

A Medical and Scientific Review of the Government's (Mis) Handling of Covid-19

Although the following position statements are my opinion, they are medical facts obtained from clinical and research trials and publications from medical experts and often from the CDC.

The author of this summary is a 33-year practicing Chiropractic neurologist. Myself, my wife and parents have been vaccinated and I am not a conspiratorial physician. I run my practice and my life based on medical facts.

I acknowledge that many in medical leadership positions have the best of intentions but their leadership has been scientifically VERY WRONG. Our current Covid-19 respiratory virus pandemic should have ended months ago resulting in the Delta variant having minimal effect on American citizens and sadly hundreds of thousands of citizens have DIED because of the horrifically wrong advice of the CDC, the NIH and state medical leadership like Dr. Mandy Cohen of the NC DHHS and now the New Hanover County Board of Health.

Reviewing the FACTS:

1. Almost without exception, we have come out of a respiratory virus pandemic WITHOUT the help of a vaccine. Operation Warp Speed under the direction of former President Donald Trump produced the current Covid-19 vaccines in record time. This means that **achieving herd immunity through natural immunity has always been the primary means of ending a pandemic.**
2. It is a known fact that it is extremely difficult to stop the spread of a virus and you will never eliminate a virus that has animal residuals, meaning it can live in animals. Currently we know that dogs, cats, ferrets, minks and white-tailed deer can be a host for Covid-19. From March of 2020 through at least July of 2021, many draconian mitigation mandates (including 80% masking) were forced on citizens worldwide. Answer this simple question...did all of it stop the spread? Covid 19 spread to every city, county, state, country and continent on planet Earth. Many took extreme measures to avoid infection and to no avail. As of May 2021, the CDC reports 120 million estimated infections, that's one out of every three Americans. [Estimated COVID-19 Burden | CDC](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates-burden.html)
www.cdc.gov/coronavirus/2019-ncov/cases-updates-burden.html
3. How have we managed pandemics in the past?
CDC April 21, 2017 "Community Mitigation Guidelines to Prevent Pandemic Influenza"
[Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm) [cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm](https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm)
This is an update from the lessons learned from the 2009 H1N1 pandemic response.
Regarding the use and recommendations of NPI's (nonpharmaceutical interventions):

“NPIs, also known as community mitigation measures, are actions that persons and communities can take to help slow the spread of respiratory virus infections, including seasonal and pandemic influenza viruses...Use of NPIs During Influenza Pandemics...the historical analyses, generally supported the effectiveness of early, targeted, and phased-in (layered) use of multiple NPIs⁸ in preventing spread of disease, especially when used in combination with antiviral medications... This conclusion seemed plausible... However, the NPI modeling studies had substantial limitations, including lack of data supporting assumptions about the effectiveness of individual NPIs, economic and social costs of NPIs, and likely rates of compliance...NPIs routinely recommended for prevention of respiratory virus transmission, such as seasonal influenza, include personal protective measures for everyday use (i.e., voluntary home isolation of **ill persons**, respiratory etiquette, and hand hygiene) and environmental surface cleaning measures (i.e., **routine cleaning** of frequently touched surfaces and objects (*Emphasis on isolation of ill persons, not healthy and routine cleaning not super sanitation/disinfecting*))

- **Personal protective measures for everyday use:** These include voluntary home isolation of ill persons, respiratory etiquette, and hand hygiene.
- **Personal protective measures reserved for pandemics:** These include voluntary home quarantine of exposed household members and use of face masks in community settings when ill.

Use of Face Masks in Community Settings...CDC recommendations

Face masks (disposable surgical, medical, or dental procedure masks) are widely used by health care workers to prevent respiratory infections both in health care workers and patients. They also might be worn by ill persons during severe, very severe, or extreme pandemics to prevent spread of influenza to household members and others in the community. **However, little evidence supports the use of face masks by well persons in community settings**, although some trials conducted during the 2009 H1N1 pandemic found that early combined use of face masks and other NPIs (such as hand hygiene) might be effective (supplementary Chapter 3 <https://stacks.cdc.gov/view/cdc/44313>).

Use of face masks by ill persons: CDC might recommend the use of face masks by ill persons as a source control measure during severe, very severe, or extreme influenza pandemics when crowded community settings cannot be avoided (e.g., when adults and children with influenza symptoms seek medical attention) or when ill persons are in close contact with others (e.g., when symptomatic persons share common spaces with other household members or symptomatic postpartum women care for and nurse their infants). Some evidence indicates that face mask use by **ill persons** might protect others from infection. (*Emphasis on ill persons*)

Use of face masks by well persons: CDC does not routinely recommend the use of face masks by well persons in the home or other community settings as a means of avoiding infection during influenza pandemics except under special, high-risk circumstances (<https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>). For example,

during a severe pandemic, pregnant women and other persons at high risk for influenza complications might use face masks if unable to avoid crowded settings, especially if no pandemic vaccine is available. In addition, persons caring for ill family members at home (e.g., a parent of a child exhibiting influenza symptoms) might use face masks to avoid infection when in close contact with a patient, just as health care personnel wear masks in health care settings.”

Summary: Always protect the vulnerable, wash hands frequently, respiratory etiquette, possible short-term closures of schools (not for a year), routine cleaning of regularly touched surfaces (not super sanitation...” soap and water”, don’t touch eye/face, when ill, stay home for 4 days and wear a mask if ill and must go in public, (ASYMPTOMATIC IS NOT ILL.) and allow low risk to live normal lives. Remember even Dr. Fauci said initially in March 2020 “there’s no reason for people to be walking around with masks on”. He knew the science but in March 2020, medical science became political science.

4. So How Did So Many Medical Professionals and the CDC get it SO WRONG?
Let’s look at what was recommended (and utterly failed)

1. **Lockdowns** [Jay Bhattacharya, Stanford Doctor, Says Reversing COVID Lockdown Damage Will 'Take a Generation' \(newsweek.com\)](#)

Dr. Jay Bhattacharya, a professor at [Stanford University](#) Medical School, said it will take a long time to get back what was lost during the coronavirus lockdowns. In some cases, he warned, the damage will be permanent.

"It's going to take a generation," Bhattacharya told *Newsweek*. "First we have to recognize the damage exists and then think about creating ways to address it."

Bhattacharya has been one of the leading advocates calling for a new strategy to minimize the pandemic, [previously describing lockdowns](#) as "**the biggest public health mistake we've ever made.**"

Professor Doug Allen, economics researcher in Canada says lockdowns caused Canada 282 times more harm than good and based on a review of over 80 research papers estimates that lockdowns alone KILLED 600,000 worldwide. [Lockdowns May Be Canada's Biggest Policy Failure in History, Report Says \(theepochtimes.com\)](#)

2. **Social distancing** (Of healthy people)

This mitigation shut down schools, sports, restaurants and most of America...the financial effects were devastating.

The journal [Clinical Infectious Diseases](#) found there was no difference in Covid-19 rates between Massachusetts schools that mandated 3 feet of physical distance compared with 6 feet.

MIT Study Suggests Six Foot Social Distancing, Limited Occupancy Rules Are

Completely Pointless [MIT Study Suggests Six Foot Social Distancing, Limited Occupancy Rules Are Completely Pointless - National File](#) nationalfile.com/mit-study-suggests-six-foot-social-distancing-limited-occupancy-rules-are-completely-pointless/

“The risk of being exposed to Covid-19 indoors is as great at 60 feet as it is at 6 feet — even **when wearing a mask, according to a new study** by Massachusetts Institute of Technology researchers who challenge social distancing guidelines adopted across the world”.

[Former FDA Chief Says Social Distancing Mandate ‘Wasn’t Based on Clear Science’ \(theepochtimes.com\)](#)

“Former Food and Drug Administration **Commissioner** Scott Gottlieb said that the six-foot social distancing mandate that was employed across much of the United States and the world to deal with the CCP virus pandemic “wasn’t based on clear science.”

3. Surface contact spread.

Almost non-existent. CDC says “theoretical but highly unlikely”
[Coronavirus on Surfaces: What's the Real Risk? \(webmd.com\)](#)

“So, can you really catch COVID-19 from touching a cereal box you bought at the supermarket, or a package delivered to your door?

“It is theoretically possible, but **highly unlikely**, says Dean Blumberg, MD, chief of pediatric infectious diseases at UC Davis Children's Hospital...“In my opinion, the chance of transmission through inanimate surfaces is very small, and only in instances where an infected person coughs or sneezes on the surface, and someone else touches that surface soon after the **cough** or **sneeze** (within 1-2 hours),” Goldman wrote. Basically, it would take the perfect combination of events Blumberg described to get sick from touching something contaminated with the virus...**Also, studies have only proved that the virus stays alive on surfaces -- not that you can catch it from touching those surfaces.**”

[Exaggerated risk of transmission of COVID-19 by fomites - The Lancet Infectious Diseases](#)

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CDC 10/28/2020 and April 5, 2021 updates “However, based on available epidemiological data and studies of environmental transmission factors, surface transmission is not the main route by which SARS-CoV-2 spreads, and the risk is considered to be low.”

[CDC cleaning guidance: How to disinfect and sanitize your home of COVID-19 \(msn.com\)](#)

“Disinfectants are likely unnecessary unless someone in your home is sick or has tested positive for COVID-19 in the last 24 hours. **There have been few reports of COVID-19 transmission through surfaces**, the CDC has said, because it's **most commonly spread via respiratory droplets** and aerosols from a person infected with the virus”

Finally, [Most COVID-19 Infections Spread By Air, Not Surfaces \(medicaldaily.com\)](https://www.medicaldaily.com/most-covid-19-infections-spread-by-air-not-surfaces-1000000)

“As far as I know, there has not been a documented case of a COVID infection just from touching a surface, though I think it would also be hard to document such a case,” Leann Poston, MD, said in an interview with *Medical Daily*. Dr. Poston is acting assistant dean and director of admissions at Wright State University’s Boonshoft School of Medicine in Ohio.”

Government mandated that schools and businesses spend millions to disinfect. Thousands of businesses went bankrupt because of these mandates...every grocery store had someone cleaning the carts, every frozen yogurt business in Wilmington closed because you couldn't touch the handle, all kids play gyms indoors or outside were closed because kids couldn't touch a slide or a little plastic ball...and you can't document even ONE surface spread case. When you pass mandates, you must have volumes of data supporting your decision and they admit it is hard to prove and have minimal documented cases...talk about junk science and government overreach.

4. FACE MASKS

The medical research is crystal clear with volumes of supporting data; other than certain specific situations mostly involving the ill or very vulnerable, masking of healthy individuals DOES NOT WORK.

[Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures - Volume 26, Number 5—May 2020 - Emerging Infectious Diseases journal - CDC](#)

Abstract: “Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza. We similarly found limited evidence on the effectiveness of improved hygiene and environmental cleaning...In our systematic review, we identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community from literature published during 1946–July 27, 2018. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks...Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect

accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids (36). There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found **no significant effect of face masks on transmission** of laboratory-confirmed influenza...We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility”

It doesn't get any more crystal clear than that and straight from the CDC based on the best scientific evidence, Randomized clinical (peer reviewed) trials. **So tell me, what do you do with this research from the CDC...does it not meet a certain political narrative so we sweep it under the rug, throw it away?**

Efficacy of facemasks

The physical properties of medical and non-medical facemasks suggest that facemasks are ineffective to block viral particles due to their difference in scales [16], [17], [25]. According to the current knowledge, the virus SARS-CoV-2 has a diameter of 60 nm to 140 nm [nanometers (billionth of a meter)] [16], [17], while medical and non-medical facemasks' thread diameter ranges from 55 μm to 440 μm [micrometers (one millionth of a meter), which is more than 1000 times larger [25]. Due to the difference in sizes between SARS-CoV-2 diameter and facemasks thread diameter (the virus is 1000 times smaller), SARS-CoV-2 can easily pass through any facemask [25]. In addition, the efficiency filtration rate of facemasks is poor, ranging from 0.7% in non-surgical, cotton-gauze woven mask to 26% in cotton sweater material [2]. With respect to surgical and N95 medical facemasks, the efficiency filtration rate falls to 15% and 58%, respectively when even small gap between the mask and the face exists [25].

Clinical scientific evidence challenges further the efficacy of facemasks to block human-to-human transmission or infectivity. A randomized controlled trial (RCT) of 246 participants [123 (50%) symptomatic)] who were allocated to either wearing or not wearing surgical facemask, assessing viruses transmission including coronavirus [26]. **The results of this study showed that among symptomatic individuals (those with fever, cough, sore throat, runny nose ect...) there was no difference between wearing and not wearing facemask for coronavirus droplets transmission of particles of $>5 \mu\text{m}$.** (Stanford study published at NIH.gov)

[Are Face Masks Effective? The Evidence. – Swiss Policy Research \(swprs.org\)](https://www.swprs.org/)

Lists 22 studies that show the ineffectiveness of masks.

[A cluster randomized trial of cloth masks compared with medical masks in healthcare workers | BMJ Open \(British Medical Journal\)](#)

Cloth masks made things **worse**

Robert Koch Institute, Bulletin #19, 2020

“Masks not evidence based...There is no scientifically substantiated evidence from the literature cited in RKI’s paper...that masks worn by the normal public population in public spaces regardless of their nature, whether in medical MNS or so-called MNB could reduce the transmission of pathogens in respiratory infections, in particular influenza or Covid 19 in order to achieve a sustainable reduction in the rate of spread of Covid 19”

There are so many data studies that show that regardless of mask mandates, they had ZERO effect in stopping the spread;

[Four Stylized Facts about COVID-19 | NBER](#) (National Bureau of Economic Research)

(42-page technical research document...NPI’s don’t stop the spread.)

[Do face masks really reduce coronavirus spread? Experts have mixed answers. | Live Science](#)

(LIVESCIENCE.COM/ARE-FACE-MASKS-EFFECTIVE-REDUCING-CORONAVIRUS-SPREAD.HTML)

"There's been enough research done to be able to confidently say that masks wouldn't be able to stop the spread of infection, that they would only have a small effect on transmission," Cowling said. "We shouldn't be relying on masks to help us go back to normal."

HELLO...Is anyone listening TO THE SCIENCE!!!!!!!!!!!!!!!!!!!!!!

Mask Mandates for Children are Mostly Harmful.

[Mask Mandates for Children Mostly Harmful: Professor of Medicine \(theepochtimes.com\)](#)

“Requiring children wear masks does more harm than good, Dr. Jay Bhattacharya told The Epoch Times.”

I could list volumes of data talking about the negative medical and social effects of masking children as well as the fact that 4 of 5 kids are totally asymptomatic and not nearly as prone to be a spreader. But this raises two important questions: 1. Why do you want to stop the spread to healthy low risk individuals, even when 80% of the vulnerable are vaccinated and prolong the pandemic? 2. Why are kids becoming symptomatic now to a respiratory virus that would normally have minimal effects on them...is it because as many predicted that all

of the useless mitigation for the last year would create weakened immune systems in kids?

My kids ate dirt, shared snot, ate well, took their vitamins and got good sleep and were very healthy. Your policies are prolonging the pandemic, weakening immune systems and needlessly KILLING kids and adults. And all “you” can do is blame the unvaccinated and say wear a mask even if you are healthy and vaccinated. A few people need to get refunds on their degrees!

5. The policies of the CDC and NIH and others are prolonging the Pandemic and Needlessly killing people.

“The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.”

As you probably know, that statement was signed by over 60,000 medical experts.

60,000!!! www.gbdeclaration.org

The totally subjective “flatten the curve” chart from the CDC acknowledges that with no mitigation, the pandemic ends much more quickly and with mitigation, it is prolonged. The debate is over how many would get sick and could our health care facilities handle the cases.

Very few get immunity with mitigation. Hawaii is a classic example. Shut down, cases go down, open up and BOOM...cases skyrocket...no one got immunity.

[Covid Delta Variant Spreads in Hawaii Despite Vaccinations, Mask Mandates - Bloomberg](#)

“Hawaii has one of the country’s most comprehensive mask mandates and a highly effective vaccine campaign. Despite that, **Covid-19 cases on the islands are climbing with a ferocity that’s outstripping every other U.S. state**”. (August 6, 2021)

Yes, Dr. Dan Stock is absolutely RIGHT

[Mt Vernon School Board Meeting Dr Dan Stock MD - YouTube](#)

6. Natural vs. acquired immunity.

Again, the data coming in is very clear. The vaccine is good but weakens after 8 months and booster shots may be needed mainly because the shots only give antibody immunity. Numerous studies are proving that naturally recovering from Covid gives a better, broader and longer lasting immunity due to getting the T-cell

immunity “with memory”. Studies from H1N1 2009 show persons with T-cell memory a decade later. Israel has put out two great studies this month. You are 700% less likely to get a breakthrough case with natural immunity. Yet, to most in the bureaucratic medical leadership, natural immunity is totally ignored. If you had the measles when you were a kid, you didn’t get a measles vaccine. Vaccinating those who have recovered have a 2-4x greater chance of a reaction from the vaccine.

[Delta Variant: Natural Immunity 700% Greater Protection Than Shot, Data from Israeli Govt. Shows - NewsRescue.com](#)

Israel’s channel 13 [reports](#) very preliminary data showing that the resurgence of COVID infections in Israel is being driven almost exclusively by those who never had prior infection – whether they are vaccinated or not. In fact, 40% of the 7,700 new cases since May 1 in this very heavily tested and traced country were among those who were fully vaccinated... *“With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID... “By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection, with over 3,000 of the 5,193,499, or 0.0578%, of Israelis who were vaccinated getting infected in the latest wave.”*

Some final thoughts. We are told you simply are “dumb”, un-American, even a potential domestic terrorist threat if you don’t get vaccinated yet an estimated 25% of medical personnel including nurses aren’t vaccinated. A survey of 700 physicians’ members of the Association of American Physicians and Surgeons showed 60% of physicians were not fully vaccinated as of June 16 and do not intend to be in part due to the amount of “significant adverse reactions” they were seeing in their office.

[Majority of Physicians Decline COVID Shots, according to Survey - AAPS | Association of American Physicians and Surgeons \(aapsonline.org\)](#)

“Neither survey represents a random sample of all American physicians, **but the AAPS survey shows that physician support for the mass injection campaign is far from unanimous.**”

University of Pittsburgh Health Sciences study July 26, 2021 Those who were the least educated were the most likely to get the vaccine and those with the most advanced degrees (Ph.D.’s) were the most hesitant to get the shot.

[Researchers Identify Groups Hesitant About COVID-19 Vaccine \(upmc.com\)](#)

“The largest decrease in hesitancy between January and May by education group was in those with a high school education or less. Hesitancy held constant in the most educated group (those with a Ph.D.); by May Ph.D.’s were the most hesitant group.”

We are told to follow/listen to the science yet we have seen so much that is wrong, doesn't work or has simply become political. A recent annual Gallup Poll called the Confidence in Institutions survey which started polling in 1975 showed that this year, America's trust in science (including global warming and Covid-19 science) has dropped to an all time low of 64% for the general population and Republicans are at 45%.

And now we are to blindly follow government again on another mask mandate.

In medicine we have Second opinions. It doesn't mean that one is wrong or that the other person is "bad". These opinions are based on science, protocols and prior outcomes. You may disagree with what I have just said but I have just given you medical documentation as to why thousands of medical specialists, researchers and epidemiologists have stated that the government management of this pandemic has been mostly wrong and further mitigation will only continue to prolong the problem.

"It's not the governments job to protect my health. It's the governments job to protect my rights. It's my job to protect my health. When you trade liberty for safety, you end up losing both."

I can not in good conscious run my life and Chiropractic practice in a way that I feel only prolongs the pandemic and therefore causes more unnecessary harm to my patients and the wonderful citizens of North Carolina. I will spread this factual information as much as I can and promote practices that will bring this pandemic to the quickest closure.

The good news is: We Are Almost There. With 180 million vaccinated and 100+ million recovered, enough people have natural and acquired immunity that this pandemic is going to end shortly.

Dr. Glenn Weckel, DC

Chiropractic Neurologist.

glennweckel@gmail.com

