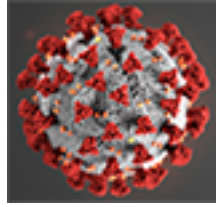


CDC Beclowns All Mandates



It's over folks.

Seriously, there are now two -- and only two -- possible paths.

- Sue, on the basis below. You will win *if the judiciary is competent and so is your counsel*. Competence is not in my wheelhouse; that is up to you. If you file bull**** you will lose, and should. But if your counsel is competent and your argument clear and concise you **win** because the CDC has **documented** that your position is correct -- the vaccines are in fact *worthless* from a public health perspective *beyond a period of about four months* **and** you win on the balance of harms in that circumstance for reasons I will explain below.
- *If the judiciary is no longer an arbiter of fact then you have to choose between slavery and revolt*. That's all that's left if you are in a position that this is impacting your ability to earn a living *or otherwise do something necessary*. Yes, that gets ugly fast. I would hope the

judiciary understands exactly *how ugly, and how fast* and thus does its job.

[The bottom line is right here, in this study:](#)

These rates of attack are statistically identical. By the CDC's own admission beyond 4 months the jabs are effectively worthless. But -- every time you get one you take the adverse event risk again.

If infected you get durable immunity and take the risk there ONCE. You decide.

TABLE 2. SARS-CoV-2 attack rates among incarcerated persons in a federal prison, by demographic characteristics, vaccination status, COVID-19 vaccine product, and underlying conditions — Texas, July 12–August 14, 2021

Characteristic	Total (column %)	No. of cases	Attack rate, %	p-value*
Total	233 (100)	172	74	—
Vaccination status [†]	—	—	—	0.003 [§]
Unvaccinated	42 (18)	39	93	0.002 [§]
Partially vaccinated	6 (3)	4	67	1.0
Fully vaccinated	185 (79)	129	70	Ref.
Vaccine product (among fully vaccinated)	—	—	—	<0.001 [§]
Janssen (Johnson & Johnson)	13 (7)	10	77	0.03
Moderna	50 (27)	20	40	Ref.
Pfizer-BioNTech	122 (66)	99	81	<0.001 [§]
Time from full vaccination to outbreak (among fully vaccinated)	—	—	—	<0.001 [§]
≥2 wks to 2 mos	31 (17)	19	61	Ref.
2–4 mos	61 (33)	27	44	0.12
4–6 mos	93 (50)	83	89	<0.001 [§]

A prison is *highly* analogous to a *hospital* or other health-care setting. Both are "conjugal" living arrangements. Both have a *locked in* component (the patients in one, the

prisoners in the other) and a *working and mingling in society* component (the doctors, nurses, orderlies, janitors, etc. in one, the guards, cooks, janitors and similar in the other.) In both cases the locked-in persons are not really free to leave; in *both* they typically leave *only when allowed* by the working component (yes, you *can* sign yourself out against medical advice in a hospital, but few actually do.)

Both confine people, typically two to a room but sometimes one, among the conjugal and locked-in persons. Both therefore are highly-effective places to spread disease -- especially airborne pathogens.

But -- in the prison it is now documented that **after four months the vaccine's effective rate of protection was statistically zero.**

The argument for *forcing* vaccinations in these highly-confined environments, *say much less those which have fewer constraints, such as colleges, secondary and primary schools and other workplaces* is that people are put at "unreasonable" risk by unvaccinated individuals.

Yet the data is that four months post-vaccination *there is no statistical difference between vaccinated and not* when it comes to attack rates. By the CDC's own data the vaccines are worthless to protect others after

four months.

[We now know why the JAMA study](#), which found 83% population immunity as of May *which is sufficient to suppress Covid-19* given its experimentally-determined R0, failed to do so. **63% of population was not immune by former infection**; they were immune by vaccination **and by June and July enough of those vaccinated people had their protection age off sufficiently to be worthless against infection and transmission**. This is why, on the facts, the summer surge happened.

Now, you might argue that this means the government can force jabs every four months. *Indeed Israel is attempting to do exactly that.*

*Nope. That is neither lawful or **Constitutional** in the United States.*

Remember the **law** on accommodations when it comes to those with a "disability" (who cannot choose and thus cannot consent): ***An accommodation is lawful if and only if it is not an unreasonable burden on the person forced to make the accommodation.*** If the accommodation would be "unreasonably burdensome" *it cannot be required.*

Thus you can be forced, when remodeling your commercial building (or building a new one), to put in a ramp, an electric

door opener and a button for someone in a wheelchair *because it's not an unreasonable accommodation* to do so.

You can't be forced, as an employer, to put in a completely separate air feed, a separate means of entrance and egress, and hermetic seals around a workspace so a person with a void immune system (aka "bubble boy") can be hired as an employee without immediately being exposed to a bacterial or viral agent that will kill him or her yet would be harmless or of minimal significance to someone with a functional immune system.

You also can't be forced, as a homeowner, to put in that same ramp because *it is unreasonable to force you, who do not need such an accommodation*, to suffer the expense because someone might come to your private residence (or may purchase same from you in the future) who does.

So can an employee ever be forced to be vaccinated *on the premise of protecting others*? Maybe. If *all of the others* can choose to protect *themselves* for no more risk than the employee is required to take then the answer is **no**. In other words ***you can't make me wear a mask so you don't have to***. But you **might** be able to make me wear one ***if you can't wear one and you can prove there is less***

or equivalent risk to me from doing so than not.

And here we get into the **next** problem for the CDC, [which is their own data *once again*](#):

Parameter	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5: Current Best Estimate
R_0^*	2.0		4.0		2.5
Infection fatality ratio (Estimated number of deaths per 1,000,000 infections) [†]	0-17 years old: 6 18-49 years old: 150 50-64 years old: 1,800 65+ years old: 26,000		0-17 years old: 80 18-49 years old: 1,700 50-64 years old: 20,000 65+ years old: 270,000		0-17 years old: 20 18-49 years old: 500 50-64 years old: 6,000 65+ years old: 90,000
Percent of infections that are asymptomatic [‡]	15%	70%	15%	70%	30%
Infectiousness of asymptomatic individuals relative to symptomatic [‡]	25%	100%	25%	100%	75%
Percentage of transmission occurring prior to symptom onset ^{**}	30%	70%	30%	70%	50%

Divide all those numbers by 10 to get "per-100,000" rates.

So for someone under 17 the risk of death from Covid-19, **assuming you get infected**, is 2/100,000 (or **0.002%**)

For someone 18-49 it is 50/100,000 (or **0.05%**)

For someone 50-64 it is 600/100,000 (or **0.6%**)

And for someone 65+ it is 9,000/100,000 (or **nine percent**)

These are *obviously* too-broad ranges **but** they're the CDC's numbers. We could take a stab at disentangling them using the NYC Coroner data, for example, and I have -- but we

don't have to *in this case* because the CDC has provided enough data on their own, within the **Federal** government, to complete the analysis.

[VAERS says the risk of death shortly following vaccination for Covid-19 is at least 15,386 / 200,000,000](#) (remember, this is "died with" not "died of" in both cases of vaccination *and* infection) or **7.69/100,000**. This, by the way, is *wildly* higher than that for the flu shot (about 20-30 deaths per *year* across 170 million shots delivered) and thus is very unlikely to be a coincidence.

Here's the problem -- this rate of risk is **per vaccine delivered**. For someone under 17 the risk of the vaccine **exceeds** the risk of their dying from Covid-19. For someone in 18-49 the math looks better -- if you only take one shot **ever**. But that's not the paradigm, is it? Nope. So the risk of the vaccine over **three shots a year** is 21/100,000 **and over six shots in total, or approximately 18 months, it is virtually the same as the disease. Yet over the first 16 months or so -- most of which was during a time when there were no vaccines -- only 20% of the population was infected.** The risk *is taken* when you get jabbed (is certain), but the risk of infection *is only taken if you get infected* (is not certain.)

In other words since we now know from the CDC **itself** that the vaccines are not durable and must be repeated every

four months ***for someone under 50 the cross-over of risk occurs in less than two years*** after which they are better off being infected. For someone under 18 ***they are always better off*** being infected.

Remember that **infection confers sterilizing immunity** and, on the science, is durable. How durable we do not know precisely *but* we do know that other coronaviruses, including OC43, were believed to cause a similar pandemic (specifically in the 1890s) and now cause colds and mild flus in most people. In addition persons infected with the original SARS were shown to still have protection against reinfection **seventeen years later**. *In other words if you choose natural immunity and get infected the odds are you permanently protected against a severe (hospitalized) or fatal outcome, although at some point you will get it again, likely more than once in your lifetime.*

Now here's the punchline: To argue that you must take the job "for others" *the argument is in fact that you must risk your own life to save other's lives because the common good, albeit diffuse and indistinguishable from person to person, mandates you place yourself at risk of permanent disability or fatal outcome and the risk of that disabling or fatal outcome is, over time, higher than that which would occur if you did nothing and risked a natural infection.*

This is simply not supportable under our Constitution or law ***and in fact is a violation of your pre-political rights.***

Contemplate this scenario *which is exactly the same* as those arguing for and imposing "mandates": We *clearly* need more children in the United States. As of 2018 the birth rate is 1.73 live births per woman ***and it has fallen further in recent years,*** down 20% since 2007. At a birth rate under approximately 2.1 per woman *your nation and society eventually go extinct* since that is the number required to maintain your population.

It is a clear societal yet diffuse "good" to have children born to at least replace those persons who die. Without same over sufficient time there is quite literally nobody left!

This outcome absent change is *guaranteed* to occur. Long before you actually all go extinct, however, the government will fail due to lack of the ability to collect the taxes and fund itself necessary to operate. In other words the destruction of your society doesn't happen when the last person dies -- as I'm sure you can realize it happens long before then when there are insufficient people to maintain the infrastructure necessary to keep a modern way of life operating.

This is identical to the "risk" posed by Covid-19. ***It is diffuse and uncertain, yet statistically it will do harm.*** That it will harm **some specific person** cannot be

determined in advance; indeed, among my close associates I had an older married couple, both with serious morbidities. One was killed by this virus in early 2020, the other untouched despite sleeping in the same bed. Similarly, *who will get harmed* as the population dwindles cannot be determined in advance *either*, but that it will happen is a mathematical certainty.

Therefore the government and private businesses have the right to forcibly impregnate women who do not otherwise get pregnant *and force them in each case to carry the fetus to term* so as to prevent that from happening -- right?

Uh, of course not.

Why not?

Because the *personal risk of harm* -- physical, medical, psychological and financial -- to ***any given woman*** may, at some time and indeed most of the time over time, **exceeds** the **diffuse** societal benefit from her giving birth to said child. Therefore ***even though*** it is clearly not only in the interest of the public as a whole for the rate of child-bearing to be *at least* replacement **it is not lawful to intrude into a person's body to cause it to be so.**

The **exact** same analysis applies here. Yes, *protection of the*

public health is a proper function of government since *public health* is diffuse yet **personal health** is, by definition, personal and thus **not** diffuse. **When the two align mandates are supportable. A cost of personal health (or risk thereto) that is *de minimis* or is literally zero of course argues for the public interest.**

For example quarantining someone ***known infectious with reasonable scientific certainty*** with an infectious disease is reasonable *because* the public benefit is clear and the personal cost limited in time and impact, with a zero risk of mortality due to temporary constraint on personal movement. In the context of mandated vaccinations the USSC has been clear as well; for a disease (e.g. smallpox) where the fatality rate was 30% *and the vaccine killed you one or two times in a million* the argument held for this reason. You had a **tiny** risk of dying from the vaccination (personal harm) ***but the public benefit with a disease that killed 30% of the time was immense.*** Further, for all persons not previously infected ***the personal risk .vs. reward odds*** were **always** positive by utterly ridiculous ratios. When your *personal* risk of the smallpox vaccine killing you was 1/500,000 (0.0002%) yet the disease killed 30% of the time in non-vaccinated persons there's little argument to be had.

This is clearly not the case here; in those under 50

repeated vaccination is, on balance, more-dangerous than the virus *and in those under 18 it is always more-dangerous even from the first use*. Never mind that the jabs *contribute nothing* to population immunity (a public good) since you can still be infected and become contagious while *infection and recovery* does.

Biden's position, and that of the Federal Government, is unsupportable on both the facts and the law.

There is no debate on the facts **when those arguing for mandates** prove with their own claims and data that their argument is unsupportable ***both as a matter of fact and as a matter of law***. A viable disagreement to be submitted to a court requires that a *trier of fact* have some set of facts in dispute. **The CDC, an organ of the government itself, has admitted there are no facts in dispute; the vaccines are ineffective and are, on *their own data*, more harmful than the infection in a large percentage of the population. The public health argument thus fails *on its first premise*.**

*We are either a nation bound by law or we are not. If we are not, and the government and judiciary so-declare **they must understand that this declaration means exactly what you think it might**.*