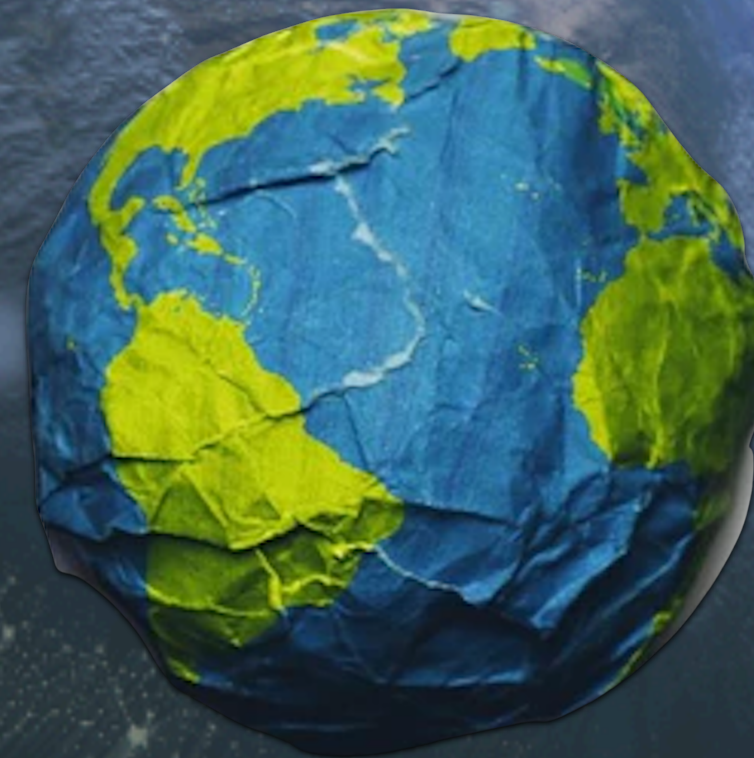

ROUNDING THE EARTH

NEWS ROUNDUP



FRIDAYS AT NOON PST

Presented by Liam Sturgess

AUGUST 12, 2022

TODAY'S MAJOR ITEMS

- **Confuse, Divide, Conquer**
- **San Diego County Data Busts a Hole in Vaccine Efficacy Narrative**

Effective Citizenship During the Pandemic - Round Table w/ Sonya Anderson and 1st Lt. Mark Bashaw



Rounding the Earth · Published August 8, 2022 · 110 Views

UNSUBSCRIBE 220

SHARE 



Streamed on: Aug 9, 1:00 pm EDT

+ - 7 rumbles

EMBED 

Follow Mark on Truth Social: @markbashaw

Find Sonya's work at www.CanadianCovidCareAlliance.org and www.CitizensHearing.org

Court files for Canada Travel Mandate case: <https://www.fct-cf.gc.ca/en/court-files-and->



FDA: "No Informed Consent Required"...

 Rounding the Earth



CDC shifts on Covid vaccine "preventio..."

 Alison Morrow
1,085 watching



DC Fantasyland -- No Recession & Inflati...

 The Ron Paul Liberty Report



DEEP STATE RAID ON TRUMP I...

 FRONTLINES w/ Drew Hernandez



The Great Reset Is REAL!

 Russell Brand



Nunes: After retaking House, GOP needs...

 Devin Nunes

C.D.C. Eases Covid Guidelines, Noting Virus Is ‘Here to Stay’

The new guidelines eliminate quarantines and put less emphasis on social distancing, routine surveillance testing and contact tracing.

 Give this article





 1.4K



People who are exposed to the virus no longer need to quarantine at home, regardless of their vaccination status, according to the new guidelines, but they should wear a mask for 10 days and get tested for the virus on Day 5. Jim Wilson/The New York Times

<https://www.ctvnews.ca/health/coronavirus/cdc-ends-recommendations-for-social-distancing-and-quarantine-for-covid-19-control-no-longer-recommends-test-to-stay-in-schools-1.6023579>


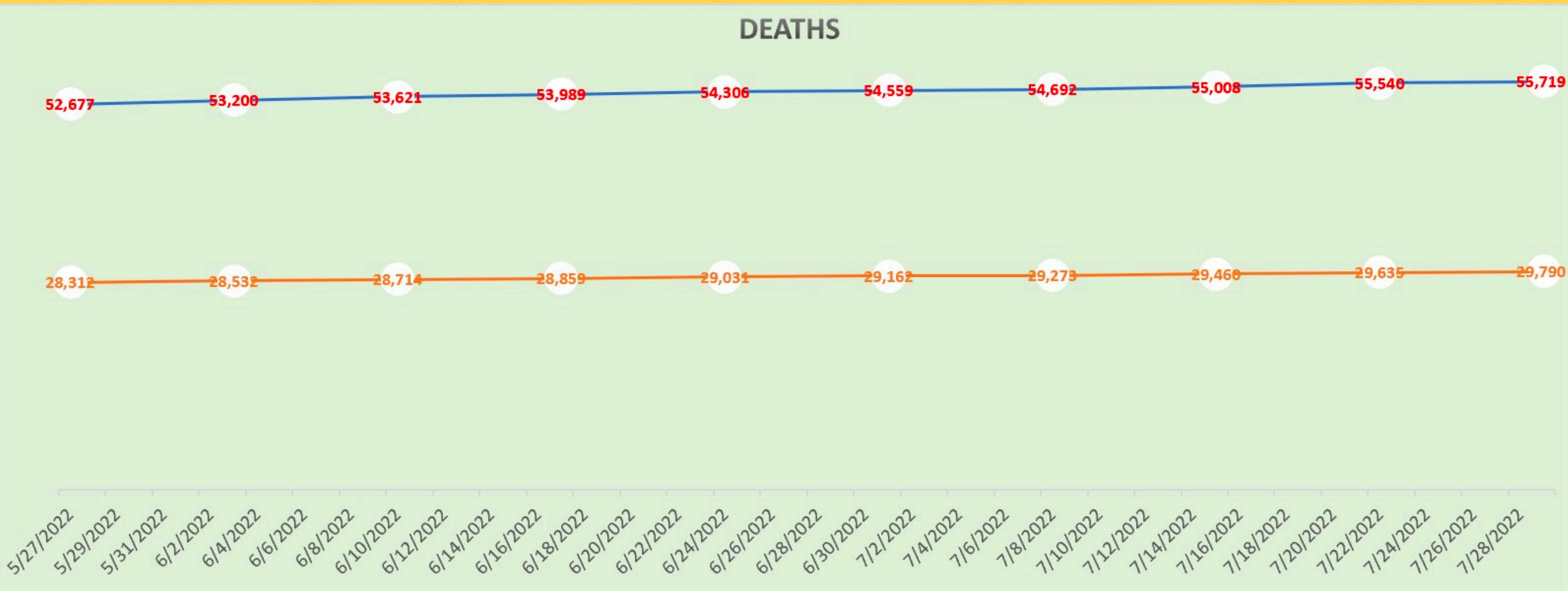
<https://www.nytimes.com/2022/08/11/health/virus-cdc-guidelines.html>

CORONAVIRUS | News

CDC ends recommendations for social distancing and quarantine for COVID-19 control, no longer recommends test-to-stay in schools



New VAERS Aug 12th = 30,162 DEATHS (78 DOMESTIC, 103 FOREIGN) AKA (13,972 DOMESTIC; 16,190 FOREIGN)

Date	5/27/2022	6/3/2022	6/10/2022	6/17/2022	6/24/2022	7/1/2022	7/8/2022	7/15/2022	7/22/2022	7/29/2022	8/5/2022	8/12/2022																																							
Perm Disability	52,677	53,200	53,621	53,989	54,306	54,559	54,692	55,008	55,540	55,719	56,021	56,477																																							
Deaths	28,312	28,532	28,714	28,859	29,031	29,162	29,273	29,460	29,635	29,790	29,981	30,162																																							
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vaxx'd	583,987,458	586,508,124	588,874,667	590,795,244	593,425,527	595,863,991	597,484,428	598,931,486	600,997,474	603,258,661	603,904,455	605,873,225																																							
*new vaxx'd this week	2,610,730	2,520,666	2,366,543	1,920,577	2,630,283	2,438,464	1,620,437	1,447,058	2,065,988	2,261,187	645,794	1,968,770																																							
Reported cases	1,277,980	1,287,595	1,295,329	1,301,356	1,307,928	1,314,594	1,328,985	1,341,608	1,350,950	1,357,940	1,371,474	1,379,438																																							
*new cases	9,972	9,615	7,734	6,027	6,572	6,666	14,391	12,623	9,342	6,990	13,534	7,964																																							
Total Deaths	28,312	28,532	28,714	28,859	29,031	29,162	29,273	29,460	29,635	29,790	29,981	30,162																																							
New Deaths	171	220	182	145	172	131	111	187	175	155	191	181																																							
New Deaths / New Cases	0.0174	0.0230	0.0235	0.0214	0.0263	0.0197	0.0077	0.0140	0.0137	0.0233	0.0144	0.0237																																							

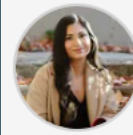
Messages:		
▶ VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.		
▶ These results are for 1,379,438 total events.		
Event Category ↓	Events Reported ↑↓	Percent (of 1,379,438) ↑↓
Death	30,162	2.19%
Life Threatening	33,475	2.43%
Permanent Disability	56,477	4.09%
Congenital Anomaly / Birth Defect *	1,141	0.08%
Hospitalized	172,590	12.51%
Existing Hospitalization Prolonged	1,943	0.14%
Emergency Room / Office Visit **	120	0.01%
Emergency Room *	133,570	9.68%
Office Visit *	202,530	14.68%
None of the above	899,943	65.24%
Total	1,531,951	111.06%

You're getting BAMBOOZLED! 100k'S SERIOUS AE'S hiding here!

<https://twitter.com/welcometheeagle/status/1558118532650373120/photo/1>

Polio is back on the radar of Canadian health officials. Here's why

Although Canadians are largely vaccinated against polio — the disruptions from the COVID-19 pandemic that has led to children missing routine immunizations, or vaccine hesitancy fuelled by pandemic misinformation, could leave some vulnerable to an illness that was thought to be far in the rear-view mirror.



By **Olivia Bowden** Staff Reporter
Fri., Aug. 12, 2022 | ⌚ 6 min. read

🔄 Article was updated 4 hrs ago

Polio, an infectious disease that was eradicated in Canada nearly three decades ago, has re-emerged in some Western nations despite widely available and effective vaccines against the illness.

And although Canadians are largely vaccinated against the disease that can cause paralysis or death, the disruptions from the COVID-19 pandemic that have led to children missing routine immunizations, or vaccine hesitancy fuelled by pandemic misinformation, could leave some vulnerable to an illness that was long thought to be in our rear-view mirror, experts say.

On Thursday, the Public Health Agency of Canada announced it plans to test wastewater across the country for traces of the polio virus.

Other countries, meanwhile, have started vaccination campaigns to deal with new cases.

In London, England, children age one to nine became eligible for a polio booster shot Wednesday as British health officials say they've found evidence that the virus has spread to multiple parts of the city. Testing sewage water from eight boroughs in London has led officials to believe that transmission has spread beyond “a close network of a few individuals,” said Britain's Health Security Agency. The polio vaccine is already a part of routine immunizations for British children.

And in the United States, the country last month reported [its first case of polio in 10 years](#).

The Mar-a-Lago raid brings the United States a step closer to civil war

STEPHEN MARCHE

SPECIAL TO THE GLOBE AND MAIL

PUBLISHED YESTERDAY

 311 COMMENTS

 SHARE

 BOOKMARK

Stephen Marche is the author of The Next Civil War.

The United States took a major step toward civil war this week, and it is unclear how it can take a step back. With the FBI raid on Donald Trump’s Mar-a-Lago, another once-unimaginable scene in American politics played itself out. The Secret Service had to allow FBI agents into an ex-president’s residence.

The event itself, shocking as it is, matters less than what the event presages. Nobody so far knows why exactly the FBI raided Mar-a-Lago, but the Department of Justice (DOJ) had to take the warrant to a federal judge and specify which objects they were searching for and the crimes to which the objects were tied. It’s a safe bet that the FBI would not have risked the raid unless they were preparing to arrest Mr. Trump and that they were confident of a conviction.

An ex-president in jail is an entirely plausible scenario at this point. But even people who have craved that comeuppance since the moment Mr. Trump descended an escalator to the applause of a hired audience should take a deep breath and ask themselves: What will the fallout be? Is it worth it?

For many on the left, this moment is just too sweet not to relish. The Mar-a-Lago raid is the part in the gangster movie where the Feds break through the door, and all the impunity comes to an end. But what is so hard to explain to people on the left about the peril America finds itself in is that the right feels every bit as besieged and desperate as people on the left do.

At the most recent Conservative Political Action Conference, a banner displayed a terrifying motto: “We are all domestic terrorists.” That same conference featured a sort of performance art piece: an actor playing a Jan. 6 rioter in prison clothes weeping in a cell. House Representative Marjorie Taylor Greene came by to comfort him. Whether or not this self-pity is justified hardly matters; they sense themselves to be political prisoners.

In its glee at a possible Trump arrest, the forces that believe in American democracy should not confuse this moment with the system working or normalcy returning to political life. It isn’t. The arrest of an ex-president is a catastrophe – a necessary catastrophe, perhaps, but a catastrophe nonetheless.

The left should recognize the situation it finds itself in. Nearly half of their country no longer believes that equality under the law is as important as their own party controlling the machinery of government. And their response to any law enforcement that opposes their partisan interests is increasingly violent and vengeful. They can either live in a functional democracy or the United States, but not both. The time for choosing is coming sooner than anybody expects.

New Langya virus found in China could be 'tip of the iceberg' for undiscovered pathogens, researchers say



By **Simone McCarthy**, CNN

🕒 Updated 3:55 AM ET, Fri August 12, 2022

Hong Kong (CNN) — More surveillance is needed of a new virus detected in dozens of people in eastern China that may not cause the next pandemic but suggests just how easily viruses can travel unnoticed from animals to humans, scientists say.

The virus, dubbed Langya henipavirus, infected nearly three dozen farmers and other residents, according to a team of scientists who believe it may have spread directly or indirectly to people from shrews -- small mole-like mammals found in a wide variety of habitats.

The pathogen did not cause any reported deaths, but was detected in 35 unrelated fever patients in hospitals in Shandong and Henan provinces between 2018 and 2021, the scientists said -- a finding in tune with longstanding warnings from scientists that animal viruses are regularly spilling undetected into people around the world.

"We are hugely underestimating the number of these zoonotic cases in the world, and this (Langya virus) is just the tip of the iceberg," said emerging virus expert Leo Poon, a professor at the University of Hong Kong's School of Public Health, who was not involved in the latest study.

The first scientific research on the virus, published as a correspondence from a team of Chinese and international researchers in the [New England Journal of Medicine](#) last week, received global attention due to heightened concern over disease outbreaks. Hundreds of thousands of new Covid-19 cases are still being reported worldwide each day, nearly three years since the novel coronavirus behind the pandemic was first detected in China.

<https://www.cnn.com/2022/08/12/china/china-new-virus-disease-animal-spillover-intl-hnk/index.html>

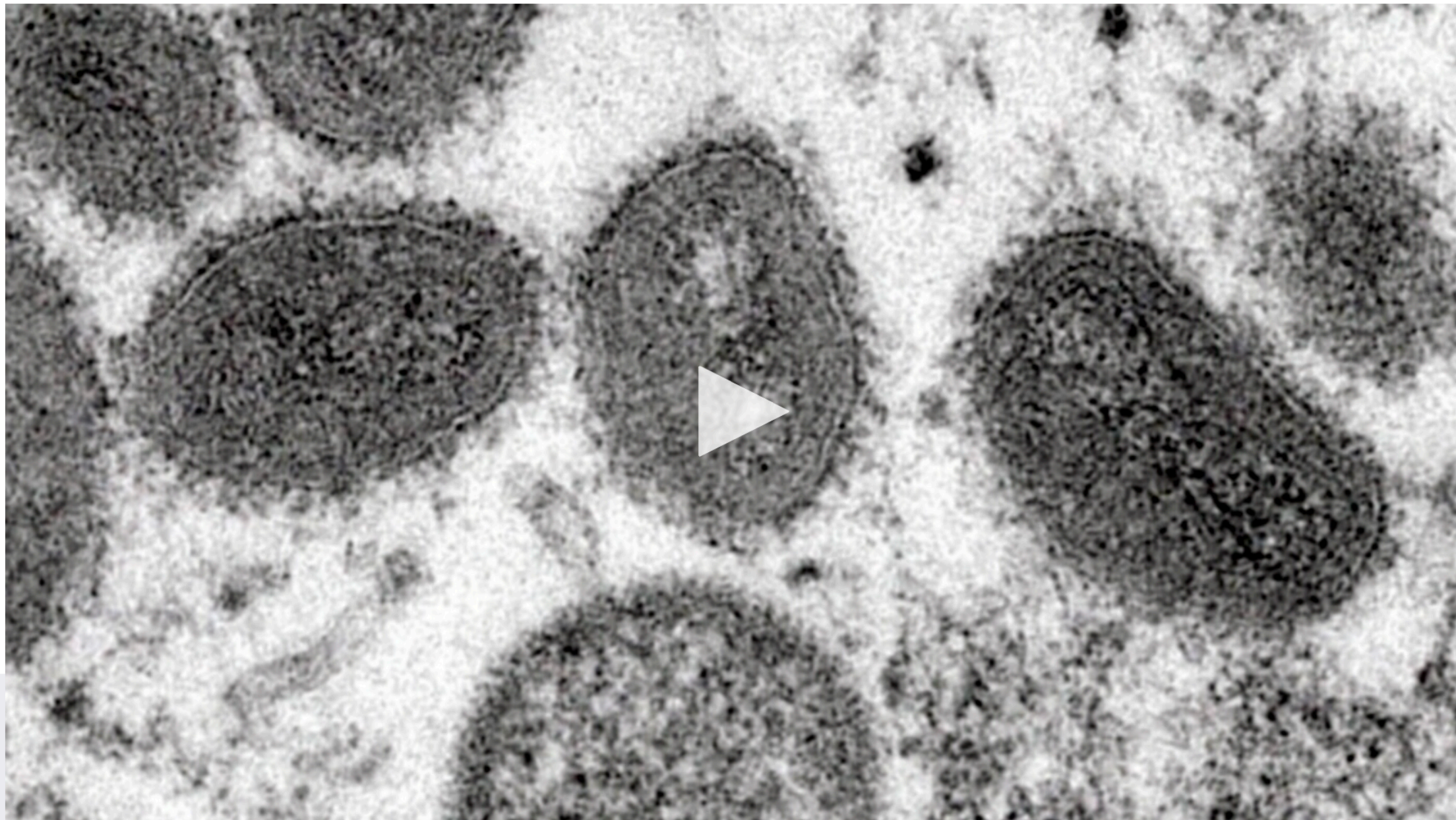
ITEM #1: CONFUSE, DIVIDE, CONQUER

CONFUSE, DIVIDE, CONQUER

- **1. We're being overwhelmed with "news" items related to COVID-19, monkeypox, polio, and even *more viruses*; Trump, China, Biden, "Civil War," et al.**
 - **2. Somebody is messing with somebody. But who? And why?**
 - **3. If we're not careful, we risk becoming the thing we are attempting to defeat.**
-

GAY OR NAY?

Vancouver agencies among those to receive funding for monkeypox awareness campaigns



Vancouver-based Community-Based Research Centre and H.I.M Health Initiative for Men Society will receive funding, as will the Queer and Trans Health Collective in Edmonton.

"I am pleased that this funding will help organizations such as H.I.M Health Initiative for Men Society, a community-based organization here in Vancouver that has been dedicated to promoting the health of gay and bisexual men," Fry said in a statement.

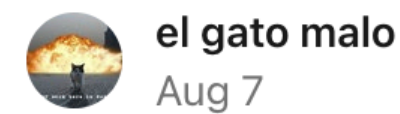
[The provincial government says](#) it's working closely with its counterparts and officials in Ottawa to stop the spread of monkeypox, and according to the BCCDC, the risk to the general population is still considered low.

Monkeypox often presents as a flu-like infection with a rash and spreads through close personal contact with someone who is symptomatic.

Health officials have recommended vaccinations for high-risk groups, including health-care workers, close contacts, and men who have sex with men and have recently had multiple sexual partners.

DEI viral outcompete: monkey-business with monkey-pox

partisan politics > public health. again.



♡ 671

💬 292



prior to 2020, unless you had had some cause to come in contact with the gears of their machinery, most americans had a reasonably positive impression of public health agencies. the CDC, the NIH, the FDA, they were doing good work at hard jobs and had offices full of bright and hardworking scientists seeking to keep america safe. or so so many told themselves...

it's amazing stories you can believe if you've never seen how the sausage is made...

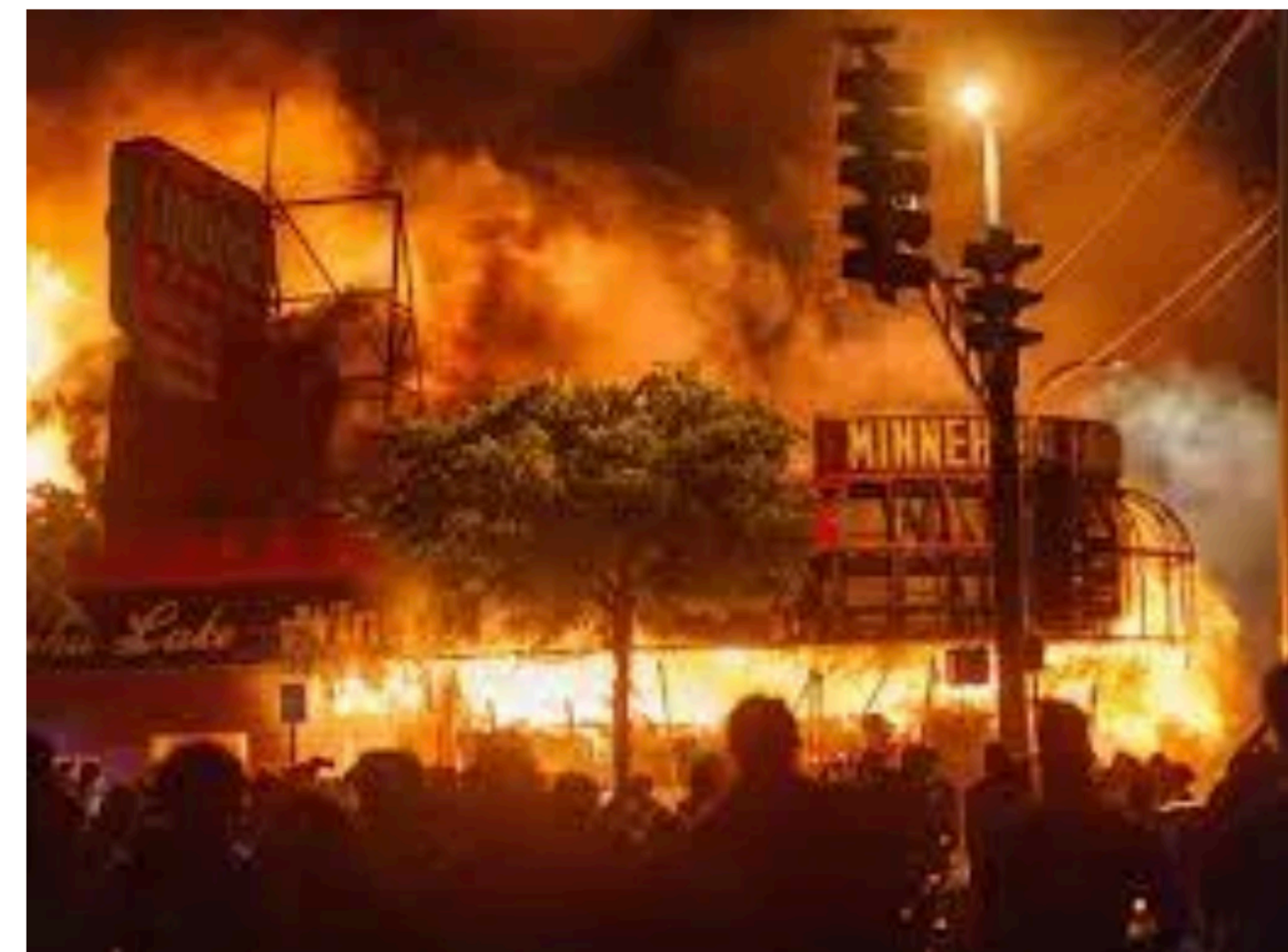
but how do you like them now?



for many, the first inkling that this was all rank nonsense came in the summer when suddenly the very same public health figures who had just gotten done extolling the dire necessity of keeping humans away from other humans and damn the costs or economic impacts were suddenly telling you that “structural racism” was the greater public health crisis and that getting together with a few hundred thousand pals for days on end to protest it was not only an exception to all these lockdown rules but a laudable and even vital act in service of public health.

“it’s science™!” they swore.

it was the dominant virus, more dominant even than the one we closed the world for.



oddly enough,

“you may not go to work and run your business because it’s unsafe, but gathering in the streets to burn that business down is the most important issue of our time and covid be damned”

did not go over terribly well.

this outcompete is once more on vivid display in monkeypox, a minor disease of little serious import that is spreading only in very narrow community confines and could, if anyone really wanted to, be stopped quite readily.

it's being declared "an emergency" because, apparently, everything is and must be, but the facts of the matter are plain:

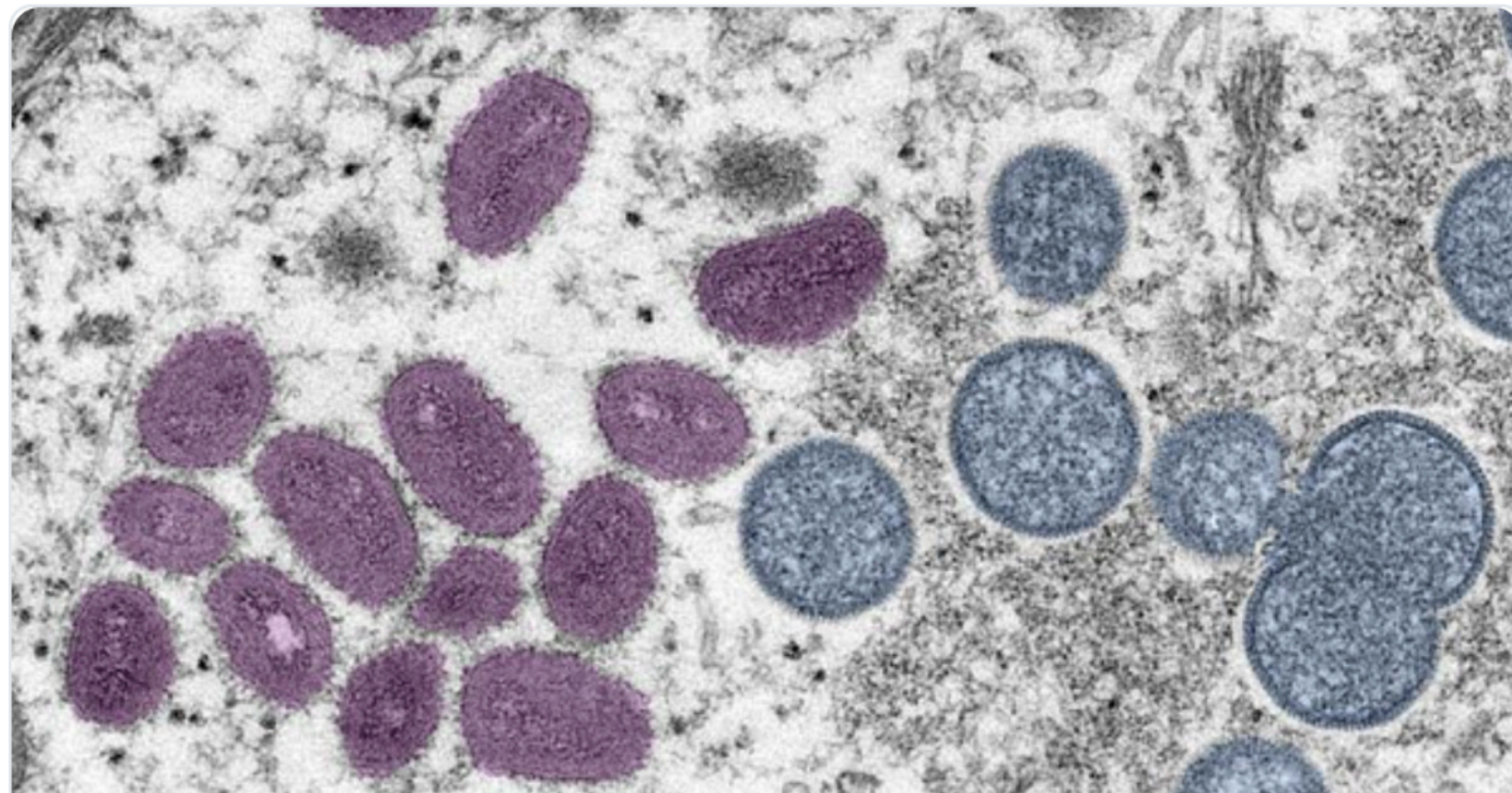
monkeypox is spreading as a disease of men who have sex with men. it spreads by direct intimate contact and rarely beyond that. most of spread vectors seem to lead to things like raves and sex parties where lots of casual sex between a great many partners is occurring.



- 99% are male
- Median age 37
- 22 cases are women

However, there is not sustained transmission outside of interconnected sexual networks

Read more:



UK monkeypox case numbers begin to plateau

The UK Health Security Agency (UKHSA) has published the latest technical briefing, which shows early signs that the outbreak is plateauing.

gov.uk

August 5th 2022

42 Retweets 82 Likes

the data here is **nothing like subtle**:

Among 291 men surveyed, 40% reported that they had two to four partners and 14% reported five to nine partners in the three weeks before developing monkeypox, according to the report. About 19% reported 10 or more partners during that period, the CDC said Friday.

And among 86 men who reported information, 28% said they had had group sex, which is defined as sex with more than two people, at a festival, group sex event or sex party, based on the report. The research was conducted from May 17 through July 22.

and neither is the response (or lack thereof). in fact, it's astonishingly telling.

lockdowns, business closures, gathering bans, mandated protection, and contact tracing do absolutely nothing for an endemic respiratory virus. they cannot. they are the wrong tools for the job and could not possibly work even if implemented perfectly: they are the tools to address a different kind of pandemic.

in no small irony, that kind of pandemic looks EXACTLY like monekypox.

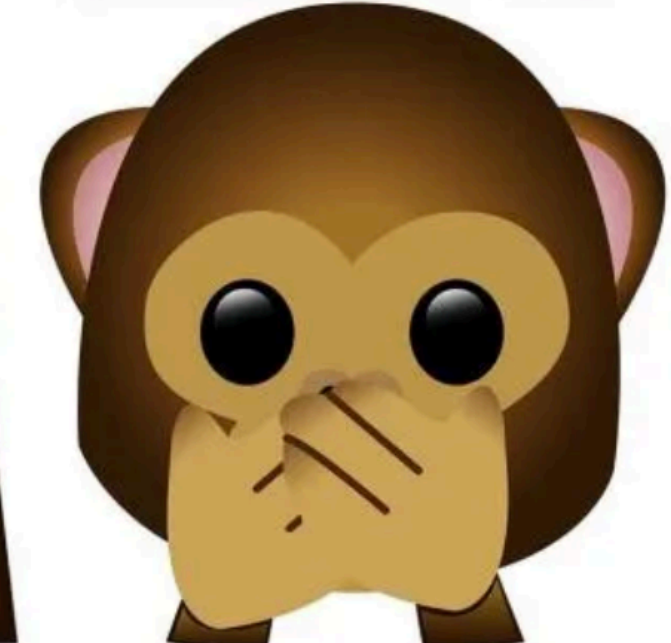
**SEE NO
MONKEYPOX**



**HEAR NO
MONKEYPOX**



**SPEAK NO
MONKEYPOX**

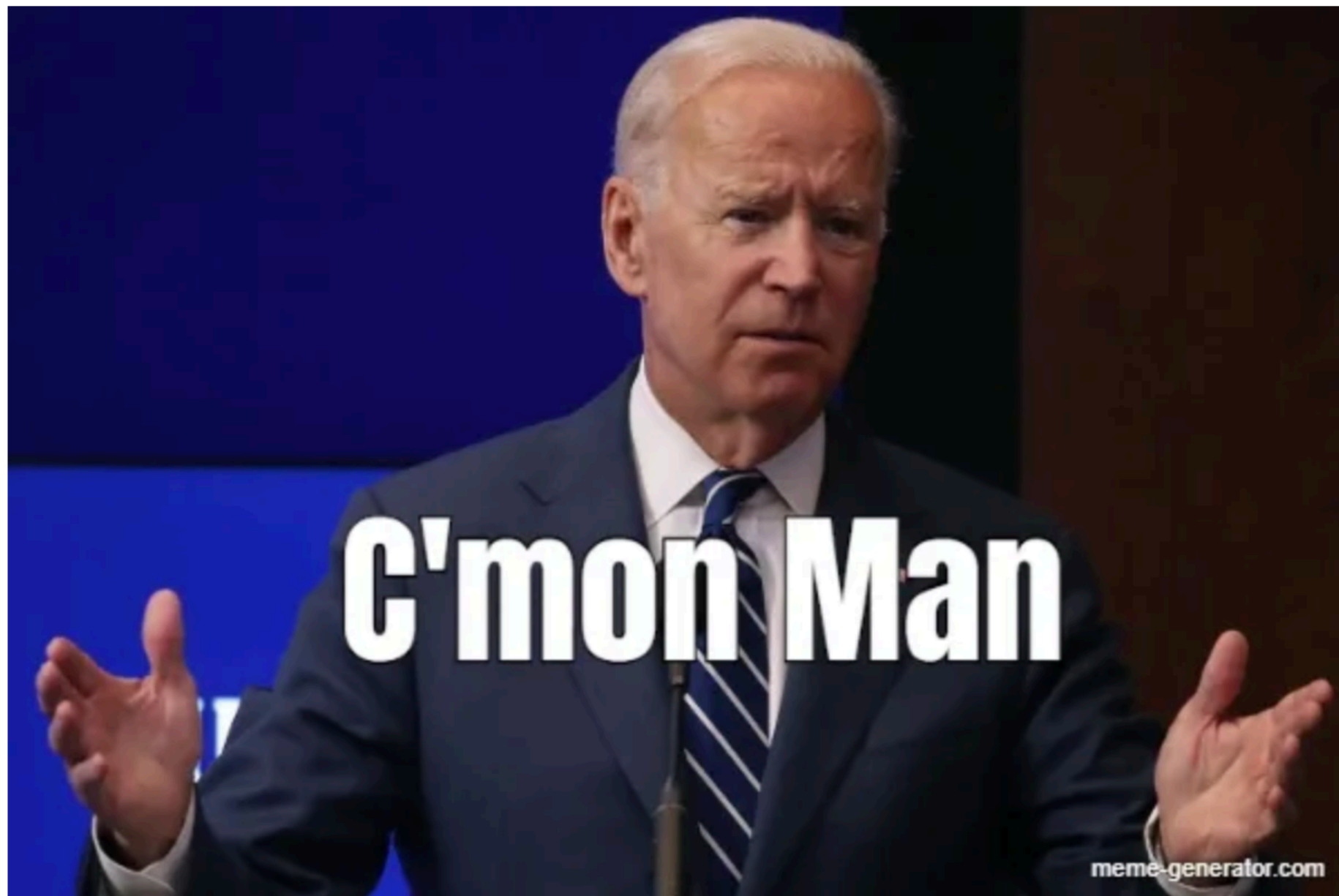


and yet the silence is deafening. all the same people who closed your bars and restaurants and schools will not utter even a peep about “hey, maybe we should close the clubs and bathhouses and the public sex spaces. maybe we should cancel that party.”

the same people who wanted vaccine passports and endless exclusion of the unvaxxed are suddenly on team “we cannot stigmatize people for their choices!”

the would-be covid contact tracers, now faced with a pathogen on which contact tracing actually works, demand privacy rights.

i mean:



it’s just wild. every single cherished covidian practice of utter inefficacy is now, when faced with a situation in which they would actually work, being treated like kryptonite because “well, we cannot do that to a protected class!”

could one imagine a more telling indictment of the true purpose and practice of modern day public health?

these people are commissars, not doctors.

personally, i am not in favor of granting public health powers to anyone, but granting them to these folks seems especially ill advised.

this may sound a little old fashioned and all, but:

i believe in personal responsibility:

if you care about monkeypox and want to mitigate your risk, it's not difficult.

if you don't, feel free to reap the consequences of your choices.

but don't come crying to me.

fair enough?

i mean, this is a pretty straightforward situation and it’s functioning just like other STD’s that have long been overexpressed in the male gay community.

but the push, of course, is NOT about personal responsibility. it’s about angling for ever more preference.

DEI dominates.



Gregg Gonsalves

@gregggonsalves

We need "Right to Recover" funding to allow people with [#monkeypox](#) to isolate, heal and get better without worrying about eviction, how to put food on the table, otherwise support themselves through their illness. Several places did this for [#COVID19](#). We need it for [#hMPXV](#). 1/

August 5th 2022

580 Retweets 2,049 Likes

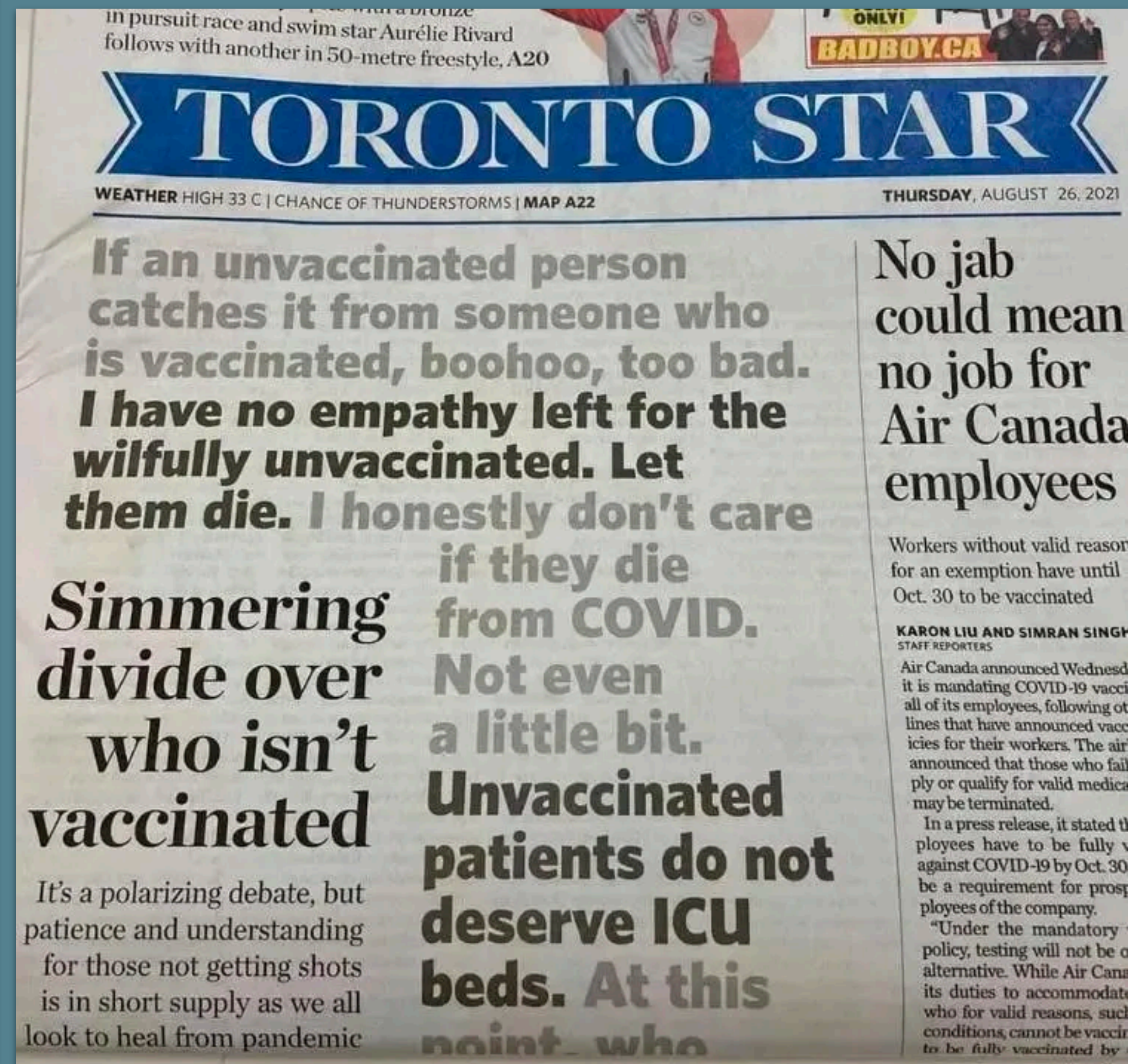
so gregg, what's so special about this as opposed to, say, cancer or leukemia or pneumonia or, dare i say it, vaccine injury?

why is this the one worthy of special treatment?

we need special care and special funding for those who caught rashes at sex clubs but we have nothing for kids with heart damage from a jab they got because they were forced to in order to attend their school or university?

this goes past "i support the new thing" shilling and into just plain “grift and grab” by highly active interest groups.

the moral inversions are stunning.



it is just breathtaking watching the same folks who favored withholding medical care from the unvaccinated for being “so irresponsible” now rend their garments and cry to the heavens of the great need for funding for the orgy injured. because it’s not their fault!

catching an aerosolized virus has been treated as some great moral failing of prevention and precaution, but coming home from ibiza with the monkey bumpies from stranger sex means that you are the victim here and we all need to rally around you?

this is public health?

look, i’m all for people making their own lifestyle choices, but i’m also for people facing the consequences. it’s really that simple. if you want to have lots of unsafe sex during what’s functionally an STD outbreak, well, that’s on you. but to then claim you need special treatment for your victimhood and that the world is ignoring the plight you brought on yourself, well, that one’s not really going to sell well with the most of us and provides a pretty poor pretext for health policy.

that’s outside public health and into partisan politics and “such a vast crisis that we want free drugs and free money but no, we’re not going to alter any behavior” is an unconvincing position for a community to adopt.

if it’s so serious, take the simple actions that would protect you. if it’s not, then don’t. these sorts of things are personal choices. it’s really not much of a public matter at all.

and yet health agencies seem determined to make it so.

covid was largely unavoidable (and vaccines sure did nothing to stop the spread). but monkeypox is if you take some simple precautions.

this, the “i should be allowed to live a life free of consequence while public health officials cheer-lead for me” is not really a valid framing. this really is one where protecting yourself is easy and where failing to do so speaks loudly about revealed preferences and senses of risk.

but perhaps most striking of all is the symmetry here of the community demands for freedom from consequence with the emerging position of public health who seems to want very much the same.

but it does not work like that.

you cannot recklessly spend credibility upon every changing pseudoscientific diktat leavened with absurdist social justice claims about “your little league game is a death-wish but my rarely peaceful protests of 10’s of thousands are just good public health in service of loftier goals” and expect to retain trust. this is a claim that makes people see through you. so is the endless refusal to even discuss much less countenance the policies to “stop spread” of monkeypox that you so recently declared moral imperatives around covid.

it’s clear double standards.

all this morality is tactical, all this policy just made up on the fly to serve the politically favored. there is not even consistency, much less morality or science.

all this morality is tactical, all this policy just made up on the fly to serve the politically favored. there is not even consistency, much less morality or science.

and yet the loss of trust is being blamed on anyone but themselves. clearly, it's "structural antivaxx" and "well funded, empowered anti-science" that must be to blame. it cannot be our own actions.

we're the victims here. we, the structural oppressors are, in fact, the structurally oppressed. "i'm not a tyrant, you're a tyrant!"

watching "metro policy experts" and school boards and public health flailures (probably not a word, but should be) seek to vilify the moms who "inexplicably don't want to be dictated to by us anymore so they must be fascists!" is truly amazing and the tone deafness and inability to self-image beggars belief.

truly, we're past projection and into persecution fantasy.

these are institutions and ideologies tearing themselves apart.

good.

this will be the true pandemic to fight and eradicating the woke mind virus is going to be the most important public health action of our time. not covid, not monkey-bumps, but DEI. it has infected everything and the derangement of all other principles by it has been doing unspeakable damage and subverting the role of all our social institutions.

get inoculated. stand against it. speak against it until its cancel culture threats are rendered inert. make it clear that we, the actual majority have had enough of this petty tyranny and will brook no further imposition by it. this virus spreads because you fear it. the pandemic ends when we stop being afraid and start retaking the zeitgeist. the tide is turning here and it's becoming OK to call these people out for the crybully frailts and fakes they are. and they're going to help us because they cannot help themselves. they will happily assist in their own undoings because shrieking for more special treatment is the only trick this pony knows.

it will be on more an more obvious display and all we need do is stop following these bankrupt sellers of division.

the time for sheep is ended.

this will be the time for lions.

Changing America

Shared Destiny. Shared Responsibility.

[Respect](#) [Sustainability](#) [Resilience](#) [Enrichment](#) [Video](#) [Well-Being](#) [Opinion](#) [Who We Are](#)

[Respect](#) > [Equality](#)

Experts worry monkeypox disinformation will harm LGBTQ+ community

“The use of scare tactics and misinformation against the community is really, really harmful.”

By Brooke Migdon

Story at a glance

- LGBTQ+ advocates and public health experts have expressed concern that the framing of monkeypox as a disease that is spread exclusively by LGBTQ+ people through sexual contact will stigmatize and isolate an already marginalized group.
-
- Monkeypox can spread through close or skin-to-skin contact, but it is not a sexually transmitted disease, according to the Centers for Disease Control and Prevention (CDC).
-
- Officials like Rep. Marjorie Taylor Greene (R-Ga.) and Rep. Lauren Boebert (R-Colo.) have signaled to their millions of followers online that they believe otherwise.
-

Three months since the first case of monkeypox was reported in the U.S., disinformation and harmful stereotypes targeting gay and bisexual men — who are most likely to become infected — continue to run rampant, causing some to worry that the spread of the disease will further stigmatize and isolate an already marginalized group.

Upwards of 7,000 cases of monkeypox have been reported in the U.S. since May, afflicting mostly men who have sex with men.

According to the Centers for Disease Control and Prevention (CDC), while monkeypox does spread through close or skin-to-skin contact, it is not a sexually transmitted disease. Even so, public figures — including elected officials and policymakers — have promulgated the idea that it is.

Last month, Rep. Marjorie Taylor Greene (R-Ga.) suggested that children who contract the disease have been assaulted by gay or bisexual men, asking her 1 million Twitter followers: “If Monkeypox is a sexually transmitted disease, why are kids getting it?”

“We know exactly what causes this Monkeypox,” Rep. Lauren Boebert (R-Colo.) said Thursday during an appearance on BlazeTV’s “The News & Why it Matters.”

But people who speak openly about where monkeypox is coming from, Boebert said, run the risk of being called “bigots.”

The CDC and World Health Organization (WHO) have acknowledged that the disease is disproportionately affecting men who have sex with men and last month called for gay and bisexual men to limit their number of sexual partners to reduce the spread.

But framing the disease as one that is spread exclusively by those in the LGBTQ+ community through sexual contact is likely to have serious consequences, said Jay Brown, senior vice president of programs, research and training at the Human Rights Campaign, an LGBTQ+ rights group.

“It’s continuing to perpetuate stigma against the community,” he said. “It’s harming LGBTQ kids who see it, and that is unfortunate. Nobody benefits from that.”

Brown said he worries especially about the suggestion that children who contract monkeypox have had inappropriate contact with gay or bisexual men. The disease, according to the CDC, can also be spread through holding and cuddling, or through shared items like towels, bedding, cups or utensils.

“We have families,” Brown said. “We’re going to give our families hugs and we’re going to tuck our kids into bed at night. The use of scare tactics and misinformation against the community is really, really harmful.”

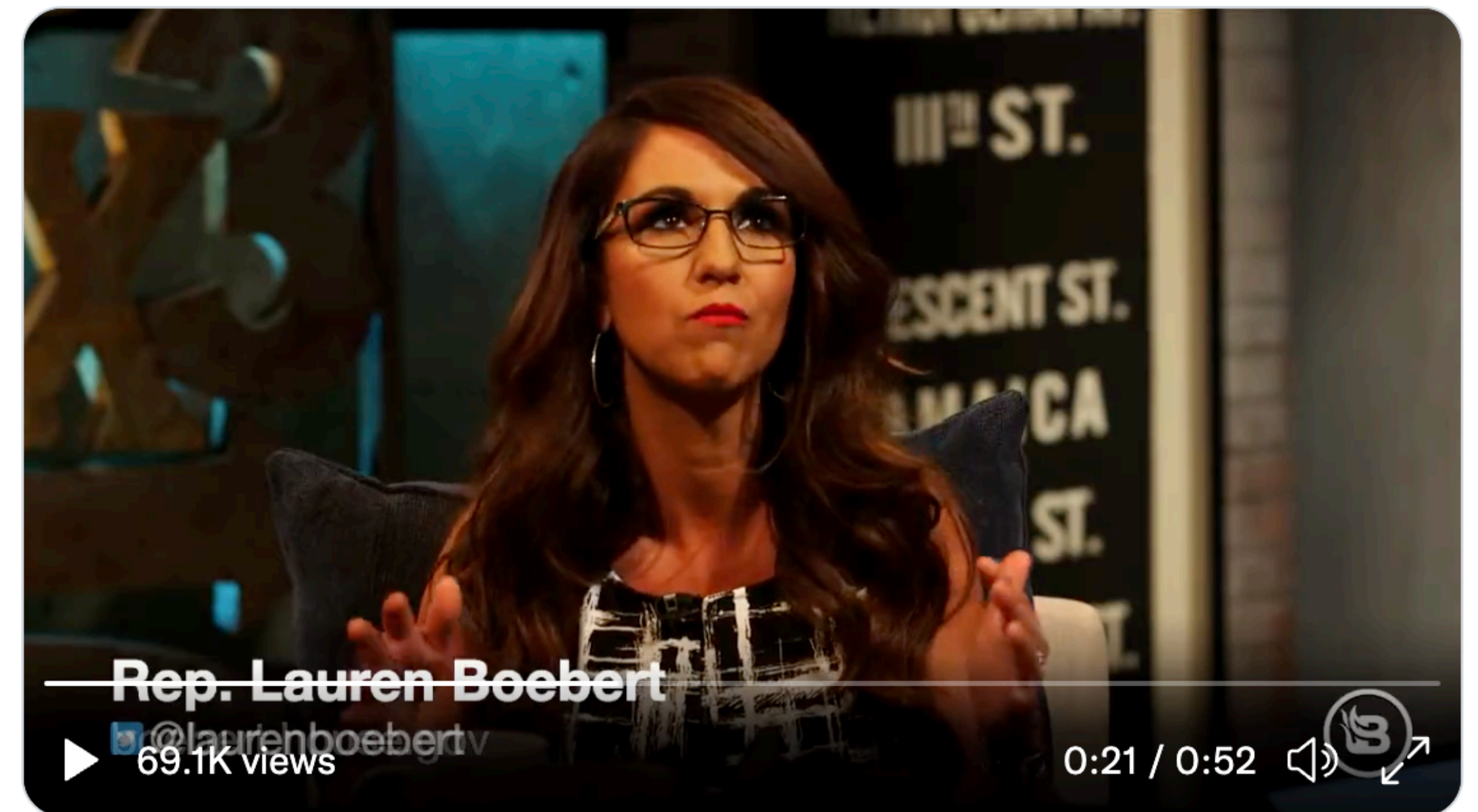
That kind of framing can also negatively affect non-LGBTQ+ people, he said, who may consider themselves at lower risk of contracting monkeypox. In truth, “anyone can get it,” Brown said, citing reporting from the CDC.

For many gay and bisexual men, the spread of monkeypox disinformation harkens back to the early years of the HIV/AIDS epidemic, when government messaging was inaccurate and inconsistent.



Lauren Boebert suggested that monkeypox is part of a government conspiracy to impact the midterm elections.

Boebert: “I think it’s interesting, we have midterms elections coming up and suddenly there’s a new health emergency from the federal government.”



6:20 AM · Aug 5, 2022 · Twitter for iPhone

131 Retweets 106 Quote Tweets 674 Likes

twitter.com/patriottakes/status/1555544198992076800

Venton Jones, a member of a CDC and Health Resources and Services Administration (HRSA) advisory committee on HIV, Viral Hepatitis, and STD prevention, told Changing America that “demonizing” gay men isn’t going to solve anything.

“We really have to get back to conversations that are rooted in science and facts and the real needs of our community,” Jones said. “It’s unfortunate when these issues are politicized in a way that brings harm to our communities.”

Jones said the use of harmful and stigmatizing rhetoric around monkeypox is likely to dissuade people from seeking treatment because they feel ashamed or are afraid of being judged by their peers. He stressed the need for health officials to prioritize education initiatives to combat the spread of disinformation.

“When we talk about monkeypox, we really have to acknowledge not only the need for education, but also acknowledge the harm that comes from perpetuating a fear-based narrative that is not rooted in how we make our communities healthy.”

Published on Aug. 06, 2022

GAY OR NAY?

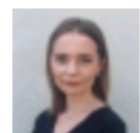
Toronto residents can now book monkeypox vaccine appointments at city-run clinics



A registered nurse prepares a dose of a Monkeypox vaccine at the Salt Lake County Health Department Thursday, July 28, 2022, in Salt Lake City. (AP Photo/Rick Bowmer, File)

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Abby Neufeld, CTV News Toronto Multi-Platform Writer
[@abbyjneufeld](#)

Published Friday, August 12, 2022 8:16AM EDT

Last Updated Friday, August 12, 2022 8:16AM EDT

Eligible Toronto residents are now able to book appointments to receive the monkeypox vaccine at city-run clinics.

The City of Toronto says appointments will be available for bookings as of 9:30 a.m. Friday and can be made through the Toronto Public Health Appointment Booking System. Appointments are preferred, but walk-ins will be accommodated, the city says.

In order to be eligible for the vaccination, residents must identify as transgender, part of the LGBTQ2S+ community, as a man who has sex with other men, and have at least one of the following:

- A sexually transmitted infection (STI) in the past two months, such as chlamydia, gonorrhea or syphilis
- Two or more sexual partners in the past 21 days or may be planning to
- Attendance at a bathhouse, sex club or similar place for sexual contact within the past 21 days or may be planning to, or who work/volunteer in these settings
- Anonymous/casual sex in the past 21 days or may be planning to, including using online dating or hookup apps
- Engaged in or planning to engage in sex work, and the persons with whom they have sexual contact

Earlier this week, Ontario Chief Medical Officer of Health Dr. Kieran Moore said that 20,000 Ontario residents have received the Imvamune vaccine against smallpox and monkeypox so far, and that the vaccination effort was helping slow transmission of the virus.

MONKEYPOX IN ONTARIO

Weekly data provided by Public Health Ontario says there are now 478 confirmed cases in Ontario, up from 449 last week.

Among confirmed cases, 75 per cent (359) are residents of Toronto.

Fifteen individuals have required hospitalization since May, and two people required treatment in an intensive care unit.

The most commonly reported symptoms continue to be rash, oral/genital lesions, fever and fatigue.

<https://www.cp24.com/news/toronto-residents-can-now-book-monkeypox-vaccine-appointments-at-city-run-clinics-1.6024535>

Rightwing media embraces Aids-era homophobia in monkeypox coverage

Health experts want to talk to men who have sex with men about monkeypox. Stigmatization of gay sex makes that harder



📷 Tucker Carlson is among rightwing commentators who have mocked monkeypox victims.
Photograph: Chip Somodevilla/Getty Images

The conservative campaign against LGBTQ+ rights has found a new fixation for its hatred: monkeypox. On TV, rightwing commentators **openly mock monkeypox victims** - the vast majority of whom are men who have sex with men - and blame them for getting the disease. On social media, rightwing users trade memes about how the “cure” to monkeypox is straight marriage while casting doubt on monkeypox vaccines’ efficacy.

This aggressive stigmatization of monkeypox - reminiscent of the homophobic response to HIV/Aids in the 1980s - poses a serious challenge to public health advocates and community leaders trying to have honest conversations about the disease with the gay and bisexual men who are most at risk during the current outbreak. Should public messaging highlight the fact that monkeypox is primarily affecting men who have sex with men? And should public health bodies urge gay men to change their sexual practices?

The simultaneous threats of homophobia and monkeypox require making a difficult choice about which to tackle first, says the writer and veteran Aids activist **Mark S King**, a 61-year-old gay man.

“I’m about killing the alligator closest to the boat. And right now that means getting information to men who have sex with men about how to avoid this.”

Early in the outbreak, the Centers for Disease Control and Prevention (CDC) struck a cautious note in its communications about monkeypox, which causes painful lesions, fever, and other symptoms. On 18 May, the agency said that “cases include individuals who self-identify as men who have sex with men” while stressing “anyone, regardless of sexual orientation” could spread the disease. But an **international study** published on 21 July found 98% of recent Monkeypox cases outside of Africa were found in gay or bisexual men, with transmission suspected to have occurred through sexual activity in 95% of those cases.

That’s why King is aligned with an increasing number of US public health officials and advocates who believe the messaging around monkeypox needs to be brutally honest in communicating the risks to the population most affected - even if homophobes are going to pounce on it.

“Still waiting for gay men who are having random sex with strangers during the Monkeypox outbreak to get lectured and scolded by public health authorities the way that the rest of us did for going to grocery stores and restaurants during Covid,” tweeted the Daily Caller’s Matt Walsh.

And in late July, Fox News’s Tucker Carlson tweeted a poll declaring that the disease should be renamed “schlong Covid”, tagging the CDC.

King contracted HIV in 1985 and remembers feeling frustrated over the lack of official acknowledgment of the toll on gay men. “How many years was it until our president said how many people died of Aids, before there was detailed, explicit language on how the virus was transmitted?” he says. “Fast forward to 2022, where we are at least getting all of this great, explicit information out about monkeypox so that gay men can protect themselves. I consider that progress.”

But not everyone in the queer community agrees on how to talk about the new outbreak. The prominent rights group GLAAD has notably cautioned against framing monkeypox as a disease that primarily affects men who have sex with men in [guidance](#) issued to the media.

Framing monkeypox as a disease within the gay community will discourage other people from educating themselves on prevention, says DaShawn Usher, the director of communities of color and media at GLAAD.

“If history has shown us anything, it would show us that a communicable disease like this doesn’t stay within one community,” he said. “Stigma drives fear, and fear then becomes resistance to public health and stopping the spread of the disease.”

A child was infected with HIV every two minutes in 2020 – UNICEF

A prolonged COVID-19 pandemic is deepening the inequalities that have long driven the HIV epidemic, UNICEF warns Ahead of World AIDS Day.

01 December 2021

JOHANNESBURG/NEW YORK, 29 November 2021 – At least 300,000 children were newly infected with HIV in 2020, or one child every two minutes, UNICEF said in a report released today. Another 120,000 children died from AIDS-related causes during the same period, or one child every five minutes.

The latest *HIV and AIDS Global Snapshot* warns that a prolonged COVID-19 pandemic is deepening the inequalities that have long driven the HIV epidemic, putting vulnerable children, adolescents, pregnant women and breastfeeding mothers at increased risk of missing life-saving HIV prevention and treatment services.

“The HIV epidemic enters its fifth decade amid a global pandemic that has overloaded health care systems and constrained access to life-saving services. Meanwhile, rising poverty, mental health issues, and abuse are increasing children and women’s risk of infection,” said UNICEF Executive Director Henrietta Fore. “Unless we ramp up efforts to resolve the inequalities driving the HIV epidemic, which are now exacerbated by COVID-19, we may see more children infected with HIV and more children losing their fight against AIDS.”

Alarming, 2 in 5 children living with HIV worldwide do not know their status, and just over half of children with HIV are receiving antiretroviral treatment (ART). Some barriers to adequate access to HIV services are longstanding and familiar, including discrimination and gender inequalities.

Opinion | Gay men can fight monkeypox ourselves — by changing how we have sex

By Benjamin Ryan

August 11, 2022 at 7:00 a.m. EDT

As during the AIDS crisis, gay men cannot wait for the government. We need to change our sexual behavior now. We must do this as an act of empowerment to protect ourselves.

Until a time when monkeypox hopefully abates, this can and should mean reducing our number of partners, skipping sex parties, practicing monogamy and even being abstinent.

Gay men have an awesome history of coming up with such homegrown public health solutions. During the early 1980s, gay activists [launched a safer-sex movement](#) that (often contentiously) confronted the heady post-Stonewall liberation of the previous decade. Ultimately, the push helped dramatically reduce sexual risk taking. HIV transmissions dropped among gay men accordingly.

<https://archive.ph/8TAYB>

Centers for Disease Control and Prevention officials, including the White House’s new monkeypox deputy, Demetre Daskalakis, frequently play down the central role sex between men plays in monkeypox transmission and overemphasize the uncommon cases that transmit through other means. The agency can’t even bring itself to use the words “gay” or “men” in its monkeypox [safer-sex materials](#).

This reluctance is driven by an entrenched belief that telling gay men to alter our sexual practices is intrinsically homophobic or stigmatizing. The notion is partly understandable; it acknowledges that such demands could backfire, given an all-too-human resistance to being told what to do in private matters, especially within a community whose sex lives have a history of being criminalized. It also acknowledges that [anti-LGBTQ policies and sentiment](#) (including [monkeypox-driven attacks](#)) [are on the rise](#), and that a segment of the country still wields gay men’s sexual norms to justify discrimination.

However, this thinking also patronizes gay men as perennial adolescents determined to defy any whiff of paternalism regardless of the cost to themselves or the community at large.

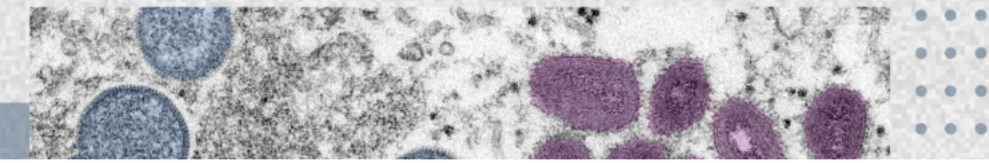
More hopeful evidence of what's possible comes from Europe. Experts have theorized that shifts in sexual behavior might be one reason Britain's monkeypox curve has flattened. That could soon be our reality if we do what it takes today.

If the cantankerous Kramer were alive to see this crisis, he'd surely pound his fists and demand gay men do more. He would do so only because he held his gay brethren in the highest esteem and knew what we were capable of.

As he wrote in the closing of his New York Native article: "Gay men are the strongest, toughest people I know." Let's prove him right.

DIVISION OF COMMUNICABLE DISEASE CONTROL

MONKEYPOX



Race/Ethnicity	N	Percent*
White	682	39.6
Hispanic or Latino	648	37.6
Black or African American	193	11.2
Asian	117	6.8
Other/Multiple Races	84	4.8
Missing/Unknown	221	-

Gender	N	Percent*
Male	1,889	98
Female	16	0.8
Transgender Female	8	0.4
Genderqueer/Non-Binary	7	0.4
Transgender Male	7	0.4
Unknown	18	-

Sexual Orientation	N	Percent*
Gay, lesbian or same-gender loving	1,245	87.9
Bisexual	109	7.7
Heterosexual or straight	50	3.5
Other	12	0.8
Unknown	529	-

* Among cases with available data

** includes groups with small numbers of reported cases

Monkeypox



19 May 2022

Key facts

- Vaccines used during the smallpox eradication programme also provided protection against monkeypox. Newer vaccines have been developed of which one has been approved for prevention of monkeypox
- Monkeypox is caused by monkeypox virus, a member of the Orthopoxvirus genus in the family Poxviridae.
- Monkeypox is usually a self-limited disease with the symptoms lasting from 2 to 4 weeks. Severe cases can occur. In recent times, the case fatality ratio has been around 3–6%.
- Monkeypox is transmitted to humans through close contact with an infected person or animal, or with material contaminated with the virus.
- Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids, respiratory droplets and contaminated materials such as bedding.
- Monkeypox is a viral zoonotic disease that occurs primarily in tropical rainforest areas of central and west Africa and is occasionally exported to other regions.
- An antiviral agent developed for the treatment of smallpox has also been licensed for the treatment of monkeypox.
- The clinical presentation of monkeypox resembles that of smallpox, a related orthopoxvirus infection which was declared eradicated worldwide in 1980. Monkeypox is less contagious than smallpox and causes less severe illness.
- Monkeypox typically presents clinically with fever, rash and swollen lymph nodes and may lead to a range of medical complications.

<https://www.who.int/news-room/fact-sheets/detail/monkeypox>

Introduction

Monkeypox is a viral zoonosis (a virus transmitted to humans from animals) with symptoms similar to those seen in the past in smallpox patients, although it is clinically less severe. With the eradication of smallpox in 1980 and subsequent cessation of smallpox vaccination, monkeypox has emerged as the most important orthopoxvirus for public health. Monkeypox primarily occurs in central and west Africa, often in proximity to tropical rainforests, and has been increasingly appearing in urban areas. Animal hosts include a range of rodents and non-human primates.

Signs and symptoms

The incubation period (interval from infection to onset of symptoms) of monkeypox is usually from 6 to 13 days but can range from 5 to 21 days.

The infection can be divided into two periods:

- the invasion period (lasts between 0–5 days) characterized by fever, intense headache, lymphadenopathy (swelling of the lymph nodes), back pain, myalgia (muscle aches) and intense asthenia (lack of energy). Lymphadenopathy is a distinctive feature of monkeypox compared to other diseases that may initially appear similar (chickenpox, measles, smallpox)
- the skin eruption usually begins within 1–3 days of appearance of fever. The rash tends to be more concentrated on the face and extremities rather than on the trunk. It affects the face (in 95% of cases), and palms of the hands and soles of the feet (in 75% of cases). Also affected are oral mucous membranes (in 70% of cases), genitalia (30%), and conjunctivae (20%), as well as the cornea. The rash evolves sequentially from macules (lesions with a flat base) to papules (slightly raised firm lesions), vesicles (lesions filled with clear fluid), pustules (lesions filled with yellowish fluid), and crusts which dry up and fall off. The number of lesions varies from a few to several thousand. In severe cases, lesions can coalesce until large sections of skin slough off.

Monkeypox is usually a self-limited disease with the symptoms lasting from 2 to 4 weeks. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and nature of complications. Underlying immune deficiencies may lead to worse outcomes. Although vaccination against smallpox was protective in the past, today persons younger than 40 to 50 years of age (depending on the country) may be more susceptible to monkeypox due to cessation of smallpox vaccination campaigns globally after eradication of the disease. Complications of monkeypox can include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. The extent to which asymptomatic infection may occur is unknown.

The case fatality ratio of monkeypox has historically ranged from 0 to 11 % in the general population and has been higher among young children. In recent times, the case fatality ratio has been around 3–6%.

Diagnosis

The clinical differential diagnosis that must be considered includes other rash illnesses, such as chickenpox, measles, bacterial skin infections, scabies, syphilis, and medication-associated allergies. Lymphadenopathy during the prodromal stage of illness can be a clinical feature to distinguish monkeypox from chickenpox or smallpox.

If monkeypox is suspected, health workers should collect an appropriate sample and have it transported safely to a laboratory with appropriate capability. Confirmation of monkeypox depends on the type and quality of the specimen and the type of laboratory test. Thus, specimens should be packaged and shipped in accordance with national and international requirements. Polymerase chain reaction (PCR) is the preferred laboratory test given its accuracy and sensitivity. For this, optimal diagnostic samples for monkeypox are from skin lesions – the roof or fluid from vesicles and pustules, and dry crusts. Where feasible, biopsy is an option. Lesion samples must be stored in a dry, sterile tube (no viral transport media) and kept cold. PCR blood tests are usually inconclusive because of the short duration of viremia relative to the timing of specimen collection after symptoms begin and should not be routinely collected from patients.

As orthopoxviruses are serologically cross-reactive, antigen and antibody detection methods do not provide monkeypox-specific confirmation. Serology and antigen detection methods are therefore not recommended for diagnosis or case investigation where resources are limited. Additionally, recent or remote vaccination with a vaccinia-based vaccine (e.g. anyone vaccinated before smallpox eradication, or more recently vaccinated due to higher risk such as orthopoxvirus laboratory personnel) might lead to false positive results.

In order to interpret test results, it is critical that patient information be provided with the specimens including: a) date of onset of fever, b) date of onset of rash, c) date of specimen collection, d) current status of the individual (stage of rash), and e) age.

Prevention

Raising awareness of risk factors and educating people about the measures they can take to reduce exposure to the virus is the main prevention strategy for monkeypox. Scientific studies are now underway to assess the feasibility and appropriateness of vaccination for the prevention and control of monkeypox. Some countries have, or are developing, policies to offer vaccine to persons who may be at risk such as laboratory personnel, rapid response teams and health workers.

Reducing the risk of human-to-human transmission

Surveillance and rapid identification of new cases is critical for outbreak containment. During human monkeypox outbreaks, close contact with infected persons is the most significant risk factor for monkeypox virus infection. Health workers and household members are at a greater risk of infection. Health workers caring for patients with suspected or confirmed monkeypox virus infection, or handling specimens from them, should implement standard infection control precautions. If possible, persons previously vaccinated against smallpox should be selected to care for the patient.

Samples taken from people and animals with suspected monkeypox virus infection should be handled by trained staff working in suitably equipped laboratories. Patient specimens must be safely prepared for transport with triple packaging in accordance with WHO guidance for transport of infectious substances.

The identification in May 2022 of clusters of monkeypox cases in several non-endemic countries with no direct travel links to an endemic area is atypical. Further investigations are underway to determine the likely source of infection and limit further onward spread. As the source of this outbreak is being investigated, it is important to look at all possible modes of transmission in order to safeguard public health. [Further information on this outbreak can be found here.](#)

How monkeypox relates to smallpox

The clinical presentation of monkeypox resembles that of smallpox, a related orthopoxvirus infection which has been eradicated. Smallpox was more easily transmitted and more often fatal as about 30% of patients died. The last case of naturally acquired smallpox occurred in 1977, and in 1980 smallpox was declared to have been eradicated worldwide after a global campaign of vaccination and containment. It has been 40 or more years since all countries ceased routine smallpox vaccination with vaccinia-based vaccines. As vaccination also protected against monkeypox in west and central Africa, unvaccinated populations are now also more susceptible to monkeypox virus infection.

Whereas smallpox no longer occurs naturally, the global health sector remains vigilant in the event it could reappear through natural mechanisms, laboratory accident or deliberate release. To ensure global preparedness in the event of reemergence of smallpox, newer vaccines, diagnostics and antiviral agents are being developed. These may also now prove useful for prevention and control of monkeypox.

IN REVIEW

- **1. We're being overwhelmed with "news" items related to COVID-19, monkeypox, polio, and even *more viruses*; Trump, China, Biden, "Civil War," et al.**
 - **2. Somebody is messing with somebody. But who? And why?**
 - **3. If we're not careful, we risk becoming the thing we are attempting to defeat.**
-


ITEM #2: REVELATIONS FROM SAN DIEGO COUNTY DATA

SAN DIEGO COUNTY DATA

- **1. CDC data says: San Diego county had a 99.9% COVID-19 vaccination rate on October 7, 2021, but dropped to 95% on December 9, 2021. Didn't change again as of June 7, 2022.**
 - **2. San Diego data says: county had 75% vaccination rate on June 7, 2022.**
 - **3. Results: Zero efficacy for the shots. Negative efficacy for the "boosted."**
-

San Diego County Data Busts a Hole in Vaccine Efficacy Narrative

The Vaccine Wars Part L (That's "50" in Dweebspeak)

 Mathew Crawford
Aug 7

 244

 126





Up front: I thought I was taking a brief break from my analysis, but the following exploration took some major and minor twists, with some revealing information along the way. It will necessarily slow down my analysis, but may also reveal a level of statistical corruption at the CDC.

This article was borne out of the analysis that I began discussing [here](#) and [here](#) on wealth effects in vaccine efficacy (VE) rates.



While taking a break from my current analysis on U.S. county data, a Justin Hart tweet caught my eye.

 Justin Hart
@justin_hart

Official report from San Diego. 67% of all recent C19 deaths are fully vaccinated. Majority of those are fully vaccinated and boosted.

Vaccination Status Among All San Diego County Residents with Episode Dates[§] during Previous Three Months[¶]

Not Fully Vaccinated*	Fully Vaccinated†	Fully Vaccinated + Booster‡
35,966 (34%)	22,662 (22%)	45,660 (44%)
786 (33%)	594 (25%)	1,037 (43%)
29 (33%)	23 (26%)	36 (41%)

*Includes individuals who are not fully vaccinated, including those who have received one or two doses but are not yet fully vaccinated, and those who have not received any doses. †Includes individuals who are fully vaccinated, including those who have received two doses and those who have received one dose and a booster. ‡Includes individuals who are fully vaccinated and have received a booster dose. §Data by vaccination and booster dose status, making interpretation of recent trends difficult. ¶Of the two-dose series, no doses, or unknown vaccination status. Individuals who are not fully vaccinated are included in the two-dose series.

August 5th 2022

749 Retweets 1,553 Likes

Having lived in San Diego County for more than four years, I got curious enough to dig just a little, so I followed [the link Justin provided](#) for the data in a follow-up tweet.

Table 2. COVID-19 Cases by Vaccination Status Among All San Diego County Residents with Episode Dates[§] during Previous Three Months[¶]

	Not Fully Vaccinated*	Fully Vaccinated†	Fully Vaccinated + Booster‡	Total
Cases	35,966 (34%)	22,662 (22%)	45,660 (44%)	104,288
Hospitalizations	786 (33%)	594 (25%)	1,037 (43%)	2,417
Deaths	29 (33%)	23 (26%)	36 (41%)	88

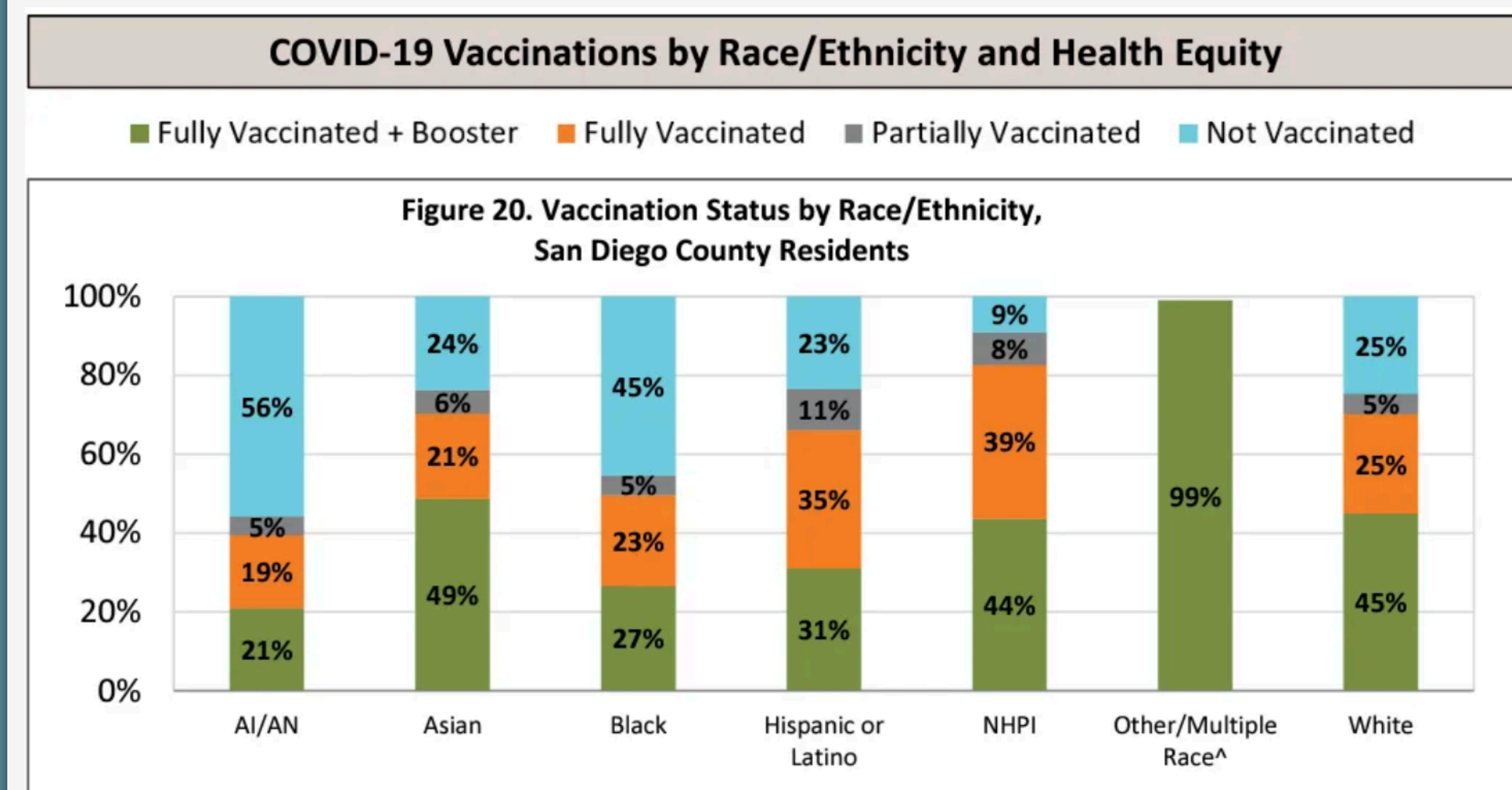
So, I wondered, "What do the vaccination rates look like?"

Well, I *have* that in the CDC data set I'm working with.

	A	B	TP	TQ	TR	TS	TT	TU	TV	TW	TX
1		FIPS	#####	#####	6/1/2022	6/2/2022	6/3/2022	6/4/2022	6/5/2022	6/6/2022	6/7/2022
219	Series_Co	6063									
220	Series_Co	6065	59.9	59.9	59.9	59.9	60	60	60	60	60
221	Series_Co	6067	68.1	68.1	68.1	68.2	68.2	68.2	68.2	68.2	68.2
222	Series_Co	6069	67.5	67.5	67.5	67.5	67.5	67.6	67.6	67.6	67.6
223	Series_Co	6071	58.4	58.4	58.4	58.4	58.4	58.4	58.4	58.4	58.4
224	Series_Co	6073	76.5	76.5	76.5	76.6	76.6	76.6	76.6	76.6	76.6
225	Series_Co	6075	84	84	84	84.1	84.1	84.1	84.1	84.1	84.1
226	Series_Co	6077	50.7	50.7	50.7	50.7	50.7	50.8	50.8	50.8	50.8

If the areas on the map in dark...red? Is this one of those crayons like burnt cienna? I'll call it red...if the areas marked red in the map have most all the population (they don't, really) and high vaccination rates, then *maybe* the CDC's June 7 numbers are correct? But that would mean that 18.4% of county residents stopped at one vaccine dose, which would be a higher proportion than I've seen in any statistics anywhere.

Fortunately, the report contains that information:



No racial group stopped at one dose at a percentage higher than 11%, and the aggregate looks to be 6 or 7 percent. And the light blue (unvaccinated) looks to me like it averages around 25% (well over 90% of San Diego is White, Hispanic, or Asian).

I'm trying my best to excuse or to steelman the CDC's data here, but I keep running into brick walls.

Is *fraud* too strong of a word?

I feel (at this point) like the CDC data has likely embedded data series (I doubt San Diego is the only case, and I plan to look for others) that are simply fraudulent. (Note: I later figured out what is likely going on, but I'll explain that later.)

Recall back in April when I pointed out [the absurdity of Heather Scobie's data presentation](#) that made the vaccines look extremely effective, but pulled data from *just* 26 U.S. jurisdictions. Why would the CDC, with its immense pile of data, *ever* want to run any calculation from *a small fraction of a percent of the U.S. population*? Not using a large data set (and keeping obscure the nature of the data being used) reduces their credibility in my eyes to essentially zero.

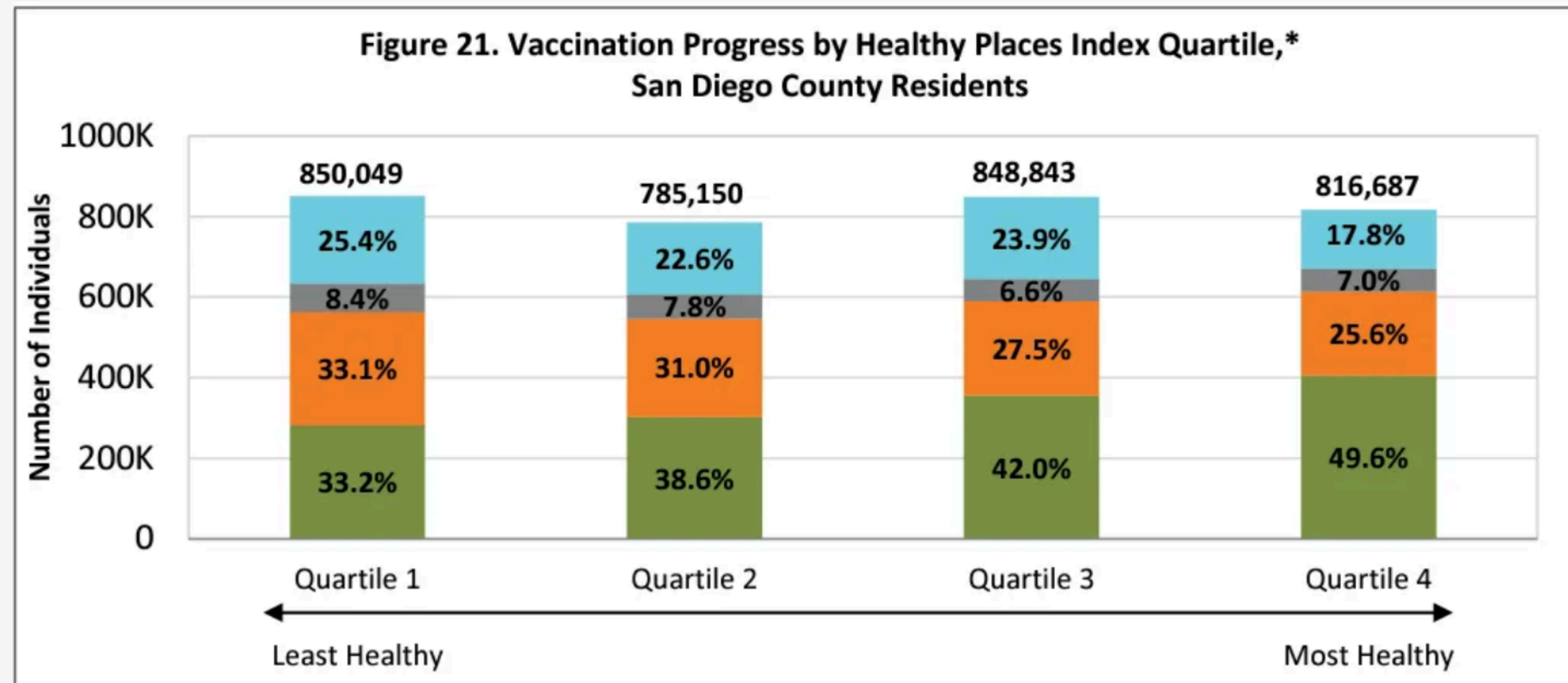
Understand that San Diego is an extremely healthy city. In the early morning hours there are trillions of people jogging on the beach or riding their bicycle up into the mountains in the eastern part of the county. You don't see as much fast food. The city attracts a lot of wealthy or wealthy-ish 20-somethings who want to live somewhere amazing before moving on. Also, the long-term population includes a lot of the kinds of Christians who stay for generations raising healthy families. The transient 20-somethings may never figure this out while jogging the beach, dining at sushi hubs, or working from their laptops.

The reason that I mention all of this is that *if my job were to fudge the statistics of just a few counties in the U.S. in order to put together reports that make the vaccines look 95% effective, San Diego is the first large metropolitan center that would come to mind*. Sure, I might think about one of the Pacific Northwest cities or Salt Lake City (none of which I know as well as San Diego), but San Diego would be a great choice to falsify.

1. Reducing the unvaccinated population to a small percentage amplifies/elevates the mortality rate of that population by a lot.
2. The CDC can apparently pass us graphs and charts based on tiny subsets of their data with a straight face. It only takes a small number of localities to fudge a lot of results at once.
3. It's in CA, so the fraudulent data might be more easily overlooked by a lot of Americans. ("Oh, they just love their vaccines in California," which is less true in some places than you might think.)
4. (Speculative) Living in San Diego is expensive, so people work hard, so not as many people there are spending their free time getting on line to compare county reports with CDC statistics?

San Diego County Data and The Zero Efficacy Hypothesis

All this said, I noted that San Diego excluded the column for "unvaccinated" in the first image I posted. The unvaccinated were weirdly grouped into the "not fully vaccinated" category. Regardless, the proportions of deaths in the categories that they chose to display are all almost identical to the proportions of the populations those groups represent, indicating almost precisely **zero vaccine efficacy**. I wanted to find a way to compute the VE, to be certain, and after hunting through the San Diego County document, I found the most direct way to do that.



With tiny estimations due to rounding, I was able to determine the approximate number of people in each category, and thus compute some relevant VE statistics.

San Diego County COVID-19 May 1, 2022 through July 30, 2022			
	Not Fully Vaxxed	Fully Vaxxed	Full V+Booster
Population	987438	967266	1346875
Cases	35966	22662	45660
Hospitalizations	786	594	1037
Deaths	29	23	36
Case Rate per 100k	3642	2343	3390
Hosp Rate per 100k	80	61	77
Death Rate per 100k	2.9	2.4	2.7
Hosp/Case	2.19%	2.62%	2.27%
CFR	0.08%	0.10%	0.08%

Understand that since there is no unvaccinated category in their statistics, I am unable to perform a complete VE analysis, even for an aggregate that would inappropriately group age groups together (creating a Simpson's paradox). Even grouping the unvaccinated and the single-dosed together likely increases the risk metrics because those who stopped at one dose are likely largely those who had concerning reactions to the quasi-vaccines. I personally suspect very strongly that the unvaccinated stats would be the lowest risk in most ways, if we could separate that out. This opinion comes from having seen "waning efficacy" stats showing single-dosed individuals doing worse and worse over time. These are the people whose health has already taken a hit from taking a single dose of one of the mRNA transfection agents.

San Diego County COVID-19 May 1, 2022 through July 30, 2022			
	Not Fully Vaxxed	Fully Vaxxed	Full V+Booster
Population	987438	967266	1346875
Cases	35966	22662	45660
Hospitaliz.	786	594	1037
Deaths	29	23	36
VE: Case		36%	-45%
VE: Hosp		23%	-25%
VE: Death		19%	-12%

However, there is a LOT that we can see:

- We are clearly and absolutely *not* in a "pandemic of the unvaccinated".
- The primary risk statistics are fairly flat. There is no indication of substantial leaps in efficacy from one group to the next.
- The up-and-down VE is highly suggestive of a statistical sieve that, when removed, looks to average out to zero efficacy.
- The positive VE ascribed to being fully vaccinated is NOT with respect to the unvaccinated. It is with respect to a group that includes them. There may still be zero or negative VE versus the unvaccinated group.
- Getting to the level of Fully vaccinated does NOT confer more VE for severe cases as we have been told. On the other hand, the negative VE for the boosted is MORE pronounced for cases. Why would getting one more dose increase the average severity per case one time, then decrease the average severity per case the next time? It doesn't make sense unless there is a statistical sieve at play, and in turn this supports the Zero Efficacy Hypothesis.
- To the extent that there is modest efficacy in some of the stat lines, we see from the previous chart that the most healthy San Diegans are lumped more into the most vaccinated groups, while the least healthy are lumped into the least vaccinated groups. This confers a confounding advantage to the more vaccinated groups.
- **Boosters are a disaster.** Not only are disease rates and mortality higher, but these are people subjecting themselves an additional time to adverse events, which seem to have a dose dependent relationship (more LNPs or more mRNA are doing worse damage due to either pathological priming or toxic buildup or prions or...).

- **Edit (major):** (h/t [Mark Reeder](#)) The asterisk* on the "Not Fully Vaccinated" group INCLUDES people of unknown vaccination status. This puts the most troubling people to keep track of (which probably correlates to health) into the "0 to 1 dose" group as I calculated VE. But if a portion of these people get pulled into the other categories, it changes the computations. And [if Dr. Kory is right](#), this will further drag down VE numbers.

Steve Kirsch might say, "This proves the vaccines aren't working, and you're afraid to debate me about it."

Toss another log on the fire.

Also understand that this is just COVID data, and does not tell us the full risk-benefit picture of efficacy at keeping people healthy or out of the hospital. Ahem,



Dead Man Talking

Impact of COVID Vaccination on COVID Hospitalisations in the USA.

Data from The Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET), which conducts population-based surveillance for laboratory-confirmed COVID-19-associated hospitalizations in children (persons younger than 18 years) and adults...

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Back to the CDC Data Problems

Since I wasn't the one who put the U.S. County data set together, I hadn't properly read the data definitions, yet. Shame on me. I should have done that from the start, even though the data set was handed to me (mea culpa). But perhaps I needed to see these data inconsistencies to understand what was going on, anyhow. Laying eyes on the San Diego County forced my eyes open a little wider.

If you're confused at this point, I understand, and I'll explain why. From [the CDC Data Definitions](#), emphasis mine:

CDC estimates the number of people receiving at least one dose, the number of people who are fully vaccinated, and the number of people with booster doses. CDC estimates are based on data that include a dose number (first, second, boosters, or additional dose). To protect the privacy of vaccine recipients, CDC receives data without any personally identifiable information (deidentified data). Each jurisdiction or provider uses a unique person identifier to link records within their own systems. However, CDC cannot use the unique person identifier to identify individual people by name.

There are challenges in linking records when someone receives vaccine doses in different jurisdictions or from different providers. That person could receive different unique person identifiers for different doses. CDC may not be able to link multiple unique person identifiers for different jurisdictions or providers to a single person, and subsequent doses may appear to be a first dose when reported. Thus, CDC’s data may over-estimate first doses and under-estimate subsequent doses.

Another issue that poses challenges to estimating doses administered is that different jurisdictions and providers use different reporting practices. As people receiving doses are attributed to the jurisdiction in which they reside, the reporting method might change between doses if they move to a different jurisdiction. Also, CDC may lack information about a person's residence. **These issues can cause CDC's dose number estimates to differ from those reported by jurisdictions and federal entities.**

CDC has capped estimates of vaccination coverage shown on [COVID Data Tracker](#) at 95%. This cap helps address potential over-estimates of vaccination coverage due to first, second, and booster doses that were not linked. Other reasons for overestimates include census denominator data not including part-time residents or potential data reporting errors. **Previously, CDC had capped estimates of vaccination coverage at 99.9%. CDC changed the cap to 95% on December 9, 2021, to account for differences in the accuracy of vaccination coverage estimates between different jurisdictions.**

Here is how the magic trick works:

Step 1: The CDC is modeling the data, but telling us "data" instead of "modeled data" or "estimated data" up front. Their excuses for the modeling may be more or less reasonable. However, what is not reasonable is to have no *feedback loop* showing how accurate their predictions are relative to the reports coming in from various jurisdictions. Fun fact: That is, in actuality, what a *p*-value is *actually* meant to tell us—the *p*-values should be randomly distributed on the interval [0,1] (meaning between 0 and 1, inclusive) if the modeled distribution does in fact match the actual distribution. It's like public health uses *p*-values to mean anything they want *except for what they're actually supposed to mean*.

Step 2: Report that there is a "pandemic of the unvaccinated". This sends the partisans into a frenzy, further putting pressure on those being squeezed by vaccine mandates in the middle of 2021. Admit that the data comes from only a subset of the data from a subset of states, but don't talk at all about the data modeling. The legacy media will only cover (or at least repeat ad nauseum) the catchphrase. CDC officials probably think they're ass covering this way, but it's a sin of omission that cannot be overlooked.

Step 3: Keep changing the model, which is a blackbox, anyhow. After all, there are too few of us performing data investigations, untangling all of these knots. By the time anyone figures it out, we're in a different Plandemonium Epoch.

- Unleash Putin's forces in Ukraine, get the partisans flying Ukrainian flags on the social media icons, and don't breathe a word about Western corporations and wealth funds having bought up 17 million hectares of farmland in Ukraine, just prior to the tenants are murdered or pushed off by military action. The biolab shenanigans will keep most of the conspiracy theorists busy, anyhow. [Uri Geller will entertain the rest.](#)
- Offer the Pelosi Sacrifice to the CCP! Or whatever is going on there. There where most of the world's semiconductor supply is produced. Might she really be sent to build a strong image ahead of assuming the presidency?! Is that really the baseline of the Democratic Party, now?

Remember that both of these "takeovers" were being "advertised" in media outlets years before the plandemonium began.

Step 4: Admit to the *New York Times* ([February 22, 2022](#)) that not all the data is being used. The opposition will rest, thinking that's the whole story. It's a great way to stop a real data investigation. [Something like that almost worked with the DMED data.](#)

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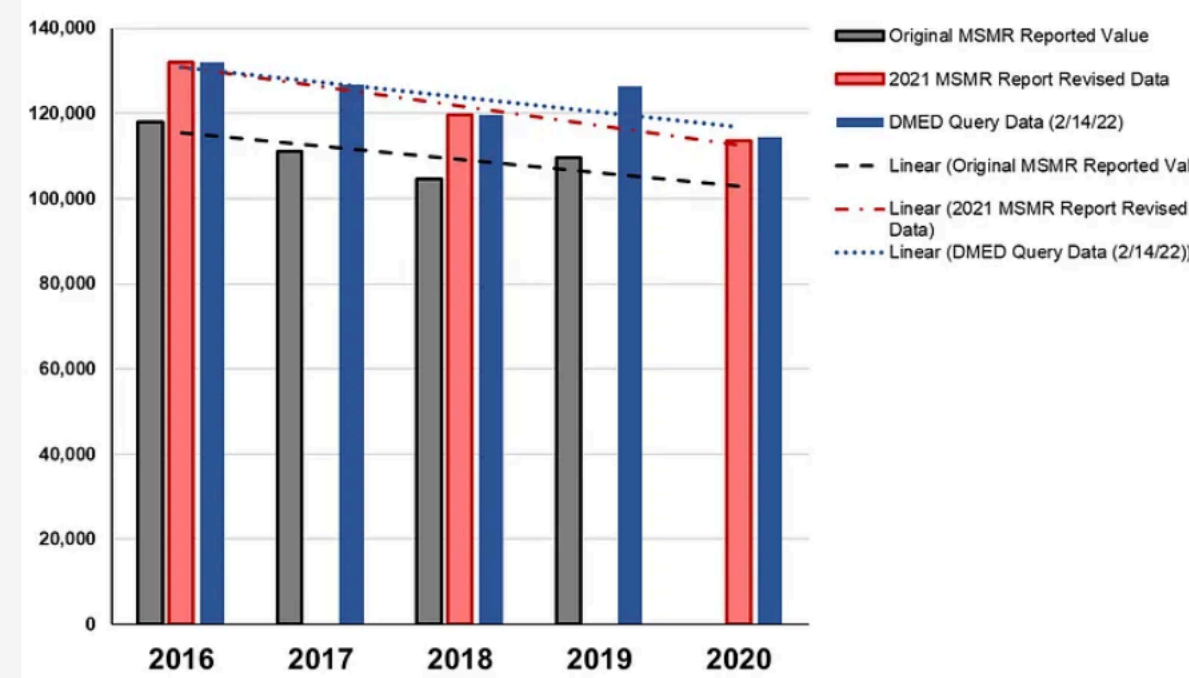
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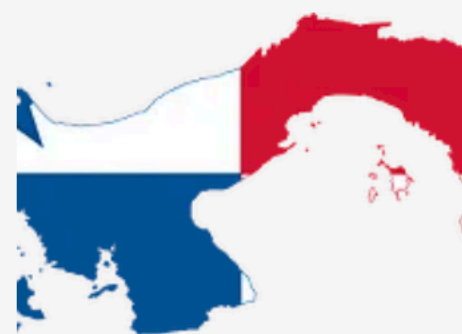
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