not been tested in humans, so there's no data showing safety or efficacy for these new vaccines. He also referenced the proven risk of myocarditis in the vaccinated, a disease that can be lethal or permanently disabling. In addition, he pointed to the pressure-tactics of those pushing vaccines as a red flag that should make people stop and think.[89]

Also, the 90-day post-release data was withheld by Pfizer and by the FDA, and only released under court order because the FDA proposed to keep the data secret for decades. This legally rescued data matched the safety signals in VAERS, and Pfizer and the FDA knew about the deaths in the data and attempted to conceal that information from the public.[90]

Also, why did the American College of Obstetrics and Gynecology recommend the COVID vaccines for pregnant women when the original Pfizer trial did not include pregnant women?[91] A recent study revealed increased pregnancy-associated complications in vaccinated pregnant women. Because of the myriad adverse events occurring at troubling rates, they stated, "These results necessitate a worldwide moratorium on the use of COVID-19 vaccines in pregnancy."[92] The American Association of Physicians and Surgeons[93] and the World Council for Health[94] have called for a total moratorium on the vaccines. Doctors from across the world are making similar public statements.[95] There is no consensus amongst medical professionals on this question, but rather there is widespread dissent and ongoing blocked attempts to have a transparent public discussion on the matter.

Regarding efficacy, the vaccines have shown modest benefit against infection for about 6 months, but ultimately were not able to stop infections well enough to prevent transmission, and some studies show that eventually the vaccinated are more likely to get COVID and have a more severe COVID course.[96,97,98]

---

[86] https://www.nbcmiami.com/news/local/florida-to-recommend-against-covid-vaccines-for-healthy-kids/2707693/

[87] https://www.floridahealth.gov/newsroom/2022/10/20220512-guidance-mrna-covid19-vaccine.pr.html

[88] https://www.fda.gov/news-events/press-announcements/fda-takes-action-updated-mrna-covid-19-vaccines-better-protect-against-currently-circulating

[89] https://www.foxnews.com/health/covid-booster-warning-florida-surgeon-general-advises-people-not-get-new-vaccine

[90] https://senatormastriano.com/medicalfreedompanel2023/

[91] https://www.nejm.org/doi/full/10.1056/nejmoa2034577

[92] https://jpands.org/vol28no1/thorp.pdf

[93] https://aapsonline.org/aaps-statement-calling-for-moratorium-on-covid-19-injections-and-mandates/

[94] https://worldcouncilforhealth.org/

[95] https://www.villagenews.com/story/2023/03/16/opinion/doctors-around-the-world-say-its-time-to-stop-the-shots/72507.html

[96] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9917454/

[97] CCCA. Dispelling the Myth of A Pandemic of the Unvaccinated. 2022; Available from: https://rumble.com/vtt9ge-dispelling-the-myth-of-a-pandemic-of-the-unvaccinated.html.

[98] Expose, Trudeau Panics as Fully Vaccinated account for 9 in every 10 COVID-19 Deaths in Canada over the past month; 4 in every 5 of which were Triple Jabbed. The Exposé, 2022. https://expose-news.com/2022/06/22/trudeau-panics-9-in-10-covid-deaths-fully-vaccinated/.

Sadly, our SC DHEC continues to walk in lockstep with the unwarranted federal recommendations regarding these vaccines, stating, "COVID-19 vaccines are safe and effective."[99] And, a local pastor and his wife whom I know were unable to continue as a foster family because of our state's vaccine requirements for foster families. How sad this is.

Conclusion

So, we were misled by our federal government regarding viral origins, natural immunity, population immunity, selective protection, case numbers, death numbers, modeling predictions, the need for aggressive economy-wrecking NPIs such as lockdown and school closure, early outpatient therapies, masks, and vaccine safety and efficacy, and simultaneously, anyone with great influence who dared speak up too loudly and resist the narrative was threatened, mocked, censored and attacked by government agencies, media, certification boards and licensing boards. Open dialogue was prohibited and those who attempted it faced ad hominem attacks and were equated with terrorists.[100,101] I agree with RFK, Jr: "COVID-19 is not *the* problem; it is a problem, one largely solvable with early treatments that are safe, effective, and inexpensive. The problem is endemic corruption in the medical-industrial complex, currently supported at every turn by mass-media companies. This cartel's coup d'etat has already siphoned billions from taxpayers, already vacuumed up trillions from the global middle class, and created the excuse for massive propaganda, censorship, and control worldwide. Along with its captured regulators, this cartel has ushered in the global war on freedom and democracy."[102,103]

Recommendations

1. As a Christian pastor, I must say that the wise will recognize this is primarily a spiritual battle. We do not fight against flesh and blood.[104] If we do not repent and return to the Lord and then humbly implement His designed tools for spiritual battle, there truly is no hope.[105] Unless God fights this battle as we fight this battle in the Name of Christ and for His glory, our labor is in vain.[106] But if we do, there is limitless hope.[107] The web of corruption and deceit appears too great for any mere human efforts. The cancer is too far advanced for only human cures.[108]
2. Policy recommendations

---

[99] https://scdhec.gov/covid19/covid-19-vaccine
[100] https://www.newsweek.com/anti-maskers-are-like-kabul-suicide-bombers-obama-education-secretary-arne-duncan-says-1624133
[101] https://www.washingtonpost.com/opinions/anti-vaccine-extremism-is-akin-to-domestic-terrorism/2021/02/26/736aee22-787e-11eb-8115-9ad5e9c02117_story.html
[102] "The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health"
[103] "The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health"
[104] Ephesians 6:12
[105] Proverbs 16:18
[106] Psalm 127:1
[107] 2 Chron 7:14
[108] 2 Cor 4:4

a. Pre-defined criteria to categorize pandemic threats that refuse to grant status of highly lethal pathogen without very high confidence in the available data.
    i. This will require intimate knowledge of every data source and modeling algorithms.
b. Only highly-lethal pathogens should be considered as possible candidates for aggressive NPIs.
c. Aggressive NPIs cannot continue beyond a pre-defined length of time without vote approval by the House, Senate and Governor. Allowing the Governor to unilaterally continue the string of emergency declarations was a mistake, even if it was technically legal. It certainly did not stand up to the sniff test.
d. Probably best for SC to have a Surgeon General who is a member of the President's cabinet, for greater accountability than we currently have.
e. While I have great compassion for all those who were in SC DHEC during this pandemic, their choices permanently taint their trustworthiness on these matters.
f. New SC DHEC leadership personnel need to be put in place who understand the dual threat that we face and who have the deep scientific background and solid character backbone necessary to be led by the data, instead of simply assenting to federal guidance.
g. The flow of federal dollars into the SC budget and into SC businesses and hospitals needs to be defined and understood, so that potential conflicts of interest at state agencies, hospitals, etc, can be reduced and hopefully eliminated.
h. Mask mandates for respiratory viruses should never occur again in our state.
i. Lockdowns amid data uncertainty should never occur in our state again.
j. School closures amid data uncertainty should never occur in our state again.
k. It must be a maxim in our state's public policy decision-making that the federal government public health agencies have forfeited their credibility until trust is re-established through years of reliable, scientific guidance disconnected from trillion-dollar conflicts of interest.
l. Form a legislative committee to investigate if any criminal activity occurred in our state surrounding the COVID pandemic response.
m. Pass laws outlawing social media censorship, like Texas did.
n. Remove the requirement for foster families to be vaccinated against COVID-19.
o. Be aware we are in an information battle. Public health officials must act accordingly to combat inaccurate information with clear and courteous messaging.

Thank you for your time and your attention, and may the Lord bless you as you do this very important work for our state.

Bibliography

1. The Courage to Face Covid-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex. Leake & McCullough.
2. The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health. Robert F. Kennedy, Jr.
3. COVID-19 and the Global Predators: We Are the Prey by Ginger R Breggin and Peter Breggin.
4. Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare. Peter C. Gotzsche.
5. Cause Unkown: The Epidemic of Sudden Deaths in 2021 and 2022. Edward Dowd.
6. The Psychology of Totalitarianism. Mattias Desmet.
7. The United States of Fear: How America Fell Victim to a Mass Delusional Psychosis. Mark McDonald.
8. Propaganda by Edward Bernays.
9. Lies My Government Told Me and the Better Future Coming. Robert Malone, MD, MS.
10. Pandemia by Alex Berenson.
11. Unreported Truths about Covid-19 and Lockdowns, Parts 1-3. Alex Berenson.
12. Unreported Truths about Covid-19 and Vaccines, Part 4. Alex Berenson.
13. Plague of Corruption: Restoring Faith in the Promise of Science. Dr. Judy Midovits and Kent Heckenlively, JD.
14. https://substack.com/@petermcculloughmd

[i] This document contains changes to the original presented on 9/12/23. Changes are noted here in the endnotes.
[ii] Error corrected from original. Original stated 2008. Corrected to 1998 on 9/13/23.
[iii] Footnote corrected 9/19/23
[iv] Statement added 9/14/23: "The NIH ended this funding pause in December 2017."
[v] This footnote added on 9/14/23: "https://www.washingtonexaminer.com/policy/healthcare/covid-lab-leak-virologist-changed-tune-fauci-funding"
[vi] Statement added 9/19/23 "the main US public health leader involved in funding the creation of the SARS-CoV-2 virus"
[vii] Incorrectly numbered footnote "[6]" removed 9/14/23.
[viii] This phrase removed 9/19/23: "combined with vulnerability data"
[ix] Statement added 9/14/23: "(The 5th Circuit recently ruled the 1st Amendment Rights of two of the Great Barrington authors were violated when the FBI, CDC, surgeon general's office, and Whitehouse secretly coerced social media outlets to censor their work.)"
[x] Footnote 46 added 9/19/23
[xi] This statement (and footnote 59) added 9/19/23: "All of this nonsense occurred despite the long history of both inpatient and outpatient physicians commonly implementing off-label prescribing for many medications."