

THE BUTTE COVID-15 INCCULATIONS / HOSE HARM THAN COOL

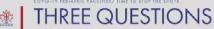
DEANNA MCLEOD

- Studied immunology and psychology at McMaster University
- Worked in pharma for ten years in medical, marketing and sales and specialized in the field of Oncology
- Became concerned with tendency toward biased reporting by some pharmaceutical companies
- Founded an independent medical research firm in 2,000 to assist clinicians in preparing objective evidence-based guidelines
- Our firm has supported hundreds of cancer specialists in preparing more than 40 peer-reviewed publications
- Since March 2020, our team has spent more than 2,000 hours conducting COVID-related research



Principal and Founder Kaleidoscope Strategic. Inc Founder of COVID Sense Chair of Strategic Advisory Group CCCA





Do they need them?





Do they work?

Are they safe?





COVID-19 PEDIATRIC VACCINES/ TIME TO STOP THE SHOTS

PEDIATRIC VACCINES KEEP THEM SAFE



- Pediatric vaccination has been one of the greatest breakthroughs in medicine
- It have resulted in the <u>eradication of many childhood</u> <u>illnesses</u> and has contributed to the overall health of our population
- Traditional vaccines <u>use viruses that have been altered</u> so they no longer cause sickness and are tested for at least a decade to ensure they are safe for use in children
- They remain in the child's arm and gently stimulate their immune system producing strong, long-lasting immunity
- The result, is that the child is completely protected from the disease for the rest of their life







What if your child didn't even need these injections because:

- Children are not easily infected by SARS-CoV-2 as they have <u>low levels of viral receptors</u> in their airways
- And <u>strong innate immune systems</u> that are capable of stapping the virus in its tracks
- As a result they experience only <u>mild symptoms or no</u> symptoms at all
- And are at a very low risk of experiencing severe illness
- And because they clear the virus so efficiently they are much less contagious than adults

xamining Canada's Covid Response

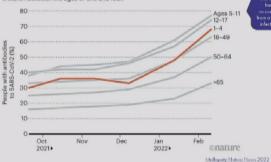
ALREADY IMMUNE



The majority of kids have already conquered COVID

OMICRON SURGE

In the United States, the rate of SARS-CoV-2 infection grew markedly during the Omicron wave across all age groups, but the increase was most pronounced in children between the ages of one and four.



antibodies indicatina Infection

JUNE 23, 2022



DON'T WORK

Mild Disease



Severe Disease



Data from randomized trials of COVID-19 vaccines in adults and children show that:

- Only a 2% net reduction in mild disease for all children 12 to 15 years, 5 to 11 years and 6mo to 4 years
- No severe disease reported. No reduction in severe disease
- Benefits are fleeting. Last 2 months and start to fade
- Transmission not assessed in trials and similar spread among vaccinated and non-vaccinated confirm inability to stop spread



COVID-19 PEDIATRIC VACCINES/ TIME TO STOP THE SHOTS

INCREASED RISK OF ILLNESS



Toddlers (2 to 4 years-old)

Anytime after first dose	Pizer Injection 1,673	Macebo 834	Relative Risk Change	Absolute Risk Change
Symptomatic Cases	127	92	-33 %	-3 %
Multiple Cases	5	1	+149%	+0.2%
Severe Cases	6	1	+199%	+0.2%

>7 days after three doses	Pizer Injection 481	Placebo 209	Relative Risk Change	Absolute Risk Chang
Symptomatic Cases	2	5	-82 %	-2 %
Severe Cases	О	0	0 %	0 %

A severe case was defined as a departure from a normal respiratory and/or heart rate for a given age group



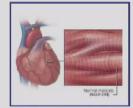


QUALITY LIFE YEARS



We test because we care!

RARE SIDE EFFECTS



We test to be sure!

NEW TREAMENT



We test to eliminate risk!

At least 15 years of testing in 80,000 children!





VACCINES APPROVED WITH

Only ~2 months

of testing

in <2,500 kids per age group

YOU CAN'T FIND WHAT YOU DON'T LOOK FOR

- Minimal surveillance 7 days, 1 month and 6 months
- Study cross over after 2 months no way to establish long-term safety
- No subclinical testing no way of detecting injury early