



rRemarks Data for December 21st, 2021 Village Council Meeting

Agenda Section: Comments of a General Nature

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Commenter: David Rose, Downers Grove

Comment: The mayor in his report on 14 Dec talked about covid, the rise in cases we are seeing in the US, and the need to get vaccinated and 'boosted.' His message reflects the changing definition of 'fully vaccinated' given by the federal government in order for someone to be 'fully protected' against serious effects of the virus.

How should one understand the mayor's comments? Because he is mayor, should his public service announcement be given credibility given a) that he is NOT knowledgeable about the subject matter and is merely a messenger and b) we have numerous examples showing how little data and logic influence important decisions made by this council of which he is a central part. Environmental sustainability is one such area, about which I have commented repeatedly, but close attention to VC meetings makes evident VC ignorance does not prevent members from either commenting or making (or not making) decisions on many subjects.

So how should the average person digest and analyze what is going on with respect to the pandemic and what one's response should be? Is relentless endorsement of vaccination as the path to victory really the optimal public health message?

Or is it simply a reflection of US endorsing a high tech solution as an implicit way of endorsing high tech as solution to everything?

In the US and for most of the world, we can now see in retrospect the difference between the competing mainstream and counter narratives boils down to the official narrative's claim "vaccines" are the sole path to dealing with the coronavirus.

That the jabs are 'free' is one of the core misrepresentations. If they were genuinely free, how can jab providers be making so much money off them?

Loose thinking and terminology have plagued the effort to deal with the virus in the US. This deficiency is magnified by the failure to recognize that science is in fact an endeavor in which competing ideas are tested in the real world in order to establish their relative superiority.

As I observed months ago, this pandemic has proven to be a Rorschach test of who one trusts. Sadly in spite of the fact we are now two years into the pandemic, very little in the way of scientific explanation and debate has been offered in the public square through mainstream media or pronouncements of local officials. Instead, one is supposed to take at face value official assertions policy steps “follow the science.”

Not surprisingly, skeptics and political opponents turn to the internet to fill the gap.

A major part of the challenge obviously is the incredible complexity of the subject matter. But that obstacle should not preclude those with expertise making the effort to inform the public the underlying science behind the policy steps being recommended.

It does not for example lend confidence in the jabs being promoted that data from the clinical trials on which the emergency use authorization (EUA) were given is being kept inaccessible for decades!! That’s the kind of secretive treatment accorded such matters as the JFK assassination or the US military’s assorted war crimes over the years, and hardly instills confidence in the official line being pushed.

If one could step away from having one’s actions interpreted as a political stance, many questions deserve investigation.

Perhaps the most central question the counter narrative asks is: Why have early treatment protocols for someone infected with the virus been given little to no emphasis as an objective of medical research, medical education, and public service announcements (PSAs), particularly in contrast to the widespread push for people to get jabs. The cynic among the skeptics sees a willingness to let people suffer and/or die by that omission in order to promote legal cover and public acceptance of the EUA for the jabs.

Ivermectin has been the most visible target in that regard, chastised by the left and a frequent butt of their jokes but a treatment used with success elsewhere, as I noted in a prior remark. In that vein, it is worth noting that here in DuPage County, by coincidence, ivermectin was used with success to treat a patient in ICU, but only after a judge forced the hospital in which the patient was being treated to allow the patient’s MD to use ivermectin:

rescue.substack.com/p/a-judge-stands-up-to-a-hospital-step.

Interestingly, while drugs of all sorts are advertised on American television, and those ads must include mention of risk and possible side-effects, the EUA approach to promoting the jabs avoids divulging risk information, a point to which the counter narrative is sensitive while the mainstream narrative is not.

The mainstream push also has a nationalistic tone, in the sense that Americans hear about only 3 vaccines among the vast array of jabs being developed around the world.

Is anyone studying their relative efficacy? If so, don't expect the American mainstream media to inform you about that either.

Should one really view the problem of vaccine availability around the world as evidence of inequality between rich nations and everyone else?

Are the vaccines produced by other countries, Cuba for example, being given fair due or being blockaded?

If the relative effectiveness of different vaccines is being studied, why are those results not finding the light of day? For that matter, if the US and/or other countries are studying non-jab methods for dealing with the virus, why are those results not being widely reported?

Lacking data and public discussion, success in dealing with the pandemic has instead taken on a political tone: one's hope for success or failure is filtered through the lens of one's support (or not) for the political party in charge of government.

Did people really expect the pandemic to end once Biden and Democrats replaced Trump and Republicans in White House and Congress? Democrats under Biden have been no better than Republicans were under Trump in providing explanation and promoting public dialogue.

Is anyone studying correlation between cases, hospitalizations, and health in counties around the US; that is, studying it scientifically instead of focusing on political preference in those counties as though political preference alone is the determining factor?

So what is the likely course of the disease from here on in the US?

With the delta variant spreading in the US likely thanks to T-giving get-togethers, and with omicron now spreading (because we now know how to test for it?), many of the mainstream experts, including notably Michael Osterholm of U Minn, are warning the weeks ahead are likely to be extremely challenging.

There is hope omicron is less virulent, but in the US it seems prudent to look at the UK and Europe and to NY and NJ to see what may lie ahead for the rest of the US.

With omicron — and if suitable data is collected — the hypotheses of the competing narratives can be put to the test.

Key ones of the counter narrative include

- 1) masks are unnecessary,
- 2) virus-spreading requires prolonged and close exposure to a spreader (or the equivalent, exposure to many spreaders for a shorter period of time),
- 3) once infected naturally (as opposed to being jabbed) and recovered, a person is completely protected,
- 4) healthy people and children need not be jabbed because the risk of the jab exceeds the risk of getting covid 'naturally,' and the adverse impact of natural infection is likely small.

Sloppy thinking regarding vaccination and testing continues, a problem that relates directly to the mayor's message. First of all, even if one is jabbed or boosted in response to his urging, medical understanding is that a gap of time (14 day?) exists between when one receives the jab and when the body develops its heightened immune system response, assuming of course that is the body's reaction to the jab. If so, the mayor's public health message means if you got jabbed on Weds the 13th, your body will not complete its response until the 27th.

And remember: getting jabbed is self-protection not protection of others, and is protective not against infection but (one hopes) against serious illness should one become infected.

The term “breakthrough case” captures the idea that while the jabbed person may not get seriously ill, s/he can (not surprisingly) get infected. Not getting infected has NEVER been the objective of the jabs available in the US, though that too was a misrepresentation easily made early on.

Which to repeat means calling the situation a “pandemic of the unvaccinated” is also a mischaracterization, if not a deception.

The key point for an individual is this: Proof of vaccination is NOT the standard of ‘safety;’ proof of negative test is. Just look at what is happening with respect to professional sports teams to recognize that fact. These teams are by all accounts highly vaccinated, and yet individuals are testing positive AND transmitting to teammates and staff!

Say it: A person who is jabbed is a) capable of being infected and b) capable of infecting others!!

Which means: if you are gathering with friends and family during the holidays, the key point is NOT whether you and everyone else are “vaccinated” as that term is being used in this case.

Which means as I have been saying repeatedly proof of a negative test result, not proof of being jabbed, is what constitutes the appropriate standard of safety if one is going to try to have ‘normal’ social interaction, including during the holidays.

This was the message one should have gotten in watching the Sunday (19 Dec) morning political talk programs, in which guest experts advocated testing before socializing. The caveat of course: testing can yield false results (positive or negative).

Fortunately, those Sunday messages also included advice NOT to have large gatherings.

Unfortunately, compared to the push for jabbing, the US government has not made testing nearly as easy or inexpensive/free to the average person.

The holidays may provide another test of competing hypotheses because the counter narrative also now includes the idea that after a public encounter in which one feels one may have been exposed to the virus, one can take certain steps to cleanse the nasal passages and throat as a way to lower the viral load that may have invaded the body. (The idea being, as in any battle, your odds of success are greater if your side is

stronger than the opposition.) Again, unfortunately, if there is research into the credibility of such claims, the mainstream media is not reporting it.

Part of the claim for vaccinating widely is that doing so is protective of others. Clearly, omicron is putting that claim to shame.

Say it again: A person who is jabbed is a) capable of being infected and b) capable of infecting others!!

That's precisely why jabbing is NOT a clear path to stopping the pandemic.

If one were able to remove the political leanings associated with the competing narratives, one can find reason to be sympathetic to some of the notions of each. For example, ...

The idea of 'getting boosted' makes sense if one presumes a) those needing to be jabbed are those most at risk because of their personal lack of good health and b) that such distinction can be made at the individual level by an individual in consultation with their physician. Where resistance arises is in policy requiring everyone get jabbed/boosted, regardless of individual health status. Where problems may arise with such a policy is for those individuals who do not have a regular doctor.

The counter narrative's idea of pushing for early treatment protocols makes sense as a way to give practitioners (MDs in the field) guidance about how to keep patients out of hospitals without resorting to jabs. Again, the problem is: what do you do about individuals who do not have a regular doctor? What do you do about the unhealthy individual who believes s/he is healthy?

In short, what are we really doing to help the most vulnerable? Asked differently, ...

Is the politicization of pandemic treatments simply a reflection of the social class and related demographic differences between those supporting Democrats and those supporting Republicans?

For example, is class difference the reason liberals and conservatives offer differing advice vis-a-vis covid? Are many of the people who support Democrats less healthy than the people supporting Republicans? Are the people who support Democrats more financially susceptible and/or medically exposed (in terms of quantity and quality of care) should one become hospitalized than the people supporting Republicans?

Or is the difference more narrowly derived simply from one's willingness to trust one set of authorities versus another based solely on the alignment of one's political orientation with those authorities? Meaning, for example: conservatives listen to conservative MDs and researchers; liberals listen to liberal MDs and researchers. And seldom (never?) the twain shall meet to sort out their different understandings and results?

Which is to say: Claims to the contrary notwithstanding, science as a process is not politically neutral. Its methods are supposed to be neutral, but the questions it asks are politically neutral only to the extent no one is paying attention.

Given that, let me repeat/rephrase a key question I asked in a prior remark about the pandemic:

What about the operation of capitalism in the US has allowed so much of the population to be so unhealthy?

What about its operation must change for the US population to be generally healthy?

What political movement is required to make bring that change to pass?

Or do we just keep going along as usual, hoping a pill or a jab will save us (both individually and collectively)?

These are the kinds of questions Americans need to be asking, even if government officials are not.