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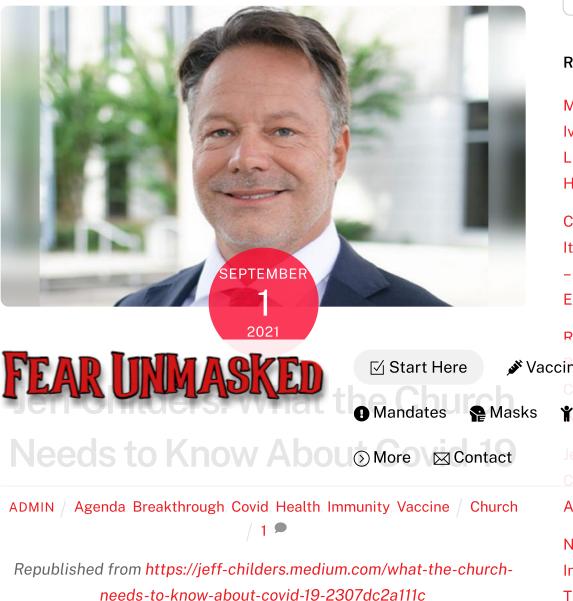
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> Jeff Childers: What the Church Needs to Know

About Covid-19

Natural Immunity From Infection 13X Stronger Than Vaccine In Protecting Agains Delta



... And What to Do About It

Dear Pastor or Father,

This might be one of the most important and timely things you've ever read. If you take the time to read it, and then you disagree, I'll reimburse you for your time. I'm not joking.

I'm an attorney. Don't hate me for it! I'll suddenly be your best friend on the day you need me, don't worry. I only mention it because I am a *litigating* attorney and everything I cite in this article will be something I can prove in court. Most of the data comes from the CDC, the NIH, the FDA, other state agencies, or major American newspapers. No conspiracy theories. I don't truck in conspiracy theory because, by definition, they're unprovable.

God gave me a message to give you:

When the Church wakes up, this will all be over.

But if the Church DOESN'T wake up, this will BE all over.

The fact that I don't have to tell you what "this" is speaks volumes. Let's get started.

What You Don't Know About Covid-19

1. We are now at the lowest point of mortality since the pandemic began.

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2. The CDC's weekly U.S. mortality dashboard reports that deaths are at the lowest weekly point since March 2020:

	Week ending date in which the death occurred	All Deaths involving COVID-19 [1]	Deaths from All Causes	Percent of Expected Deaths [2]	Deaths involving Pneumonia [3]	Deaths involving COVID-19 and Pneumonia [3]	All Deaths involving Influenza [4]	Deaths involving Pneumonia, Influenza, or COVID-19 [5]	Week ending date in which the death occurred	All Deaths involving COVID-19 [1]	
	8/7/2021	1,170	15,221	30	1,261	679	0	1,752	10/31/2020	7,022	
,337	7/31/2021	2,085	33,905	67	2,576	1,219	3	3,445	10/24/2020	5,996	
3/7/21	7/24/2021	2,043	45,232	89	3,144	1,181	9	4,012	10/17/2020	5,198	
	7/17/2021	1,707	49,449	97	3,275	949	7	4,039	10/10/2020	4,817	
	7/10/2021	1,481	51,569	100	3,190	831	3	3,842	10/3/2020	4,241	
	7/3/2021	1,420	52,928	103	3,085	779	7	3,732	9/26/2020	4,299	
	5/26/2021	1,538	53,162	103	3,252	820	8	3,977	9/19/2020	4,276	
	5/19/2021	1,704	53,775	104	3,436	935	10	4,211	9/12/2020	4,626	
	5/12/2021	1,965	53,790	103	3,536	1,088	6	4,419	9/5/2020	5,015	
	5/5/2021	2,266	54,436	105	3,678	1,287	9	4,664	8/29/2020	5,746	
	5/29/2021	2,692	54,524	105	3,837	1,504	4	5,028	8/22/2020	6,383	
	5/22/2021	3,143	56,148	107	4,183	1,751	8	5,582	8/15/2020	7,261	
	5/15/2021	3,601	56,123	107	4,348	1,975	10	5,979	8/8/2020	7,867	
	5/8/2021	3,897	56,782	106	4,601	2,094	8	6,410	8/1/2020	8,302	
	5/1/2021	4,093	57,844	108	4,763	2,204	4	6,655	7/25/2020	8,240	
	4/24/2021	4,505	58,374	108	5,009	2,423	14	7,102	7/18/2020	7,192	
	4/17/2021	4,388	57,373	104	4,843	2.339	8	6,897	7/11/2020	5,785	
	4/10/2021	4,236	59,189	106	4,868	2.227	12	6,887	7/4/2020	4,551	
	4/3/2021	4,137	57,134	102	4,670	2,126	17	6,695	6/27/2020	3,841	
	3/27/2021	4,401	59,229	104	5.007	2,313	17	7,109	6/20/2020	3,847	
	3/20/2021	4,825	58,798	103	5,210	2,523	7		6/13/2020	4,230	
	3/13/2021	5,605	60,272	104	5,657	2,982	13	8,289	6/6/2020	5,055	
	3/6/2021	6,559	62,199	108	6,424	3,551	26	9,450	5/30/2020	6,170	
	2/27/2021	8,519	66,045	114	7,493	4,600	18	11,422	5/23/2020	7,247	
	2/20/2021	10,643	68,723	117	8,869	5,833	15	13,692	5/16/2020	9,234	
	2/13/2021	13,305	70,660	118	10,122	7,195	24	16,248	5/9/2020	11,231	
	2/6/2021	16,815	75,727	128	12,204	9,138	28	19,898	5/2/2020	13,214 15,549	
	1/30/2021	20,235	78,973	132	13.861	10.821	34	23,294	4/25/2020	15,549	
	1/23/2021	23,590	83,462	137	15,823	12,606	31	26,823	4/18/2020 4/11/2020	16,317	
	1/16/2021	25,619	87,226	140	16,943	13,575	34	29,010	4/11/2020	10,317	17,200
`	1/9/2021	25,894	86,883	141	16,903	13,518	32	29,294	3/28/2020	3,214	4/18/20
,894	1/2/2021	24,814	86,931	148	16.058	12.645	44	28,246	3/28/2020	587	4/10/20
	12/26/2020	23,361	84,362	144	14,908	11,584	32		3/14/2020	60	
9/21	12/19/2020	22,321	82,930	143	14,317	11,013	32		3/7/2020	37	
., .,	12/12/2020	20,921	82,004	143	13,289	10.038	30	24,187	2/29/2020	9	
	12/5/2020	18,560	77,426	137	12,094	8,909	34	21,766	2/22/2020	6	
	11/28/2020	15,619	73,305	133	10,472	7,509	27	18,595	2/15/2020	2	
	11/21/2020	13,356	71,676	130	9,428	6,327	30	16,477	2/8/2020	2	
	11/14/2020	10,646	68,822	125	8,068	5.042	20	13,686	2/1/2020	1	
	11/7/2020	8,756	67,590	124	7,095	4.085	21	11,779	Total	610,437	

You didn't know that, did you? With the "Delta variant" raging and all that. You probably thought that mortality was through the roof. It's not.



3. Pediatric mortality from Covid in Florida is below **flu** levels. For all of 2020, there were 22 pediatric deaths from influenza in Florida. For all of 2020 and 2021 combined, there have only been 15 pediatric deaths from Covid-19:

There are other risks like drowning, or suffocation, that are *much* more significant for kids than Covid-19. In fact, Covid-19 is the *least likely* cause of death for kids in the United States:

4. We are probably well over the summer peak already, at least in southern states like Florida. Northern states probably still have their seasonal fall wave coming. The Harvard/Yale "R-naught" dashboard reports that Florida's score is in the mid-70's. R-naught, or "RO," is the measure of how infectious the virus is. If the RO is 1, then one infected person in turn infects one other person, and the virus is stable. If the RO is 2, then one infected person in turn infects the latest dashboard for my county in Florida, in the midst of "Delta variant" hysteria:



Alachua County -



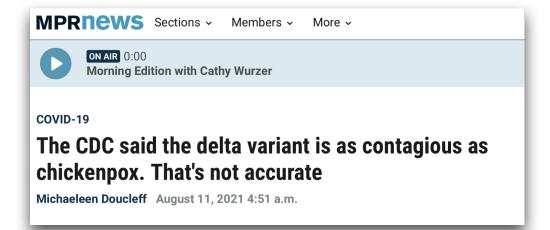
Effective Reproduction Number $\cdot R_t$

Rt is the average number of people who will become infected by a person infected at time t. If it's above 1.0, COVID-19 cases will increase in the near future. If it's below 1.0, COVID-19 cases will decrease in the near future.



You can see where it peaked at around 1.7 in July, but is now down to 0.74. Note the language in the description: "It it's below 1.0, COVID-19 cases will decrease in the near future."

Here's where things start to get difficult. In early August — this month
— the CDC announced ominously that Covid-19's R0 was "the same as chicken pox." Chicken pox has an R0 of 10.0 — one of the highest recorded viral R0's of any virus, ever recorded. This was such a bizarre and blatant distortion of reality that even NPR had to call out the CDC:



So keep this question in mind: If we can't count on the CDC for accurate information, then who **can** we count on?



NEWS

5. We now know that the vaccine immunity is NOT long-lasting. It's short-lasting. Even Pfizer and Moderna say so. Dr. Fauci just announced that boosters might be needed every five months:

Biden, Fauci discuss requiring COVID booster shots every 5 months

By Steven Nelson

August 27, 2021 | 2:18pm | Updated

Every five months. Wow. That's not very long. And we haven't known about this short-lasting vaccine problem for very long, either. Just since early this month, in fact:

VACCINES & SAFETY PREMIUM Effectiveness of Some COVID-19 Vaccines Has Dropped Significantly: Study

By Zachary Stieber

August 12, 2021 Updated: August 12, 2021

Ai 🖷

Three weeks ago the U.S. government was calling for booster shots every *eight* months. Last week they shortened it to every *six* months. Now it's at five months. We've lost three months of protection in two

weeks. But even worse, in countries that are far ahead of us in vaccination rate, vaccinated people are getting serious Covid-19 in large numbers:

🏼 The Daily Beast 🤣 @thedailybeast

Yesterday

Ultra-Vaxxed Israel's Crisis Is a Dire Warning to America

The massive surge of COVID-19 infections in Israel, one of the most vaccinated countries on earth, is pointing to a complicated path ahead for America. Photo via @thedailybeast



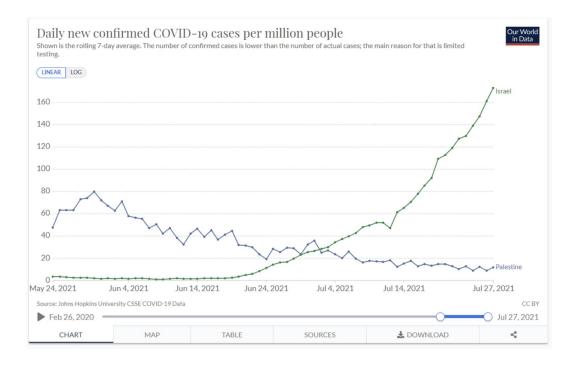
PUBLIC HEALTH INFORMATION PREMIUM

Majority of Hospitalized COVID-19 Patients at Hospital in Israel Are Fully Vaccinated: Doctor

By Meiling Lee | August 7, 2021 Updated: August 10, 2021

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A 🕻 👕 Print
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Oddly, Covid-19 infections in Israel (80% vaccinated) are spiking, while Covid-19 infections in the neighboring Palestinian territory (11% vaccinated) are flat:



6. But we have also learned that natural immunity IS longlasting. Many scientists predicted this, but the CDC initially rejected the idea. In February, 2021, Dr. Fauci said that vaccine-induced immunity was "longer, broader, and more durable than natural immunity." But now we know that vaccine immunity wanes quickly, and has to be refreshed as often as every five months. But on the other hand, natural immunity is looking **very** long-lasting:



NEWS & POLITICS

Preliminary Data From Israel Suggests Durable Immunity to the Delta Variant in Recovered COVID-19 Patients

Natural Immunity After COVID-19 Found Durable and Robust



Fact checked by Robert Carlson, MD + 1 Published July 26, 2021 Fact checked August 2, 2021

Most recovered COVID-19 patients mount broad, durable immunity after coronavirus infection

Pinned Tweet



Apoorva Mandavilli 🤣 @ap... · May 26 ···· NEW: Immunity to the coronavirus lasts at least a year, possibly a lifetime, and improves over time especially after vaccination, according to two new studies.

Having SARS-CoV-2 once confers much greater immunity than a vaccine—but no infection parties, please

By Meredith Wadman | Aug. 26, 2021 , 8:00 PM

What does this mean? We should be focusing on a strategy to protect vulnerable people by sheltering them, while letting the healthy population get through Covid-19 as quickly as possible, treating them for serious cases. Maybe boosting everyone with a brand-new vaccine for the rest of their lives is not the best strategy. Just saying.



7. Vaccines were sold to us on the theory we'd use them to get to "herd immunity." But that ship has now sailed and fallen off the edge of the Earth. In late 2020, Fauci, the CDC, and large news agencies were all telling us that the vaccines would help us reach herd immunity, where the virus has nowhere to go because so many people have been immunized:

🌒 Esther Choo MD MPH 🤣 @choo_ek · Oct 15, 2020

There is one path to herd immunity in this pandemic, and that is through a vaccine. Until then, do what public health experts everywhere are recommending: wear a mask, follow social distancing guidelines, care about other humans.

Show this thread

Whoops. Since we now know that vaccinated people can still get and transmit the infection, there is **no way** we can ever reach herd immunity through the vaccine:

yahoo/news

'It's mythical': COVID jab will never result in herd immunity, warns UK's top vaccine boss

f Rebecca Speare-Cole Tue, August 10, 2021, 12:00 PM · 4 min read

Back in March of this year, CDC Director Rochelle Walenskey said:

The data suggests that vaccinated people do not carry the virus.

But this month, on August 6, she told Wolf Blitzer:

Our vaccines are working exceptionally well, they continue to work well for delta with regard to severe illness and death, they prevent it, but what they can't do anymore is prevent transmission. They can't prevent transmission of the virus. Can't. No herd immunity.

At this point, you might be wondering, what IS the plan now? What ARE we trying to accomplish with the vaccines? Jabbing people every few months forever? I am concerned that there IS NO PLAN now. No plan except to continue doing what isn't working. And you know what they call that.

8. It's even worse than that. The Covid vaccines are leaky. Leaky vaccines make viruses mutate faster and become more deadly. A "leaky" vaccine is one that provides some health benefits but doesn't immunize the patient. So the virus can keep living inside the vaccinated person, and mutating. It mutates to try to "escape" the vaccine's limited protection. Take a look at what one recent study says about leaky vaccines.

$medR\chi iv \bigoplus MJ Yale$

Comment (

How unequal vaccine distribution promotes the evolution of vaccine escape

Philip J Gerrish, Fernando Saldaña, Benjamin Galeota-Sprung, Alexandre Colato, Erika E Rodriguez, Jorge X Velasco Hernández

The threat of vaccine escape in the past has depended largely on the particular virus. Polio and measles vaccines are two stellar examples of highly effective vaccines to which the respective viruses have not evolved escape strains. Flu vaccines, on the other hand, are notoriously "leaky", with rampant vaccine escape emerging every flu season and creating the need for a new flu vaccine every year. Vaccine escape has effectively prevented the development of an HIV vaccine because mutants able to "escape" any conceivable vaccine target preexist in circulating virus. Where the many different SARS-CoV-2 vaccines stand in this wide spectrum of vaccine-escape susceptibility is still a matter of debate, but increasingly the evidence indicates escape is a real threat [2–9]. The E484K mutation in the backgrounds of UK variant B.1.1.7 or South African variant B.1.135 are two particularly worrisome variants [5, 9]. There is even some concern, and evidence, that new variants may be able to evade natural immunity to SARS-CoV-2 in previously-infected hosts through "immune escape" [8–10]; this does not bode well for prospects of lasting vaccine-induced immunity [11, 12]. Finally, a recent study [13] reveals that closely-related endemic human coronavirus 229E displays evidence of "antigenic drift" – the same process of rapid antigenic evolution that occurs in Influenza.

IMMUNOLOG

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We have known for some time that leaky vaccines push viruses to

mutate faster:

Vaccines Are Pushing Pathogens to Evolve

Just as antibiotics breed resistance in bacteria, vaccines can incite changes that enable diseases to escape their control. Researchers are working to head off the evolution of new threats.

May 10, 2018

'Leaky' vaccines may strengthen viruses: study

In recent years, experts have wondered if leaky vaccines were to blame for the emergence of these hot strains. The 1970s introduction of the Marek's disease immunizations for baby chicks kept the poultry industry from collapse, but people soon learned that vaccinated birds were catching "the bug" without subsequently dying. Then, over the last half century, symptoms for Marek's worsened. Paralysis was more permanent; brains more quickly turned to mush.

"People suspected the vaccine, but the problem was that it was never shown before experimentally," said virologist Klaus Osterrieder of the Free University of Berlin, who wasn't involved in the study. "The field has talked about these types of experiments for a very long time, and I'm really glad to see the work finally done."

9. Forget about mutations. Because the vaccines are leaky, and because animals can catch Covid-19, we can NEVER get rid of it.
Never. In early August a new study of white-tailed deer, which live in 49 states in the U.S., showed that almost half (40%) of them had Covid-19 antibodies. Almost HALF:

Wild U.S. deer found with coronavirus antibodies

A new study detected coronavirus antibodies in 40 percent of deer tested this year. Here's why that matters.



PUBLISHED AUGUST 2, 2021 • 7 MIN READ

We now know of up to 20 species of animals that can catch the virus, including household cats and dogs. The technical terminology for this phenomenon is that the Covid-19 virus has an "animal reservoir."

Several gorillas test positive for COVID-19 at California zoo—first in the world

They are the world's first non-human primates with confirmed cases of the virus.

Even if we could vaccinate every single man, woman, and child in the world all on the same day, we still couldn't get rid of Covid. The animals would re-infect us. And you can't vaccinate the animals, because they don't respond to shaming or threats of loss of employment.

What does all this mean?

It means this:

- Vaccinated folks are probably driving most mutations, not unvaccinated.
- Natural immunity is far longer, broader, and more durable than vaccine-induced immunity.
- Vaccination will not stop infections or create herd immunity.
- Covid cannot be eradicated because of Animal Reservoirs.
- Covid is here to stay.

And the Israel experience suggests that, as we increase vaccinations, serious hospitalizations are going to spike here, too. We have a "complicated" future coming soon. What are you going to do about it?

Covid and the Spirit of Fear

There is a demonic spirit of fear suffocating the Earth. You know I'm right.

The Spirit of Fear is destroying relationships and tearing the Church apart. Unvaccinated grandparents are being told by their children that they can't see their grand kids and not to come around. Bizarrely, *vaccinated* members of your church are fearful and distrusting of their unvaccinated brothers and sisters. But Christians, in particular, are not supposed to fear. We'll get to that in a minute.

Where is all this fear coming from? Here's a recent cover from Newsweek:





The "Doomsday Variant." Doomsday! It asks, "How worried should we be?" HOW worried. Not "Should we be worried?" Worry is presumed. But when you read the article, it admits there is no doomsday variant. It says that experts "can't rule it out." It's just speculation. It might have been helpful to mention that on the cover, don't you think?

Anyway, I disagree. There IS a doomsday variant. The doomsday variant is fear.

This Spirit of Fear has caused a tsunami of worldwide terror:





Covid-19 is thought to have affected the mental health of around 10 million people (Image: Getty Images)



In a huge study, just published, of FIVE MILLION Covid-19 patients, guess what is now tied for first place as the most likely predictor of mortality once someone goes in the hospital?

PREVENTING CHRONIC DISEASE

Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020-March

Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021

ORIGINAL RESEARCH — Volume 18 — July 1, 2021 [41] 4163

Lyudmyla Kompaniyets, PhD¹; Audrey F. Pennington, PhD¹; Alyson B. Goodman, MD^{1,2}; Hannah G. Rosenblum, MD^{1,3}; Brook Belay, MD¹; Jean Y. Ko, PhD^{1,2}; Jennifer R. Chevinsky, MD^{1,3}; Lyna Z. Schieber, DPhil, MD¹; April D. Summers, MPH¹; Amy M. Lavery, PhD¹; Leigh Ellyn Preston, DrPH¹; Melissa L. Danielson, MSPH¹; Zhaohui Cui, PhD¹; Gonza Namulanda, DrPH¹; Hussain Yusuf, MD¹; William R. Mac Kenzie, MD^{1,2}; Karen K. Wong, MD^{1,2}; James Baggs, PhD¹; Tegan K. Boehmer, PhD^{1,2}; Adi V. Gundlapalli, MD, PhD¹ (View author affiliations)

Suggested citation for this article: Kompaniyets L, Pennington AF, Goodman AB, Rosenblum HG, Belay B, Ko JY, et al. Underlying Medical Conditions and Se 2021. Prev Chronic Dis 2021;18:210123. DOI: http://dx.doi.org/10.5888/ncd18.210123



Number one used to be obesity. No surprise there. But guess what has crept up the charts, and is now tied for number one, *with* obesity? **Fear and anxiety related disorders**:

Relative risk of death in the full model was 30% higher with obesity (95% Cl, 27%–33%), 28% higher with anxiety and fear-related disorders (95% Cl, 25%–31%), 26% higher with diabetes with complication (95% Cl, 24%–28%), 21% higher with CKD (95% Cl, 19%–24%), 18% higher with neurocognitive disorders including dementia and Alzheimer's disease (95% Cl, 15%–21%), 18% higher with chronic obstructive pulmonary disease and bronchiectasis (95% Cl, 16%–20%), 17% higher with aplastic anemia including anemia in CKD (95% Cl, 14%–19%), 14% higher with coronary atherosclerosis and other heart disease (95% Cl, 12%–16%), and 4% higher with thyroid disorders including hypothyroidism (95% Cl, 2%–6%) (Table 2). These conditions were also associated with a higher risk of IMV and ICU admission.

So, your risk of dying if you are hospitalized with Covid is +30% if you're obese and +28% if you have any "anxiety and fear-related disorders." Those disorders weren't even on the list a year ago. I predict they will take first place soon, if they haven't already. In other words, I expect fear and anxiety disorders to soon be the NUMBER ONE predictor of mortality if a person is hospitalized with Covid-19.

The Spirit of Fear is *literally killing people*.

The scientific literature is BLOWING UP with fear and anxiety-related issues.

The prevalence of depression, anxiety, and sleep disturbances in COVID-19 patients: a meta-analysis

Jiawen Deng ¹, Fangwen Zhou ¹, Wenteng Hou ¹, Zachary Silver ², Chi Yi Wong ¹, Oswin Chang ¹, Emma Huang ¹, Qi Kang Zuo ³

Affiliations + expand PMID: 33009668 PMCID: PMC7675607 DOI: 10.1111/nyas.14506 Free PMC article

High levels of anxiety during the COVID-19 pandemic as a risk factor of clinical worsening in patients with severe asthma

Piotr Lacwik ¹, Dorota Szydłowska ², Maciej Kupczyk ³, Cezary Pałczyński ⁴, Piotr Kuna ²

Affiliations + expand PMID: 33440258 PMCID: PMC7797186 DOI: 10.1016/j.jaip.2020.12.060 Free PMC article



COVID-19 and the consequences of isolating the elderly

Richard Armitage ¹, Laura B Nellums ²

Affiliations + expand PMID: 32199471 PMCID: PMC7104160 DOI: 10.1016/S2468-2667(20)30061-X Free PMC article

Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis

Sofia Pappa ¹, Vasiliki Ntella ², Timoleon Giannakas ², Vassilis G Giannakoulis ², Eleni Papoutsi ², Paraskevi Katsaounou ³

Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic

Catherine Lebel $^{\rm 1}$, Anna MacKinnon $^{\rm 2}$, Mercedes Bagshawe $^{\rm 3}$, Lianne Tomfohr-Madsen $^{\rm 4}$, Gerald Giesbrecht $^{\rm 4}$

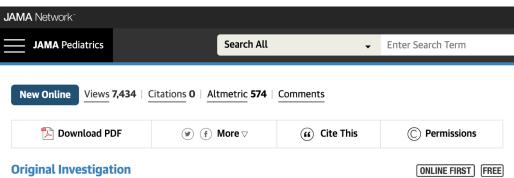
Affiliations + expand PMID: 32777604 PMCID: PMC7395614 DOI: 10.1016/j.jad.2020.07.126 Free PMC article

Worst of all? The children may be the largest single group of victims of the Spirit of Fear:



9/7/21, 7:11 PM

Are you looking for what the church needs to know? | Fear Unmasked



August 9, 2021

Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19 A Meta-analysis

Nicole Racine, PhD, RPsych^{1,2}; Brae Anne McArthur, PhD, RPsych^{1,2}; Jessica E. Cooke, MSc^{1,2}; et al

» Author Affiliations | Article Information

JAMA Pediatr. Published online August 9, 2021. doi:10.1001/jamapediatrics.2021.2482

Conclusions and Relevance Pooled estimates obtained in the first year of the COVID-19 pandemic suggest that 1 in 4 youth globally are experiencing clinically elevated depression symptoms, while 1 in 5 youth are experiencing clinically elevated anxiety symptoms. These pooled estimates, which increased over time, are double of prepandemic estimates. An influx of mental health care utilization is expected, and allocation of resources to address child and adolescent mental health concerns are essential.

Clinically-elevated symptoms of pediatric depression. *Clinical* levels. In 25% of kids. Think about that for a minute. Kids are wondering what they have to live for. And nobody's giving them spiritual counseling or — most importantly — hope.

Only fifteen children have died from Covid in Florida in a year and a half. But a quarter of them are suffering from clinical levels of fear and depression. Think about that. That is a *spiritual* problem, not a medical problem. If only we had an organization devoted to tackling spiritual problems. Let me know if you think of one.

The hospitals are filling up with people who are experiencing lifethreatening levels of anxiety. Here's one example I received recently from a doctor in the largest hospital chain in Massachusetts:



AA 🔒 mail.google.com	
	S
• AT&T 🗢 9:42 AM 52%	6

Dear Colleagues:

In recent weeks, hospitals across Mass General Brigham, the region and country, have experienced significant increases in Emergency Department patient visits and inpatient occupancy along with unprecedented demand for procedural and acute mental and behavioral health services.

The great majority of the demand is driven by the deferral of care by so many patients over the past 18 months related to COVID-19. The recent surge in COVID-19 cases has contributed only a small portion of this increase in New England, thanks to high vaccination rates and the effectiveness of the vaccines in preventing serious illness.

Unprecedented demand for **procedural and acute mental and behavioral health services**. *Unprecedented*. In other words, it's never happened before.

Here's the thing. A Spirit of Fear is a SPIRITUAL PROBLEM. It's not a medical problem. It's not a biological problem. It's not a political problem. And it's not a scientific problem. It's a spiritual problem.



If only we had some kind of worldwide organization that was devoted to addressing spiritual problems. We sure could use something like that, for a time like this.

Jesus told us not to fear. Anything. Ever.

⁴ ^pRejoice in the Lord always; again I will say, rejoice. ⁵ Let your reasonableness ^{*} be known to everyone. ^qThe Lord is at hand; ⁶ ^rdo not be anxious about anything, ^sbut in everything by prayer and supplication ^twith thanksgiving let your requests be made known to God. ⁷ And ^uthe peace of God, ^vwhich surpasses all understanding, will guard your hearts and your minds in Christ Jesus.

Phillippians 4:4–7

So park that idea for a moment. The Spirit of Fear isn't just tearing families and congregations apart. There is a major disconnect between the pulpit and the pew:



Evangelicals' Vaccine Skepticism Isn't Coming from the Pulpit

Conservative pastors and leaders are encouraging the shot while the people in the pews have been more divided.

DAVID CRARY - ASSOCIATED PRESS APRIL 7, 2021 08:54 AM



Image: Tony Gutierrez / AP Robert Jeffress at First Baptist Church Dallas

he president of the Southern Baptist Convention posted a photo on Facebook last week of him getting the COVID-19 vaccine. It drew more than 1,100 comments—many of them voicing admiration for J. D. Greear, and many others assailing him.

I've already shown you that the vaccines are becoming more questionable by the minute. But a lot of pastors and priests are still pushing the shot from the pulpit. *This is increasing fear, not addressing it.* A lot of your members don't want the shot, don't trust the ungodly people pushing it, and can't get even their most basic questions answered by anyone in authority. They are coming to the Church for spiritual comfort and leadership and they aren't getting it.

You want a recipe for making the Church irrelevant? This is it, on steroids. Pastors, I love you, you are my brothers, but if I hear one more sermon about five takeaways from the Book of Nehemiah while a Spirit of Fear is crushing the Church, I think I might lose my mind.



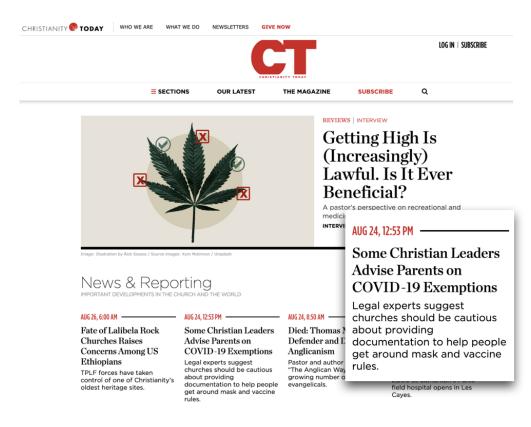
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The Pastor is talking about how the Exodus compares to my marriage relationship, and I'm looking around the church and seeing people who are terrified they are going to lose their jobs because they won't take the vaccine. Parents who are frantic because they promised their kids there would be no more masks this year and now must break those solemn promises. People with chronic health problems who are terrified the hospitals will stop treating them just because they won't get the jab. Others who are scared because they did get the jab but are now hearing they have to take boosters all the time or they can still catch Covid. Which they were promised would not happen.

And, meanwhile, just what are you telling all those people seeking spiritual counseling and comfort in your church about all those spiritual and practical fears? *Nothing*, that's what. **Why not?** I'm not sure, but I think it's because you're scared too. Scared to take a position. Scared to speak out. The Spirit of Fear is crushing you.

The Church is ASLEEP! WAKE UP!!

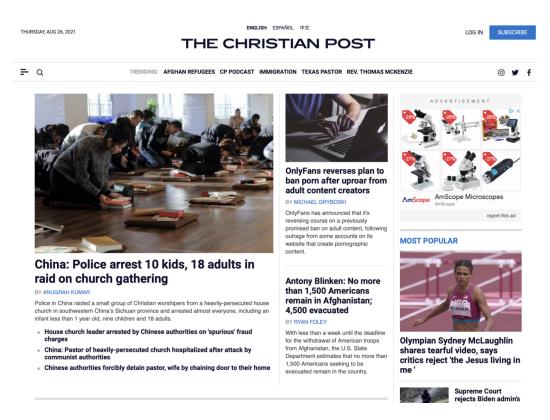
Take a look at the web pages of mainstream Christian magazines. There's nothing helpful about dealing with Covid-19 and the Spirit of Fear. Not one thing.



Wow. Top article is about medical marijuana. During a pandemic of fear that is literally killing us and tearing the Church apart. And that one article about Covid saying churches shouldn't write exemption notes isn't too helpful to alleviate terrified members' worries about losing their jobs, is it? I'm guessing reading something like that makes folks *more terrified*.

Great job, Christianity Today.

Here's the one article in the front page of the Christian Post.



There's not even anything about Covid close to the top. You have to scroll down the screen to find it:



VOICE

Navigating cultural challenges in the workplace post-COVID-19

BY WILLIAM VANDERBLOEMEN



You can't fabricate a culture, you can only discover it. When trying to understand your culture, ask this

question: When we are functioning at our very best, what do we do as a team that's common to us, but uncommon to other teams around us?

The "Post-Covid-19 Workplace?" Really? Is the Christian Post in a different dimension in the multi-verse? Could they possibly get any more disconnected and irrelevant? That's an honest question. We're not post-anything. Not even close. We're just getting started.

The world is on fire! Wake up, Christian Post! Vaccine mandates are erupting worldwide and people don't like it. They are terrified:



France expands COVID-19 health passport as protests against lockdown, vaccine mandates erupt worldwide

By Emily Wood, Christian Post Reporter



A protestor displays an anti-vax placard during a 'Unite For Freedom' march against COVID-19 vaccinations and government lockdown restrictions, in Trafalgar Square, central London, England, on May 29, 2021. | BEN STANSALL/AFP via Getty Images

France's health passports went into effect Monday, just days after thousands took to the streets to protest a mandate that only allows the vaccinated or those who've tested negative for COVID-19 to go to shopping centers, restaurants or board public transportation.

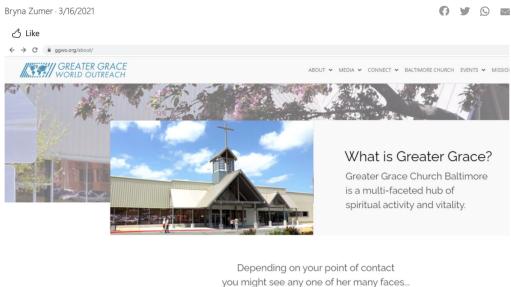
Meanwhile, WHERE IS THE CHURCH?? Oh, they are being so, so careful to toe the government's line, so they don't get shut down:



https://fearunmasked.com/?s=what+the+church+needs+to+know

FOX(5) NEWS

Baltimore megachurch closed for alleged COVID violations Sunday





© Provided by WBFF Baltimore

BALTIMORE (WBFF) - A Baltimore megachurch was closed for allegedly violating COVID guidelines this Sunday, said the Baltimore City Health Department.

What's the government's advice to the Church?

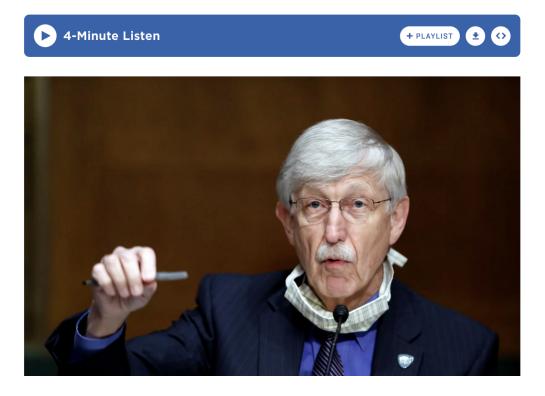


RELIGION

NIH Director Tells Churches To Do The 'Altruistic, Loving Thing' And Stay Closed

December 3, 2020 · 6:52 PM ET

TOM GJELTEN



Why is the Church scared of these ungodly men? Why? That's not what our Savior said we should be:



ESV Mat 10:26-42 🗸

Have No Fear

²⁶ "So have no fear of them, ⁱfor nothing is covered that will not be revealed, or hidden that will not be known. ²⁷ What I tell you in the dark, say in the light, and what you hear whispered, proclaim on ^jthe housetops. ²⁸ And ^kdo not fear those who kill the body but cannot kill the soul. Rather fear him ^lwho can destroy both soul and body in hell. ¹ ²⁹ Are not two sparrows sold for a penny? ¹ And not one of them will fall to the ground apart from your Father. ³⁰ But ^meven the hairs of your head are all numbered. ³¹ Fear not, therefore; ⁿyou are of more value than many sparrows. ³² ^oSo everyone who acknowledges me before men, I also will acknowledge before my Father who is in heaven, ³³ but ^pwhoever denies me before men, ^qI also will deny before my Father who is in heaven.

DO NOT FEAR THOSE WHO CAN KILL THE BODY. FEAR HIM WHO CAN DESTROY BOTH SOUL AND BODY IN HELL. Come on, Pastors! Wake up! Stop fearing and cow-towing to these petty dictators!

You might be thinking, but what SHOULD I be doing? I'm glad you asked.

What should "pastors with guts" be doing?

We need our pastors and priests to get some guts. There might not be a lot of time left. It feels like we're in the last five minutes of the fourth quarter, and we just realized that we were playing football.

Have you seen all these great Youtube videos of moms, down at the school board, tearing those officials a new one?





Now, that is some entertaining YouTube material right there, am I right? Good stuff.

But here's my first question: Where are the MEN?

Yeah. They're nowhere to be seen. Why? Because they're afraid. If they stand up and stand out, they'll get cancelled, fired, shamed.

Okay. Here's my next question: **Where are these moms' brothers and sisters from the church?** Why aren't their brothers and sisters down there at the School Board supporting these moms? Huh. I guess we don't support each other anymore. My bad.

My last, and most important, question: WHERE ARE THE PASTORS??

Pastors, why aren't **YOU** down there at the school board supporting your moms? I thought the kids were the future of the Church and all that? Or is that just a marketing slogan? You want the kids to come to the Church, but you won't go down to the school board and fight for them. Does that seem fair to you?

How about Critical Race Theory, pastor? They are teaching kids that the Church is racist. Do you have any problem with that? Do you think it is good? Just? Virtuous? Do you think things are going to work out well for the Church if that goes on for very long? Are you waiting for the women to fix it for you?

Shame on you.

Pastor, I love you, but you have lost your way.

Okay. That was some tough love. What does finding your way look like?

Churches MUST Start Dealing with Covid



We have to start fighting the Spirit of Fear. The Spirit of Fear has to be vanquished from the Church before it can be defeated in the World. You must start at home. You have to *immediately* start talking about these issues and pointing out the ungodliness and the fearful spirits and **encouraging people**.

You have to start leading.

I know, I know. But Jeff, you ask, how do I know what to say? There's so much misinformation out there. How do I know what is right and what is wrong?

Pastor, I don't know what to tell you. *If only there were some kind of omniscient source of wisdom somewhere that we could tap into.* That would be helpful, right? Let's look around, and see if we can come up with something.

The Church must immediately become relevant. The only thing people are thinking about right now is Covid. All the problems I've already named plus unimaginable fears about what's coming next. And that's all you should be talking about, too. All the time. Every day.

But Jeff, you say, I only have them for a few hours on Sunday. Then the world gets them the rest of the time. So I feel like it's hopeless, there's nothing I can do.

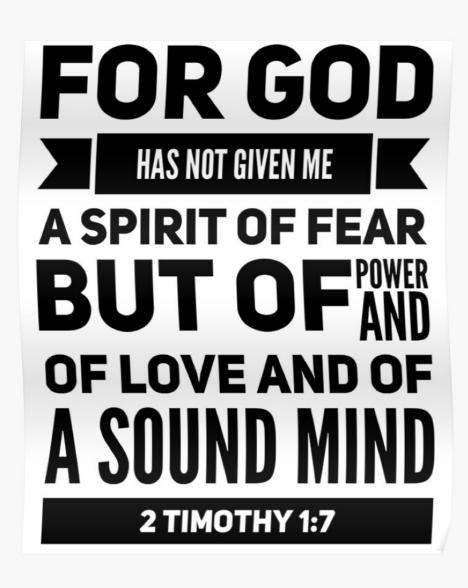
Pastor, PLEASE. That's the Spirit of Fear talking. You still aren't getting the idea, are you? *If you'll go down to the School Board and deliver a fiery sermon, someone will record it, and you'll be on YouTube and get a MILLION VIEWS.* You have to get out of the Church. Go to where the people are.

GET OUT OF THE SAFE COMFY CHURCH! GET INTO THE WORLD! DO IT NOW! You have to start **publicly** pushing back against government overreach, ungodly men, evil, and attacks on people's freedoms. Why? If you can't think of a godly reason, how about self-preservation? Once the other freedoms are lost, what do you think will happen to religious freedom? They've already shown they are willing to shut your Church



and leave the bars, marijuana dispensaries, and strip clubs open. Fight it now before it gets any stronger.

Pastor, what exactly are you waiting for? An invitation? A sign? **THIS** is your sign. **THIS** is the message you've been waiting for. Now stop waiting and start acting. God has given you pastors the greatest shield and talent that he's ever given any ordinary class of human beings.



People — critics — say about me, all the time, "don't listen to that guy. *He's just a lawyer.*" So let me talk to you as a lawyer.

You are protected by the First Amendment of the Constitution better than *any other citizen*. There are more 9–0 Supreme Court decisions in



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favor of religious liberty than *any other issue*. They will come for you last. You can say just about anything with impunity. They can't officially touch you. They might send thugs to threaten and intimidate you, but if many of you are activated, they won't bother. And if you organize your church, you can resist the thugs anyway. That strategy only works to silence the one or two vocal pastors who pop up here and there. If there is a large group, there's no point.

So, pastor, what are you doing with this awesome First Amendment talent that God has bestowed on you for a time such as this? I'll tell you what you've done with it. You've sealed it in a mason jar, hidden the mason jar in a bushel basket, and buried the bushel basket under the olive groves.

Now, good and faithful servant, what will you tell your Creator on that glorious day when He asks for an accounting of how you used the talents that He gave you? I sure hope you'll have dug them up and put them to work by then.

Pastor, we are in a war. It's here. It's in our cities, our neighborhoods, and our churches. **You are a wartime pastor.** Start acting like one. What were good and faithful pastors doing in World War I? In World War II?

You should be organizing your churches. Get EVERYONE down to the School Board meeting, the county commission meeting, the city council meeting. Get your folks to start working together! Lead them!

Start getting ready for what everyone can see is coming. The time for churches to provide widespread medical care is nearly here. Unvaccinated people won't be able to be treated at the hospitals. They won't even be let in the front door. The CHURCH is going to have to take care of them. Are you ready for that?

Members are going to be fired. They may have trouble finding any gainful employment. They'll need help. A kind of help you haven't ever dealt with before. And there will be a lot of them.



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You are going to be feeding people who will be cut off from food, for one reason or another. Community is going to become a life-and-death issue. Don't wait for it to get here. Get ready now.

You MUST start calling out evil and ungodliness wherever it appears. And it's all over. You saw what happened in Afghanistan. What's happening here is Afghanistan on steriods. The same ungodly people who orchestrated the Afghanistan debacle are in charge of the pandemic.

And PLEASE stop calling deaths from Covid in your Church a "tragedy." That is heretical. Christians don't believe death is a tragedy. Death has been defeated. We celebrate when our brothers and sisters go to their reward. It is NOT a tragedy. That is the Spirit of Fear talking.

I leave you with this, two scriptures from the Book of Revelation.

Revelation 21:8

But as for the **<u>cowardly</u>**, the faithless, the detestable, as for murderers, the sexually immoral, sorcerers, idolaters, and all liars, their portion will be in the lake that burns with fire and sulfur, which is the second death.

The cowardly are **first** in the list to be thrown in the the lake of fire. Don't be in that group. Better to die in this world than experience that fate. God doesn't want you to be cowardly, even if these ARE the end times.

And, speaking of the end times, there is another heresy to address. Some people think that the World is coming to an end, so we can just sit back and wait to be delivered from it. But not so fast, Pastor:

To the Church in Sardis

¹ "And to the angel of the church in Sardis write: 'The words of him ⁱwho has the seven spirits of God and the seven stars. "I know your works. You have the reputation ^jof being alive, ^kbut you are dead. ² Wake up, and strengthen what remains and is about to die, for I have not found your works ¹complete in the sight of my God. ³ ^mRemember, then, what you received and heard. Keep it, and repent. If you will not wake up, ⁿI will come ^olike a thief, and you will not know at what hour I will come against you. ⁴ Yet you have still a few names in Sardis, people who have not ^psoiled their garments, and they will walk with me ^qin white, for they are ^rworthy. ⁵ ^sThe one who conquers will be clothed thus in white garments, and I will never ^tblot his name out of ^uthe book of life. ^vI will confess his name before my Father and before his angels. ⁶ ^pHe who has an ear, let him hear what the Spirit says to the churches.'

WAKE UP!!! Strengthen what remains! Some will fall away, but some, a few, have not soiled their garments! God's not finished with the Church yet! Wake up, as you have been commanded! Do it RIGHT NOW.

I have a live version of this presentation that I give to groups of pastors. If you've read down this far, then you know that this is a critical message. Get me a group of pastors of any size and I will present the message to them on Zoom. For a big group I will do it live. I'll move whatever I have to move in my schedule to do it.

Epilogue

For my whole life, I've been troubled by the image of the Lord spitting out the lukewarm church. How could I be *not* lukewarm? What does that even mean? Do I have to go become a missionary in Africa? Do I have to hold a sign on the street in New Orleans?

I don't worry about being lukewarm any more. I am ready to talk to Him now, about all my adventures on His mission. It's done. I have a feeling of peace and comfort that surpasses all understanding.



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And it's because last year I got into the crosshairs, just as He was directing me, in spite of all my fears and anxieties. I've never been a public figure, not ever. But I put it all on the altar. And He has blessed me beyond imagination and given me this platform.

Pastor, this is *your* time. This is your chance. To be NOT LUKEWARM. You are a wartime pastor and I pray that you, like me, will rise and answer the call.

Yours in faith,

Jeff Childers, August 2021



Renowned Scientists Back Gov. DeSantis Saying Lockdown, Masks Ineffective

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UPDATE: YouTube has removed the video of this roundtable, claiming the discussion violated its Community Guidelines. See the story on The Blaze.

On the one-year anniversary of the lockdowns, Florida Governor Ron DeSantis invited back the scientists behind the Great Barrington Declaration, signed at the offices of the American Institute for Economic Research, for a roundtable on the Coronavirus and the policy response. It is exceptionally educational and points to the reality that the lockdowners have lost the debate for lacking any evidence that their soul-crushing policies are good for public health.

Attendees:

- Gov. Ron DeSantis, Florida
- Dr. Jay Bhattacharya, Professor, Medicine, Stanford University
- Dr. Martin Kulldorff, a biostatistician, epidemiologist and professor of medicine at Harvard Medical School
- Dr. Sunetra Gupta, Professor, Theoretical Epidemiology, University
 of Oxford
- Dr. Scott Atlas, Senior Fellow in health care policy, Stanford University's Hoover Institution

Summary:

Do lockdowns work?

 All of the members of the panel were in agreement in saying that they believe evidence has made it clear that lockdowns have not been effective in stopping the spread of COVID-19.

- Dr. Jay Bhattacharya called lockdowns "the single biggest public health mistake in history" and said that they failed to protect vulnerable populations.
- Professor Sunetra Gupta argued that a "focused protection strategy" for those at high-risk for infection would have been a more effective strategy.

Should schools be open?

- Scientists at the roundtable said that schools should be open, as

evidence shows that the virus is not spread as easily by children.

- "We should open every school in the united states immediately, with no restrictions," Dr. Bhattacharya said.
 - Dr. Kulldorff added that "children should not wear face masks."

Do masks work?

- Dr. Bhattacharya said that masks do not work and felt that they have in some ways caused more harm by creating social division.
 - Professor Gupta said that it could be "psychologically deeply damaging" for kids to wear masks.

Full Transcript

Gov. DeSantis:

Jay Bhattacharya is Professor of Medicine at Stanford University and research associate at the National Bureau Of Economic Research. And

then we have Dr. Kulldorff, a biostatistician, epidemiologist and professor of medicine at Harvard Medical School. We had both Martin and Jay over the summer, at the end of the summer, talking about kind of the state of play with the COVID-19 pandemic, evaluating some of the policy choices that had been made in different parts of the United States, as well as around the world, and covered a lot of good ground.

Now we're six, seven, eight months down the road from that and I



thought it would make sense to bring them back as well as to bring Professor Gupta and Scott Atlas.

Gov. DeSantis:

So first, we asked both Jay and Martin, did our lockdowns effective? Do you recommend that any state or country do lockdowns going forward? And I think both of you advise strongly against it. So here we are, six,

seven, eight months down the road. Martin, you stand by what you said and have you been proven to be correct?

Dr. Kulldorff:

I do stand by it. I think it's obvious by now that these lockdowns and contact tracing and masks, they were not able to prevent a resurgence of the disease during the winter. And the problem is that the belief that the pandemic will be suppressed through these lockdowns meant that in a lot of places in the world, people did not use focused protections of the old. They thought that the lockdowns would protect the old, but they didn't. So they didn't put in the standard public health message to actually properly protect the older high-risk people. And I think that's very tragic and it has led to many unnecessary death among our older citizens.

Gov. DeSantis:

Jay, do you stand by what you said and how do you think the last six, seven, eight months have had born out?

Dr. Battacharya:

I think the lockdowns are the single biggest public health mistake in history. I think the lockdowns have, as Martin said, have failed to protect the vulnerable. The lockdowns have led to many, many, many unnecessary deaths, both directly as a result of the lockdowns, And also indirectly through this misplaced faith in the ability of the lockdowns to protect the vulnerable. We should instead have adopted a policy, and most places, should have adopted a policy that got rid of lockdowns and instead focused on people we knew to be truly vulnerable to disease, older populations, people with certain chronic diseases, adopted policies, actually much more similar to what Florida has done, rather than the state where I live, California, which has relied on lockdowns to a disastrous effect.

Gov. DeSantis:

Professor Gupta, across the pond, I know that they've instituted a lot of lockdowns in Great Britain as well as throughout Europe. You've been critical of that. Do you stand by your criticism? How's it going in Britain now? Are you still on lockdown? And what do you think the ethicacy of those lockdowns have been in Britain?

Dr. Gupta:

We are still under lockdown, even though we've vaccinated the bulk of our vulnerable population. So people are at the moment suffering all the costs of lockdown without there being any obvious benefits, should this have been the case in the first place that there were any benefits. Myself and many others, including Carl Hennigan, have been warning consistently that these policies are detrimental, that they have a very high cost and that those costs should be visible and on the table before any decision is taken. Focused protection of course offers a kind of solution to the stark truth that we in the UK cannot afford lockdowns, nor indeed as indeed is the case most of the world. And the other reality is that an imperfect lockdown is actually closer to a let it rip strategy than a focused protection strategy, which I believe is easier to implement.

Gov. DeSantis:

Dr. Atlas, you were on the coronavirus task force at the white house for a time. I think the two things you were very forceful about was we shouldn't have locked downs and we should have opened schools. That was counter to the prevailing narrative, certainly in Washington. And I know that they tried to rough you up for speaking those views, but you were very clear on that. Do you stand by your position then? Do you think the experience has born you out?

Dr. Atlas:

Yes. I think it's clear for people who care about the data that the lockdowns, as we had talked about many, many times, were extraordinarily harmful. There's no question that 40% of people didn't

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get chemotherapy, up to 78% of cancers didn't get diagnosed. People forego medical care for emergencies, all because of fear. And we have a massive public health price to pay as we go forward. Then we look at the data and the data is really clear that the states in the US we have the comparison. We happen to have done the experiment because of

Governor DeSantis here, and we can compare what happened.

Dr. Atlas:

And when we look at that, the actual results, the facts of having an open state, which was Florida versus these other states we see when you look at things like excess mortality rate, which is the number of deaths over what you would have expected that year and you take it during the pandemic, it turns out Florida beat 70% of the states. These

other states did severe lockdown. So when you look at Florida compared to California, like to point out California did 50% worse than Florida because of its severe lockdowns. And there are many statistics like this. The lockdowns were harmful. They were the opposite of what should have been done. We said it from the beginning and there's a massive price to pay. It's not just that they failed to stop the infection.

The lockdowns actually killed people, destroyed lives, destroyed families.

Dr. Atlas:

And in the end, vis-a-vis the schools, our country, more than any other country, frankly, was willing to sacrifice its children out of fear. And this is really one of the historic epic tragedies really of what happened during the pandemic management. It was advocated by many of my other task force members to do the lockdowns. They got what they wanted and it's a failure.

Gov. DeSantis:

So sometimes people will say, because I think what Scott points out are obviously some of the negative impacts when you do lock downs. And some will say the cure can never be worse than the disease. But I think if you look at how this has progressed, the virus has progressed in lockdown states, what is it actually curing? Has it actually stopped

the spread in any meaningful way? So would you say that, yeah, lockdowns are bad, but they are stopping the spread? It just seems to me that it just hasn't even stop the spread in any place. So it's not a cure at all. Yeah. Obviously it's providing huge negative impacts, but there's really not a lot of positive to balance it out when you compare the severe lockdown states to other states which weren't locked down or other countries like Sweden, which had adopted a different approach.

Dr. Battacharya:

I mean, the international evidence and the American evidence is clear. The lockdowns have not stopped the spread of the disease in any measurable way. The disease spreads by aerosol, by droplets. It's a respiratory disease. It's very difficult to stop. The idea of the lockdown is incredibly, in some ways, beguiling. If you just stay apart far enough, like rats in cages, we won't spread the disease. But humans are not like that. In fact, what's happened instead is we've exposed working class people, we've exposed poor people to the disease at higher rates. The lockdowns have ... I call it trickle down epidemiology. We created this sort of this illusion that we can control the disease spread when in fact we cannot and have failed to do so.

> Gov. DeSantis: Martin?

Dr. Kulldorff:

Yeah. Already in the beginning of 2020 in February, when we saw the outbreaks in Italy and Iran, it was very clear that this a virus that going to be spread worldwide as a pandemic. And Dr. Gupta is correct that lockdowns is just a form of let it rip, but at a little bit of a dragging it out more. And by dragging it out more, it actually makes it more difficult for all the people to protect themselves because they have to do it for a longer time. So we have the let it rip is not a good strategy. Lockdowns is let it rip at a slower pace. But the solution that we should have implemented from the very beginning is to utilize the fact that for COVID, while anybody can be infected, there's more than 1000 fold

difference in mortality risk between the oldest and the youngest.

Dr. Kulldorff:

So for old people have to be very careful because this is more

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dangerous than the annual influenza. But for children, this is less dangerous than the influenza. So we should have utilized that feature

of COVID to protect the old with focus protection while letting a younger people live normal life to avoid all the collateral public health damage from lockdown, which are enormous. And I agree with Jay that this is the biggest public health mistake or the biggest public health fiasco in history, unfortunately.

Gov. DeSantis:

Dr. Gupta, do you agree that just, put aside all the damaging effects of lockdowns, just taking them on their own, did they prove to be an effective way to stop the spread or slow the spread of the disease ultimately?

Dr. Gupta:

Well, what's interesting is if you take the data from a single region, I'm just reiterating what Scott just said, you can always fit a model which says lockdowns work. Look, cases went down. And you can fit a model which says, no, they didn't work. It was herd immunity. That's what caused cases to go down. And with some seasonality, you can fit the data from any one region by any one of these models.

Dr. Gupta:

Where we get the power to discriminate between them is when we can compare. And that is something that the Florida situation has allowed us to do. And looking at Florida in comparison to if you do a proper case control study with California, or looking at Sweden, comparing Sweden against the UK, it's very hard to continue to believe that lockdowns work to the extent that people wanted them to work. Now, it's not my area of expertise. So I think you've heard it from the experts that they don't work, but all I think is that whether they work or not, and despite the fact that we actually don't have ... Mathematical models can't tell us whether they work or not. The data can. And in either case, it's focused protection that would be the strategy, whichever way the chips came down.

Gov. DeSantis:

Martin, can you mentioned the contact tracing. So I guess the



lockdown model was locked down, but then when there's an infection, you would just do contact tracing. You'd be able to basically slow or stop the spread. How do you evaluate the efficacy of contact tracing?

And I know in public health there's times where, like with a sexually transmitted disease or something like in Ebola or whatever where that would be something that could make a big impact. This is a respiratory virus, transmitted presumably by aerosols, by droplets. Many of the people who get infected don't have severe symptoms. Has it worked ultimately?

Dr. Kulldorff:

No. But you're right, there are certain infectious diseases for which contact tracing is a very, very important tool that epidemiologists and public health officials use to control a disease. But to think that it can be used for a pandemic is naive to the max. We don't even know how it got in the United States to begin with, the first cases. We don't know the first cases in Italy, the first cases in UK, et cetera. So when you even don't know that and when there are many people are asymptomatic and so on, to think there's a sort of widespread common in the community, then contact tracing does not work, but is actually worse than that because it's counterproductive and it reduces the trust in public health, because we have a situation now that people who are contacted by the contact tracer, they don't want to provide the information. They see as useless and they don't want to tattletale on their friends and so on. So they refuse cooperation.

Dr. Kulldorff:

So that's going to have dire consequences, let's say five or 10 years from now. Maybe we have a different disease, something like Ebola, for example and where actually contact tracing is critically important. Then because of what happened now during the pandemic, people are going to cooperate less. So the contact tracing during this pandemic is actually damaging the long-term ability for public health to do its work for other infectious diseases.

Gov. DeSantis:

Do you agree? I know the task force was talking a lot about contact tracing initially. I think even on the task force, there was eventually a

recognition that maybe this wasn't as effective, but what are your thoughts on how the contact tracing has been?

Dr. Atlas:

Yeah, I mean, I think as I learned quite a bit from Martin and Jay on contact tracing, this was just the wrong time, the wrong type of disease to do that. We already had at the CDC early on was estimating that probably 10 fold higher number of people were infected than was reported. And once you have tens of millions of people with an illness, that's not the time you start contact tracing. And I'm not an expert on contact tracing. The gentlemen on the panel are, but that was just a completely wrong strategy and unfortunately, the wrong model on how to deal with this. So there was a tremendous amount of not only misallocation of resources, but I think the problem became the fear, the fear in the public. It was sort of like the fear was another contagion I used to say because we had a dramatic impact of the need to get tested, the rush to get tested, this sort of obsession about testing where as testing was very valuable. Just the point of testing is to save lives, not to document every infection in low-risk people.

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Gov. DeSantis: Contact tracing, effective or no?

Dr. Battacharya:

I mean, I wrote a paper called On The Futility Of Contact Tracing. So you probably know my opinion about this. The problem is that even in the early days of the epidemic, I did a study in Santa Clara County in April of last year. And we found 50 times more infections than cases in April of last year. How do you do a contact tracing program with a disease like that, where you just don't identify so many cases? It was already way too widespread, even in April for it to be effective. And certainly now, it's just punitive.

Gov. DeSantis:

So schools. Now, I know there were places like Sweden who never had remote learning, at least for the I think K-8. Here in Florida, we've been

in all year in person. Parents have the option. If they choose to do virtual, they're allowed to do it, but everyone is offered in person. Other

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states like Georgia have also done a lot. But yet we have some states in this country where you have virtually no access to in-person education, California being one of them. I know Maryland and some of these other ones. So we've now been doing this for a year. Is there any basis to keep kids locked out of school? Jay?

Dr. Battacharya:

We should open every school in the United States immediately with no restrictions. What we're doing to children is of robbing them of their birthright.

Dr. Kulldorff:

There's absolutely no public health reasons to prevent children for go to school in person. It's not dangerous for children to be in school and it's not dangerous for teachers either. The only exception is that if you're a teacher and you're above 60, maybe you should be allowed to do online teaching until you have the vaccine. But other than that, there's no reason to do that. We knew that already in the summer, because of what happened in Sweden during the spring during the height of the pandemic, the schools were open. Out of 1.8 million children ages one to 15, who were all in school or daycare, there exactly zero deaths among children. The teachers had lower risks than the average from other professions. I mean, if a child is sick, has a runny nose or cough or fever, that's good for them to stay home. But in Sweden, there was no social distancing in the schools and there was no masks in the schools. Despite that, it was perfectly safe for both children and the teachers.

> Gov. DeSantis: Dr. Gupta? Kids in school?

Dr. Gupta:

To me, this is the most heartbreaking element of what's happened. And there's evidence that schools don't, which has just been discussed, that they don't really contribution that much transmission. Children are safe, which is important. Teachers are safe, et cetera, et cetera. But even if schools were a kind of [inaudible 00:18:51] for the dissemination of infection, I think we should have gone down the route of focused



protection and still kept the schools open. I don't see how, as human beings, how ... We are morally responsible to keep schools open, to provide the children with that atmosphere, with the opportunities of education. Also for underprivileged children, it's actually a lifeline.

Dr. Gupta:

So to withdraw those things from children is really unconscionable, given that we could have protected those who are vulnerable, even if the schools, I'd say, happened to be a place from which the virus was able to disseminate. So I cannot even begin to comprehend what kind of mindset would inflict what we've inflicted on the children. And even by letting them in there, to force them to wear masks and distance socially, all of that to me is in direct violation of our social contract.

Gov. DeSantis:

Scott, I know you came here with us over the summer and we obviously had embarked on opening schools. That was actually very controversial at the time, even though the data really wasn't in dispute I don't think, but I think it was just a political issue. And you were very clear, kids needed to be in school.

Dr. Atlas:

Absolutely. I mean, I couldn't agree more with everything that's been said. It is really unconscionable that there are any schools that are not in person. This data is not new. This is not something we've learned. This was data that we knew in the spring and the late spring. The data was in all over the world. It's been validated of course since then. It's been validated by studies at places like Duke in the United States, Brown University, but all over the world, all over Europe and including even here in Florida. And the reality is that the kids have extremely low risk from COVID-19. There are enormous harms from keeping in-person schools closed, and there's nothing more important to the United States or any country than educating our children. It happens to be icing on the cake, as we say, that children are not significant spreaders to adults. But that's really just icing on the cake.

Dr. Atlas:

The numbers one through three that I just said meant schools must be

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open in person. When we see what happened with schools being closed in person schools, it wasn't just that long distance learning is a failure. As [inaudible 00:21:27] alluded to here, simply the socialization kids learn in school. There were hundreds of thousands of child abuse cases not reported in the United States just during the spring school closures because schools are the number one agency where child abuse is noted. There's nutritional needs. All kinds of things happened.

And all of these things, as we know with everything else in the lockdown, are worse for lower income and middle income working class people. It's easy to sit there in your sort of second house, whether it's in Palm Beach or in the Hamptons and say that, wow, it's hard because your children are under foot. But the brunt of the lockdown harms, including to children, were much worse felt by lower income

families.

Gov. DeSantis:

And I think it's been well-documented the academic problems that the virtual learning, there's a gap that develops for sure. But I can tell you, I think even more important than that, when I talk to parents, they will all say my kids are happy to be back in school. I have a sister in a lockdown state where the kids aren't and the kids are miserable in wherever state. And here, my kids are happy. They're able to do activities and everything. So I think that these prolonged school closures are going to have massive effects for our society in places that have had ... Some of the places that had the kid's schools closed for a year. They're not going back this spring at this point. I mean, we know that. That's just not going to happen. So then you're looking at the fall and then they're now saying, "Well, maybe not until the kid ..." They have to have all the kids vaccinated to, which these vaccines aren't even approved for kids.

Gov. DeSantis:

So it's conceivable you don't have some states until 2022, even, which is just absolutely unbelievable. Dr. Gupta mentioned about not putting masks on kids. That's not effective, not necessary. Martin Kulldorff, do you agree, in school, there's no need for them to be wearing face masks?

Dr. Kulldorff:

Children should not wear face masks. No. They don't need it for their own protection and they don't need it for protecting other people either.

Gov. DeSantis: Jay?

Dr. Battacharya:

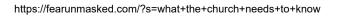
I mean, how do you teach a child to read with face mask on Zoom? I think children develop by watching other people and I think it's developmentally inappropriate and it just doesn't help on the disease spread. I think it's absolutely not the right thing to do.

Gov. DeSantis:

What do you think about the ... The data now I think is a little bit clearer because we've had a year of experience. If we went back a year, a lot of the experts would say that wearing masks for the general public is not evidence-based. I know obviously we had a number of people in the White House who famously advised against it. Something happened in April, May where then that became something where it was posited that if 80% of the public wore masks when they were in public, that the epidemic that cases would be reduced to a trickle. How has the data been reflective of the masking? Do we see areas like Los Angeles with heavy masking having reduced cases to a trickle?

Dr. Battacharya:

I mean, I think something like 80% to 90% of the United States in these surveys report masking. I think it's interesting because if you expected masks to be a panacea, you would have seen an enormous effect in cases all across the country. In fact, frankly, all across Europe as well. And we haven't seen that. I think I heard the former CDC director say that masks were more effective than vaccines. Well, I think the evidence just belies that. That's not true. That was not true then. It was not true now. I think masks, in fact, in some ways they've been harmful because people believe that masks protect them, vulnerable people, and they end up taking more risks than they ought because



they feel like they're protected by something that actually does not protect them.

Dr. Battacharya:

So I think on net, I think the masks not only have not been effective, but have been harmful. The mandates themselves have created social division in ways that are just really to be regretted. I mean, public health is supposed to create some sorts of unity, not the kinds of division and moralization of the behavior that it has created.

Gov. DeSantis:

And in Sweden, they didn't really adopt a very much masking. Were their results worse than other places in Europe that did do a lot of masking?

Dr. Kulldorff:

No. So I think Sweden is slightly below average when it comes to the various European countries.

Gov. DeSantis:

Dr. Gupta, I know one of your colleagues at Oxford, Carl Hennigan, had gone through the evidence and said that the masking of the general public, that there just wasn't a lot of evidence basis that that helped stop respiratory virus spread. Do you agree with him? And do you think that the masking has been effective?

Dr. Gupta:

Well, I certainly would agree with Carl. I mean, I would take his word for it anyway, but logically it seems to be difficult to understand how masking and the way it's done. I mean, you go to a supermarket here, for example, you wear a mask and then you wear a touch screen to check out. So it's very difficult to see logically how it would work. But the most important thing is, does it have a cost? I mean, I don't mind people engaging in their own games of mask wearing and tracking and testing if it has no cost. I mean, we're set to blow 37 billion on test, track, and all-



Dr. Gupta:

So 37 billion on test track and or whatever it is [inaudible 00:27:05], but the mask wearing really has had a negative impact in all kinds of ways, in terms of exposing the vulnerable. And one example is the supermarkets used to have a dedicated hour for vulnerable people to come and shop when they opened. And that went away as soon as mask wearing came in. So there is a trade off; it may not seem obvious, but there is a trade off. And in terms of masking children, it seems absolutely obvious that that is psychologically deeply damaging.

Gov. DeSantis:

Scott, did you, I know the task force was very much adopted a very much in terms of not just recommending masks, but they also wanted a mandated it under penalty of law, they wanted the state to do that. I know they recommended that in Florida, and then we rejected that, but that was something that they did. Did you see in the data, there were places that obviously had mandates, there are other places that didn't, is there an obvious example where people point to, to say because of those mandates, the cases were so much lower than States that or localities that didn't have the mandates?

Dr. Atlas:

No. I mean, the empirical evidence from looking at places that used mask mandates, whether it's, Miami Dade had a mass mandate, LA County, many different States all over Europe, there was no evidence that a mask mandate was effective in stopping the cases from spreading. Moreover, there's a large study from Denmark that showed that there's a small, if any benefit on mask wearing. And that was really never shown for previous infections. For instance, the CDC published a study, reviewing all the data on influenza virus, which is a virus that has similar size to this virus in May, 2020, the CDC has that posted where all the data on mass showed that it does not stop the spread of a viral infection. So there's no evidence that a mask mandate has worked.

Dr. Atlas:

And in fact, there is evidence as Jay cited that the people in the United States at a very high frequency have been wearing masks for months,



and the cases exploded. Whether it's in certain States like Hawaii, Minnesota, you could look at all the data. So this is sort of become folklore, one of the many obsessions and it's been harmful, not just from the increased risk to elderly people. Those statements that were made that a mask is better than a vaccine was extraordinarily inappropriate and reckless, and it endangered people. And I think that the masks in schools, there's no scientific rationale or logic to have children wear masks in schools.

Gov. DeSantis:

One final thing on the mask, some places have required it outdoors, outdoor masking. And so, I mean, N95 in a hospital, whatever you want to say on some of the other things, but is there any basis to be doing a mask when you're doing an outdoor activity?

Dr. Battacharya:

No, the answer is no. I think that vanishingly few cases, even in contact tracing that have identified outdoor spread at all, and I mean, outdoors is frankly, the safest place to be, if you don't want COVID is outdoors.

Dr. Atlas:

Yeah. I might add if I can, it's not reported much, but the World Health Organization said specifically, it's bad to wear a mask during exercise, yet where I'm from in California, the gyms that are open, they require you to wear a mask during exercise. It's not just unnecessary, it's harmful. And people have not really been explained this kind of negative harms.

Gov. DeSantis:

I've actually seen reports of people biking on the street with no helmet, but with a cloth mask on. And you just wonder what kind of calculation goes into that. So I guess initially there was a lack of clarity, at least with some of the experts in the United States about if you've recovered from COVID, do you have immunity now? I think when most of these types of situations, that would be something that we would say, and I think that there's been a resistance to just embracing the reality that people that have recover have protection. So Jay [inaudible 00:31:47], is



there any doubt that someone that recovers from COVID develops immunity?

Dr. Battacharya:

There's a vast array of evidence in the scientific literature that shows definitively that if you've had COVID and recovered, the vast, vast majority of people have a durable immunity that it's very unlikely that you'll be reinfected and you'll be protected from, from reinfection. Even if you do get reinfected at some later time, it's very likely to be less severe than the first time. So, yeah, it's just like the other coronaviruses; if you get infected, you get immunity and it lasts a while. Not forever, but it lasts a while.

> Gov. DeSantis: You want to, immunity?

Dr. Kulldorff:

Yeah. So we know, I mean, there'd be very few reinfection, so we know that there's good immunity from national infection for at least a year now will that last five years, or 10 years, or 20 years, we obviously do not know that, but also for vaccines, we have good immunity, but it's not quite as good because we've seen numbers of 95% and we know that still after a number of months. So at this point, it's very clear that naturally infection, there's much more evidence that naturally infection provide immunity than it is from vaccines. But of course, vaccines also have a strong evidence that it provides immunity.

Gov. DeSantis:

Dr. Gupta, do you agree with that on immunity? And then I guess the follow on, if so, if somebody has recovered, does that mean they should still be social distancing and all that? Because you'll hear that with people, some of these experts will say, "Oh, even if you're vaccinated, even if this, you still got to wear a mask, you still got a social distance." Does the immunity provide durable protection? And if so, what would you recommend a immune person do in terms of distancing and mask wearing?



Dr. Gupta:

I suppose, given that I would recommend most non-immune persons that they shouldn't wear masks or engage in social distancing, you can imagine what my answer would be to people who know that they are immune. But what's really interesting is why people clung to this notion that there might not be durable, natural immunity. And again, it's not lifelong like in measles. Okay. Let's start from that position. Okay, it's a new virus, we don't know what it's going to do. And that was their justification saying that, "Okay, we don't know what it's like. We don't even know whether it's going to give us natural immunity," well, what does the scientists do under those circumstances? They look around to

other viruses, and we had four other circulating, we still do, coronaviruses, to which we knew from the studies that had already been done, that you do get immunity in a very similar manner; you make antibodies to the spike, you make T-cell responses, and that those do protect you, particularly from severe disease and death, forever. They don't protect against reinfection, but they protect you against severe disease and death.

Dr. Gupta:

Furthermore, evidence was mounting right from the outset that some of these response to the other coronaviruses were cross protective, and therefore, really what we were looking at was not a completely new virus, but a new entrance into a kind of wider ecology of coronaviruses that we live with, and I'm baffled as to why we didn't use that as the kind of benchmark as the kind of primary, most likely, most plausible sort of state that we were likely to observe with this coronavirus. And, I believe this resistance to recognizing it to be a member of that family, and behave, not surprisingly like those other coronaviruses continues, and we have to ask why.

Gov. DeSantis:

Dr. Ellis, there was, the WHO had the definition of herd immunity, which is what we're all trying to achieve with the vaccinations, for example, and it said that I think it was a pretty standard definition, it's like once you have a certain amount of people through a combination of an infection conferred immunity and or vaccine conferred immunity, then you get to a point where the disease really takes a nosedive. They changed that to exclude any mention of infection conferred immunity, kind of, it was a strange they did that. I think they've now had to change it back. But what do you think about the resistance to just acknowledging that this is just a fact of how these viruses operate?

Dr. Atlas:

Yes. I mean, what, what happened in my way of thinking was there was a complete rejection of decades of fundamental knowledge about biology and immunology here. And I agree with Dr. Gupta's point is it really, wasn't a completely novel virus; we had decades of experience with Corona viruses. We knew that fundamental biology means if you get an infection from a virus, it's highly likely that you will have some sort of protection. We also knew that from the data, from the Singapore data, that SARS-1 blood had still had a robust T-cell response, a robust immunologic response to this virus. This cross protection mechanism was known, yet it was sort of rejected when you would say it. And of course, most people that have protection have protection from things in addition to antibodies, this is basic first year medical school T-cell protection. Yet, if you said that you were pilloried. This was again a complete lack of acknowledgement of what we knew for decades. The information was thrown out, and I don't know why this idea that herd immunity, which is a biological phenomenon from enough people that get infected and/or have vaccination protection

became controversial. That was just a complete distortion of what people were saying and a complete, really throwing away the fundamental knowledge that we had.

Gov. DeSantis:

And maybe because of some of that, when it came time to look at the vaccines, once we started getting the data out of Pfizer, and of course the EUA for both Pfizer and Moderna, the CDC, they have a committee that goes and recommends, okay, how do you prioritize? Because we clearly weren't going to have enough vaccines at the beginning, who do you try to prioritize? And the initial recommendation was actually to prioritize essential workers, presumably mostly younger and healthier, as well as doing nursing homes, but the bulk of the elderly population

was actually not in their initial recommendation. There was a lot of blow back to that. So then they added 75 and plus, and the essential



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workers. The problem with that by our lights in Florida was that means if you work at a grocery store and you're 21, you would get vaccine, but a 74 year old grandmother would not be eligible, which seems to just totally throw the risk profiles out the window. So Florida, we rejected

the CDC recommendations and we did 65 plus. Of course we did nursing homes and all that, but in the general public, we put seniors first, and we viewed that as kind of a logical follow-on from focusing protection on the vulnerable, and on the elderly. Do you believe that focusing vaccines on elderly people is a more effective approach than focusing on workforce, younger workers?

Dr. Kulldorff:

Yeah. It's the older that the high risk for serious disease and mortality. So obviously it is the older people that we should prioritize vaccinations for. There shouldn't really be any questions about that. The only exception is to add to that are people like nursing home staff who are working with all the people by them also being immune, they will not infect nursing home residents and so on, and other people in hospitals working with [inaudible 00:39:51] patients, for example. But other than that, we should do this to vaccinate the old people first, for sure.

> *Gov. DeSantis:* What do you think on the vaccine priority?

Dr. Battacharya:

I completely agree. I think prioritizing older people saved lives. Saved a lot of lives. I mean, vaccines are scarce at this point. They're not ubiquitously available, and once they're ubiquitously available, fine, everyone can have one that wants one, but now at this point, when it's older people that are dying from this disease, it is absolutely immoral to use doses on people that, that, that are much lower risk. My mom now 80 is finally vaccinated. I'm 52, as soon as my turn I'll get vaccinated, but I don't feel right to get back to until people older than me are vaccinated.

Gov. DeSantis:

Yeah. In Florida, we did initial, so we got the Pfizer, everyone got the

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Pfizer, certain amounts. So we did nursing home staff, nursing home residents. We did the frontline healthcare workers who were in contact with elderly people in particular. Then we were the first state to open up to 65 and plus, once we got more supply. We've now vaccinated close to two thirds of all seniors in Florida. Of course, there's no mandate, some are choosing not to take it, which is fine. We've done over 3 million seniors. We've now been able to lower the age to 60. And so, this is the first week or 60 to 64 year olds are being able to get vaccine. And we anticipate that we'll be able to lower the age to 55, hopefully very, very soon. But I think that the elderly, we're seeing it in terms of you've seen decline of COVID across the country that I think probably because seasonal factors and also some of the underlying immunity, but we have seen the decline be a little bit more rapid in the 65 and plus, and so we believe that may be the initial effects of the vaccines. Did you want to add-

Dr. Atlas:

I can just add that there's very good data and the nursing home, the prioritization that the governor did and, and, and everyone, I would think thinks that that's appropriate as the cases from the peak in nursing homes is down by more than 80%. And the deaths in nursing homes is down in the US by more than 60%. So this is fantastic news. And I agree with what Dr. [00:42:12] said, which is it's the high risk environments that you need to protect people. So you vaccinate the people working in nursing homes, as well as the nursing home residents, but you don't double down protection in low risk environments. And what's the low-risk environment, well, an elementary school is a low-risk environment. There's zero reason to prioritize or insist the teachers get to the front of the line for vaccination. Only high risk teachers should, but 50% of America's teachers are under 41 years of age. It's a young profession, it's a lowrisk environment, there's definitely nothing special about a school other than it's a lower risk than the community.

Gov. DeSantis:

And we've also in Florida, from the beginning have had an ability to vaccinate people that are especially vulnerable to COVID because of underlying health conditions, regardless of age, from the very

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beginning. Obviously, over 16 or whatever the UA's approved for. And so, so that's something that we've done as well. I think one of the things that's now followed on as these vaccines become available, as

there are some that say that in order to do things, maybe fly on an airplane, maybe go on a cruise, maybe attend a concert event, that you should have to show some type of proof of vaccination, like a vaccine passport. Dr. [Caldorf 00:43:29], what is your view on requiring vaccine passport?

Dr. Kulldorff:

It's a bad idea for several reason. One is, so the Zoom class or the laptop class, they have protected themselves through the lockdowns, while we have thrown the working class under the bus, who has taken the big hit in terms of being infected by the virus. So [inaudible 00:43:59] have nationally infection, they cannot travel, but the Zoom class who had the vaccine, they can. That's just another assault on workers in this country. So that's one reason. Another reason is, one of the basic principles of public health is trust. And we have to demand vaccinations, whether through vaccine passport or mandatory vaccination, that increases the skepticism towards vaccines. And I've seen that talking to people, and also seeing it in the media. So it's actually counter, if we want as many people as possible to get vaccines, and that's what I want, I want a lot of people to have the vaccine, but not only for COVID, but for childhood vaccines, et cetera, by mandating vaccines, or by having vaccine passport, you're increasing the skepticism of vaccinations and that's detrimental to

public health. So people are advocating vaccine passport or mandatory vaccination, they think they're doing a favor, they think that they are getting more people vaccinated, but it's actually the other way around. They're actually damaging the trust in public health, leading to fewer vaccinations. So, no vaccine passports. That's a very, very bad idea.

Gov. DeSantis:

Jay [inaudible 00:45:33], do you agree with that?

Dr. Battacharya:

I do. I completely agree with that. I mean, I think a very large fraction of the population is already been infected and are immune the evidence

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from the trials don't demonstrate any efficacy of vaccinating that population. To require that-

Gov. DeSantis:

Well that's important for people to know. And I think this is, the clinical data for both Pfizer and Moderna when it was given to people who had already had the infection and had infection conferred immunity, there was zero benefit demonstrated, correct?

Dr. Battacharya:

They excluded them from analysis for the efficacy before, because they knew what they would find. If you're already immune giving the vaccine doesn't do anything extra. And as Professor Caldorf have said, and I completely agree, there's a divide in the populous who's actually been infected in immune, but it's poor working class people that had the infection, and then we're going to turn around and say, "Look", and I also agree with the issue about pub public trust. The vaccine hesitancy data show that the people who are hesitant to take vaccines actually tend to be the working class people; poor people, minority populations. We're going to then turn around and say, "You have to have a vaccine passport to participate in American life." It's going to be a new vaccine, Jim Crow. It's a huge, huge mistake that will undermine trust in public health, and I think it's just morally wrong. Instead, we should be encouraging people with good data to say, "Look, the vaccines are good for you, you should be getting them. I think they're amazing things when it's clinical sense to do so."

Gov. DeSantis:

Dr. Gupta, vaccine passports, good idea, or bad idea?

Dr. Gupta:

Well, anathema to me, because I think it goes against the spirit of internationalism to which I strongly subscribe. So what are we supposed to do? We've done a fantastic job, but there's one thing that the UK has got, right. So we're in a position now to open up, but if we decide that we're not going to open up to anyone other than someone who comes with a vaccine passport with a stamp on it, what message are we sending to the rest of the world? If we're going to oblige them to live in quarantine or spend huge amounts of money, we're restricting, I mean, it's really the most individualistic attitude towards welfare, personal welfare being put ahead, in a very peculiar way for me. I find the whole concept quite abhorrent.

Gov. DeSantis:

And I think from Florida's perspective, we're not doing any vaccine passports, I mean, that's totally unacceptable. So people don't have to worry about it here in the state of Florida. And if folks try to start doing it privately, we may have a role to play there as well, because I do think it's unacceptable. Professor Gupta, while I have you, there's a lot of talk about these variants, you hear these different strains, and I think it's portrayed as something that is kind of ominous and scary. So the question is, is this something that is unexpected to happen when you have viruses like this? Or is this something that you would assume would happen where you have these variants?

Dr. Gupta:

Well, I mean, as such, I wasn't anticipating that there would be these changes and that we would see the same sorts of changes cropping up in different parts of the world. That certainly does suggest that these changes confer some advantage to the virus populations in these different parts of the world. It also suggests that there are only a few things that the virus can do by way of mutations that give it any kind of advantage at all. Now, once again, what we need to do here is turn back to the established theoretical frameworks that tell you what happens when a new variant arises. And what we know is that when a new variant arises, if it has even a very slight transmission advantage, it can take over. And this is more likely to happen when a lot of people are already immune, so the variants are sort of scrambling for new people to infect.

Dr. Gupta:

So, most likely what's happened here is we've got some variants, which are a little bit better at spreading, and then others we know actually some very nice laboratory work has shown that they do evade some of the immune responses that the earlier variants induced. But these are all sort of small, incremental kind of changes. And nonetheless, they



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allow these new variants to takeover, but it doesn't mean that they are themselves incredibly aggressive, or that the vaccines won't work against them. In fact, quite the opposite; the vaccines, I think, are very likely to work against them, and natural immunity, even more so, because it is broad, and in fact, as we've discussed exposure, other seasonal coronaviruses can protect against new variants.

Dr. Gupta:

So I think it's been over hyped, not because it's completely impossible, but because it's very unlikely, and the reason people have been trotting out models where it takes over and does crazy things is because they've been in denial about herd immunity. So if you assume the population is completely susceptible and something suddenly takes off, you would have to assume that it's running a lot faster, running the race a lot faster. But if you factor in herd immunity, you come to the more logical conclusion that this is just running the race a little bit faster, or in a tug of war, it's just a little bit better, and the balance is shifting to the side of that new variant.

Gov. DeSantis:

So in January of 2020, when the coronavirus became something that people in the US were talking about, Dr. Anthony Fauci said that there had never been a respiratory pathogen that was driven by asymptomatic spread; that it was usually people that were symptomatic. This was something I think at some point along the way, there was a belief that a lot of this was being driven by asymptomatic spread, by people that had no symptoms, they didn't know they're sick, and they're kind of silently spreading it. Have you looked, Jay, at, I know there've been studies where they trace the infections and what are the results of that? Can we say that that Fauci was right in January, 2020 with COVID, that most of these infections are being spread through people that are symptomatic, or is this one of the rare instances where

asymptomatic spread is the major driver?

Dr. Battacharya:

So I think at first there are a lot of people who are asymptomatic, that have evidence of the virus in them, that's a large fraction of cases. Although people think about the disease as mainly just this deadly viral pneumonia that results in hospitalization and death. In fact, the vast majority of cases are relatively mild, asymptomatic, or with mild symptoms. On the question of whether asymptomatic spread disease,

that the best evidence that I know comes from a survey, a meta analysis, a study of studies that looks at the disease spread within the household. And in this study, it was published in the Journal of the [inaudible 00:53:13] Medical Association, and in fact I think it was done by some Florida researchers. They found that if you had a person who was asymptomatic and how the disease, they spread it to someone in living in their own home with no masks, no distancing, no nothing, seven out of a thousand times. On the other hand, if you had a symptomatic person with the disease, they spread it to someone in their own home 200 out of a thousand times, vast, multiple. Asymptomatic spread is possible, but it's much, much, much, much less likely than symptomatic spread.

Dr. Battacharya:

So, what do you do with that fact? Well, it's a very simple thing; if you don't want the disease to spread, you tell people who are symptomatic, stay home

Gov. DeSantis: So you agree in terms of the role of asymptomatic versus symptomatic-

Gov. DeSantis:

... in terms of the role of asymptomatic versus symptomatic spread.

Dr. Kulldorff:

Yes. At the same time, in terms of the optimal strategy, it doesn't matter. Because whether transmission is symptomatic or asymptomatic, lockdowns are bad, let it rip is bad and focus protection of those who are most vulnerable is the right way approach irrespectively of the amount of transmission from symptomatic versus asymptomatic people.

Dr. Atlas:

And I would just add that we always forget the second part of

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lockdowns are bad and the overwhelming majority of people do not have a problem with this virus. And so this idea, this panic driven fear of getting this infection if you're under 70, your infection fatality rate is very low. There's this defined group that has a high risk. And we seem

to keep forgetting that whether it's talking about spread, asymptomatic spread or even mandatory vaccines, we start hearing noise now by some public health officials calling for young children to be vaccinated. Their risk is extraordinarily low from this virus. There's a moral, ethical question here if you're going to start saying that young children should be vaccinated for an infection that they have essentially no problem with.

Gov. DeSantis:

You mentioned fear and you mentioned some of the panic, and I think here we are March of 2021. If you go back a year, I think it was probably right around this time when things were really... Went from probably March 1st of 2020. The guidance was if you sneeze, sneeze in your elbow, stay home if you're sick. Then all of a sudden the world kind of shutting down. And I think the two things that probably caused a lot of that were some of these images of China where you just see people just dropping kind of in the street. And I still don't know exactly how that came to be, but you had that. And then you had these models that were done, particularly the one that was done by Neil Ferguson at Imperial College. That made its way, of course, to the prime minister's office in Great Britain, as well as the White House, because he did model the United States and with projecting millions of coronavirus deaths. Interestingly, he specifically excluded long-term care facilities from that.

Gov. DeSantis:

And as we know, the nursing homes have been a big bulk of the COVID related mortality in the United States. So he was predicting 2 million over and above that. And that really helped change, I guess, the game on this. Now, these models, I don't know. What would you say about the models, Jay? It just seems like these things have been wrong. Then not only Ferguson and Imperial, you had hospitalization models that were predicting massive hospital overruns. And really when they talk about some of these governors that sent the infected nursing home patients

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back to nursing homes, I think the reason they did that is because they were relying on models that say they were going to run out of hospital beds in three or four days and they wanted to clear out as many people who didn't need the medical care right at that time, even if they were contagious. Obviously, it was a bad decision, but I think it was driven by some of these faulty models.

Dr. Battacharya:

I mean, I think that the modeling in the early days were catastrophically wrong. I think you're absolutely right, governor. That the reason why some other governors decided to send the COVID infected patients back to nursing homes was to keep the hospitals open, anticipating this vast overrun of hospitals. In fact most of the country in March of last year, you didn't see a vast overrun of hospitals.

I think people were looking at China and at Italy, and they told themselves, look, China seems to have controlled the spread of the disease through its Draconian lockdown. And Italy had its hospitals overrun.

Dr. Battacharya:

And they drew the wrong lessons from that. Rather than trying to say, what would standard public health principles, what we do in a situation like this, we looked at models that were populated with parameters that we didn't actually know the answer. It was kind of a sort of hubris. We thought we understood when we actually didn't and made enormous mistakes as a result with many, many, many deaths that could have been averted. So I think I completely agree. I think the over-

reliance on modeling that had been shown over and over again to be imprecise at best and misleading at worst has been one of the major problems in this epidemic.

Gov. DeSantis:

Dr. Gupta, I mean, obviously we had the Ferguson came out of Britain. I know that is part of the Sage Committee. And then there were also, for the American situation, given to the White House, Coronavirus Task
Force. But Ferguson, he predicted 100 million deaths from swine flu. So there's obviously been a lot of faulty models out there for a long time.

Why all of a sudden did this become such a driver in the United Kingdom and in the United States, do you think?

Dr. Gupta:

That's not a question I can answer. I'm equally baffled by why in this particular instance that those exercises were taken to be... Well, all the... those predictions we use to drive policy in the way that they did. I think models, being a mathematical modeler myself, are exceptional conceptual tools. But in March of last year, we put out a paper which showed that you couldn't actually predict what was going to happen.

That's been my role all along is to say mathematical models, and they're all the same actually. They're elaborated in different ways and contain lots of assumptions regarding parameters and processes. And until you can validate all of those assumptions, you can't really rely on the output. But what you can rely upon is the fundamental linking of pattern with process that the model offers.

Dr. Gupta:

So almost everything I'm saying is on the basis of my understanding of how an infectious disease like coronavirus spreads through a population, which is on the basis of a very simple model, which is well established and we're all very well acquainted with it. And a lot of the work on which policy seems to be based is some kind of elaboration of that. So I said, which it requires a lot of faith in various assumptions and in various parameters for which people make guesses using statistical techniques, which I find problematic. I think it's very difficult to tell what's going to happen from a limited amount of data just by fitting a model to those data. What the model can do is tell you what the possibilities are and what data you need to collect in order to tell what's going on. And in March last year, that data would have been, how many people have already been infected? And that's what we set about to collect, but unfortunately proved to be very difficult to do that.

Gov. DeSantis:

So I guess it raises the question, because you had a lot of these models were... They were being used to influence policy, but also really used in particularly the popular media to really create a doomsday scenario.

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So how would you rate, from a scientific perspective, how the media has performed during this in terms of, are they providing the information with context and perspective? Are they trying to be more fantastical or hysterical in the coverage and particularly I think in those early days? So, Jay, what would you say?

Dr. Battacharya:

I mean, I think the media has induced panic. But I mean, I have some sympathy because many scientists were also inducing panic. So maybe they're reflecting what some of the scientists [inaudible 01:02:17]. What I'd recommend to the media is consult a much broader array of scientists when you're thinking about something like this. The panic that was induced has created its own harm. It's created a cycle of lockdown, a cycle of not protecting the vulnerable. It's actually harmed the health of the population in discreet ways and it's going to be very difficult to undo. I mean, just to give you some sense of this. The media has induced an environment where it's very difficult for even scientists just to do their work and say things that go against the conventional narrative for fear of facing attacks both induced again by the media on scientists themselves. I think science only works when you have an environment where people can feel free to speak openly about what they're actually believing and thinking. And the panic has made the work of scientists considerably harder.

Gov. DeSantis:

Martin Kulldorff, how would you say and you've been able to watch this for a year now?

Dr. Kulldorff:

Well, among my colleagues, so infectious disease technologist that I talk to personally, the majority don't believe in lockdowns and think that focus protection is right the way to go. But if we look at media,

they have sort of been focusing either on a very small group of scientists who have a different viewpoint, sort of ignoring those of us who don't believe in lockdowns and instead focus protection. But also the media has some kind of a heard thinking that's taking place. And

then those scientists who sort of go against the media has been assaulted by the media in a variety of way, which made many scientists to not wish to speak up because they don't want to go through all that nonsense. So I think the media has not done a good job in terms of understanding the whole pandemic.

Dr. Kulldorff:

And I think that there might have been a tendency to wanting to build up the fear because, for whatever reason, similar to when there's some small coming in the Northeast, the media will often sort of build up that this is going to be a big problem. And sometimes there's a big snow storm, but sometimes it's just some flourish. So there might be a tendency for media to sort of build things up worse than it actually is in some ways. And spreading fear is never a good idea when it comes to public health. That goes against how we should deal with diseases. We should just provide the accurate information and neither overblow the problem nor dismiss the problem.

Gov. DeSantis:

Dr. Gupta, from your vantage point across the pond, what would you say about how the media has handled the pandemic?

Dr. Gupta:

It's been atrocious. Because, I mean, right from just how the deaths and cases are reported, every time there's a slight uptick in cases, it becomes headlines. No one's talking about the deaths going down, which they, at the moment, we're in a very good position. So there's just been a willful distortion of just the basic data. And then when we talk about deaths, here the deaths are accounted as anyone who's died within 28 days of having a positive coronavirus test. But even that is not good enough. The media will say, well, actually it could be a lot higher, which is fine. Also, it could be. Who knows? But they never say,

oh, it could be also a lot lower. So there's absolutely no balance whatsoever. And as someone who has been personally attacked by the media and whose views have been misrepresented, I feel... I mean, I'm astonished. I cannot understand how the fourth estate, which is such a valuable part of any democracy could have participated in this way, in this tragedy.



Gov. DeSantis:

Dr. [inaudible 01:06:51], I mean, I know when you were on the task force, cutting against the grain, challenging some of the conventional wisdom, certainly cutting against the media narratives, they responded. I know that you had a lot of hit. There was a time where there was like a hit piece every other day. It seemed like a lot of anonymous sourcing. So how do you characterize the performance?

Dr. Atlas:

I think I agree with everything that's been said except I think it's even more than that. Because what happened in the town square of today, which is social media, is that it wasn't just attack mode, it was also overt censorship. I had my own YouTube videos when I had done an interview about schools opening pulled down. Various tweets were censored. I think many of us have had that happen. And this is really harmful. I think we're sort of exposing some issues that we weren't aware of. Not just the power of the government to shut down everything, but also the power of the media to just overtly control what is even said. And when you extend that to the rebukes of universities for speaking against their accepted narrative, we interfere with the process to achieve the truths that we need to seek.

Dr. Atlas:

And this is a huge problem. So I think that this is a great example, really, the pandemic of how the information has been suppressed, the media is hyperbolic. That's sort of their job. I would point out that the American media is different from the rest of the media. It's even worse. There's a study in the economics literature that quantified how much negative media was being produced about the pandemic. And in the English speaking media, outside the US, 53% of studies were negative about the pandemic. Inside the US, 90% of studies were negative about the pandemic. This is a very important thing to recognize. The media is reckless when they incite fear like that. There's a responsibility of the media that really has been, I think, abandoned in this.

Gov. DeSantis:

So as you had mentioned some of the negative effects of lockdowns,

but I also think not every negative effect was driven by coercive government policy. I mean, there was obviously a lot of fear gripping the public. If you look at people visiting emergency departments in the beginning of March of last year, there came a point for heart stroke where that just dropped off a cliff. And that wasn't government saying you couldn't go, that was, people were too scared to go in. So they literally would have a heart attack at their house and they wouldn't go in because they thought that if they went to the hospital, they would get coronavirus and potentially pass away. So some of these health effects are really fear induced effects, not necessarily even exclusively lockdown effects.

Dr. Atlas:

Yeah, absolutely. I mean, when you look at the data, 40% of acute stroke patients didn't call the ambulance. They were so afraid they just stayed home. You had something like up to 78% of cancer screenings were not done and that means that they were not detecting the cancers. That amounts to over a million cases this year alone in the United States, possibly. And then the other harms are the psychological harms from the fear. And if you look at the data that was just reported from insurance claims in teenagers, there was more than a tripling of insurance claims of teenagers for self harm. So, I mean, there's a four fold increase in suicidal ideation in college aged students in the US. There are massive harms from the fear and the isolation that had nothing to do with just overtly shutting down hospital care.

Dr. Kulldorff:

I think also the lockdowns and the fears go hand in hand, because fear has been sort of used as a tool to motivate the lockdowns. But also lockdowns generate the fear because the public will say, we have to lock down it'll be very, very dangerous. So it's sort of hard for them to distinguish between lockdowns and fear. I think fear, I think they are two sides of the same coin that has been used during this pandemic.

Gov. DeSantis:

So Dr. Kulldorff, Dr. Gupta, Dr. Bhattacharya, when you, this was many months ago, were advocating a strategy, focus protection, you were criticized as basically being renegades, going, obviously, it was against



the narrative. But it was characterized as if you were not "following the science." But Martin Kulldorff, you've talked about certain public health principles that are really foundational to the discipline. I mean, just a few, you got to look at all health outcomes, not just one disease.
You got to look at both long-term and short-term, but particularly long-

term. You can eliminate risks and harms in life. A case is really someone that's actually sick it's not just somebody that may have remnants of a virus. There's needs to be trust with the public. Don't shift the burden to particular groups. And so can you talk about some of those principles and then whether the lockdown and the way things kind of took off in March, was that departure from the accepted science, or are you the departure from the accepted science?

Dr. Kulldorff:

No, I think the lockdowns is something that has never been tried before. Is the departure from the basic principles of public health. Now, if you go to the doctor and the doctor treats you, the doctor needs to focus on a particular disease that you have, whether it's a cardiovascular problem or it's a mental health problem, or if it's a cancer. So the physician is trying to focus on a particular disease. But in public health, we can't do that. We can't just focus on COVID-19 and ignore all the enormous collateral public health damage from the lockdowns. We have to see this year as a whole for public health. So that's a very important principles of public health that we look at disease as a whole, all diseases, physical and mental health. And that was thrown out the window with these lockdowns.

Dr. Kulldorff:

There were never any sort of balancing of these things. Also, as the governor mentioned, we can't just look at it short-term, we have to look at the long-term. So like in the spring, there was all this comparison with countries, who had more and who had less. For example, the Czech Republic had, in the spring, quite low, but now it's the highest in Europe in terms of COVID. So we can't just think of this as a short-term, what is the thing? We have to look at the long-term. And that's also with the lockdowns, because cancer has plummeted in many countries,

but it's not because we don't have cancer it's because we're not detecting it. And if we don't detect, for example, cervical cancer, a



woman who would have survived 15 to 20 years, who will live 15 to 20 years, might now die three or four years from now.

Dr. Kulldorff:

So these consequences of the lockdowns are something that we are going to have to live with for a very, very long time, unfortunately. And also the one thing that the lockdown was successful with was actually

to protect the professionals who can work from home, including the journalists, scientists, lawyers, politician and so on. While the workers who had to be out there delivering food or working in the supermarket, et cetera, was taking the huge risks. That goes against the principle of

public health that this is health for the whole public not just for a specific group. We have to protect the public as a whole. And of course, that also goes with age. We can't sacrifice children because there are unwanted fear from some adults. Another principle that's always been

there and that was in the pandemic preparedness plans that many countries have prepared before this came, is that we do protect those at high risk.

Dr. Kulldorff:

That's sort of the standard procedure. But this belief that lockdowns were going to protect everyone, including the old, that was a very misguided and naive belief. But that meant that a lot of those things that are standard practices for protecting the high-risk older people, when they were implemented in many places. I know here in Florida, for example, there were very good testing of the staff at the nursing homes, but that was not the case in many other places where they instead test the school children and university college students, which is meaningless. And then I think one thing that is very worrying to me for the future is that this failure of these lockdowns, et cetera, has had on this pandemic. It's now obvious to more and more people that this did not take care and suppress the disease, which is exactly what we were saying back in October when we were signing and authoring the Great Barrington Declaration, arguing for focus protection.

Dr. Kulldorff:

We knew that there were going to be an increase in cases during the winter. And we were [inaudible 01:16:47] because nobody was

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advocating for lockdown. But it only took a few weeks after writing this Great Barrington Declaration for focus protection that people were starting to arguing for lockdowns again. So this huge failure in public health with these lockdowns has reduced, for good reasons, the trust in public health. And I think that's something that we as public health scientists and public health officials have to work very hard for many years now to start to rebuild that trust. And I think the first step is actually to recognize the after failure of these lockdowns during this pandemic and recognize that and say, yes, this was a mistake. And then start to slowly build up that trust again.

Dr. Kulldorff:

Because it is important that the public can trust public health officials, because we are going to have other health issues in the years to come. We don't know what they are, but they will come for sure and we have to re-establish that trust between the public and the public health officials. And it's sort of a two-way street, because if the public health officials don't trust the public, the public is not going to trust the public health officials. So yes, it's important for public to trust the public health officials, is equally important for public health officials and politicians to actually trust the public.

Gov. DeSantis:

Jay Bhattacharya, the response starting in March of 2020, lockdowns and everything that followed from that. Was that following the science, or was that a departure from the accepted science up to that point?

Dr. Battacharya:

An enormous departure in ways that that Professor Kulldorff has outlined. I mean, I think inducing panic is not good public health practice. Failing to protect the vulnerable is not good public health practice. Lying to the public about what you actually believe about the efficacy of certain interventions. I think in the early days that was the

case with a lot of public health officials around masks and so on. Trying to manipulate public emotion, creating division and moralization

of behavior. Saying, if you wear a mask, you're a good person. If you don't wear a mask, you're not a good person. I think that's public health

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practice. Stigmatizing disease to the point where people are afraid to admit that they've had COVID at all is incredibly bad public health practice. I think almost every single rule that I understood to be good public health practice has been violated during this epidemic.

Gov. DeSantis:

Professor Gupta, do you think the response starting in March of '20, the dominant response followed the science or departed from the accepted science?

Dr. Gupta:

Well, it's certainly departed from what I understood to be accepted public health responses to an event like this. I mean, even the purpose of a lockdown mutated from when it was implemented, I think, in China. As far as I... And I think we're perhaps a bit too harsh on the Chinese because I thought the purpose of that lockdown and the one in Italy was to stop the virus from spreading out. Now, it seemed to me misguided because given the amount of international travel, the likelihood that the virus hadn't spread out was zero essentially. But at least the purpose was, if you like noble, it was what people did in plague times.

Dr. Gupta:

A village which plague would say, no one's going to leave. We're not going to let this get out. From that it mutated to let's lock down so as to keep it out, which is quite nationalistic. Still being practiced, of course, by certain countries. And then it mutated to let's use lockdown to suppress the infection. I don't know where that came from. It seems to have come from nowhere. So just on the basis of just the logic

behind-

Dr. Gupta:

So just sort of on the basis of just the logic behind why you would want to lock down, that was something that I had never encountered before.

Obviously the attendant harms that then came about have already been spoken about, but just even the concept of lockdown to me kind of went through this revolution in a very short course of time before these unexpected measures came into being.

Gov. DeSantis:

Yeah, I mean the famous thing in the US was 15 days to slow the spread. And then, well we need 30 more days. And then it became, if you're open that somehow you're not following the science and all this

other stuff. And at least the reported basis for doing any of the mitigation, even short of lockdowns was to preserve hospital capacity. And it was pretty obvious that we had hospital capacity, I don't think there was a single hospital in the US that was actually overrun. I mean New York City had some early, but I think by and large our healthcare system handled this. And I know we, in terms of in Florida, would be similar to what we would, certainly over the winter, similar to what we would do for normal respiratory season. And we never had to go beyond our normal healthcare.

Gov. DeSantis:

So it went from save the hospitals to zero COVID, you can't have any case. Well one, that's a very different matter there, and obviously that's something that would be elusive, and it would be very damaging trying to actually do that. Well look, I think we're here a year later, hopefully wiser in the ways, maybe sadder perhaps in some respects to look around and see, I think some of the unnecessary damage that's been done around the world and certainly in our country. But I do think that there's a lot that people can learn. And I know you guys have been very outspoken and I think it's had a really positive impact, and hopefully will continue to have a positive impact going forward.

Gov. DeSantis:

Now we do have some folks here that may have some questions, so we'll open it up and see if anyone has anything for any of you guys.

Press:

If I may, the September round table with Dr. [inaudible 01:23:16], was it a precursor to you opening up [inaudible 01:23:20] based on the conversation here?

Gov. DeSantis:

Well I think if you looked what I did, so the state was open. I had local governments that had certain restrictions, so we overrode those. We've

not allowed any punitive measures for these policies. The people that have been fined for violating a mask order or any type of social distancing, we've remitted all those through our clemency authority and we'll continue to do that. I think coercive measures, I think have failed. And I think the proper role for public health is to give people information, to provide some guidance, but ultimately individuals should be able to make their own decisions. And I don't think it could

be a compulsory and I don't think certainly it should come under penalty from the state. There are actually some places in our country I think, where you could potentially have jail for not wearing a mask or some things like that. I mean that is just way, way overboard. And so put out the information, let people make those decisions. And I think that's the appropriate role for government going forward.

Press:

Has the federal government sped up the distribution of the COVID vaccines? And if so can you speak to the criticism you received from legislators here in the Capitol and some media outlets about your COVID rollout?

Gov. DeSantis:

Well I think if you look we were the first state to put seniors first. We've done up close to two thirds of seniors in the state of Florida, we have a massive senior population. We've had over 3 million seniors have had shots. We're getting to the point where we're probably going to start having the saturation. The demand once you get into the 70%, it really does start to trickle down. So we've reduced the age to 60, we're getting pretty good demand for that although it's not been overwhelming. So if you look at seniors we've done the highest percentage, we're either number one or close to one for the percentage of all of our doses that have gone to seniors, which is where the risk is. We also have done close to the top, if not the top for the number of seniors. And then we have done a high percentage of our seniors. And

so I think that that was the right approach, I think it's work.

Gov. DeSantis:

We've not gotten an increase lately. We were about 250,000, 260,000 initial doses a week. Obviously they do do the second doses, but that's



not going to make the impact for people that haven't had any shots. So now we're getting about 200,000 of each Pfizer and Moderna, and we're going through those if you look at our report. You really need to give it a few days because the reporting lags, but if you go back to last week we're doing 150,000, 160,000 shots every single day, and people are using the vaccine. We have a bunch of different distribution mechanisms, which I think is the right approach rather than have it all centralized with the government. So we have a bunch of retail pharmacies throughout the state, we do have state supported sites, we have drive-through sites, we're continuing to do church drives, we're doing senior communities.

Gov. DeSantis:

So I think if you look the numbers have been very strong, we've led the way on seniors. And I think that ultimately is going to have the most public health benefit. It'll save the most lives, it'll prevent the most people from being hospitalized. We are going to get down into the younger age groups but first things first, we're going to do the seniors, now we're doing 60 as well. I will move it down to 55 this month and that announcement will come very soon. But I think we're really happy with the progress that we've made.

Press:

And governor at that September panel with Dr. Poldark [inaudible 01:27:11] you discussed the idea of a student Bill of Rights for all students facing punishment from school for partying and such along those lines. Have you considered proposing something like that?

Gov. DeSantis:

So what we did, at that point I told the colleges, don't police these kids' social lives, it's a waste of resources. Let them behave as college students. And you know what's happened throughout the country, not just Florida, there have been cases amongst college students. How many have been admitted to hospital? Almost none. Some have, but very, very few. And I think what you've seen in place like Leon, it's been self-contained. And so it's not, you don't want to police these kids. And

in the mental health when they are treated in some of these colleges and other parts of the country like they're in a prison, is very damaging. And quite frankly, to be having parents pay for this is obnoxious. So I think that universities here have gotten away from that but I think the problem is they still have so many of the classes that are done remotely.

Gov. DeSantis:

So you can come to Florida State, you can behave normally outside of the classroom, but you don't have a normal classroom experience. And I think that they need to be teaching in the classrooms, and I think that's been the main ingredient that's been missing. But I think Florida's done much better at treating these college students with respect and allowing them to live their lives. They're at incredibly low risk. And if you impose draconian measures on them for COVID you really got to do it for flu season too, because I think most college kids are probably more susceptible to influenza. So if the legislature wants to do something, if I need to do something, we will. But they did head at least that message, they have not headed the message about getting back to in-person instruction. We've got people, I mean Martin has pointed out, you'll have people, blue collar people have been working throughout this whole time, and yet you can't go and give a lecture in person? I think you can do that.

Gov. DeSantis:

So we want to get everybody to have in-person instruction for the universities, and I think that's been the thing that we're not 100% on. But I do feel like the kids are treated much better as a result of what Jay and Martin and others were saying at the time. And me saying that, Hey, let these kids be kids. And it's better for their socialization, it's better for their mental health for sure. I still think that they need to be in in-person classes and not have much of it done remote.

Press:

Governor, you said that if anyone tries having vaccine passports that maybe [inaudible 01:30:05] for Florida and [inaudible 01:30:06], can you expand on that?

Gov. DeSantis: Well I don't know for sure kind of what that would mean, and I think



because of what Dr. Gupta said, Dr. Bhattacharya Dr. Kaldorf, the vaccine passport is a terrible idea. We are definitely not going to require anything from the state's perspective, that is totally off the table. If I have businesses that want to do that in Florida, I think that that's more than just a private decision. I think that impacts our society, I think that impacts people, particularly disadvantaged people in a way that would really be negative for our state. So what form that would take, I'd have to discuss it with my folks, I'd have to discuss it potentially with the legislature, but I think it's a very, very bad idea.
Look, if you want to go to a movie theater, or a concert, all this stuff, go.
If you don't, don't. But to require somebody to show some type of proof of vaccination, I think is completely unacceptable and it's not something that we're going to support here in any way in Florida.

Press:

Governor, are you concerned that the Senate appears to be taking the combating public disorder legislation hostage so early in the session?

Gov. DeSantis:

So here's the thing, you saw what happened in some of these other places last summer. Florida, we were on the ball, we didn't let it happen. You are going to have more of this happen over the next couple months, I can tell you that right now. And so the question is, are we going to be prepared to respond appropriately and protect our people? And I think the House believes that we will, I think a majority of the Senate believe that, but this is something that they should do. And I think it's something that's a priority for a lot of people, a lot of Floridians want to make sure that we have have safety.

Gov. DeSantis:

If you look in the United States it's beyond just the rioting, and I think this is because of the lockdowns. I mean crime has gone up in many parts of our country. If you look at murders, they've gone up pretty significantly. And this is really bucking the trend of where this had been going, we had had historically low crime throughout the United

States for a long time. You look at some of these cities and again,

Florida has done better than many of those, but you've seen this increase. And again, that's not just because of the rioting it's for other,



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but I do think it does, I think these lockdowns I've had an effect on that. You can't just start tearing down society and think that there's not going to be effects to that. Of course there's going to be effects to that, and I think that some of the increase in crime that we've seen in other places cannot be completely divorced from these draconian measures. Yes sir?

Press:

[inaudible 01:32:51] I understand that they were here in the capitol?

Gov. DeSantis:

Yeah, so we had basically a lot of folks who were in that in that industry. As you know there's always discussion about doing a compact with the Seminole Indian tribe, which we're happy to engage in those negotiations. And I think we have a good relationship with the Seminoles, but ultimately I don't represent the Seminoles. I represent Florida businesses and employees, and we want to make sure that those folks are able to do well under whatever arrangement may be reached between the state of Florida and the nation of the Seminole Indian tribe. So I think it was productive, and I think we'll see what will comes up with that, but something will come up a bit probably one way or another with within the next week or so. I think we'll know whether we have a path to have an agreement or whether that agreement may remain elusive going forward.

Press:

Is the tribe [inaudible 01:33:47] are they in agreement as well?

Gov. DeSantis:

So the tribe was not here for this. I just had discussions with the tribe, I know the Senate has had ongoing discussions with the tribe, but today was really to bring the pair of mutuals in, see how things are going. And oh, by the way, I have some of these guys that operate in a bunch of States. You talk to businesses that operate in different states. They operate in Florida, they operate in Illinois, California, whatever, 100% of them will say, thank God for Florida. They cannot operate in a way

that's effective in a lot of these other states, that's true with parimutuel, it's true with a lot of other businesses. And so they really



appreciate I think, and they said, yes, we're open, which we think is good, but much more important to us is making sure that everything is open. That's really when the state does well, we do well. And that goes for economy, schools, all the like.

Gov. DeSantis:

And they were remarking because they follow these statistics. People are starting to acknowledge some of this, they didn't want to acknowledge it for a long time. Florida doing a strategy of focus protection, we have 40 states in our country that have higher per capita mortality, COVID-related mortality for 65 and up senior citizens than the state of Florida. And so I think that that's, so we have way more seniors, they're spread out all over the state. I mean in some respects the protection is more difficult. And obviously some of those states did a lot of very poor policies in nursing homes that really drove up those numbers. I think in some respects, way higher than they would have been had they not engaged in that. But if you look at that, part of that is nursing homes, part of that is seniors first on vaccinations.

Gov. DeSantis:

Our unemployment rate though is 4.8%. The national average is 6.3%, New York, California, 8%, 9% range. Those unemployment, you talk about public health, it's not just about people being able to make money. I mean obviously you need that for a livelihood. Just think if our unemployment rate was 8%, 9%, 10%, how many fewer people would have health insurance through their jobs? How many people would have mental problems or have psychological stress as a result of not knowing how they were going to make ends meet? So it's much more than just the numbers, and the GDP, and all that. When people have the ability to put food on the table and they have the ability to work, to run businesses, to do all those things, that has a lot of positive downstream effects on society.

Gov. DeSantis:

And I think that we'll see some of the negative impacts of lockdowns. Yeah, you can look and see the difference in unemployment rate right now and that's significant, that matters. You can see the fact that schools are closed in some of these places and they're open in Florida right now, that's significant. But I think the effects of this are going to be cataloged, not over days or weeks or months, but over years.

Press:

Sir, we've heard over and over again, 65 and older, that's the priority. Yet we've seen reports that state prisoners, older state prisoners aren't being offered the vaccine yet. Why are they being excluded from being offered the vaccine from the medical professionals here? Is that a public health policy?

Gov. DeSantis:

So what we're doing is we are focusing, obviously on our law abiding population first. We've done almost two thirds of our seniors, and we're now doing 60, 60+. As the vaccine becomes more available that's something that we'd be happy to look at, but I do reject what some states did, they actually vaccinated prisoners before they vaccinated their elderly population. And I'm thinking to myself, why would you do that? That's ideological, that's not based on the appropriate risk. But as the supply increases it gives us the opportunity to do more. And I do think the 60 to 64 demand, it's pretty good but it's definitely not as intense as that senior citizen demand when we first opened it up. I mean man, you had a crushing demand. And so that started to slow. And as we get into the 70% vaccine, it's just going to slow down even more. 60 to 64 there's pretty good demand, but it's not overwhelming the limited supply we have.

Gov. DeSantis:

I think as we go down to 55, obviously that's more people that will be in the kitty, but I think it's something that we're going to be absorbing. However, we're projecting no increase in vaccine for Pfizer or Moderna for the next two or three weeks under the projected allotments right now. We thought by the time we would get into April the flood gates would open, as right now we're projected to get no additional Johnson and Johnson for the foreseeable future. Now we know eventually we're going to start getting more Moderna, more J&J, and more Pfizer that will happen, but it isn't going to happen over the next couple of weeks it seems. And so that's just something we want to make sure that the folks who wanted are able to get it.

Gov. DeSantis:

I hope, I didn't know how much demand there would be for J&J, because even though I thought, I mean I think you guys probably hear the clinical results are very good, it's like 10 protection against death and serious illness and hospitalization after 28 days. But it was portrayed as being less effective because for mild infections, Pfizer Moderna were a little bit more protective. And I told people, I said, man, if you have a chance for J&J this is a good vaccine. But we didn't know when we offered J&J would there be a lot of people that were saying, no, I want the Pfizer or Madonna because I think it's better, it's actually been the opposite. They like the one dose, they want the one dose. And so anytime we've rolled that out any place it goes very quickly.

Gov. DeSantis:

But I will say because we're not going to get additional J&J for a few weeks, if you have your heart set on J&J but you have an opportunity to get Pfizer and Moderna in the interim, you should probably take the Pfizer and the Moderna. Because we can't say next week you're going to have J&J available, I can't say by April 1st you're going to have J&J available because we just haven't been given that sourcing yet at this point. So if you like the J&J you will have opportunities in the future, but I would not forestall or I would not ignore a chance to get the Pfizer or the Moderna. They've all been proven I think be pretty effective overall with this. Does anyone have any additional questions for any of our experts?

Press:

Can someone answer whether you think prioritizing or keeping prisoners toward the end of the prioritization list is a good idea, even if they're older?

Dr. Battacharya:

I mean I think the disease has spread unfortunately through the prison population pretty substantially. So I guess the question is if someone who's older has already had an infection I don't think the vaccine would

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help them. So I think anyone that's older should get the vaccine that hasn't had the disease before. As far as prisoners particular as a population, I mean of course they don't intermix with the rest of the population just by nature of who they are. So it's a complicated question is what I'd say to that.

Gov. DeSantis: Any other questions for the experts? Okay, well-

Press:

From the gaming compact, what would you like to see? What's your priorities?

Gov. DeSantis:

Vindicate the best interest of the state of Florida. I mean at the end of the day that's what we're looking at. Now we're fortunate, because I think if we were sitting here 11 months ago everyone would have assumed man, the state is going to be just hurting for resources, they're going to be begging you to do a compact, they're going to figure out whatever. And that obviously is not the reality on the ground. The fact is our revenues are coming in much better than anticipated, our unemployment's much lower. We did get some of the money from the Federal stimulus, which even though we're getting a lot less than we would have on a per capita basis and are penalized because our unemployment's lower, it still is a lot of money. So we're just in a different situation.

Gov. DeSantis:

If it's something that benefits the state, we obviously have an obligation to work to do that. But at the same time we are not in a position where we're desperately needing additional revenue at this point. And I think that that's a good position to be in, and it's only a position that we're in because we didn't follow these lockdowns for all these many months.

Gov. DeSantis:

So I want to thank all the experts for taking the time, I know you guys got a lot going on. I know you've put a lot of effort into providing I think



some really strong counsel to a lot of folks in policy positions. And hopefully this'll be an experience that we all can learn from, but I think as people do look back on this, and I really think that they'll look at you guys as people who were focusing more on kind of the core principles of public health, focusing on the data. Yes, cutting against the grain and sometimes meaning that you get treated poorly in certain quarters, but you know what, that's what you're supposed to do. Certainly in my position that's what I have to do. But I know there's a lot more people out there in your professions who believe that you're right, who are maybe not willing to come out and speak out because of those reasons, and so we thank you for being willing to do that. Thanks.

Press:

Governor, just to be clear, would you let the legislature go home without the public disorder legislation?

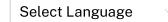
Gov. DeSantis:

Oh, I don't think that's going to be an issue. I think they know they're going to have to do it. So the question's not whether I let them go home, what would their voters do if they go home without doing it? I know our voters would be very upset.

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