



Know when to hold-em!
Know when to fold-em!
Know where to set stops!
Know when to run!
Never count your portfolio
Until the sells are done..

rhstruthers@gmail.com

519-374-9332

Monthly subscription US\$19.99

I have warned about this a number of times. [My July update could be starting to play out.](#) My fear was the vaccines would not work and Covid-19 would go on a tear this winter and we would be going back to square one, lock downs. It has already started in Europe. This will damage markets again and they also hate uncertainty like – **Why are Covid-19 cases soaring when 75% to 90%** (location dependent) are double dosed? It was very obvious today because markets were tanking, DOW down -900 but the **big pharma criminals were soaring in price on the market.** BioNTech (BNTX) and Moderna (MRNA) up between 15% and 20% while Pfizer (PFE) up almost 10%

The main stream media is pushing a fear mongering story, a super mutant virus strain out of Africa. It has 32 mutations? So far this is just all talk, there is no science or data to prove it is worse, but never the less , the fear level has been stoked higher. **And maybe it will be worse.** Speaking of Africa, it has dumb founded scientists, they have the lowest Covid-19 numbers in the world and lowest vaccination rate at just 6%.



S&P 500



Moderna and BioNTech (Pfizer partner)

The big divergence between the markets and the triple dose makers is enormous. **Note that Moderna and BioNTech soared into August as everyone in North America was getting the 2nd dose.** I was actually thinking in September to short these and was going to do a Seeking Alpha article on them. They had asked the FDA to extend the shelf life of the shots and I thought their sales must be slipping. However when I dug into it, I found their sales would probably still grow. That said, was a good move to buy Puts anyway. **I believe what the market has been telling us, is that the shots would work, Covid-19 would go away so these stocks declined into lows in October and new lows early November. Now markets are saying, 3rd doses will ramp up and sales around the world will too. The 3rd shot is the same thing, so I don't think it will work either, but all the markets and masses know right now is just keep taking them and make big Pharma \$trillions.**

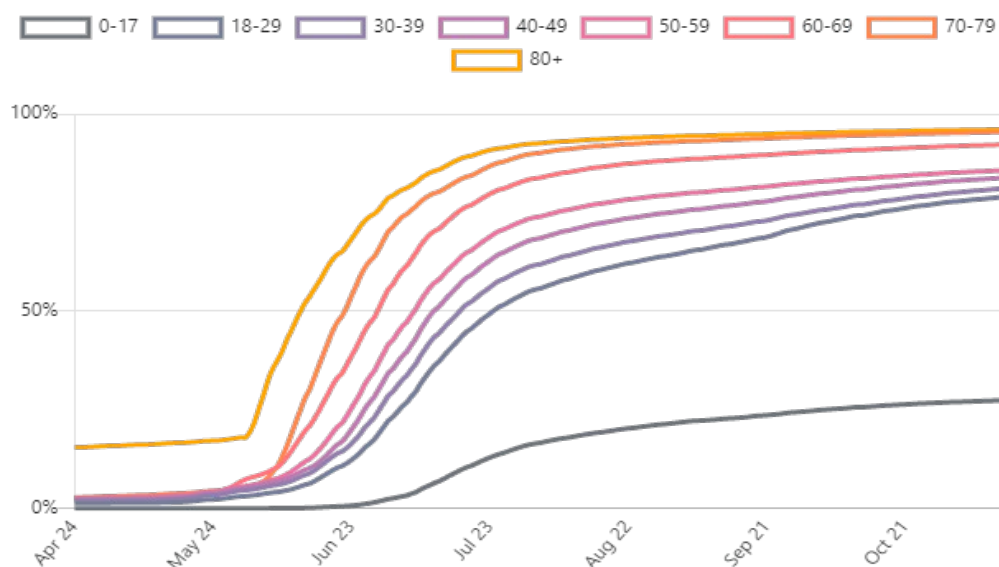
[A report out of England shows](#) Sweden did better than all of Europe without lock downs. Although they did not do as well as neighbors Finland and Denmark.

The same report caught, [NHS](#) England's chief executive, accused of 'abusing' Covid statistics after exaggerating the number of infected patients in hospital with the virus. NHS England was later forced to clarify that Ms Pritchard was referring to statistics from the start of September, when Covid hospital rates were in fact higher than the same time last year.

This is what I have pointed out numerous times, they choose stats and time lines to spin a narrative, not the truth. The so called lie that is half true. **Ontario pulled off the same stunt this week.**

A new Covid-19 report on vaccine effectiveness was released by Ontario on Thursday. [Media spun a narrative](#) that there was only 83 fully vaccinated admitted to hospital over the time period but compares to 8,355 unvaccinated admitted, so the shots work. **This is total BS propaganda and the reason is obvious for anyone who actually looks at the report and can think.** The time period used was from December 2020 to November 14th. **[Never listen to the media, look at the actual report and data.](#)**

The first shot was not widely available until May and most in Ontario did not become fully vaccinated until the July/August time frame. The chart below is from [Ontario Public Health](#), fully vaccinated by age group.



Since a person is not considered fully vaccinated until 14 days after the 2nd dose, **most people in Ontario count as unvaccinated until the July/August time frame. Obvious all the hospitalizations from December 2020 to around the end of May 2021 would be unvaccinated because hardly anyone, but perhaps long term care had 2 shots.** Even in June and July most Ontario people would be considered unvaccinated.

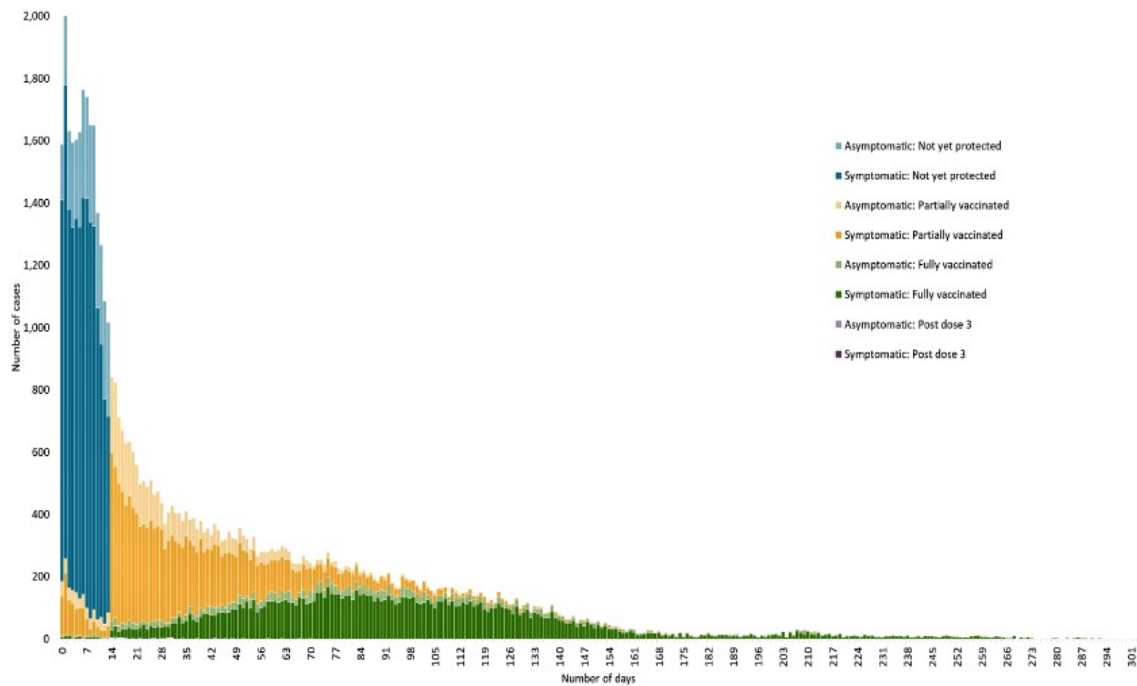
This reason and this reason alone is why they report a higher 8,355 unvaccinated hospital number. How long are naive people going to keep believing in this propaganda? Once again they chose a time period to spin a false narrative. A more accurate study would look at data from August or September 2021 and really there is not much of that time frame available yet. **Why I keep saying this winter will be the first test.**

Another spin that makes the story inaccurate is they just looked at the age group under 60 when most hospitalizations are age 60 and over. [In the last 14 days, 61% of the hospitalizations in Ontario](#) were age 60 and over, 213 of 350. And I would bet \$100, most over 60 are fully dosed, conveniently no longer reported.

There is some [recent data about Canada's prominent media, the TOP HEAVY, CBC](#). You wonder why they report propaganda. Maybe it is the \$1.3 billion tax dollars they get from the government **every year**.

The Ontario report is mostly garbage because they are **not** using a proper time frame to compare vaccinated to unvaccinated. The main reason I am highlighting this new Ontario report is some very strange data that I don't think anyone can explain or knows about. Post vaccine Covid-19 cases, by day.

Figure 1. Confirmed post-vaccination cases of COVID-19 by number of days between dose administration and symptom onset: Ontario, December 14, 2020 to November 14, 2021



Notes:

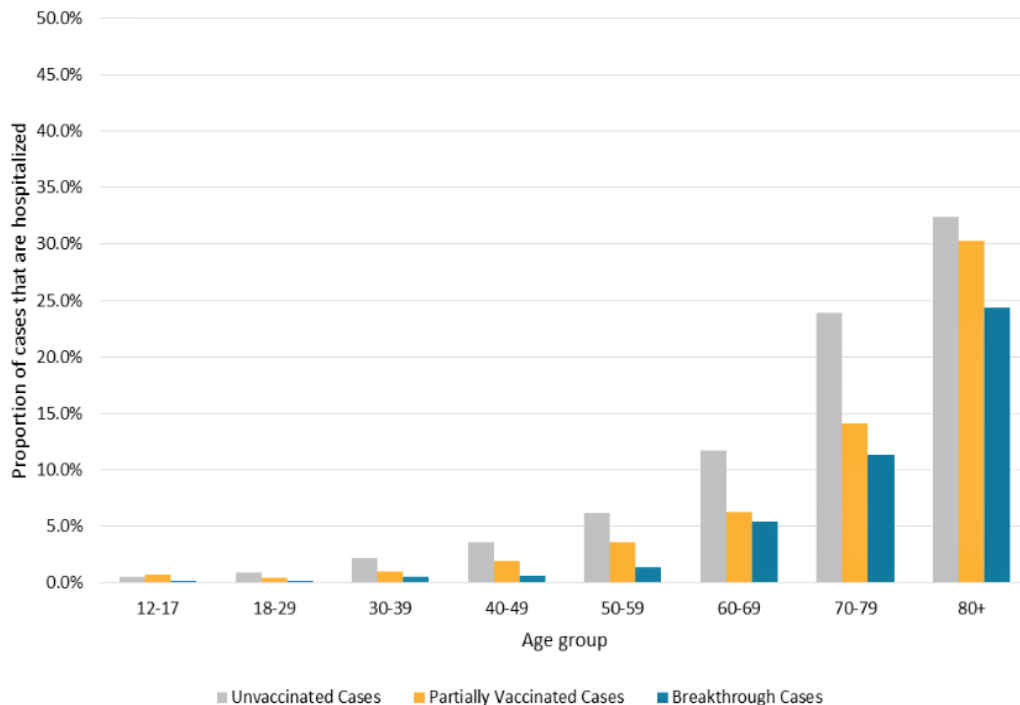
1. Post-vaccination cases are shown as per the Definition of Terms. Partially vaccinated cases are shown as 14+ days after dose 1 and 0-13 days after dose 2. Breakthrough cases are shown as 14+ days after dose 2 and 0-13 days after dose 3. Post-dose 3 cases are shown 14+ days after dose 3.
2. Post-dose 3 cases are included in the figure, however, the numbers are small (refer to Table 1).

The yellow bars are 1 dose but note how high the case numbers are from day 14 to about day 35 after the 1st shot. What is really strange is the **spike almost off the chart of the blue bars, a huge number of cases between day 0 and 14 days after the 2nd dose**.

Is the 2nd dose giving people Covid-19? Why would anyone be tested 0 to 14 days after getting the 2nd dose? Are they going to the hospital with vaccination problems and get tested and they say it's covid? Why the big drop in numbers after 14 days like magic? There is no explanation anywhere in the report. However one fact is certain, all those numbers in days 0 to 14 are reported as unvaccinated cases and this is a huge distortion. It is probably vaccine adverse events.

There is one more good and revealing chart in the new Ontario Public Health's report. This chart is hospitalization by age and vaccine status. **Look at the huge numbers from age 60 and higher. A prime reason media spun the story for under age 60.**

Figure 7a. Hospitalizations (including intensive care unit admissions) among unvaccinated, partially vaccinated and breakthrough confirmed cases of COVID-19 by age group: Ontario, December 14, 2020 to November 14, 2021



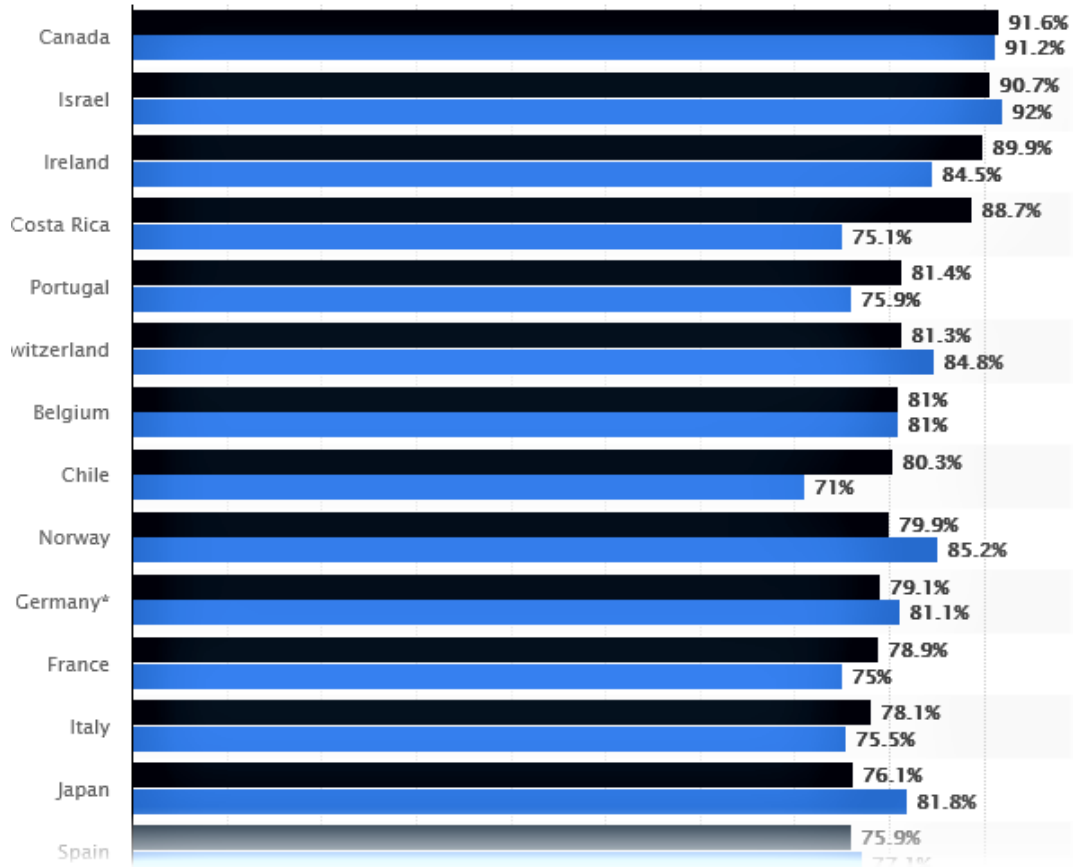
Keep in mind the grey, unvaccinated cases are heavily exaggerated because they are using data back to December 2020 when virtually nobody was vaccinated and all those cases after the 2nd dose in the previous chart also add to the unvaccinated number. **I estimate the unvaccinated number is exaggerated by at least a factor of three, probably 4 or 5.**

Even if we ignore this huge exaggeration in the unvaccinated number, for age groups 60 and higher, if you put the blue bar on top of the yellow bar, the people in the hospital with either 1 or 2 doses is far higher than the unvaccinated.

These are the governments own numbers and yes they are presented inaccurately but we can easily decipher the truth using some basic math and conservative estimates. Numbers don't lie but politicians do.

And what is most important is the potential negative impact on our health care system, especially heavily under staffed Ontario. **I really fear for everyone, a disaster this winter flu season.** Check these next 2 charts on Canada's pathetic health care system. Our hospitals were maxed out in 2019 and 2020, before Covid-19 really got going. You should not bring in 100,000s of immigrants and not build more schools and hospitals. Canada does not even make it on the 2nd chart.

Occupancy rates of curative (acute) care beds in hospitals by country 2000 is blue, 2019 black



The Countries With The Most Critical Care Beds Per Capita

Total number of critical care beds per 100,000 inhabitants in selected countries*



* Most recent U.S. and EU data from 2009 and 2012 respectively. Asian data is from 2017.

Sources: National Center for Biotechnology Information, Intensive Care Medicine (journal), Critical Care Medicine (journal)



Now that I beat up this Ontario health report, back to some other market developments.

It was good to see gold react very positive to the upside on this market shift. You can see the spike up close to \$1820 in the morning. It did give gains back by early afternoon.



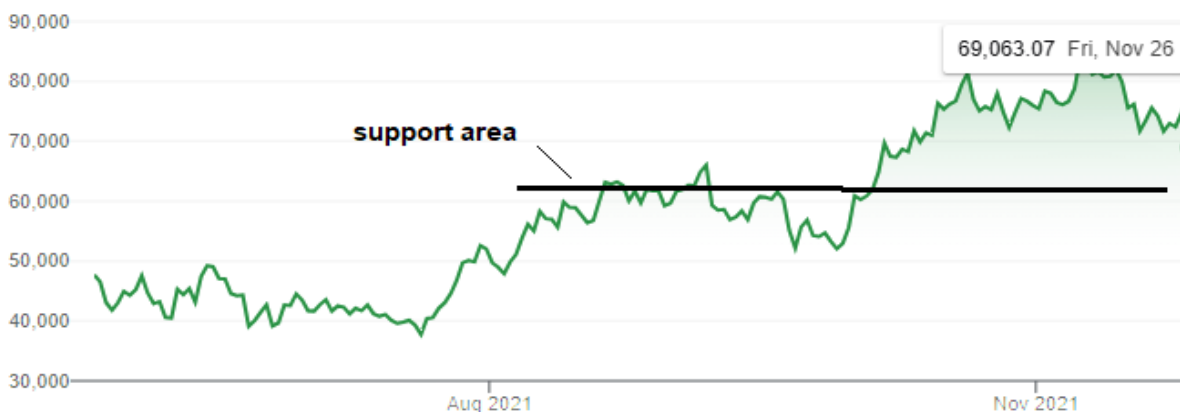
In contrast, Bitcoin tanked with the markets. It is just speculative money like stock markets, that are now just big casinos. Nothing is based on any fundamental valuations, it is all just a big bet on whether it goes up or down. On Bitcoin, previous resistance around 60,000 will now be support.

69,213.19 CAD

+21,543.66 (45.19%) ↑ past 6 months

Nov 26, 6:23 p.m. UTC · From Coinbase and Morningstar · [Disclaimer](#)

1D | 5D | 1M | **6M** | YTD | 1Y | 5Y | Max



A few tidbits I came across this week and best video, than the Big Question

Everyone has either forgotten or does not know that the purpose of vaccination is to mimic natural immunity.

Governments, public health authorities and employers advise that Covid vaccinations are safe, but pharmaceutical companies have been granted immunity from liability and no employers will accept legal responsibility for side-effects or adverse events. **If they are safe why do authorities, employers or vaccine makes avoid liability?**

Massive Protests against vaccine mandates last weekend made historic records, [even in Canada](#) there were protests. Literally several hundred thousand in many cities, probably 1 million across Australia alone. Top Bayer exec talks about the shots. In, The Lacent, the vaccine effect on transmission is minimal. New German study shows more vaccination more death. UK, data death rate among vaccinated double the unvaccinated. BBC highlights and investigates spike in baby deaths in Scotland, that has doubled.

I asked Seven of Nine on Star trek what she thought on mandates - You must comply freedom is futile!

If you don't have a job, you need it to be protected. If you have 2 jobs, you need another job to be protected, who will believe this BS? Governments are attempting centralized health policy. One drug fits all.

I don't use TiK Tok, but this video of [an information meeting highlights a nurse](#) that says most of the Covid patients coming into her hospital are fully vaccinated. Treatments causing organ failure and death, not Covid.

Amazing Dr Fauci admission, [listen what he says at the 27 minute mark](#) "Misplaced perception of people with individual rights" These three news casters at UKColumn News bring up some good data.

I looked at a very good study by [Dr. Timothy Cardozo](#) at NYU Grossman School of Medicine and [Dr. Ronald Veazey](#) at Tulane University School of Medicine. These professors are experts on immunology and have spent decades working on HIV and such. They have published all kinds of papers and [this one was a year ago, but I just stumbled on to it](#). It could be a good explanation what is going wrong with the vaccines. They say there is a real risk, not just a theoretical one that Covid-19 vaccines could worsen the disease when people are exposed again. They state the SARS, MERS and RSV vaccines were never approved because they worsened the disease via antibody-dependent enhancement (ADE). This risk was not looked at in the current vaccine trials.

"Vaccine-elicited enhancement of disease was previously observed in human subjects with vaccines for respiratory syncytial virus (RSV), dengue virus and measles. Vaccine-elicited enhancement of disease was also observed with the SARS and MERS viruses and with feline coronavirus, which are closely related to SARS-CoV-2, the causative pathogen of COVID-19 disease. "

To be clear, they are not saying this is happening but it is a risk that has been overlooked. And I will add that nobody is looking or studying this potential problem, although many doctors have brought up the subject.

"Current data on COVID-19 vaccines is limited, but does not so far reveal evidence of ADE of disease. Phase 1 trials of several vaccines have not reported any immunopathology in subjects administered the candidate vaccines. However, these subjects were unlikely to have yet encountered circulating virus."

They also comment that Phase 1 and 2 trials are centred on the original circulating virus, not the current one and new circulating viruses heighten the ADE risk. They also note this risk was not highlighted on the consent forms for the trials and it should have been.

The BIG Question answered Friday

You will recall that a number of times I hypothesized on what narrative will they come up with when evidence becomes over whelming that the so called vaccines are not working. I am sure you heard it the last 2 days as there was such a coordinated news blast world wide on a new **super variant**.

They turned the fear mongering up to a whole new level.

I read an interesting theory from an engineer at an Irish teaching hospital. He says they are going to come out with a [new virus called Marburg](#). It is interesting because it causes mostly heart problems which is the biggest side effect of the current mRNA shots.

Maybe that will come along in several months or in another year, but I am certain for now it is this new super variant, B.1.1.529 that WHO named Friday as 'Omicron'. The narrative is that it could spread easier and has 32 mutations, more than double Delta.

[US has banned flights from 8 African countries](#). Europe has done the same. Normally this would be a good sign to stop the spread, but very unfortunate I believe this is just part of the fear mongering hype. They are using this more to create fear than actually trying to stop it. [Here is a good article on how the narrative got spun 'From discovery to global panic in 48 hours'](#). "The media was told the strain was the worst seen 'ever' and that the variant could be at least 40 per cent more vaccine evasive."

A lot of talk about variants so you may find this informative on their names and where they were first discovered.



There is a sub variant of the Delta variant starting to circulate in the UK called Delta AY 4.2. The Daily Mail says government studies show it is 10% to 15% more infectious than original Delta, but it also has less severe symptoms, so that is good news. I don't like quoting a study without seeing it, but in the past, the UK studies I have looked at are far more accurate and objective to what we can find in North America.

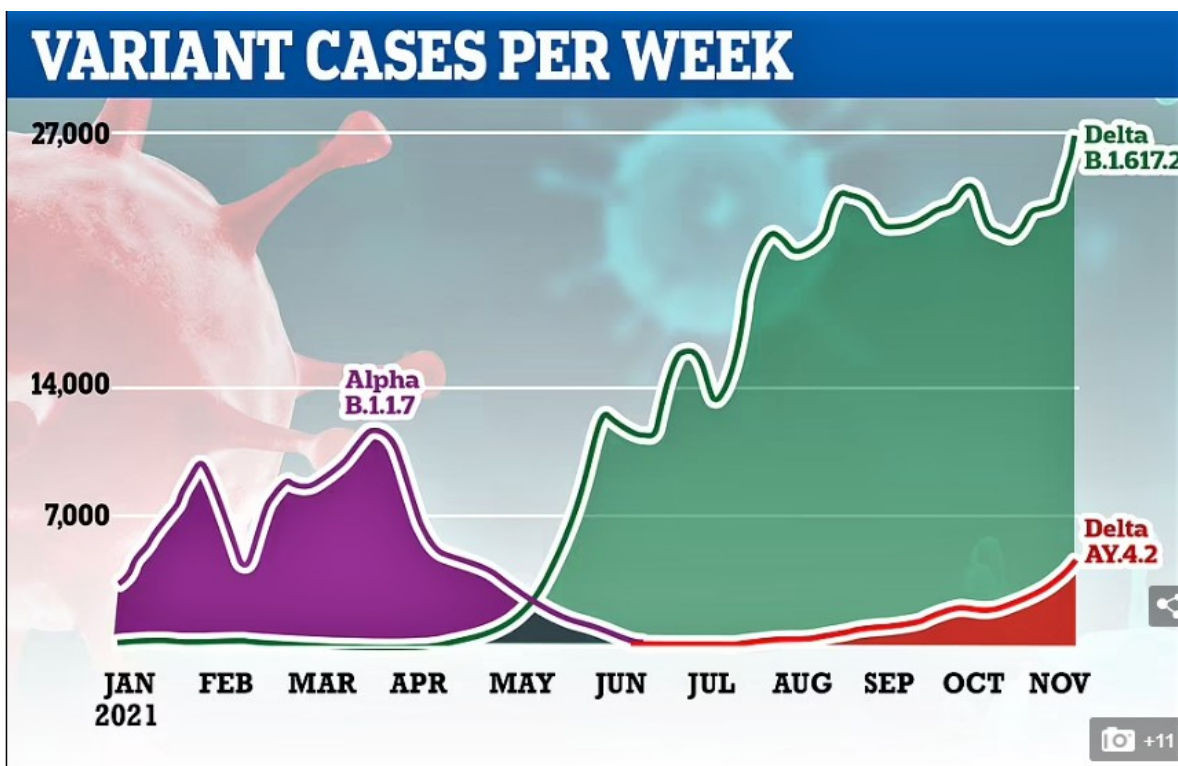
I want to also remind you and highlight the study [Public Health England did back in June on variants](#), that I first showed results in my July 27th newsletter. Next page is from that newsletter in red.

On Delta - at 0.1%, it is 10 times less deadly than Alpha and Beta (page 10). This could be the reason for the low severe illness and death.

It is only about 5 months into these vaccines and there is simply not enough data to support an argument in either direction. **Remember the same PHE report showed the death rate was more than double among the vaccinated.**

The main stream narrative says vaccines are preventing hospitalization and death but the PHE study proves an alternate reason. Remember, main stream narrative quotes the science they don't show you. The only science they have is political science. So now it has been 7 or 8 months into these experimental shots and it is still too early to draw any conclusions, but the real data and published by various public health entities is showing trends to higher hospitalization and death rates among vaccinated. There is not a lot of data yet and maybe this will get better, but maybe it will get worse. **As I have been saying for months, the first real test on these shots will be this upcoming flu season and I would brace for a way worst scenario than we have witnessed thus far.**

A nice chart on how variants evolved in the UK



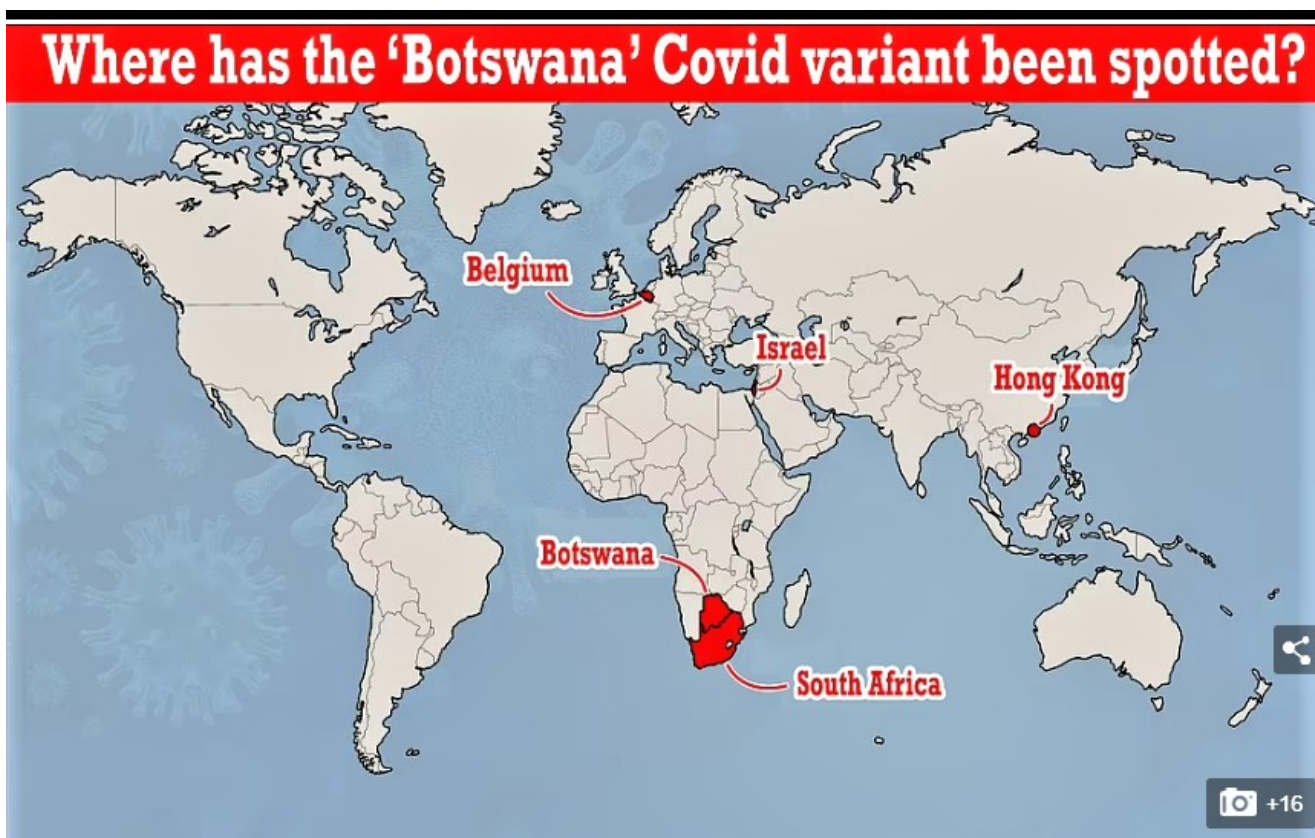
The above graph shows the number of cases of each variant that have been identified since the start of this year. In May the Indian 'Delta' variant replaced the Kent 'Alpha' variant to become the dominant strain

But there is something “mysterious” going on in Africa that is puzzling scientists, [said Wafaa El-Sadr, chair of global health at Columbia University](#). “Africa doesn’t have the vaccines and the resources to fight COVID-19 that they have in Europe and the U.S., but somehow they seem to be doing better,” she said.

Fewer than 6% of people in Africa are vaccinated. For months, the WHO has described Africa as “one of the least affected regions in the world” in its weekly pandemic reports.

“COVID-19 is gone, when did you last hear of anyone who has died of COVID-19?” Ndou said. “The mask is to protect my pocket,” he said. “The police demand bribes so I lose money if I don’t move around with a mask.” Earlier this week, Zimbabwe recorded just 33 new COVID-19 cases and zero deaths, in line with a recent fall in the disease across the continent, where World Health Organization data show that infections have been dropping since July.

Well, I guess WHO is going to fix that with the new super variant.

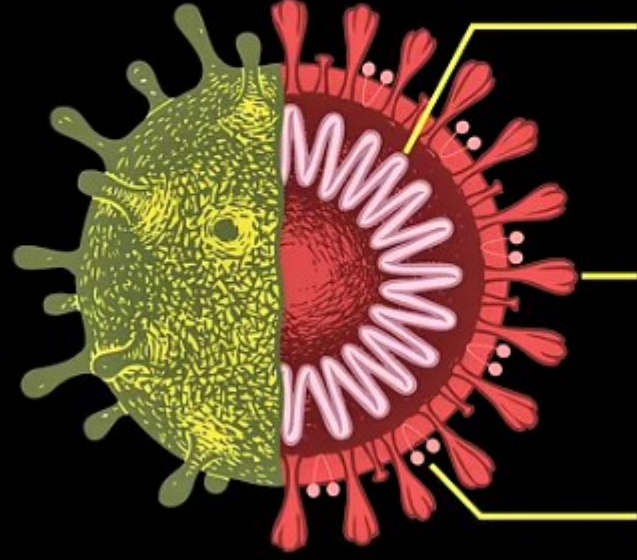


Summary

- Markets fear a back to square one and lock downs around the world will slow economies;
- Ontario's huge spike in Covid cases after 2nd dose is probably vaccine adverse effects;
- Over run hospitals and lock downs on the way, back to square one;
- The Omicron variant has only been around a week and the panic button has already been pressed;
- Little is known about this variant at this time, too early, all conjecture;
- Get ready for 2 more doses of EAU shots. Immunologist [Sir John Bell said](#) its too late to stop the South African variant, but Oxford/AstraZeneca team has developed a vaccine variant in preparation;
- How many shots will you take? 3, 4 even 5. A booster and 2 more for new variant.

They make it so convincing with very nice graphics.



WHY IS THE NEW VARIANT SO SCARY?



Nucleocapsid protein
Two mutations (**R203K** and **G204R**) help the virus replicate faster and become more infectious

Spike protein
32 mutations may make the variant unrecognisable to vaccines
Three mutations (**H655Y**, **N679K**, **P681H**) help the virus sneak into the body's cells more easily

Membrane protein
A dropout of one mutation (**NSP6**) is linked to increased infectiousness

  +6

Please feel free to pass this one