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How to Fight College Mandates With Science

Analysis by Tessa Lena

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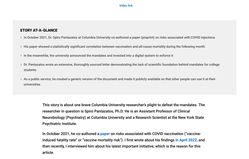
August 27, 2022



Video link

STORY AT-A-GLANCE

- In October 2021, the Spiro Pantazatos at Columbia University co-authored a paper (preprint) on risks associated with COVID injections
- His paper showed a statistically significant correlation between vaccination and all-cause mortality during the following month
- In the meanwhile, the university announced the mandates and issued a digital system to enforce it
- Dr. Pantazatos wrote one university health counsel letter demonstrating the lack of a scientific foundation behind mandates for college students
- As a public service, he created a generic version of the document and made it publicly available so that other people can use it at their universities

This story is about one brave Columbia University researcher's plight to defend the mandates. The researcher in question is Spiro Pantazatos, Ph.D. He is an Assistant Professor of Clinical Neuroimaging (Psychiatry) at Columbia University and a Research Scientist in the New York State Psychiatric Institute.

In October 2021, he co-authored a paper on risks associated with COVID vaccination,[1] "vaccine-induced fatality rate" or "vaccine mortality rate"1. I first wrote about his findings in April 2022, and then recently I interviewed him about his latest important initiative, which is the reason for this article.

Dr. Pantazatos' Paper on Vaccine Mortality Risk

The title of the paper, is preprint, is "COVID vaccination and age-stratified all-cause mortality risk." According to Dr. Pantazatos' findings, there was a statistically significant correlation between vaccination rates and all-cause mortality during the following month. From the paper:

> *"Accurate estimates of COVID vaccine-induced severe adverse event and death rates are critical for both public analyses of vaccination and boosters against SARS-CoV-2 coronavirus in different age groups. However, existing surveillance studies are not designed to reliably estimate life-threatening severe or causal adverse fatality rates (VAFR).*
>
> *Here, regional variation in vaccination rates was used to predict all-cause mortality and non-COVID deaths in subsequent time periods using two independent datasets of vaccinations from the US and Europe (month and week level resolutions, respectively)."*

The paper was inspired by Dr. Pantazatos' co-author, Herve Seligmann, who analyzed European data that "showed a consistent trend where a vaccination campaign seemed to be accompanied by an increase in all-cause mortality the month following the vaccination campaign."

When Dr. Pantazatos saw the analysis of the European data, he "decided to do his own analysis based on the U.S. vaccination and all-cause mortality, published by the CDC, and before he did his analysis using the U.S. data, it showed the same trend. His analysis of the CDC data showed that following a vaccination campaign in a given month, there was an increase in all-cause mortality during the following month, followed by a decrease."

And importantly, he found that compelled Dr. Pantazatos to look into the data was the fact that his university was implementing the mandates, which struck him as unusual, assuming the injections really were as safe and effective as advertised.

Given today's uninspiring intellectual environment in mainstream medical science and the atmosphere of intimidation and self-censorship, there are very few brave souls among journal editors willing to publish his findings.

Early on, the paper was getting flat out rejected without even being sent out for peer review. Since then, things have gotten better, and there is some hope that it will get published, although the pushback is still very strong. Such is life of an honest scientist in a world that is led by anonymous people in power and almost entirely sponsored by Pfizer! But the thing about the truth is that is is, well, true, and so it has to eventually prevail, whatever it takes!

The Soul Journey

What's immediately noticeable about Dr. Pantazatos is his grace and his impeccable mainstream presentation of the data. A few months ago, when I first watched an interview with him, I expected over-finally finding something that I could easily sort to my "respectable" friends and have them listen.

There is nothing sensationalist in Dr. Pantazatos' presentation, nothing that can stylistically turn off a proud New York Times reader — and as he highlights the alarming statistical data regarding the injections, he does so with grace and with tone for his teen skeptical peers.

In his own life, when it all just started, he was not disseminating. He saw zero reasons for dissent, and he trusted the official message. Early on, like so many, he was very "pro-vaccine." He had not planned to stay home until the vaccine cases ever. In fact, Dr. Pantazatos had very high hopes for these vaccines, and was anxiously awaiting them with great anticipation.

In the end, it was the data — telling a different story than the state bureaucrats and the media — that made him change his mind about the COVID injections. Read the scientific method!

Digital Passports?

During the interview, I asked Dr. Pantazatos about his thoughts on the reasons for the administrations' seemingly unconditional love of the injections — and one of the things he mentioned as a possible factor was that the university had invested into creating a digital system that would only let people access to those who are fully up to date on the injections. (You can find Columbia University vaccination requirements here.)

In that light, it is possible that the school administrators are so financially and emotionally married to their status under the "new normal" that their continued support for the injections seems to be the real-life data model that they would understore their belief system. Most horrible things on Earth happen because good people accept them ...

Furthermore, Dr. Pantazatos noted that, due to peer pressure, those experiencing possible side effects from the injections may find themselves in denial and look for explanations anywhere but the injection.

Dr. Pantazatos' Letter to Columbia University

Dr. Pantazatos work for Columbia University is fully remote. Here the two, he was told that in order to keep his job, he needed to comply with the mandates — and currently, he is in the process of submitting his exemption (let us pray for his success!).

In meanwhile, he created a very extensive, thoroughly sourced document that he sent to the President of the Columbia University to demonstrate the lack of scientific foundation behind the COVID injection mandates.

As a public service, Dr. Pantazatos created a version of the letter that can be used by others, and he made it publicly available. This initiative is in collaboration with attorney Kevin M. Barry from Meningeo Law Group. The recommendation is to take the template, make the necessary changes (the instructions in the document make it easy), sign it, print it out, and send it via certified mail, which might come in handy in case there is mandate-related legal action down the road.

The live version of the document (the main text of the letter, as well as all other sections and all references) can be found here. It is important to look at the live version as it is updated with more data, more organizations, etc. The live version also has instructions. If you would like to download the current full version of the letter as a PDF, it can be found here.

The main section of the letter with respective references is included below (please note that the full version contains additional sections, and that the numbers in square brackets refer to references at the end of the full document):

Dear President,

My name is Spiro P. Pantazatos, Ph.D. I am an Assistant Professor in clinical neuroimaging and biomedical data science at Columbia University Irving Medical Center. I, along with several colleagues, write to you today to show a letter we sent to leadership at Columbia University in New York. We hope you will consider the data presented herein when deciding vaccine policies for your students.

As background, in December 2021, I contacted the Columbia University COVID response Director to share vaccine safety research and global policy updates, including Moderna vaccine restrictions for young adult males in Nordic countries due to safety concerns [1], and to notify the university of a preprint at the Columbia COVID Symposium on age-stratified risk-benefit analysis using data-driven vaccine mortality risk estimates from publicly available US CDC data [2].

To date, however, Columbia University still has not updated its COVID vaccine policies and guidelines. Hence, I prepared and recently sent the institution this letter which now contains 160 references and functions as why their policies and guidelines should be revised ASAP.

We request that your university update its vaccine policies and recommendations to reflect the most recent global data on the COVID vaccine and boosters's (limited) effectiveness, especially in relation to their seemingly apparent and concerning safety signals such as statistically high rates of myocarditis in young adult males [3–6].

This letter serves to verify your university's of additional liability for proceeding with the current COVID-19 vaccination policy, which is based on the unfounded assumption that vaccines and boosters are sufficiently safe, necessary and effective in implementing the COVID vaccine policies, especially for students who are nearly 24 years old or younger, which could potentially put your university endangered at risk.

Please see the references in this letter so the university can verify whether or not the university should rely on recommendations from public health agencies.

Please be advised that your university's COVID vaccine policy makers should not blindly trust the FDA and CDC claims regarding the risk-benefit of COVID-19 vaccines when making decisions on University-wide vaccine policy.

Despite promising full transparency regarding the COVID-19 vaccines, the FDA had to be sued by NYCI based two Freedom of Information Act lawsuits in September, 2021 just to release the Pfizer safety data they relied upon to issue the EUA and approval of the Pfizer vaccine (documents which should have been in the public domain to begin with). Moreover, the FDA requested the Biologics Court give them 75 years to release them.[7]

Fortunately, the judge denied the FDA's request and ordered them to promptly release the documents. The first set of documents, released in March, 2022, show that 42,086 adverse events (AEs), including 1,223 deaths, 932 hemorrhages, 1,403 cardiovascular, and 1,055 autoimmune events were reported in the first 3 months of the Pfizer vaccine rollout.[7]

These events occurred within a median of 1 day or 2.5 days, providing a causal link to the vaccine. However, the Pfizer vaccine (marketed as Comirnaty) fact sheets for healthcare providers and patients do not mention any of these severe AEs other than myocarditis.

Moreover, neither the fact sheets nor the CDC links cited in the fact sheets' *mention* incidence rates for myocarditis, and simply claim vaccine benefits outweigh the risks without providing any supporting data.

As of June 24th, 2022, the CDC indicated that 15,210 US deaths following COVID-19 vaccination have been reported to the Vaccine Adverse Events Reporting System (VAERS). While the fraction of deaths having an established causal association with vaccination has not yet been published, the CDC has used VAERS to report a crude mortality rate 0.00026.[1]

This risk is higher than the risk of death following infection with omicron in young adults, especially for those who are healthy. The CDC has used VAERS to alert the public and to conduct procedures for monitoring rarely occurring safety signals[1] and apparently did not even begin looking at those signals until April 2021, 4 months after the vaccination program began.[1]

In January, 2022 the CDC director admitted vaccines cannot prevent transmission of currently circulating variants. "There is therefore no justification to mandate or encourage vaccination or boosters to University undergraduate and graduate students, or any University staff or faculty member who is late them.

The cure may be worse than the disease. It makes 140 years old, Hippocratic rule following Pfizer 2nd and 3rd (boosters) and Moderna 2nd dose is higher than myocarditis risk following SARS-CoV-2 infection, and the risk increases with dose. Figure adapted from Patone et al.

Risk of myocarditis following sequential COVID-19 vaccinations by age and dose. Adapted ×IRR health records from the English National Immunisation (NIMS) database of COVID-19 vaccination. Graph plots myocarditis incident rate ratios relative to baseline (no vaccine). Dotted line shows risk following infection for visualisation purposes.

The Hippocratic Oath says "First, do no harm". **On the basis of the above facts alone, the University-wide COVID-19 vaccine mandates should be lifted immediately and guidelines and recommendations adjusted accordingly in order to provide fully informed consent regarding vaccine and booster risks.**

The rest of this letter elaborates and provides supporting data on the following four points (the references below mention Columbia University (CU) but are generally applicable):

1. Vaccine-induced risk-benefits in most age groups, and particularly in adolescents and young adults where the infection mortality risk is extremely low (i.e. 0.003% and 0.004% in ages 15-19 and 20-24 respectively) [1] are the majority group (not those being the mandated), and the vaccine risks appear to increase with each dose in booster
2. Vaccines do not necessarily reduce transmission and community spread. The originally stated purpose of most University vaccine mandate policies (i.e. to prevent COVID transmission and community spread), is not (and never was) supported by the available evidence.
3. Vaccination is both unnecessary and more risky, in individuals with previous coronavirus infection. Most university policies ignore the substantial body of evidence demonstrating that natural immunity is more effective and necessary and increased risks of severe adverse reactions in those with previous infection.

As of February 2022, about 75% and 67% of adolescents 12-17 and adults ages 18-49 respectively had infection-derived immunity and these proportions are likely higher today [8].

4. Publications and sources that claim or imply sufficient vaccine safety and favorable risk-benefits profiles are untrustworthy and unreliable because their raw data are inaccessible or their claims are backed by supporting data or contradict existing evidence, especially for the student age population.

In light of the evidence presented herein, we urge the following actions and remediations be taken ASAP following receipt of this letter:

1. The vaccine booster mandates should be lifted immediately, and any official University guidance and recommendations should be updated to provide true informed consent about vaccine safety risks. This includes removing vaccine requirements/ suggestions to campus and updating the University website which may contain misinformation about the safety, effectiveness and risk-benefit of the COVID vaccines, as necessary.

   It causes more harm to mandate primary series vaccinations against variants that are no longer in circulation [9] and boosters that carry much higher risks relative to low-lethality omicron variants.

2. Replace any policy making bodies which mandated COVID vaccines (such as the Task Force at Columbia)[10] with a more robust and inclusive method for deciding future University-wide public health policies. Columbia University's leadership and COVID task force failed to demonstrate due diligence to ensure the safety and health of the Columbia community.

   Perhaps your University had a similar policy making body. University wide mandates impact the lives and well-being of not only Columbia members but other universities who take cues from Columbia. Diversity of opinion is critical for good decision making. Lack of interdisciplinary expertise, viewpoint diversity and capacity to think critically and independently from bureaucrats with extensive financial conflicts of interest, and without soliciting input and debate with the wider University community, is risky.

3. Any University employee who was "suspended without pay" for refusing COVID vaccination, or whose medical or religious exemption request was denied, should be compensated for their lost wages. These vaccine tactics are an ethical [10, 14], and especially for an experimental therapeutic whose effectiveness and safety risks are being criticized or withstood by those profiting from the product.

4. Any University member who took the vaccine because of the mandate, and who was injured or suffered patents and long-lasting side effects from the vaccine that negatively affected their ability to work and function, should be offered a fair and generous opportunity to apply for compensation.

   A well-publicized strategy and procedure for identifying and assisting such individuals should be implemented. Current resources to promote research and development of interventions for vaccine injury.

5. Provide any and all documents related to how and why the University COVID policy making body decided to mandate COVID (as well as influential) vaccination including key decision-maker's full financial disclosures and any ties with industry or other funding sources that could be perceived as a financial conflict of interest regarding the mandate.

It is critically important that university leadership give full and fair consideration and attention to all available evidence regarding vaccine risks and benefits because the current policies may be imposing University members to unnecessary medical risks and without true informed consent based on reliable global data.

In my view, university mandates clearly violate international human rights and informed consent standards as set forth by the Universal Declaration on Bioethics and Human Rights adopted unanimously by 193 countries including the US in 2005.[11]

Mounting evidence suggests that mRNA vaccines, particularly the PfES and spike glycoprotein components of all currently available COVID vaccines, are linked to increased risk for vessel immune suppression and autoimmune, thrombotic, and cardiovascular side effects [5,6,11–14].

This letter serves to notify the university of potential liability for proceeding on the unfounded assumption that vaccines are safe, necessary and effective in implementing the University-wide COVID-19 vaccine policies, especially for University students who are mostly 24 years old or younger. These mandated policies could potentially put the University's endowment at risk.

At Columbia University, I have emailed and offered to meet with University leadership and decision makers several times since late summer 2021, and most recently in early June 2022, to present the current state of knowledge on vaccine safety research. I received one response in December 2021 from the University COVID vaccine director.

Please see the references in this letter so the University can verify whether or not the University should blindly rely on recommendations from conflicted public health agencies. This letter also serves to notify the university that it may not be enough to rely on public health authorities to protect the University against global data clearly contradicts the recommendations upon which the University's policy relies.

We hope this letter will ultimately help to restore sanity and trust in the University's public health policies and responses.

Please do not hesitate to let us know if we can be of service in guiding your University's COVID vaccination policies in the future. Given the current time demandee for students to submit their exemption requests for Fall 2022, please respond to this letter via email [1C] tanis@meningeolaw.com by _____

We provide a preliminary list of co-signers below and links to the online version of the Columbia University letter which will be updated to include additional references as well as additional signatures which may be collected in August and this fall.

Sincerely,

Spiro P. Pantazatos, Ph.D.
Assistant Professor of Clinical Neuroimaging at Columbia University Irving Medical Center

CU co-signers

Brian C. Scally MD
Assistant Professor of Clinical Medicine Internal Medicine Center (CUMC) Division of Infectious Diseases and co-chair of Joint Infection Control Committee and Joint Antimicrobial Subcommittee of the Pharmacy Committee

Eric Orban, Ph.D. Professor of Mathematics and Director of Graduate Studies
Department of Mathematics at Columbia University

Claire Marie Vacher, Ph.D.
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Research Nurse Practitioner at Weill Cornell Medicine
Research Director at Reach19 (reach19.org)

About the Author

To find more of Tessa Lena's work, be sure to check out her bio: Tessa Triples Robots.

Sources and References

TODAY'S FREE ARTICLES

1 The Courage to Face COVID-19
2 Dr. Mercola's 2022 Summer/Fall Presentation
3 Sharyl Attkisson on Media Bias

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vernette
Joined On 10/16/2007 4:23:09 PM
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First of all, it is not possible to have multiple accounts on this site and it is not subject to external testing for quality and consistency. Second, the site is not a peer reviewed publication. Third, the site is not a medical site. The site is a site for useful hypotheses and data compilation. Fourth, the hypotheses and data compilation are very simple and deemed. There is not yet, by external quality control. Because of the legal constraints, it is not possible to do our own quality control of the hypotheses and data compilation. This is labor and deemed any discussion of efficacy and risks. Is your health, Very

Reply Mark as Spam Posted On: 8/27/2022 10:15:08 AM

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ginaworld
Joined On 4/13/2011 9:48:43 AM
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Dr. David Martin has provided a legal precedent for fighting against all mandates: "Under 21 Code of Federal Regulations section 50.23 and 24, [21 CFR 50.23, 21 CFR 50.24] it is illegal to make anybody participate in an experimental program using coercion. That is, in fact, how in U.S. Law we actually embraced in U.S. Law the Nuremberg Code. So, coercion is illegal, and we need to call it coercion. We don't want to call it leverage. We don't want to call it pressure. We want to call it the illegal act that it is. It's coercion. And that becomes important because under 18 U.S.

Code section 2331, and then subsection 802 [USA PATRIOT ACT, search to second occurrence of "802"], inside of the definition of domestic terrorism is, any time a U.S. citizen or a government in the U.S. is forced to do something that it would not otherwise do, that's also not only coercion but domestic terrorism." Just say, Hey, which one of these felonies do you want to be implicated in, because all of them carry 99-year prison terms and up to $100,000,000 fine. So, and that's $100,000,000 for an institution."

Reply | Mark as Spam | Posted On 8/27/2022 8:28:02 AM
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steelj
Joined On 6/19/2006 11:43:25 PM
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There is probably some useful information here. But sorry, I had to quit reading. This - "He saw zero reasons for dissent, and he trusted the official message. Early on, like so many, he was very scared of COVID, and he planned to stay home until the vaccines came out." outs Pantazatos as not to be taken seriously. He's a PHD working in neurobiology. And old enough to have observed society for a while now. There was a period of some weeks in early 2020 when the information coming out was scary, very scary. But it all had to be viewed skeptically. It was still early 2020 when it became apparent this was a nothingburger unless you were near the end anyway, or very fat.

Why did so many millions like myself figure this out early? Because if you've lived in this world several decades, paid attention, and are pretty intelligent it could not have been more obvious. The insane takedown of hydroxychloroquine, while totally predictable, should have awakened the dead. To mention only one signal. Let's hear from some perceptive individuals. Dr. M is one, Tessa is another. I guess it's ok to hear from this guy, but really, why? He's dumber than the average Mercola reader, who had this figured out while he believed the lies.

Reply | Mark as Spam | Posted On 8/27/2022 2:32:05 PM
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yon3943
Joined On 3/27/2017 10:21:35 PM
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Listened to the interview w/o reading the article yet (and may have missed a phrase or two while doing "chores") but this guy is clearly on the right side of, well...history, etc. So while I sympathize with your position, and share your basis for early skepticism re the whole plandemic scam, I'm not sure what constructive role is played by attacking the author of the paper, other than letting off personal steam. And perhaps that's all you intended. Keep in mind you don't (can't) have a complete inventory of another's consciousness so your quotes are unlikely to be a completely accurate characterization of the individual. But furthermore, It takes different view points to figure out the elephant (IYKWIM) let alone effectively confront the matter.

So w/o doubting your/or my own scientific intuitiveness (or bona fides perhaps in your case) us early skeptics benefit by the existence and efforts of more methodical academic types willing and able to do the grunt work, like the paper's author, that reinforce or objectively establish w/ greater certainty what conclusions you or I may have already reached. I could go on, but suffice to say it's valuable to strive for awareness regarding our purposes and actions, measured at times by comparison w/others, and avoid looking a gift horse in the mouth.

Mark as Spam | Posted On 8/27/2022 3:52:19 PM
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steelj
Joined On 6/19/2006 11:43:25 PM
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yon3943, thanks for what is an intelligent and perceptive reply if I ever saw one. I agree with most of what you said. But perceptive as you are, in my opinion you are missing something important. There is a most constructive role to be played by pointing out the glaring flaws of people like Pantazatos. He has very poor judgement and is easily influenced by authority. So, while I'm glad he's come around, and welcome his contributions, he can never be considered a reliable source when it comes his judgement on anything, COVID or otherwise. Possibly too harsh an assessment, but sheesh, to believe as he did with the training, intelligence and environment, leaves no other conclusion. You don't "learn your lesson" at his age. The lying, corruption and greed in science, medicine, and politics is not something one in his position should have missed - it's not new in the COVID era. He is a sucker, easily fooled.

Mark as Spam | Posted On 8/27/2022 4:22:58 PM
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ric5998
Joined On 3/23/2021 11:44:36 AM
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Now we know from a whistleblower working with Thomas Renz of Renz-law that the most pure all-cause mortality figures are in a hidden social security file on deaths, and the all-cause mortality was not significantly higher in late 2019-2021 during the pre-COVID gene therapy injection phase. James Giordano, a professor from Georgetown University said this in 2017), describes the fear op they used to scare people into taking the mRNA technology. www.redvoicemedia.com/video/2022/08/operation-warp-speed-exposed-vacci. (24:50) The whistleblower working with Renz found significant all-cause mortality spikes following the launch of the mRNA shots, and another significant spike following the mandates.

Reply | Mark as Spam | Posted On 8/27/2022 11:18:53 AM
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medrakemdgmail.com
Joined On 3/10/2021 10:35:16 AM
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The surest sign that the plandemic and the mRNAlien jabs are part of a communist plan is the compete elimination of any scientific scrutiny concerning the virology, epidemiology and clinical treatment of coronavirus infection. Scientific and clinical papers have from the very first not been sent for peer review by hospitals, medical schools and research centers, but rather reviewed from a political perspective as the zampolits or political commissars used to do in Soviet institutions. Whether a paper fits with the party line is more likely to determine what will happen to the research, to the papers and increasingly to the authors. The plandemic is not going to end until the still-ongoing attempt at totalitarian and maxist transformation of our country and our society is definitively stopped.

Reply | Mark as Spam | Posted On 8/27/2022 7:45:46 AM
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MaryRN
Joined On 11/23/2009 11:22:14 AM
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Very well documented article. Of course some of the people I know will say it is false information, they just keep on drinking the "Kool-aid" of denial and don't want to see the truth, because that will mean they will have to admit that they were wrong, and apologize to those who were correct. Just be nice to the ones that apologize.

Reply | Mark as Spam | Posted On 8/27/2022 5:46:26 AM
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poplegendpop
Joined On 2/13/2012 3:18:26 PM
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Yes, Dr. Pantazatos is certainly lacking in critical thinking and deductive reasoning skills as are most educators in my opinion and the college educated[brainwashed]. He does have enough sense to recognize cold hard facts. In the beginning,att I was still watching MSM, I remember the scene on cnn in nyc, showing the "covid dead" being loaded in the freezer trailers and the daily count of the dead and dying being displayed behind the commentator and thinking WTF? My search for the truth started with Dr Mercola, then my focus was to try and save my wife from the "shot"[she is a master degreed teacher and doesnt have a lick of common sense[sorry honey but it is what it is]. I'm not college educated[three skilled trades and associate degree in electronics] so that makes me not credible to her. An article on Mercola showing 35 conditons that should not take the shot, fibromyalgia was one that she has, convinced her.

Reply | Mark as Spam | Posted On 8/28/2022 9:42:15 AM
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robbie2u
Joined On 6/29/2011 11:51:41 PM
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Those in power tend to behave this way. False Assertions Requiring Threats....and it does.

Reply | Mark as Spam | Posted On 8/27/2022 6:18:52 AM
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RFlocal
Joined On 9/29/2009 7:25:27 AM
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They don't have "capable minds" Their satanic ly mauled minds lack any creation whatsoever To much benefit of the doubt is actually TOXIC with any New York Times reader There inept nonnature is actually in favor of killing even the author who believes infinite cheeks turning are the way to go... Losing strategy

Reply | Mark as Spam | Posted On 8/27/2022 6:14:30 AM
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steelj
Joined On 6/19/2006 11:43:25 PM
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"But the thing about the truth is that is it, well, true, and so it has to eventually prevail, whatever it takes!" I get very tired of reading such rubbish. The truth does not always come out in the end and that should be very obvious to any Mercola reader. One example is that vaccines are given credit for eliminating so many dread infectious diseases, which is demonstrably false. There's no indication the truth will ever prevail there. If it did, so what when everybody affected by the lies is long dead? Does anybody really believe, given the lies we are drowning in, that historians in earlier ages were angelic truth-tellers? The adage "history is written by the winners" comes to mind. I really like Tessa's work, she seems way too smart to believe this.

Reply | Mark as Spam | Posted On 8/27/2022 11:01:56 AM
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tes3117
Joined On 9/14/2021 8:39:11 AM
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Thank you!!!! I am compelled to respond because it's important. What I mean is this: the truth does prevail but the cycle may take centuries. We may never see a return to balance (in a collective sense of it) in our lifetime. And yes, history is always written by the winners. But once the cycle comes its natural completion (which is impossible without us working toward that balance now, and 24/7, really), the lies will bust, and clarity will prevail. It might just take a minute... :)

Mark as Spam | Posted On 8/28/2022 2:30:01 PM
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