



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..

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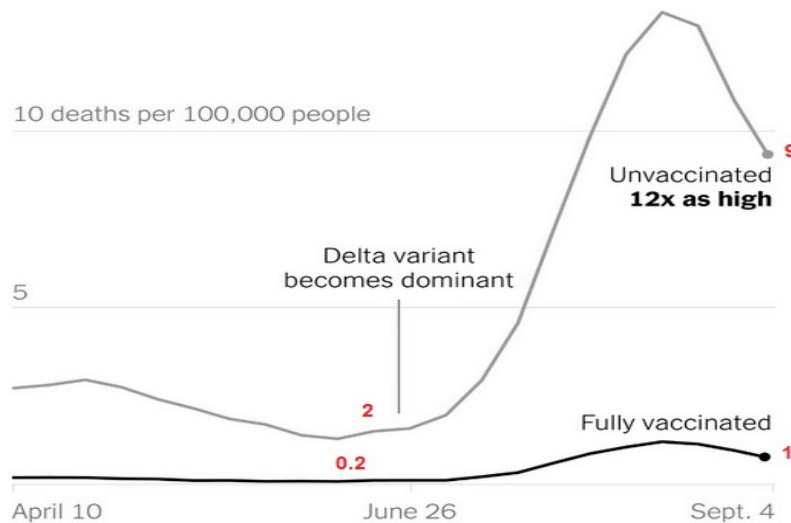
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Before I get to the bad news, I am convinced the next rally in the junior market, especially miners is just getting underway. I will have my first new junior mining pick since April out Monday (not including SALT). This week, I looked at recent study by England Public Health. They have way better, truthful and accurate data. What I found is very worrisome to say the least. **The death rate is many times higher among fully dosed, this is not a misprint or conspiracy, it is reality. See next page.** Of course you don't hear this in the main stream and there are always ways to report numbers and give a different conclusion. Here is a prime example showing data, concluding vaccines work. This was from NY Times on Friday. I am going to use their same data and chart to tell a different story. My numbers are highlighted in red on their chart.

The Virus

Average weekly deaths by vaccination status



Sources: Centers for Disease Control and Prevention; Outbreak.info

• As Delta surged, the vaccines largely worked, [these charts show](#).

If we look at the death rate of unvaccinated at the start of Delta, it was about 2 per 100,000 (.002% which is very low) and is now around 9, so it is up 4.5 times. This is very strange because death rates are generally pretty consistent, they don't jump up 3 or 4 fold and certainly not over 4 fold. Somehow they created a questionable chart, but you are suppose to believe it because it is the NY Times. It has to be how they calculated the data, maybe because they were using data back to April when most were not double dosed. Is Delta 4.5 times more deadly? other studies say not so, but more contagious.

I will use their chart anyway. Now look at the fully vaccinated line. It was pretty much at zero when Delta started and to give benefit to doubt and to pad in their arguments favour, it looks like less than 0.2 per 100,000 and now is about 1, so it increased 5 times, about the same as unvaccinated. This says the vaccine did not make much difference. It has overall lower numbers that looks positive, but it is hard to get an accurate conclusion without seeing the actual data. It might well be that the vaccines work for 2 to 4 months as most got their shots from June onward or using total numbers since April will skew towards unvaccinated.

Now look at data from the [England Public Health at this link](#). This is a live data study on the Delta variant. This from their chart 5 on page 19 and 20. I cut and pasted 3 sections so I could fit on one page for easy viewing to compare. Take note of the 2 columns showing number of cases 14 days or more after 2nd dose and cases of unvaccinated. There is a lot more unvaccinated and maybe because data is since February where the majority were not vaccinated. **The important point is is a pretty large sample at 157k and 257k.**

Now look at the numbers for emergency care that had to stay one night or more. Look at the (exclusion) line of all cases. A prime example of better data, the UK breaks it down to exclusion and inclusion. If you come to the hospital with a broken leg, but test positive for Covid-19, you are in the inclusion group. **The exclusion group is those solely that came in because of Covid-19, a more accurate picture.** Although there were 1.64 times more cases with unvaccinated, 257k vs 157k, it was just 1.3 times more that required hospitalization, 3,080 vs 2,361.

Table 5. Attendance to emergency care and deaths of sequenced and genotyped Delta cases in England by vaccination status (1 February 2021 to 12 September 2021)

Variant	Age group (years)**	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2	Un-vaccinated
Delta cases	<50	497,105	119,611	49,527	30,359	83,009	85,407	248,803
	≥50	95,587	35,596	7,602	314	7,129	71,991	8,551
	All cases	593,572	155,252	58,003	30,674	90,138	157,400	257,357

Cases where presentation to emergency care resulted in overnight inpatient admission§ ((exclusion‡))	<50	3,490	N/A	95	174	352	453	2,416
	≥50	2,784	N/A	10	18	184	1,908	664
	All cases	6,280	N/A	111	192	536	2,361	3,080
Cases where presentation to emergency care resulted in overnight inpatient admission§ (inclusion#)	<50	6,230	N/A	144	283	565	721	4,517
	≥50	6,167	N/A	33	42	393	3,913	1,786
	All cases	12,407	N/A	187	325	958	4,634	6,303

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Deaths within 28 days of positive specimen date	<50	204	N/A	7	6	11	48	132
	≥50	2,336	N/A	32	11	138	1,565	590
	All cases	2,542	N/A	41	17	149	1,613	722

Data sources: Emergency care attendance and admissions from ECDS, deaths from PHE daily death data series (deaths within 28 days). NHS trusts are required to submit emergency care attendances by the 21st of each month. As a result, the number of cases with attendances may show substantial increases in technical briefs prepared after the monthly cut-off, compared with other briefs from the same month.

¥ Cases without specimen dates and unlinked sequences (sequenced samples that could not be matched to individuals) are excluded from this table.

* Cases are assessed for any emergency care attendance within 28 days of their positive specimen date. Cases still undergoing within 28-day period may have an emergency care attendance reported at a later date.

§ At least one attendance or admission within 28 days of positive specimen date

Inclusion: Including cases with the same specimen and attendance dates

‡ Exclusion: Excluding cases with the same specimen and attendance dates. Cases where specimen date is the same as date of emergency care visit are excluded to help remove cases picked up via routine testing in healthcare settings whose primary cause of attendance is not COVID-19. This underestimates the number of individuals in hospital with COVID-19 but only includes those who tested positive prior to the day of their emergency care visit. Some of the cases detected on the day of admission may have attended for a diagnosis unrelated to COVID-19.

^ Total deaths in any setting (regardless of hospitalisation status) within 28 days of positive specimen date.

** Age <50 + >50 do not total 'all cases' per category as some cases lack reported age data

If you divided the cases by those hospitalized, it shows 1 in 66.6 in the doubled dosed group needed hospitalization vs 1 in 83.6 for the unvaccinated group. **So in fact, the double dosed were considerably more likely to be hospitalized, opposite what you hear in the main stream.** It is important to remember that the UK vaccinated about 4 months ahead of us here in Canada, so this is no doubt what will soon happen here. **Now for the really bad news.**

The number of deaths within 28 days for the double dosed group was 1,613 vs only 722 in the unvaccinated group. Going back to the 257k and 157k numbers it means 1 in 97.5 die in the double dosed group vs 1 in 356 in the unvaccinated. **This study shows you are 3.5 times more likely to die if you get Covid-19 and are fully vaccinated.** I have presented some data, studies and tests revealed by doctors that indicate these experiment mRNA shots are damaging the immune system. **This Public Health England data appears to collaborate that.**

These next 2 paragraphs I found in the England Public Health studies. It highlights some points I have been trying to make in the past

“Estimating the impact of a vaccination programme is challenging as there is no completely unaffected control group. Furthermore, the effects of the vaccination programme need to be differentiated from that of other interventions (for example, lockdowns or outbreak control measures), changes in behaviour and any seasonal variation in COVID-19 activity.

In the context of very high vaccine coverage in the population, even with a highly effective vaccine, it is expected that a large proportion of cases, hospitalisations and deaths would occur in vaccinated individuals, simply because a larger proportion of the population are vaccinated than unvaccinated and no vaccine is 100% effective.”

The most important factor why there are more unvaccinated cases reported, is because that most vaccinated people think they are protected so don't bother getting tested. That is one of my theories that I think makes sense and to their change in behaviour point above.

Another important point PHE makes, is that over 95% of their population has immunity either by infection or vaccination. Even so, they still had a very big wave of Covid-10 cases.

Wake up Canadians you are being lied to by your governments, vaccine mandates for you but not them.

[In the Toronto Sun](#) - The Treasury Board claims that Ottawa employs the equivalent of 300,540 full-time civil servants. About 212,000 of them will be exempt from getting vaccines. In case you're curious, that's nearly 70% of the federal workforce that won't be covered by the mandatory vaccine policy.

For me (editor of article), here's the kicker: The unlucky saps who aren't exempt, don't have to provide proof of vaccine. They merely have to fill out an online form claiming to be fully vaccinated or claiming a religious or medical exemption.

In another article "The Canadian public service is vast," said Freeland. "We are Canada's biggest employer." With 300,540 federal public service employees, the Treasury Board in a Policy On COVID-19 Vaccination said numerous exemptions would cover some 212,000 employees, [reported](#) Blacklock's.

If most of government not mandated does not raise your suspicion, I don't know what will.

[Trudeau's own sniper/protection team about to quit over vaccine mandate.](#) Great insight from RCMP.

Another one you won't see in the main stream news. [Covid-19 sweeps through Mens Hockey League, 15 sick and one dead, all double dosed.](#)

[Alberta Government gets caught in a lie.](#) It is impossible to know who they are counting as a Covid-19 deaths but when the Alberta Health Minister announced they had their youngest Covid-19 death ever, a 14 year old boy, the family knew it was their son. Sadly he was on his death bed with an inoperable cancerous brain tumour. After a 9 month battle, he tested positive for Covid-19 two days before his passing. The family thought, surely they won't call this a Covid-19 death, but in the land of lies and deceit, sure enough.

[Open Letter to Dr. Bonnie Henry, BC Health Officer](#) gives some very good Covid-19 facts, especially on children.

[Vaccine-Evading Variants Are Emerging](#) The study, posted on the preprint server medRxiv, August 25, 2021, concluded that those who are fully "vaccinated" against COVID-19 are in fact more susceptible to COVID variant infections than unvaccinated people.

[Good video interview with Laura-Lynn in BC,](#) it is long but lots of good content including an interview with Dr Ardis. Hospitals are paid \$2,400 each time they use Remdisivir, plus a 20% bonus.

[Thousands protest Vaccine passports in UK and they have not even implemented them yet.](#)

Recon Africa TSXV:RECO Recent Price - \$4.72
Entry Price \$0.56 Opinion – buy

I know many of you own this one. I thought support would hold around \$5.70, but obvious these gaps on a chart are a strong magnet. This gap is now filled and I expect we will soon see a rebound.



There was news on a class action lawsuit. These are always BS and are done by lawyer friends of either shorts or environmentalists. RECO put this out Friday, about ongoing support for RECO's program.

The traditional authorities of Kavango East and Kavango West have confirmed their support for the oil and gas exploration program in Namibia by Reconnaissance Energy Africa Ltd.

At a meeting last week in Namibia, the leaders of the five key traditional authorities of Kavango East and Kavango West expressed confidence that Reconnaissance Energy Africa's continuing exploration program, which has to date identified a conventional oil and gas system in the Kavango sedimentary basin, could provide Namibia with a new-found source of socioeconomic opportunity if commercialized.

Hompa Eugene Siwombe, chairperson of the Kavango traditional authority committee, said Reconnaissance Energy Africa's exploration program in the region is more than welcome by the communities and lauded the company's efforts to support the economic and environmental aspirations of the country.

"Everyone is happy with the way ReconAfrica is doing the exploration. This is what we want -- the liberation struggle is gone, it is now time for economic freedom. We want exploration, to know what is under the ground," he said.

Mr. Siwombe also recognized Reconnaissance Energy Africa's commitment to communities, which includes the drilling and donation of a planned 22 potable, solar-powered water wells, 14 of which have already been completed and turned over to communities.

"Let the people from the community see that ReconAfrica, while exploring, is considering the people in the region. We are indeed very thankful for the water wells as they have made the lives of our people in the Kavango regions better."

Mr. Siwombe's comments were echoed by the king, Hambukushu Fumu Erwin Munika Mbambo, who indicated outside opposition to Reconnaissance Energy Africa's project is unwarranted.

"We are expressing our support because we, as traditional leaders, are the ones on the ground and see what is really happening, not people sitting in their distant offices trying to decide what should be done," he said.

At the meeting, it was decided that a leader of the traditional authorities would join Reconnaissance Energy Africa and other affected stakeholders on a committee to ensure collaboration and dialogue as the company's oil and gas exploration project proceeds. The governors of Kavango East, Bonifatius Wakudumo, and Kavango West, Sirkka Ausiku, also attended the meeting and reaffirmed their support for Reconnaissance Energy Africa's exploration program.

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