

# Media Fakes First Omicron Death Story

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## STORY AT-A-GLANCE

- › Despite all signs indicating the SARS-CoV-2 Omicron variant causes only mild illness, the World Health Organization declared it a “variant of concern,” and countries responded with renewed mask mandates and lockdowns
- › December 20, 2021, the U.S. press went wild, reporting that the first Omicron death had been reported in Houston, Texas. Some claimed the man was killed by reinfection with Omicron even though he’d recovered from previous COVID-19 illness, suggesting natural immunity doesn’t work against this variant
- › As it turns out, this was fake news. The county health department could not confirm that the patient died “from” Omicron infection, only that he had tested positive for it at some point before death. He reportedly had underlying health conditions
- › Authorities wasted no time to use the Omicron death that really wasn’t to scare the unvaccinated. But the data tell a different story. Those who are double- or triple-jabbed are two to five times more likely to develop secondary infections when infected with Omicron than the unvaccinated, who have a 1.17 higher risk of secondary infections when infected with Omicron, compared to Delta
- › While the unvaccinated have higher transmission rates, they’re less likely than the COVID-jabbed to develop problematic infections from Omicron, suggesting Omicron evades “vaccine”-induced immunity

Ever since the SARS-CoV-2 Omicron variant emerged in December 2021, all the signs indicated that it was the mildest and least lethal variant yet. Not a single death has been

attributed to it in South Africa,<sup>1</sup> for example, where it was initially detected.<sup>2</sup>

Despite that, U.S. health authorities kept issuing warnings as if Omicron were the worst threat yet. The World Health Organization declared it a “variant of concern,” and countries around the world responded by reinstating lockdowns and other draconian measures.<sup>3</sup>

## **The Omicron Death That Wasn't**

Then, December 20, 2021, the death of a Houston, Texas, man was labeled an “Omicron variant-related” death,<sup>4</sup> and Harris County Judge Lina Hidalgo announced that “The Omicron variant of COVID-19 has arrived in full force,”<sup>5</sup> necessitating raising the county’s COVID-19 threat level to “Level-2 Orange.”

As you can see in the video above, within hours, the U.S. press widely reported that the first death from the Omicron variant had occurred amid surging COVID cases. Senior contributor to Forbes, Bruce Y. Lee, and MSNBC senior producer Kyle Griffin reported the death as a “reinfection” of “an unvaccinated man who previously had COVID-19.”<sup>6</sup>

“Naturally, this case makes you wonder how much protection ‘natural immunity’ will even offer against the Omicron variant,” Lee wrote. “Important note for the unvaccinated who believe in ‘natural immunity,’” Griffin tweeted.<sup>7</sup>

There was only one problem. The man didn’t die “from” Omicron infection. He died having tested positive for the Omicron variant. Journalist Dan Cohen confirmed this December 21, 2021, in a phone conversation with Martha Marquez, who works with the Harris County Public Health department. Marquez confirmed that the man died WITH COVID, not from it – amazing the difference one simple word makes.

If the man had previously recovered from COVID-19, then one wonders whether it was a false positive. The video above, which includes Cohen’s recorded phone call, illustrates how this singular unverified case was blown out of all proportion and used to refuel waning fears.

## **Omicron Poses Greatest Threat to the COVID-Jabbed**

Authorities also wasted no time to use the fake Omicron death to scare the unvaccinated into getting the jab. Again and again, we were told that the unvaccinated were at greatest risk for this new variant, but this too has turned out to be 180 degrees from the truth.

Research<sup>8,9</sup> out of Denmark shows that compared to the Delta variant, Omicron is far more likely to infect people who are “fully vaccinated” and boosted than those who are unvaccinated. The study looked at 11,937 Danish households during the month of December 2021.

In all, 2,225 people were identified as being infected with Omicron. During a seven-day follow-up period, they also identified 6,397 secondary infections. Interestingly, infection with Omicron was more likely to result in a secondary infection than the Delta strain, and the COVID-jabbed were far more likely to get these secondary infections. As reported by the authors:<sup>10</sup>

*“The SAR [secondary attack rate] was 31% and 21% in households with the Omicron and Delta VOC [variant of concern], respectively. We found an increased transmission for unvaccinated individuals, and a reduced transmission for booster-vaccinated individuals, compared to fully vaccinated individuals.*

*Comparing households infected with the Omicron to Delta VOC, we found a 1.17 (95%-CI: 0.99-1.38) times higher SAR for unvaccinated, 2.61 times (95%-CI: 2.34-2.90) higher for fully vaccinated and 3.66 (95%-CI: 2.65-5.05) times higher for booster-vaccinated individuals, demonstrating strong evidence of immune evasiveness of the Omicron VOC.*

*Our findings confirm that the rapid spread of the Omicron VOC primarily can be ascribed to the immune evasiveness rather than an inherent increase in the basic transmissibility.”*

So, in summary, compared to Delta infection, unvaccinated people were on average 1.17 times more likely to develop a secondary infection when infected with Omicron, while the risk for secondary infections among the triple-jabbed who got Omicron was two to five times greater. In other words, while the unvaccinated had higher transmission rates, they were less likely to succumb to more serious health complications.

## **COVID Shots Are Simply a Miserable Failure**

All of this is just more evidence that the COVID shots are an abject failure, and it's being added to an already long list of studies<sup>11</sup> demonstrating their suboptimal efficacy. Below is a sampling of that evidence:

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The Lancet Infectious Diseases October 2021<sup>12</sup> – Fully “vaccinated” individuals who develop breakthrough infections have a peak viral load similar to that of unvaccinated people, and efficiently transmit the infection to unvaccinated and “vaccinated” alike in household settings.

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The Lancet Preprint<sup>13</sup> – Fully “vaccinated” Vietnamese health care workers who contracted breakthrough SARS-CoV-2 Delta infections had viral loads that were 251 times higher than those found in cases infected with earlier strains. So, the shots do not appear to protect against infection with the Delta strain.

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A July 31, 2021, medRxiv preprint by Riemersma et. al.<sup>14</sup> found no difference in viral loads between unvaccinated people and those “fully vaccinated” who developed breakthrough infections. They also found the Delta variant was capable of “partial escape from polyclonal and monoclonal antibodies.”

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Eurosurveillance rapid communication, July 2021<sup>15</sup> – An outbreak of the Delta variant in a hospital in Finland suggested the shots did little to prevent the spread of infection, even among the “vaccinated,” and despite routine use of face masks and other protective equipment.

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Eurosurveillance rapid communication, September 2021<sup>16</sup> – An upsurge of Delta variant infections in Israel, at a time when more than 55% of the population were “fully vaccinated,” also showed the COVID shots were ineffective against this variant. The infection spread even to those who were fully jabbed AND wore surgical masks.

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The Lancet Preprint, October 2021<sup>17</sup> – This Swedish study found the Pfizer injection’s effectiveness progressively waned from 89% on Days 15 to 30, post-injection, to 42% from Day 181 onward. As of day 211, no protection against infection was discernible. Moderna’s shot fared slightly better, waning to 59% as of Day 181. The AstraZeneca injection offered lower protection than Pfizer and Moderna from the start, and waned faster, reaching zero by day 121.

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BioRxiv September 2021<sup>18</sup> – Six months after the second Pfizer shot, antibody responses and T cell immunity against the original virus and known variants was found to have substantially waned, in many cases reaching undetectable levels.

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Journal of Infection August 2021<sup>19</sup> – When the Delta variant was the cause of the infection, neutralizing antibodies had decreased affinity for the spike protein, while antibodies that worsen infection had increased affinity.

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The Lancet Infectious Diseases November 2021<sup>20</sup> – 26% of patients admitted to hospital with confirmed severe or critical COVID-19 were “fully vaccinated;” 46% had a positive COVID test but were asymptomatic, 7% had mild infection and 20% had moderate illness. So, among those who developed symptoms of infection, the majority ended up with severe or critical illness.

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medRxiv August 2021<sup>21</sup> – People with no previous SARS-CoV-2 infection who got the Pfizer shot had a 5.96-fold increased risk for breakthrough infection and a 7.13-fold increased risk for symptomatic disease, compared to people who had natural immunity.

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## **Are We Starting to See Signs of ADE?**

Over the course of 2020, many published studies highlighted the risk of antibody-dependent enhancement (ADE) following the COVID shots. For example, one October 28, 2020, paper stressed that:<sup>22</sup>

*“... vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralizing antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE).”*

While we’ve not seen conclusive evidence of ADE yet, there are signs that point in that direction, including the latest finding that the double and triple jabbed have more than double the rate of secondary infections when infected with Omicron. Clearly, their immune systems are not working as efficiently as in those who are unvaccinated.

Twenty years of research have demonstrated that making a vaccine against coronaviruses is fraught with risk.<sup>23</sup> In fact, most previous coronavirus vaccine efforts — for severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV), respiratory syncytial virus (RSV) and similar viruses — have ended up triggering ADE.<sup>24,25,26,27,28,29</sup>

What that means is that, rather than enhance your immunity against the infection, the vaccine actually enhances the virus’ ability to enter and infect your cells, resulting in more severe disease than had you not been vaccinated.<sup>30</sup>

The 2014 paper,<sup>31</sup> “Antibody-Dependent SARS Coronavirus Infection Is Mediated by Antibodies Against Spike Proteins,” concluded that monoclonal antibodies generated against SARS-CoV spike proteins actually promoted infection, and that overall, “antibodies against SARS-CoV spike proteins may trigger ADE effects,” thereby raising “questions regarding a potential SARS-CoV vaccine.”

**It’s Time to Stop the Madness**

Masks don't work. Lockdowns don't work. Shutting down small businesses and schools don't work. Social distancing doesn't work. The COVID shots don't work. Yet with the emergence of Omicron, governments are reimplementing all of the same countermeasures that haven't worked for the past two years.

Insanity is doing the same thing over and over again, expecting different results. Yet that's precisely what's passing for "science" these days. The answer to this madness is mass-noncompliance. We must peacefully reject these wholly unscientific and harmful "countermeasures."

**“ Our youths, in particular, must be protected from this folly. Already, data from the U.K. shows deaths among teenagers increased 47% since they started getting COVID-19 shots.”**

It's also high time to accept the fact that continuing the booster cycle is foolish in the extreme. Clearly, the odds are only getting worse for those with two or more shots, not better, and there's absolutely no reason to believe they'll improve their chances with four, five, six or more booster shots. It's all downhill from here.

Our youths, in particular, must be protected from this folly. Already, data<sup>32</sup> from the U.K. show deaths among teenagers increased 47% since they started getting COVID-19 shots. COVID-19-associated deaths also mysteriously rose among 15- to 19-year-olds after the shots were rolled out for this age group which, again, raises the suspicion that ADE may be at play.

## **How Can You Lessen the Damaging Effects?**

If you now believe that getting the COVID-19 jab was a mistake and wish to lessen your risk for more severe illness down the line, here are a few basic strategies I would recommend:

1. Please be sure to measure your vitamin D level and take enough oral vitamin D (typically about 8,000 units/day for most adults) and/or get sensible sun exposure to maintain a blood level between 60 ng/mL and 80 ng/mL (150 to 200 nmol/L).
2. Eliminate all vegetable (seed) oils in your diet, which involves eliminating nearly all processed foods and most meals in restaurants unless you convince the chef to only cook with butter. Avoid sauces and salad dressings, as most are loaded with seed oils.

Also avoid conventionally raised chicken and pork as they are very high in linoleic acid, the omega-6 fat that is far too high in nearly everyone and contributes to oxidative stress that causes heart disease.

3. Consider taking around 500 milligrams/day of NAC, as it helps prevent blood clots and is a precursor for your body to produce the important antioxidant glutathione.
4. Also consider taking fibrinolytic enzymes such as lumbrokinase and serrapeptase. When taken on an empty stomach, away from meals, they work systemically to prevent and dissolve blood clots. The dose is typically two capsules twice a day, either an hour before or two hours after a meal.

## Sources and References

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- <sup>3</sup> [NY Times COVID Live Updates \(Archived\)](#)
- <sup>4</sup> [Harris County Public Health December 20, 2021](#)
- <sup>5</sup> [Chron.com December 20, 2021](#)
- <sup>6, 7</sup> [Forbes December 22, 2021](#)
- <sup>8, 10</sup> [medRxiv December 27, 2021 DOI: 10.1101/2021.12.27.21268278](#)
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- <sup>11</sup> [Brownstone Institute November 26, 2021](#)
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