



Newsletter 1/14/22

If you haven't yet heard the news: yesterday the **Supreme Court rejected Biden's OSHA vax mandate** for companies with 100 or more employees, on a vote of 6-3 along party lines ([read opinion](#)). The mandate stands for health care workers, however, despite the vaxxed getting Omicron in huge numbers and the likelihood that most healthcare workers have had COVID and thus have some measure of immunity. ([Read more on the SCOTUS decision here](#)). Despite this, [Biden is telling companies to ignore the ruling](#), and it is unclear how many will continue to follow his, Fauci's and the CDC's lead. The SCOTUS decision, however flawed it may be, together with the rising awareness of the [dangers and ineffectiveness of the mRNA "vaccines,"](#) are good signs that the COVID narrative is beginning to implode and that sanity is slowly beginning to return. [Even the EMA \(European Medicines Agency\) just admitted boosters could harm the immune system](#), and Israeli Professor Udi Qimron just told his Ministry of Health, "[It's time to admit failure.](#)" The battle is far from over, of course, but we have cause for optimism.

Mind expanding! If you have a couple hours to spare, I highly recommend watching or listening to this podcast with **Dr. Zach Bush and Aubrey Marcus**, which provides a powerful and insightful philosophical, historical and spiritual overview of where we are now: [Pandemic of Fear and Guilt](#).

Monday's Zoom: Dangers of 5G and EMFs

Please join us for our [zoom Monday 1/17 at 1PM](#) as we host Cece Doucette, Director of [Massachusetts for Safe Technology](#), for a conversation about the health implications of 5G and other EMFs.

5G Bill & 1/18 Hearing

A terrific bill is being introduced in Concord on wireless radiation which will require 500 meters minimum setbacks (1640 ft) for telecommunications antennae from residential areas, schools, day cares, hospitals, etc. as well as a registry of residents experiencing symptoms. It would be a game changer if NH passes this as other states could follow suit. Can you write a letter in support to the Committee before Jan 18. See details below or better yet come

testify for the hearing on HB1644 before the Science and Tech Committee on Tuesday, January 18 at 9:00am at the Legislative Office Building room 306-308. This building is behind the State House in Concord. The hearing is scheduled for two hours. Please confirm you will be there to testify, and thank you for your consideration. You can contact Lori Schreier of RiseUpNH if you want to carpool or if you have questions: schreierlori@aol.com.

The Bill: [House Bill 1644 is now available](#) and is titled, "Relative to the placement of telecommunication antennae and establishing a registry for residents who are experiencing biological symptoms from wireless radiation exposure." You can track the bill's progress [here](#). Like last time, HB 1644 has been first assigned to the [House Committee on Science, Technology and Energy](#). You can click the link to get more links to write to the whole committee.

EVENTS

Gilsum Open Mic tonight 7PM

You are welcome to come listen and/or play at Open Mic at Restoring Eden (626 Route 10 in Gilsum) 7PM tonight (and every 2nd Friday of each month).

Monadnock Game Night Saturday 6PM

Tom B. is organizing a community game night tomorrow, Saturday 1/15 at 6PM at Country Life restaurant in Keene. Bring whatever board or card games you fancy and we will pick from the bunch. Kiddos are welcome! You are welcome to bring your own snacks and drink, or purchase what's available in CL's refrigerated section.



Faith, Health and Hope Global Covid Summit - Vermont

[International Alliance of Physicians and Medical Scientists](#)

Vermont Health Freedom Summit - Jan 15 in Williston

Featuring: Dr. Richard Fleming - Dr. Richard Urso - Dr. Ryan Cole - Dr. Karladine Graves - Atty Julia Haller - Pastor Christopher Thoma - Dr Peter Breggin - Dr. Stella Immanuel - Dr.

Natural Remedies 101 Sunday 1/23 2-4PM, Keene

Cost: \$20. With Peggy Schauffler, Country Life Restaurant

A healthy body fights infection, heals wounds, kills cancer cells, repairs damage, and fights the aging process. However, maintaining and restoring health so your body can effectively utilize the natural healing processes requires a bit more than visiting the doctor after something goes wrong. You will be provided with handouts.

Find out how to use items in your home and in your pantry to treat your family members. We will cover:

1. Steam Baths ' Heat kills bacteria and virus'. Steam raises the bodies temperature and we will learn how to do this from our own home.
2. Hydrotherapy. Sometimes we don't want to heat the whole body. We will learn this very effective treatment that works beautifully with pneumonia, inflammation, infections and more.
3. Learn how the immune system works and some ways of keep our immune system in optimal working order.
4. Learn about items to keep on hand such as charcoal or items such as onions which are very helpful and effective in the flu season.
5. Hear experience and share experiences on blood poisoning, burns, chickenpox, cancer and more.
6. Learn how to use essential oil and how to tell a real vitamin from a fake and the difference in how they heal.

Call or email ahead so we have a head count: 603+357-3975,
peggy@countryliferestaurant.com. No age limit. Pay at the door.

Gunshot Wound & Trauma First Aid Class Sat 1/29 10-3 Keene

With Instructor Keith Hanson

Where: Monadnock Natural Health: 16 Church Street, Suite 2B, Keene, 03431

First aid skills can save your life! Whether there is a gun shot wound, or a serious fall while hiking, or a car accident, first responders can take ten minutes or hours to arrive, depending on the situation! Knowing simple life saving techniques is important!

Click [here](#) or below for Tickets.

GUNSHOT WOUND & TRAUMA FIRST-AID



INCLUDES DETAILED MODULES ON:

- Safety & Security Considerations
- Treatment of Massive Hemorrhaging
- Treatment of Airway Obstructions
- Treatment of a Tension Pneumothorax
- Tourniquet Staging & Use
- Hemostatic Agents & Antihemorrhagics
- Evisceration Injuries
- What Your IFAK Should Contain



CRITICAL DYNAMICS

SATURDAY, JANUARY 29TH
10:00 AM - 3:00 PM



Monadnock Natural Health

Open Mic at Country Life Sat 1/29 7PM

Poetry, music, comedy, whatever is welcome, except "no crazy wild songs/music" (according to Peggy). :-)

NEWS

Dr. Meryl Nass (Dr Robert Malone's doctor) delicensed in Maine for "COVID misinformation"

Licensing agency says Meryl Nass must undergo neuropsych exam for her claims about COVID vaccine

<https://stevekirsch.substack.com/p/robert-malones-doctor-had-her-license>

Dr. Nass's incisive website: <http://anthraxvaccine.blogspot.com/>

CHD article: Parents Must Be Allowed to Decide on COVID Vaccines for Kids, Dr. Nass Tells Maine Lawmakers

<https://childrenshealthdefense.org/defender/meryl-nass-parents-decide-covid-vaccines-kids/>

Do antigen tests work if you are asymptomatic?

The answer is it depends on the brand of the test. Here's what you need to know.

<https://stevekirsch.substack.com/p/do-antigen-tests-work-if-you-are>

UPDATED: Covid-19 natural immunity compared to vaccine-induced immunity: The definitive summary

<https://sharylattkisson.com/2022/01/covid-19-natural-immunity-compared-to-vaccine-induced->

immunity-the-definitive-summary/

141 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

Dr Shankara Chetty: 'Spike protein is poison to kill billions globally, without anyone noticing'

<https://americasfrontlinedoctors.org/news/post/dr-shankara-chetty-spike-protein-is-poison-to-kill-billions-globally-without-anyone-noticing/>

Tidal Wave of Documents on Gain-of-Function and the Leak of the Virus

Stuff is starting to get interesting (and undeniable)

<https://rwmalonemd.substack.com/p/tidal-wave-of-documents-on-gain-of>

A sign of sanity in college sports: NCAA says players infected within the previous 90 days ARE "fully vaccinated"

<https://fee.org/articles/athletes-who-had-covid-will-be-considered-fully-vaccinated-ncaa-says-in-new-guidelines/>

Maddie de Garay and the "Trusted News Initiative"

The Vaccine Safety Research Foundation produced a couple of video everyone should see and share. Maddie de Garay, a 12-year-old participant in the 12-15 year old Pfizer trial was paralyzed less than 24 hours after her second shot. She's now on her way to being a quadriplegic. In the trial, they reported her injury as "abdominal pain."

<https://stevekirsch.substack.com/p/help-us-spread-the-word-about-maddie>

"This is the final battle. We need to win this one": RFK, Jr. talks to James Corbett

<https://off-guardian.org/2022/01/11/watch-the-real-anthony-fauci/>

Dr. Robert Maoline: 16,000 Physicians Agree

Read the declaration from the International Association of Physicians and Medical Scientists.

<https://rwmalonemd.substack.com/p/16000-physicians-agree>

Omicron as a Bioweapon: Thoughts and Implications

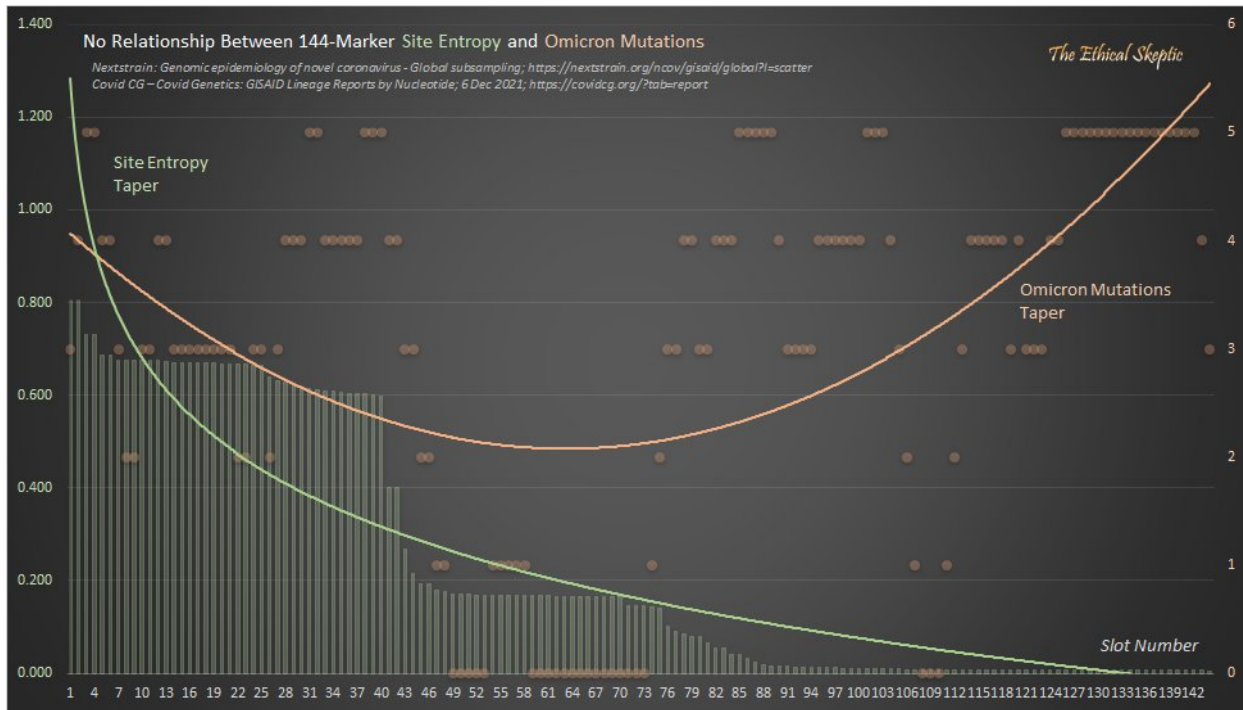
<https://igorhchudov.substack.com/p/omicron-as-a-bioweapon-thoughts-and>


The paper that shows a probable mouse origin for Omicron

<https://jessicar.substack.com/p/this-ones-about-the-paper-that-shows>

If Omicron came naturally from any Wuhan strain, the orange curve would match the green entropy curve. Even if a lab serial-pass-created Omicron from a Wuhan strain, these two curves would match.

<https://twitter.com/EthicalSkeptic/status/1480022935498854403/photo/1>



Glenn Greenwald  @ggreenwald · 2h

They can't stand that anyone airs any dissent from the views they demand be treated as orthodoxy.

And they become particularly enraged when the people they think are inferior and stupid have large audiences, while nobody listens to them. That's what drives the desperation.

 **Tom Elliott** @tomselliott · 18h

CNN guest @jessicamalaty calls on Spotify to place "warnings" around @joerogan's podcast, alerting listeners that his "information is actually incorrect."

"YouTube removed the video version of the podcast but that podcast is still available on Spotify, and that's a problem."

Via | webex by cisco
San Francisco
12:28 PM PT



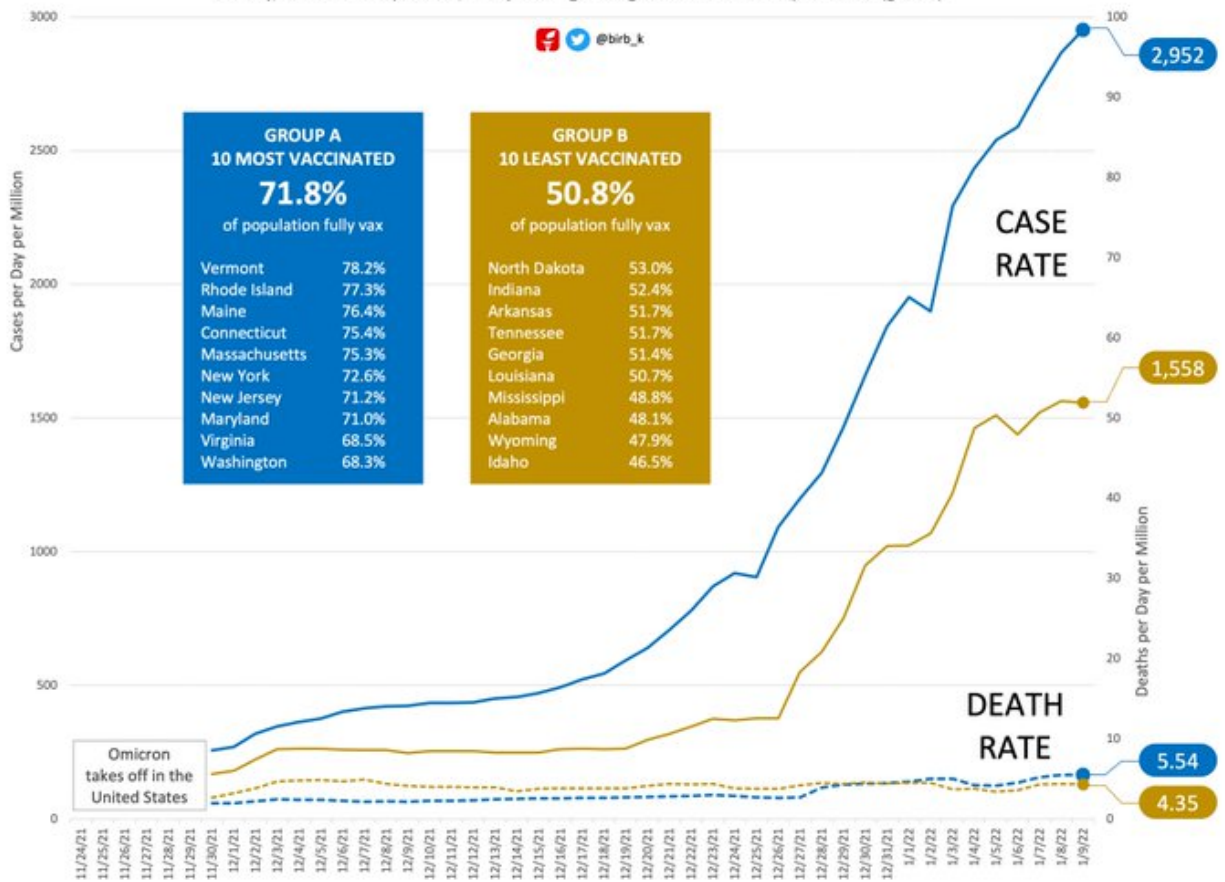
COUNTERING COVID MISINFORMATION **LIVE**

SCIENTISTS CALL JOE ROGAN'S PODCAST "MASS-MISINFORMATION EVENT" **CNN**

1:06 | 121.5K views
HOSPITALS NATIONWIDE ► 156K AMERICANS ARE HOSPITALIZED FOR COVID-19
NEWSROOM

Omicron: Top 10 vs Bottom 10 Vaccinated States, Case & Death Rates

Per Day, Per Million Population, 7-Day Moving Average. Source: Johns Hopkins CSSE (github)





Justin Hart

@justin_hart

Team Apocalypse will not like this.



Rochelle Walensky, MD, MPH @CDCDirector · Jan 12

NEW: Study on severity of those infected with the #OmicronVariant compared to the #DeltaVariant:

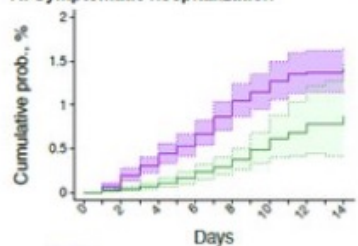
- ↓ 53% less risk of symptomatic hospitalization
- ↓ 74% less risk of ICU admission
- ↓ 91% less risk of death
- 0 Omicron patients required mechanical ventilation

bit.ly/3GiRpBC

[Show this thread](#)

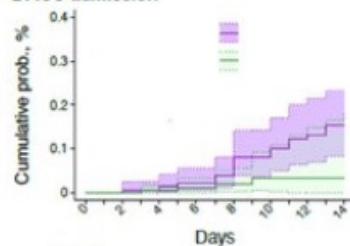
Kaiser Permanente Southern California Data

A: Symptomatic hospitalization



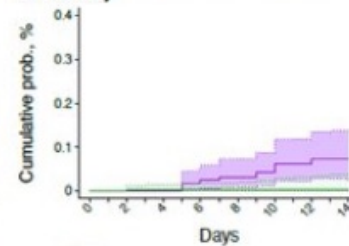
53% reduction
in risk of symptomatic
hospitalization

B: ICU admission



74% reduction
in risk of ICU
admission

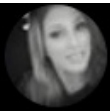
D: Mortality



91% reduction
in risk of mortality



Lewnard JA et al. medRxiv January 11, 2022



DrKatPhD
@KathMLee1

Here's part of the Ralph Baric email in regard to SARS1 vaccine development and the tragic outcome of the primate models. The video has Ralph Baric explaining the outcome in mouse models. These people know what will happen with these "vaccines"

affordable and malleable small animal model species. High-throughput drug and vaccine testing is seriously constrained in primates or camels, because of ethical concerns, lack of facilities for large animal testing, and cost, so most candidate therapies are sitting on a shelf and not being evaluated. **Thus, mouse models represent the only viable alternative.** Mouse models under development include mice transduced with Adenovirus vectors encoding the DPP4 receptor, or transgenic mouse lines; (Perleman, 2014) however these models appear to support virus replication without serious clinical disease and do not replicate the end stage lung disease ARDS phenotypes reported in human populations. Vector and transgene induced inflammation further complicate immune readouts as well.

ii) In vivo passage is essential to the development of robust, safe, small animal models of MERS-CoV human disease. Many human and animal respiratory viruses have been adapted to mice. This requires iterative passage to select for multiple mutations that afford alternative species receptor usage, increased virus replication, increased yields/cell and enhance severe clinical disease outcomes. In SARS-CoV, 6-8 mutations are selected in 4-5 genes; the spike glycoprotein receptor binding domain mutations in combination with 2 or more other mutations regulate lethal outcomes (Roberts et al., 2006). Critically, **no evidence link coronavirus in vivo mouse passage with increased human risk.** These outcomes also reflect well-described results in many virus systems that serial passage in one species usually attenuates virus pathogenesis in the original species. Mice infected with wildtype or mouse-adapted SARS-CoV do not transmit these viruses to co-housed naïve animals. In fact, serial passage in alternative hosts is an accepted strategy that has been widely used to attenuate many human viruses, resulting in live-attenuated viruses that have saved hundreds of millions of lives since the late 1950's.

iii) Mouse adaptation of SARS-CoV. Based on the new criteria for GOF outlined in the US Government directive, three gain of function experiments have been performed with SARS-CoV since 2003 and none have been performed with MERS-CoV. Wildtype SARS-CoV replicates poorly and does not produce clinical disease or pathology in mice. Doubly inactivated, vectored and recombinant protein vaccines provide robust protection in this model (1). However, two groups have shown that serial in vivo passage rapidly selects for mouse-adapted strains that produce more severe clinical disease and death in young mice, and ARDS and death in aged mice. In aged mice, the LD₅₀ drops significantly and disease vulnerabilities and outcomes phenocopy those seen in aged human populations.

Correlates of protection are key metrics used in vaccine development and therapeutics must effectively reduce peak virus titers seen in human patients. Importantly, these correlates can vary depending on virus replication efficacy and the severity of disease pathology noted in humans and in animals. For example, correlates needed to reduce virus titers from 10⁵ to 10³ or 10⁶ to 10⁴ (two logs) might be substantially different. Vaccines can also elicit protective or pathogenic responses, which can only be identified using animal models. Thus, robust animal models are key to human health.

4. SARS-CoV and MERS-CoV Gain of Function Experiments. Based on influenza virus transmission studies, the underlying assumption appears to be that all GOF studies pose grave public health risk. This represents a very negative over-simplification of a classical, critical and essential genetic approach to defining pathogenesis, virulence, and mechanisms of therapeutic and vaccine efficacy. This is particularly the case for coronaviruses.

Implications in model development. Importantly, vectored and doubly inactivated vaccines work well in virus replication mouse models, but fail to protect against the lethal challenges, especially in aged immunosenescent animals that recapitulate severe lung pathologies. More seriously, doubly inactivated vaccines induced a Th2 immune pathology associated with massive inflixes in the

primarily enhancing serious disease outcomes and death in a SARS outbreak setting. This revelation was absolutely dependent on the availability of a robust animal model of human disease. In a second example, Deng X, et al 2013 used GOF approaches to re-engineer an alphavirus, sindbis virus, to express the SARS-CoV papain like protease, designing a safer BSL2 virus surrogate pathogenesis model for rapid drug screening. Insertion of the SARS gene into sindbis attenuated pathogenesis in wildtype but not especially designed mutant mice. Sindbis causes systemic disease, viremia, and replicates in multiple organs but is most tropic for the brain and CNS. SARS-CoV is a presumptive pathogen. Under identical conditions, drugs that were highly efficacious in the surrogate model, failed to protect animals from lethal SARS-CoV challenge (PMC4178736). Thus, results in surrogate models should be evaluated cautiously.

ii) Zoonotic SARS-CoV. Emerging viruses exist in swarms of highly heterologous but related viruses, thus, future outbreaks could be derived from other precursor strains which are antigenically and genetically distinct. Antigenic variation could obviate the potency and efficacy of SARS-CoV vaccines and immunotherapeutics or erode the therapeutic potency of antiviral drugs. To address this issue, the spike glycoproteins of several zoonotic SARS like viruses (e.g., civet, raccoon dog and bat) have been incorporated into the wildtype SARS molecular clone, producing chimeric viruses that encode natural variation in the S glycoprotein (PMC1933338, PMC2588415, PMC3977350, PMID24172901). These recombinants can use the human, bat and civet receptor, some produce lethal disease with ARDS in aged mice, and demonstrate a 5-100x fold reduction in neutralization by sera targeting the epidemic SARS-CoV S glycoprotein. Vaccines using the SARS S glycoprotein do not protect against lethal heterologous spike challenge, especially in aged animals; thus, current SARS vaccines will fail to protect against these precursor strains should they seed future outbreaks. In fact, the doubly inactivated vaccines don't protect but do stimulate the Th2 immune pathology noted above (PMC3209347). Similarly, one strain appears resistant to the existing panel of broadly neutralizing human monoclonal antibodies. It should be noted that none of these strains are transmissible in the mouse and most replicate poorly in primary human airway epithelial cells. For surveillance and the development of public health intervention platforms, these data have huge implications, demonstrating that existing vaccines require reformulation. These outcomes could not have been predicted from in silico sequence information, biochemical assays, neutralization assays with surrogate viruses or surrogate in vivo models of human disease. Animal models can lie, however, their reliability is oftentimes directly proportional to their capacity to replicate human disease.

Lack of Safe Alternatives to Animal Testing. Concerns around influenza virus transmissibility studies have now encompassed any gain of function study performed with certain high path viruses in mammals. Various groups have suggested that "ethical" and safer alternative approaches exist that provide equivalent information in the absence of risk. These include the use of pseudotyped defective viruses, recombinant protein biochemical assays, and dynamic modeling of biological processes. These approaches are not robust surrogates of disease models. For example, we note that virus particles breathe, thus some immune epitopes are quaternary in design and are only formed in intact virus particles (PMC4178732). Essentially their existence is entirely dependent on the conformational ensemble that exists in a mature virus preparation, not necessarily in pseudotypes or in recombinant proteins (PMC3358852; PMC4136251). Thus, neutralization and biochemical assays using pseudotype particles or recombinant proteins can provide misinformation. While vaccine and therapeutic potential can be predicted using biochemical assays, dynamic modeling simulations and in vitro neutralization assays and T cell killing assays, these studies are subject to error and protective efficacy can only be evaluated in the context of an animal model of human disease. If these animal models are not robust, correlates of protection may change or be over-interpreted as manufacturers move their products into human populations.



Martin Kulldorff
@MartinKulldorff

Lockdown is a prolonged "let-it-rip" strategy. The opposite is focused protection of the high-risk old and vulnerable to minimize mortality.



Martin Kulldorff @MartinKulldorff · Jan 11

Some basic epidemiology:

Lockdowns ➡ More Contagious Variants ➡ Higher Herd Immunity
Threshold ➡ More People Infected During Pandemic ➡ Harder to Protect Vulnerable

Consent Factory @consent_factory · 1h

...

For those who feel we have been going overboard by describing the state of things in Germany as "fascist," here's a translation of an excerpt from a recent piece in [@handelsblatt](#). It is not an exception. Fascists like [@herrkloeckner](#) are the majority in Germany again.

"Not getting vaccinated is an attack on the freedom of all those who want their everyday lives back despite Corona. That's how it should be punished.

Those who don't comply with mandatory vaccination must experience disadvantages that go beyond fines. They must no longer be allowed to fly or travel by buses and trains, or be allowed to practice their professions.

Compulsory vaccination must entail the legal certainty of excluding unvaccinated people from all aspects of public life, as harsh as that sounds. A vaccination register would also help to implement the obligation. Without one, it will be hard to determine who hasn't been vaccinated."

- Jürgen Klöckner, Handelsblatt

For victory!

John-Michael

Do you value what Rise Up NH brings? Please [DONATE!](#)