



How to be healthy in a global “pandemic”: - assessment of your risks and options

Tuesday, January 18, 2022

In addition to being a Pilates instructor, I am a retired veterinarian with 25 years of epidemiological and clinical experience and 45 years of experience assessing statistical and clinical reports and research reviews. This information is to help you make informed decisions. It is for education purposes only. If you see an error, please help me correct it.

Bruce Thomson

Call to action! read and apply the section: - “Make yourself COVID resilient” on page 7

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Table 1: Pfizer mRNA vaccine effectiveness

Months after most recent vaccination	Protection from severe illness and death in people under 65 years of age. ¹	Protection from severe illness in people over 65 years of age (For Delta, 2 shots are approx. 10-15% less effective in older people) ^{2 3}		Vaccine protection against infection and spreading (If you are vaccinated & infected you are still spreading).		
	Pre-delta and delta	Delta	Omicron after a 2 nd shot ⁴ , (3 rd shot) ⁴ (but see note 5)	DELTA after a 2 nd shot ^{5,6}	OMICRON, after a 2 nd shot	OMICRON after a 3 rd shot
1	96%	89% ²	90% (90%) ⁶	87% ^{6,5}	64% ⁶	72% ⁶
2	93%	86% ²	80% (89%) ⁴	81% ^{6,5}	52% ⁶	63% ⁶
3	90%	83% ²	70% ⁴ (89%) ⁴	73% ^{6,5}	36% ⁶	57% ⁶
4	87%	79% ²	63% (70?%) ^{6,7}	50% ^{6,5}	20% ⁶	45% ⁶ (approx.)
5	84%	73% ²	56% (60?%) ^{6,7}	40% ^{6,5}	19% ⁶	40% ⁶ (approx.)
6	81%	67% ²	50% (50?%) ^{6,7}	40% ^{6,5}	18% ⁶	35% ⁶ (approx.)

Notes

- (1) Vaccines do not prevent spreading which makes them useless for this purpose.
- (2) Vaccines show high effectiveness against severe illness and death, if they are given every 3 months.
- (3) Since Omicron is one eighth as likely to cause death than Delta⁸, fewer people under Omicron conditions require vaccine protection – see next page “Infection fatality rates”.
- (4) Dr. Shankara Chetty suggests that severe COVID illness may be due to allergic response; thus one can hypothesize that vaccines protect by suppression of allergic response, rather than fighting the virus directly⁹. This means that something as simple as an antihistamine treatment might be a useful alternative to vaccination. See alternative health strategies to vaccination, pages 5mto 7 of this document.
- (5) No official publication quotes three shot vaccine effectiveness against Omicron at 4 or more months after last vaccination, also no official publication covers vaccine effectiveness subsequent to mid-February.

¹ <https://www.cnbc.com/2021/07/28/pfizers-ceo-says-covid-vaccine-effectiveness-drops-to-84percent-after-six-months.html>
“Study found the vaccine’s effectiveness [against severe illness] was strongest, at 96.2%, between one week and two months after receiving the second dose. According to the study, it declined an average of 6% every two months, which signed up more than 44,000 people across the U.S. and other countries. The efficacy after “four to six months was approximately 84%,”

² SARS-CoV-2 vaccine protection and deaths among US veterans during 2021

<https://www.science.org/doi/10.1126/science.abm0620>

³ Effectiveness of mRNA COVID-19 Vaccines Against the Delta Variant Among 5.6M Medicare Beneficiaries 65 Years and Older (Salus Report): https://www.datascienceassn.org/sites/default/files/Salus_Humetrix_VE_study_2021_09_28_0.pdf

⁴ Boosters continue to provide high levels of protection against severe disease from Omicron in older adults

<https://www.gov.uk/government/news/boosters-continue-to-provide-high-levels-of-protection-against-severe-disease-from-omicron-in-older-adults>

⁵ Israel says Pfizer Covid vaccine is just 39% effective as delta spreads, but still prevents severe illness

<https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html>

⁶ UK Health Security Agency COVID-19 vaccine surveillance report Week 13

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066759/Vaccine-surveillance-report-week-13.pdf

⁷ Fully Vaccinated account for 4 in every 5 of the record breaking wave of Covid-19 Deaths across Australia

<https://dailyexpose.uk/2022/04/21/australia-4-in-5-covid-deaths-fully-vaccinated-2/>

⁸ Early Estimates of Omicron Severity in Ontario based on a Matched cohort Study of Cases between Nov 22 & Dec 24, 2021

https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-epi-enhanced-estimates-omicron-severity-study.pdf?sc_lang=en

⁹ Courageous Convos with Dr Shankara Chetty: Observations Of A Successful Frontline Covid GP

<https://odysee.com/@voicesforfreedom:6/Dr-Shankara-Chetty:b?t=360>

Table 2: COVID Infection-Fatality Rates (IFR) by Age group

The left column is adapted from a multi-nation study¹. Omicron data is compiled based on an article that estimates that Omicron is one-eighth as likely to cause ICU hospitalisation (and thus death) than Delta²

Age group	Delta Infection fatality rate (IFR) in non-vaccinated persons	Omicron Infection fatality rate (IFR) in non-vaccinated persons
0-4	3 per 100,000	0.4 per 100,000
5-9	1 per 100,000	0.1 per 100,000
10-14	1 per 100,000	0.1 per 100,000
15-19	3 per 100,000	0.4 per 100,000
20-24	6 per 100,000	0.8 per 100,000
25-29	13 per 100,000	1.6 per 100,000
30-34	24 per 100,000	3 per 100,000
35-39	40 per 100,000	5 per 100,000
40-44	75 per 100,000	9 per 100,000
45-49	1.7 per 1,000	0.2 per 1,000
50-54	2.1 per 1,000	0.3 per 1,000
55-59	3.2 per 1,000	0.4 per 1,000
60-64	4.5 per 1,000	0.6 per 1,000
65-69	10 per 1,000	1.3 per 1,000
70-74	17 per 1,000	2 per 1,000
75-79	32 per 1,000	4 per 1,000
80-84	90 per 1,000	11 per 1,000

Notes:

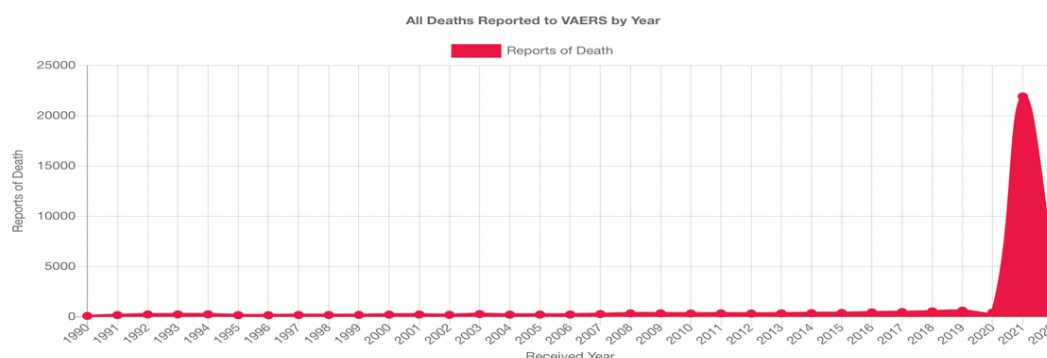
(1) Table shows the average for the population. Females are approximately half as likely to succumb to COVID as males.
 (2) If the adult population took steps to reduce obesity, improve their quality of diet, commit to time-restricted eating, and boost their vitamin D levels to the top of the laboratory guidance range. The IFR could reduce by 70 to 80%. See page 5 for discussion on health.

Reported deaths after COVID mRNA vaccinations are more common than for all previous vaccinations combined, over a period of 30 years

The American Vaccine Adverse Event Reporting System (VAERS).

Chart 1: All post-vaccine deaths reported to VAERS by year

The table shows the reports of death after vaccinations at the American Vaccine Adverse Event Reporting System (VAERS). Deaths after vaccinations are 35 times higher this year – the first year of mass COVID RNA vaccination. In 2020 the deaths after all vaccinations stood at 600. By contrast the number of deaths in 2021 is 21,000,³



¹ COVID Infection Fatality Rates By Sex And Age

<https://www.acsh.org/news/2020/11/18/covid-infection-fatality-rates-sex-and-age-15163>

² Early estimates of SARS-CoV-2 Omicron variant severity based on a matched cohort study, Ontario, Canada

<https://www.medrxiv.org/content/10.1101/2021.12.24.21268382v2.full.pdf>

³ VAERS COVID Vaccine Mortality Reports

<https://openvaers.com/covid-data/mortality>

Vaccine injuries are always under-reported; the mRNA shots show a doubtful benefit to calculated risk ratio

Research reviews by trained scientists estimate that under-reporting of vaccination-related deaths ranges from 85% to 99% (1,2,3). **Based on these estimates, post-mRNA vaccine deaths in the USA could range from 70,000 to 1,000,000.** Since approx. Two hundred million Americans are now double vaccinated, this could mean **rates of post-vaccination deaths range between 0.35 and 5 per thousand vaccinated persons** for the first two vaccinations. For the rest of this article, we assume an under-reporting factor of 97.5% (40-fold).

Chart 2: Post-inoculation deaths per dose of inoculant

From: "Why are we vaccinating children against COVID-19?"⁴

...“Chart shows 7-day COVID-19 vaccine deaths per inoculation by age in the United States (as of 5/28/2021). Data shown includes the total number of all deaths up to 7 days after receiving the vaccine by age in the United States as of 5/28/2021 reported in VAERS”.

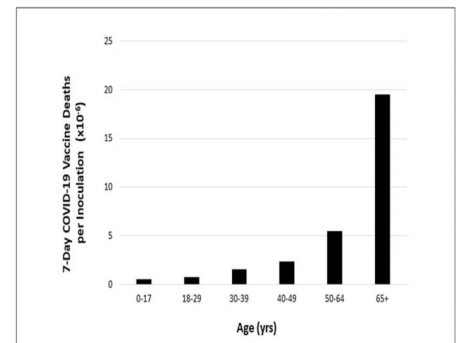


Table right: predicted post vac. deaths after 3 shots over a two-year period compared with death rates from Covid infection

Vaccination deaths are calculated from chart 2 by timesing by a factor of 40 for each injection & 3 for 3 shots over a period of 1 year. Number 40 is the underreporting factor determined by Kirsch, Rose and Crawford (2). Covid death rates in the unvaccinated is taken from table 2 on page 3.

Age group	Vacc deaths if 3 vacc's over a year, per 10,000	Covid deaths in the unvaxd (assumes everyone gets infected), per 10,000	
		Original Covid	Omicron Covid (8 * fewer deaths ⁵)
0-17	0.7	0.2	0.03
18-29	1.2	1	0.13
30-39	3.6	3.2	0.4
40-49	6	13	1.6
50-64	13.2	27	3.5
65+	23	200	25

Further notes, benefits versus risks: -

- (1) From this analysis vaccinating under 40-year-olds against original COVID kills more people than it saves, and vaccinating under 65-year-olds against Omicron also kills more than it saves. Further, an analysis by Dopp and Seneff⁶ suggests that nobody should now be vaccinated under the age of 80!
- (2) Analysis assumes that the vaccines are 100% effective in preventing deaths; the actual numbers are 85-90% protection up to 3 months post vaccination and 50-75% protection 3 to 6 months post vacc. (see page 2).
- (3) Disturbing is, long term deaths from mRNA vaccination (due to cancer, auto-immune disease, and diminished natural immunity) aren't yet known and may be huge. A science review explains these risks⁷.

¹ Look for Link to Lazarus report at <https://openvaers.com/>

² Estimating the number of COVID vaccine deaths in America:

<https://covid19alternativeperspectives.files.wordpress.com/2021/10/deaths.pdf>

³ Under-reporting of adverse drug reactions: a systematic review <https://pubmed.ncbi.nlm.nih.gov/16689555/>

⁴ Why are we vaccinating children against COVID-19? <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8437699/>

⁵ Early Estimates of Omicron Severity in Ontario based on a Matched cohort Study of Cases between Nov 22 & Dec 24, 2021 https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-epi-enhanced-estimates-omicron-severity-study.pdf?sc_lang=en

⁶ COVID-19 and All-Cause Mortality Data by Age Group Reveals Risk of COVID Vaccine-Induced Fatality is Equal to or Greater than the Risk of a COVID death for all Age Groups Under 80 Years Old as of 6 February 2022 https://www.skirsch.com/covid/Seneff_costBenefit.pdf

⁷ Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19 <https://ijvtp.com/index.php/IJVTPr/article/view/23/51>

The COVID epidemic is not an epidemic of healthy people

“If all age groups in the UK were perfectly healthy, the death rate would now stand at 0.4 deaths per 1,000...”

As of Dec 1st, 2021 the UK had 2.1 deaths per thousand population (table below shows deaths per million in the far-right column, we chose to restate this as deaths per thousand). This means that 998 per thousand have survived¹ - an indication that COVID is not as dangerous as the authorities and media portray. If the old and the severely ill are removed from the statistics, the risk of death diminishes by 80-90%, to approximately 0.3 deaths per thousand. With respect to those who are affected, this is hardly a crisis situation for healthy people.

	All	Europe	North America	Asia	South America	Africa	Oceania				
#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	New Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop
1	UK	10,228,772	+39,716	144,969	+159	9,062,561	+36,788	1,021,242	916	149,568	2,120
2	Russia	9,636,881	+32,648	275,193	+1,229	8,329,253	+33,442	1,032,435	2,300	65,996	1,885
3	France	7,628,327		119,016		7,113,141		396,170	1,563	116,504	1,818
4	Italy	5,028,547	+12,764	133,828	+89	4,700,449	+8,041	194,270	683	83,342	2,218

Table below: just 4% of deaths occurred in those under age 45...

	% of total COVID deaths (pre Omicron)
Aged under 45	4%
Aged 45-65	22%
Aged over 65	75%

Table below: perfect health means that you are five times less likely to die...

	% of deaths in age group if no known pre-existing health condition (pre-Omicron)
Aged under 45	20%
Aged 45-65	20%
Over age 65	18%

Table below: comparison of deaths per thousand infections, according to age and health status

Data is from the table above and table on page 3, table assumes standard hospital care made available as required. All data is pre-Omicron. With Omicron we expect the death rates to reduce by a factor of 8.

People of average health under age 45 1 to 80 deaths per 100,000 (less if younger)	People with superb health aged under 45 0.2 to 2 deaths per 100,000 (less if younger)
People of average health aged 45 to 65 1.7 to 4.5 deaths per 1,000 (less if younger)	People with superb health aged 45 to 65 0.3 to 0.9 deaths per 1,000 (less if younger)
People of average health aged 65 to 70 10 deaths per 1,000	People with superb health aged 65 to 70 2 deaths per 1,000

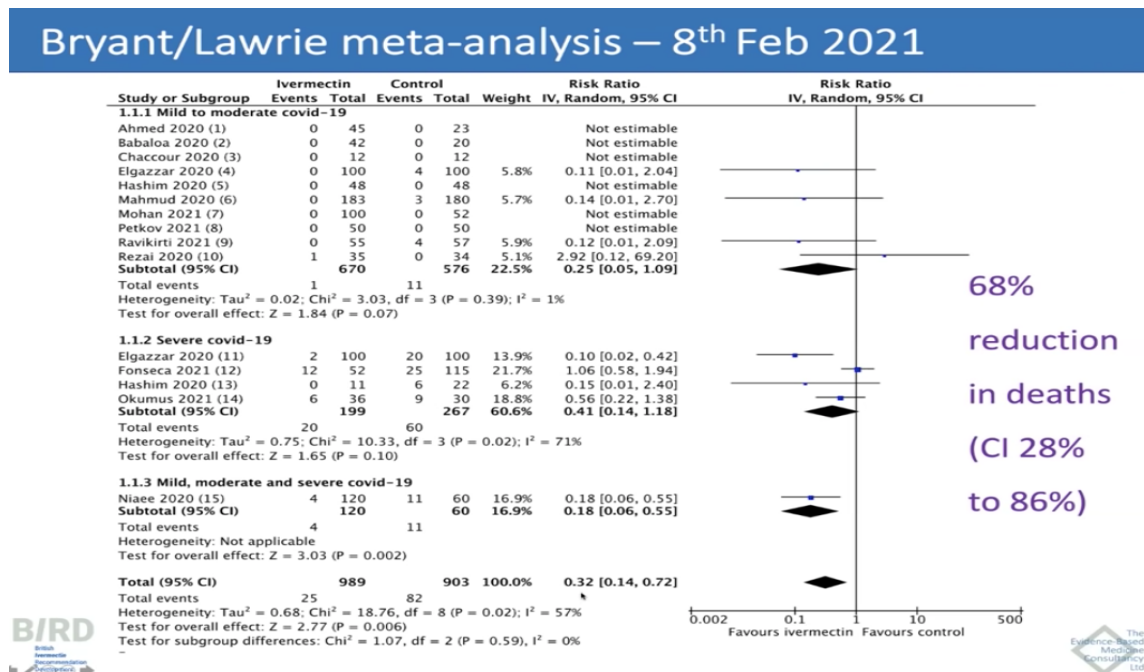
If all age groups in the UK were perfectly healthy, the death rate would now stand at 0.4 per 1,000 instead of 2 per 1,000. This shows that the COVID epidemic is not an epidemic of healthy people. The pursuit of perfect health alone could reduce deaths just as much as 6 monthly vaccination – but without the recurring health hazard of repeated vaccinations.

¹ <https://www.worldometers.info/coronavirus/#countries>.

See also: <https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/>

Research shows that Ivermectin (used as a repurposed drug) reduces deaths and saves lives

The table below appears in a video interview between Dr John Campbell and Dr Tessa Lawrie dated Apr 8, 2021¹. Dr Lawrie's review of research concludes a possible 68% reduction in deaths (see right-hand side of the table). Ivermectin is cheap, safe and very effective – especially when given at first signs of illness.



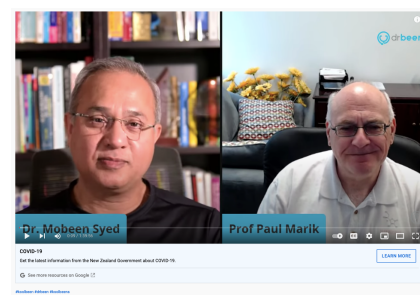
“The COVID epidemic could be ended overnight if Ivermectin were widely prescribed...”

Dr Paul Marik of the COVID Critical Care Alliance (<https://covid19criticalcare.com/>) says we could end the COVID epidemic overnight if Ivermectin were widely prescribed. View the following video to find out why he says this.

See: <https://www.youtube.com/watch?v=O4gkLn-z4II>

Title: Dr Paul Marik Discusses Latest Trends In COVID Management

To view similar talks Google search: Mobeen- Marik interview. <https://duckduckgo.com/> provides is a less censorship prone search engine.



This 48 page opinion from the Attorney General's office in Nebraska USA warns the Nebraska medical boards that they cannot delicense doctors for prescribing Ivermectin, why? – because it is a safe and effective. https://ago.nebraska.gov/sites/ago.nebraska.gov/files/docs/opinions/21-017_0.pdf

¹ Reference: <https://www.youtube.com/watch?v=D2ju5v4TAaQ>

Title: Ivermectin discussion with Dr Tess Lawrie (you can google this). See also: Japan sees huge drop in cases after it switches to Ivermectin <https://tinyurl.com/japan-ivm>

Make yourself Covid resilient

In addition to vaccinations (if you chose to comply with government and employer mandates), you can boost your COVID resilience and immunity to colds and 'flu by the following strategies:

- (1) Vitamin D supplementation: 5,000 units or more per day, alongside sensible sunbathing.
- (2) Fasting and intermittent feeding. Purchase and read the book Fast 800 by Michael Mosely
- (3) Avoid processed foods and excess sugars, seed oils and hydrogenated fats.
- (4) Prayer, meditation and seeking out truth.
- (5) Socialize with friends family and support network.

Early home treatment saves lives

It doesn't matter if your doctor is no longer permitted to help you with prescription drugs for early home treatment because you still have options. Research shows that early home treatment with, for example, Quercetin and zinc, (you must start early) reduces the risk of severe illness and death. Put together your household early home treatment now, before it is too late. For more information, go to:

<https://covid19criticalcare.com/>

<https://www.treatearly.org/promising-drugs>

<https://www.skirsch.io/how-to-treat-covid/>

Minimize vaccine damage

Doctors have little to no idea how to treat vaccine injury so it seems reasonable to take steps to reduce your personal injury risks. The COVID resilience and early home treatment remedies just covered are safe, and, in addition to reducing the severity of infection, may also help reduce the risk of vaccine injury.

The fasting strategy

Since Spike protein – whether of viral origin or vaccine origin, is toxic^{1 2}, it makes sense to lessen the vaccine's ability to manufacture it in your cells. This can be done by fasting, which turns off protein manufacture in the body³. This is particularly important for young fit people who are better at producing new protein than older people. Whatever your age, if you understand that spike protein is toxic, and fasting can reduce your body's ability to turn vaccine mRNA into spike protein, you will see the benefit of fasting.

The antidote to misinformation is more information

We can only find truth by assessing the evidence of two or more witnesses. Please keep an open mind as you assess the following: -

NZ nurse says vaccine reactions being ignored: - <https://tinyurl.com/nurse-nz>

Australian nurse says hospital beds are filled with the vaccine injured: - <https://tinyurl.com/aussy-nurse>

Louisiana nurse testifies about covid policies <https://bit.ly/3r1nMy3>

Vaccine inventor Robert Malone: www.tinyurl.com/roger-malone

Voices for Freedom <https://www.voicesforfreedom.co.nz/>

God bless you in perfect health

Bruce Thomson

¹ For a discussion that includes 25 scientific references on vaccine spike protein damage go to: www.tinyurl.com/spike-vacc

² See search result: - https://duckduckgo.com/?q=mouse+study+spike+protein+toxicity&t=h_&ia=web

³ **mTOR inhibition in COVID-19: A commentary and review of efficacy in RNA viruses**

<https://onlinelibrary.wiley.com/doi/10.1002/jmv.26728>