

Dr. Dan Stock explains how the current measures to combat COVID-19 do not work



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Dr. Daniel “Dan” Stock is a physician. This is his message about COVID-19 to a Mt. Vernon school board meeting in Indiana, USA, on August 6, 2021:

Dr. Dan stock introduces himself: Dr. Dan stock 5777 West seven in North McCordsville, Indiana. To address your comment, it’s hard to believe we’re 18 months into this and still having a problem. And I would suggest the reason we still have a problem is because we’re doing things that are not useful. And we’re getting our sources of information from the State Board of Health and the CDC, who actually don’t bother to read science before they do this.

I’m actually a functional family medicine physician. That means I am specially trained in immunology and inflammation regulation. And everything being recommended by the CDC and State Board of Health is actually contrary to all the rules of science. So things you should know about Coronavirus and all other respiratory viruses, they are spread by aerosol particles which are small enough to go through every mask. By the way, the literature that supports all of that is in a flash drive that we presented to you. It’s been given to the secretary. As a matter of fact, it quotes at least three studies. It’s sponsored by the NIH to that exact fact even though the CDC and the NIH have chosen to avoid to ignore the very science that they paid to have done.

That is why you keep struggling with this is because you cannot make these viruses go away. The natural history of all respiratory viruses is that they circulate all year long waiting for the immune system to get sick through the winter, or become deranged, as has happened recently with these vaccines. And

then they cause symptomatic disease because they cannot be filtered out and they have animal reservoirs. And this is a very important point. No one can make this virus go away.

The CDC has managed to convince everybody that we can handle this like we did smallpox where we could make a virus go away. Smallpox had no animal reservoirs, the only thing it learned to infect was humans. That's why we're able to make that virus go away. That will not happen with this any more than it will with influenza, the common cold respiratory syncytial virus, adenovirus viral respiratory syndromes, or anything else that has animal reservoirs. So the reason you can't do this is because you're trying to do something which has already been tried and can't be done.

Equally important is that vaccination changes none of this especially with this vaccine. And I would hope this board would start asking itself before it considers taking the advice of the CDC, the NIH, and the State Board of Health, why we are doing things about this that we didn't do for the common cold, influenza, or respiratory syncytial virus? And then ask yourself, why is a vaccine that is supposedly so effective having a breakout in the middle of the summer when respiratory viral syndromes don't do that.

And to help you understand that you need to know the condition that is called antibody-mediated viral enhancement. That is a condition done when vaccines work wrong as they did in every Coronavirus study done in animals on Coronavirus is after the SARS outbreak and done in respiratory syncytial virus were a vaccine used in a vulnerable individual done the wrong way, which why it cannot be done right for respiratory virus, which has a very low pathogenicity rate causes the immune system to actually fight the virus wrong and let the virus become worse than it would with native infection. And that is why you're seeing an outbreak right now. In fact, in that flash drive you're going to have coming to you and in the emails with six extra oboeah (??) studies showing that 75% of people who had COVID-19 positive symptom cases in Barnstable, Massachusetts outbreak were fully vaccinated. (Applause)

Therefore, there is no reason for treating any person vaccinated any differently than any person unvaccinated. You should also know that **no vaccine** even the ones I support and would give to myself and my children **ever stops infection**. In 2014 there was an outbreak of mumps in the National Hockey League. The only people who came down with the symptoms were the people who were unvaccinated or had unknown vaccine status. Boy, that sounds like a great argument for vaccines. But a question that you should ask yourself, knowing that half of the people who came down with symptomatic disease had no contact with an unvaccinated or unknown vaccine status individual Where did they get the disease? And the answer was from the vaccinated individuals. No vaccine prevents you from getting the infection, you get infected, you shed pathogen. This is especially true of viral respiratory pathogens, you just don't get symptomatic from it. So you cannot stop the spread, you cannot make these numbers that you've planned on getting better by doing any of the things you're doing. Because that is the nature of viral respiratory pathogens. And you can't prevent it with a vaccine because they don't do the very thing you're wanting them to do. And you will be chasing this remainder of your life until you recognize that the Center for

Disease Control and the Indiana State Board of Health are giving you very bad scientific guidance. And instead, read the articles that are gonna come in the email and on this flash drive. And listen to the people in this audience here tonight, who actually have recognized the advice they are getting from the CDC and the NIH is counterfactual. And that's why you're still fighting this but this vaccine that supposedly was gonna make all of this go away, but it suddenly managed to make an outbreak of COVID-19 develop in the middle of the summer when vitamin D levels are at their highest.

By the way, the other thing that would be necessary for any vaccine restriction to be considered is if there were no other treatments available. And I can tell you having treated over 15 COVID-19 patients that between active loading with vitamin D, ivermectin, and zinc that there there's not a single person who has come anywhere near the hospital. And we already have studies that show that if you achieve a 25 hydroxy, vitamin D level greater than 55, your risk of COVID-19 death will drop down to one-quarter of the population average for the United States. And there are active treatment trials included on that flash drive, that show the same is true.

So if you were going to discriminate based upon vaccine, you should also discriminate based upon 25 hydroxy, vitamin D level, zinc taste test response, and probably previous infections since there are also studies on the flash drive that show that **people who have recovered from Covid-19 infection actually get no benefit from vaccination at all**, no reduction in symptoms, no reduction in hospitalization, and suffer two to four times the rate of side effects if they are subsequently vaccinated. Therefore, the policies that you are basing on are totally counterfactual. I don't blame this board for that, because I know you aren't scientists, and you thought it was reasonable to listen to the CDC, NIH, and the Indiana State Board of Health. But I would encourage that instead, you listen to the people out here in this audience, and read what's on that data drive. And if anybody here on this board has any questions about anything on that, I will happily come back and sit with you individually if you would like me to explain the science behind this. And if you're worried about being sued by somebody because you don't follow the guidance of the CDC and the NIH, I will tell you, you have a free pro bono expert testimony at your disposal. (Applause) I will testify in defense of this court, turning down all these recommendations for free at any time in any court. Thank you.

Moderator: Thank you. Thank you.

(Loud applause.)