



The Wright Stuff

A Word from Bob Wright

I received a reply from a reader of our July newsletter shortly after it went out and, I have to say, he was pretty upset. Of course, we always ask for feedback, so it was okay.

He proceeded to give me the full meal deal regarding the monthly missive. No names will be mentioned as we like to protect everyone's privacy and give them an opportunity to get their two-cents worth in.

To my surprise – in all caps – I was told to STOP BEING STUPID! NEVER PROMOTE FALSITY, STUPIDITY, AND PROFANITY. You know, I actually

Also in this issue:

[Breast cancer's financial toll](#)

[Cashing your life insurance policy for medical expenses?](#)

[We Are Victims of the Greatest Crime in History](#)

[The COVID-19 Curve Has Been Flattened](#)

[SILVER ANGEL – YES, FOR VIRUSES](#)

[One big family's magnesium miracle](#)

[Testimonials: BioOptimizers, Nortri, ASEA](#)

agree with him that we should never promote these things. However, I think we have a major disagreement on what is true and what is not. One of our articles had some profanity in it. I gave a disclaimer beforehand to beware and that we absolutely don't like that. The ingredients in the article were too important, though, to pass on – we had to include it. Everyone needed to know. He went on to say never eat animal matter (it causes cancer) and that we shouldn't promote boxing or violence (which we do not do).

He had some other things to say regarding many falsehoods in other articles. I am going to take a stand – which I always do when it comes to what is true and what is not. You know, we all have the right to our own “truth.” It does not mean, however, that it is “the truth.” Therein lies the problem. I am not judging this man at all. He has a right to believe what he believes. And I thanked him for his input – which I always do, even if I disagree.

Sadly, our country is full of well-meaning people – some of them our friends and family – who believe completely everything they read in the newspaper, see on the T.V., or run into on the Internet. Remember the commercial from a year or two ago where the young girls states that “It's on the Internet, it has to be true.” Yeah, right.

We do not now, nor have we ever, published anything we believed to be untrue. We pride ourselves (to the extent we can) with researching the science and uncovering the facts, the real truth. I have told many crowds I have spoken to and through the newsletter that if you think anything I am forwarding is untrue or not proven, please tell me. Then proceed to give me the science, research, and facts to prove your point. If I find you are right, I will publicly say that I was wrong and change my position. That has not happened yet, but I must confess that it could. I am not perfect – but when it comes to helping those struggling with cancer and chronic illness – I try to be. After all, someone's life is on the line. And we have been told thousands of times now that our information – through the book, website, newsletter, or events throughout the world – has made positive changes in people's lives or, in many instances, “saved” their lives. I give the credit to God, taking none for myself. I know how this thing works. We have a couple more articles on COVID-19 in the newsletter again this month as it seems to be driving the world and people need to get the facts so that they can really know what to believe, know why that matters, then choose for

themselves. We have discovered that when you dig down deep enough, one discovers the underbelly of the beast and what is hidden there and not being revealed. We have a habit of uncovering that information and revealing it to the world. Some don't like to hear it as it challenges long-held belief in "their truths" that they are not interested in changing. I get it. But it makes no sense. Are we really not interested in the truth any longer? Have we gotten too comfortable with the one-sided mantra being spewed out of the media that we just accept it as fact? Would you listen to someone who stated to you in no uncertain terms that "I just want to hear what I believe coming out of your mouth?" Your voice doesn't matter?

Well, I had better slow down so I don't dig myself a hole too deep to get out of. Not that that has ever been a problem, but no matter what I say, how thoroughly it has been researched, how much real science sits behind it – someone will disagree, call me a liar, or worse. That's why the First Amendment is the first amendment in our Constitution.

So, what do you think? What do you believe on this coronavirus deal? About Big Pharma? About allopathic medicine? Natural medicine? We would love to hear from you – one way or the other. Drop us a line at info@americanaci.org (comes directly to me) and give me an earful. Believe me, I have heard the best of the best and the worst of the worst. I can take it either way. I look forward to hearing from you.

*Blessings,
Bob Wright, Director and Founder
American Anti-Cancer Institute, International Wellness & Research Center*



Like & Follow our Facebook page at www.facebook.com/killcancernotpeople for the latest updates of AACI!



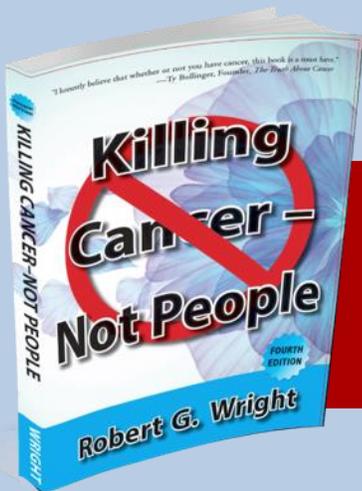
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Bob's Toronto Seminar

Got a couple of hours? Hit the link below and watch Bob's recent seminar in Toronto. You'll like it!

<https://youtu.be/68OgruvEd74>



*Order your copies of the 4th Edition of
"Killing Cancer, Not People" now at:*

www.KillingCancerNotPeople.com

After Kelly Preston's breast cancer death, a reminder of the disease's financial toll

Written by: [Leslie Albrecht](#), MarketWatch

Bob's Note: Did you know that about 1,400 women die from breast cancer every day around the world? And over 42,000 of them yearly are in the U.S. Although I do not necessarily agree with some of the content in the article below, it does emphasize the huge financial toll this disease inflicts on families – not to mention the emotional stress. The article comes from the Marketwatch website and is written by Leslie Albrecht.



Actress Kelly Preston's death at age 57 from breast cancer is a reminder that this common cancer takes many lives too soon — and, unfortunately, getting treatment can be a financial obstacle for many.

Preston was known for roles in films including “Jerry Maguire” and 1988's “Twins.” She was married to actor John Travolta and died after living with the disease for two years. The couple had two children, Ella Bleu and Benjamin, as well as a son, Jett, who died at age 16 in 2009, the [Associated Press reported](#).

“I have never met anyone as courageous, strong, beautiful and loving as you,” Ella Travolta wrote in a tribute to her mom on Instagram.

Preston is one of an estimated 42,170 women in the U.S. who will die from breast cancer this year, according to the [American Cancer Society](#). The disease is the most common type of cancer in U.S. women after skin cancer, and the second leading cause of cancer death after lung cancer, according to the American Cancer Society.

Travolta thanked the doctors and nurses at the University of Texas MD Anderson Cancer Center in Houston, Texas in an Instagram post [announcing Preston’s death](#). MD Anderson is one of 51 comprehensive cancer centers nationwide.

“While we have made significant progress in successfully treating breast cancer, approximately 20% of patients will develop distant metastatic disease,” said William G. Cance, the chief medical and scientific officer at the American Cancer Society. “Kelly Preston’s death underscores our need for better treatment for metastatic breast cancer.”

Unfortunately, that treatment can be expensive, even for patients with robust health insurance. About one in four cancer patients [have to borrow money, go into debt or file for bankruptcy](#) to pay for treatment, a 2019 report from the U.S. Centers for Disease Control found.

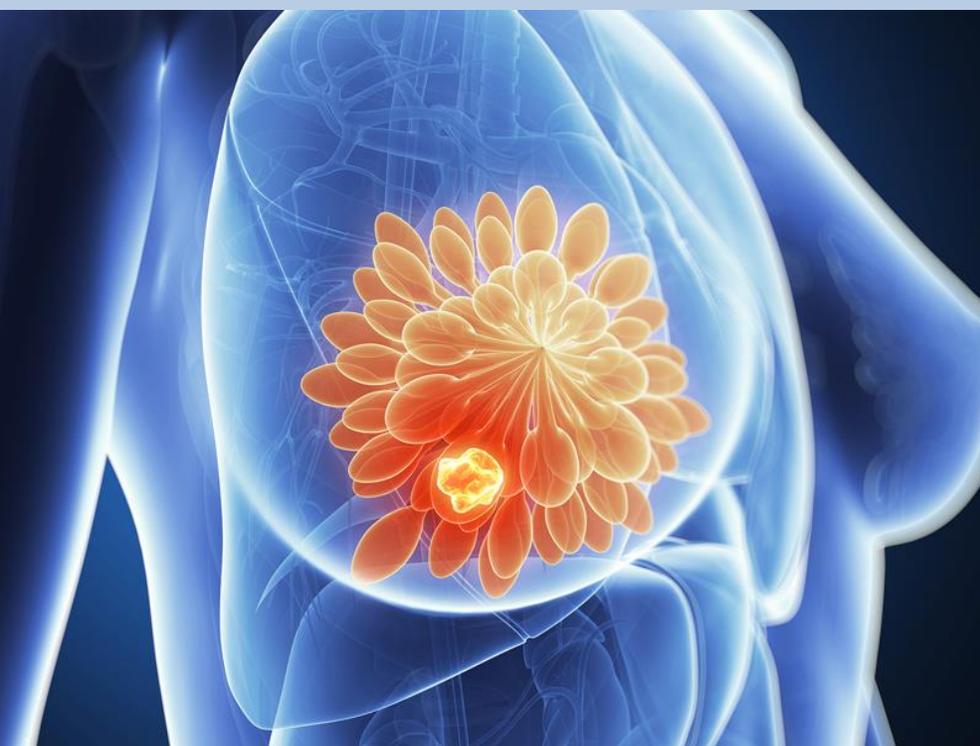
“Cancer and its treatment are associated with many costs for patients and their families, including out-of-pocket costs for medical care and lost income due to time away from work for patients and caregivers,” said Robin Yabroff, the senior scientific director of health services research at the American Cancer Society. “These costs can result in financial strain, medical debt, and depletion of assets for patients and their families.”

Annualized medical costs associated with breast cancer are about \$34,000 in the first year after diagnosis, Yabroff said. Nationally, about \$25.8 billion was spent on medical care for patients with breast cancer in 2015. “This estimate does not

include costs associated with lost productivity, which can be substantial,” she added.

Because of the disease’s complexity, it’s difficult to cite an exact figure for the average cost of breast cancer treatment, said Amanda DeBard, spokeswoman for the Susan G. Komen organization, a nonprofit that raises money for breast cancer research and [provides financial assistance to patients](#). “Some patients may only require surgery, whereas others might require intensive treatment which can run over \$10,000 per month,” DeBard told MarketWatch.

Data from the National Cancer Institute found the average cost for female



patients in 2015 was \$23,078 for initial treatment and \$2,207 for continuing treatment, [USA Today reported](#). Even patients themselves sometimes [have a difficult time getting information](#) on the costs of various surgeries.

There are also “hidden costs” on top of medical expenses, including gas to and from appointments, child-care expenses for patients who

are parents, and hotel stays for patients who have to travel far for treatment, DeBard added. Komen [runs a helpline that patients can call](#) for support and information about financial assistance.

Metastatic breast cancer patients and low-income patients often experience “financial toxicity,” meaning severe financial burdens paying for treatment, [a 2019 study](#) suggested.

The financial hardship for women of color can be worse: Black women who are diagnosed with breast cancer experience significantly greater financial strain than white women, and that may play a role in Black women dying from breast cancer at higher rates, [a 2018 study](#) in the Journal of Clinical Oncology found.

Some patients use credit cards or retirement savings to fund treatment, and 41% [said they skipped treatment or medication](#) to save money, according to a 2018 survey by The Pink Fund, a nonprofit that helps breast cancer patients pay for treatment.

What's worse: Screening can be cost-prohibitive too. While the Affordable Care Act provides free mammograms for women age 40 and over every one or two years, some patients wind up with surprise mammogram bills [after their doctors send them for further testing](#). And [the national median cost of a mammogram](#) without insurance was \$243 as of 2016.

Celebrity deaths from cancer capture public attention, and they can be moments for learning more about the disease, noted Molly MacDonald, founder and CEO of The Pink Fund.

“Every single day 1,400 women lose their lives to breast cancer,” McDonald told MarketWatch, referring to worldwide statistics. “We were so sorry to learn of the death of Kelly Preston. It might be important to other women to understand more about her disease. Did she carry the [\[BRCA\]](#) gene? At what stage was she diagnosed? Is there anything we can learn about her illness that might encourage women to get genetic profiling, perform monthly breast exams and get an annual mammogram?”

Did you know that you can sell a life insurance policy?

Most people struggle with the financial burden created by cancer. Nearly 5,000 people in the US are diagnosed with cancer every day of every year.

No one is prepared to deal with cancer emotionally. Most are not prepared to deal with the financial consequences of cancer.

Many cancer treatments are not covered by traditional health insurance. Getting natural or Non-traditional treatment usually means – cash-out-of-pocket.

The most common question we hear is, “How am I supposed to pay for all this and, at the same time, maintain a standard of living?”

You can sell your life insurance policy for cash now and use the funds for whatever you want. Selling a life policy for cash now will provide the money that you need for cancer treatment to keep you on your journey to health.

I recommend that you speak with Greg or Lisa at [Life Insurance Buyers, Inc.](https://lifeinsurancebuyers.com), a trusted, ethical and state-licensed company that has been helping people with cancer to sell their life policies since 1995. They have been delivering caring, compassionate advice with no regulatory complaints for 25 years.

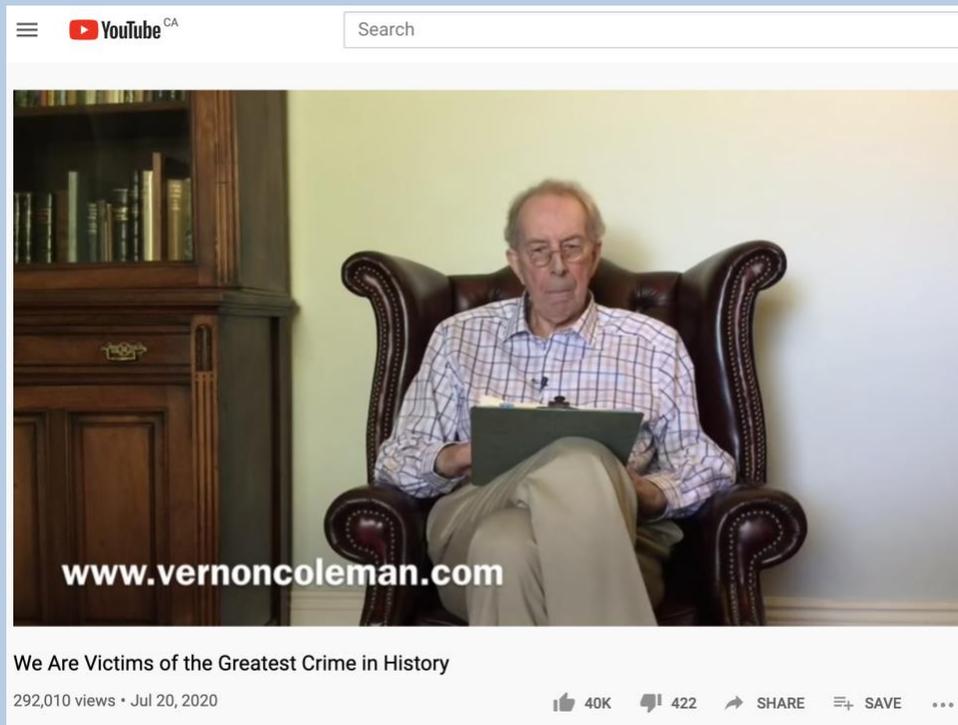
When you consider any option that touches your life and the lives of those you love, it's important to have as much information as possible. Take a moment, connect with Greg or Lisa at Life Insurance Buyers by visiting their website at [https://lifeinsurancebuyers.com/](https://lifeinsurancebuyers.com) or toll free at 1-800-936-5508.

We Are Victims of the Greatest Crime in History

Written by: *Dr. Vernon Coleman*

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Bob's Note: Please read Dr. Vernon Coleman's 'We are the Victims of the Greatest Crime in History' below. I guarantee this will open your eyes to what is really going on regarding this COVID-19 deal.



YouTube: <https://youtu.be/EhYX8RzyMC4>

Back in March, international best-selling author, Dr Vernon Coleman MB ChB DSc FRSA, was the first medical doctor to describe the **coronavirus** scare as a hoax. Here he analyses the coronavirus hoax from its beginning and shows how governments have lied and endangered millions of lives. Dr Coleman proves that the response of governments has killed far more people than the coronavirus. For more unbiased information about other important issues, please visit <https://www.vernoncoleman.com> The transcripts of the videos that YouTube banned are also on the website (click on the 'Health' button and see top of page).

The COVID-19 Curve Has Been Flattened

Written by: [Dr. Joseph Mercola](#)

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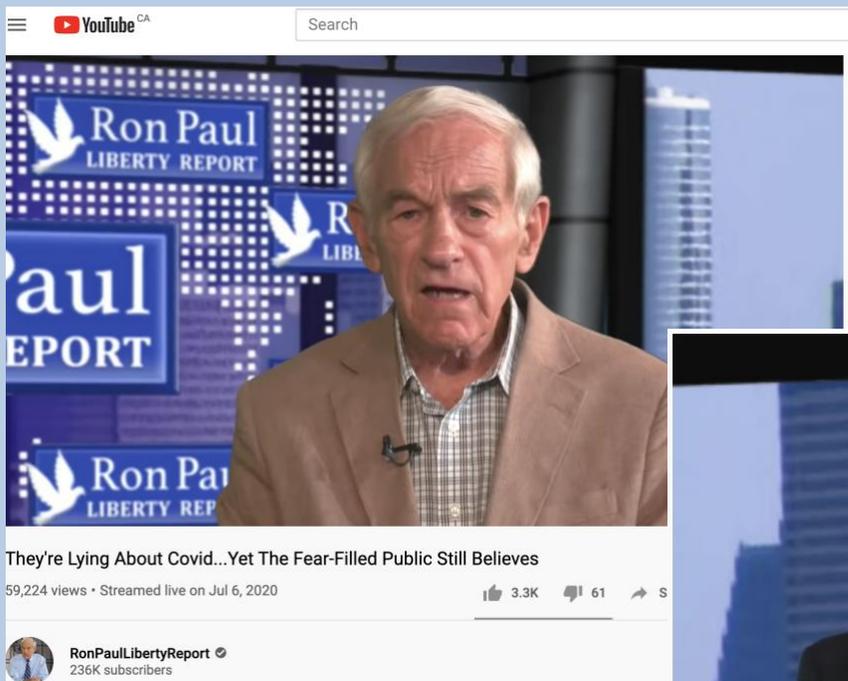
Bob's Note: If the COVID-19 curve has been flattened, why the continued panic, continued economic shut down, masks, etc? Good questions. Dr. Mercola has the answers.



STORY AT-A-GLANCE

- Even though the COVID-19 curve has been flattened, mainstream media outlets continue to push doomsday predictions of an impending explosion of deaths
- According to Stanford University's disease prevention chairman Dr. John Ioannidis, the COVID-19 fatality rate for those under the age of 45 is "almost zero," and between the ages of 45 and 70, it's somewhere between 0.05% and 0.3%

- So, the fact that young and middle-aged adults are testing positive in droves is not a warning sign of an impending onslaught of deaths, as the risk of death in these age groups is minuscule
- According to the Centers for Disease Control and Prevention, the COVID-19 mortality -- which had declined for the last 10 weeks straight -- "is currently at the epidemic threshold," meaning if it declines just a little more, COVID-19 will no longer be considered an epidemic
- The sharp increases in "cases" are not proof of disease spread but, rather, the spread of testing



YouTube: <https://youtu.be/K7o2HgwnoIY>

Even though the COVID-19 mortality curve has been flattened, mainstream media outlets continue to push doomsday predictions of an impending explosion of deaths. The New York Times, for example, published articles July 21,2 and

July 3,^{3,4} 2020, basically warning everyone to not get excited about plummeting mortality rates, as the trend could change at any moment.

"Why Virus Deaths Are Down but May Soon Rise," its July 2 headline states. The article goes on to claim "coronavirus trends in the United States are pretty dark right now" -- based on surging case numbers, meaning positive test results, not hospitalizations or people exhibiting actual symptoms.

The article attributes the steady and relatively rapid drop-off in deaths to improved medical treatment and older people being more cautious, but warns that "Deaths may be on the verge of rising again," because "middle-aged and younger people are acting as if they're invulnerable" and have increased their social activities.

"Their increased social activity has fueled an explosion in cases over the last three weeks, which in turn could lead to a rise in deaths soon," The New York Times states,^{5,6} adding:

"With testing now more widespread, it's possible that the death data will lag the case data by closer to a month. (In a typical fatal case, the death comes three to five weeks after contraction of the virus.) If that's correct, coronavirus deaths may start rising again any day."

This, however, completely ignores data showing that the COVID-19 fatality rate for those under the age of 45 is "almost zero," and between the ages of 45 and 70, it's somewhere between 0.05% and 0.3%.^{7,8,9}

In other words, the fact that young and middle-aged adults are testing positive in droves is not a warning sign of an impending onslaught of deaths, as the risk of death in these age groups is minuscule. If anything, it seems to show [herd immunity](#) is building which, ultimately, will help protect the most vulnerable among us.

Why Did They Want to Flatten the Curve?

The primary justification for the tyrannical governmental interventions of COVID-19 was to slow the spread of the infection so that hospital resources would not be overwhelmed, causing people to die due to lack of medical care. These interventions were not about stopping the spread or reducing the number of people that would eventually get infected.

It was only intended to slow it down so, eventually, naturally-acquired herd immunity -- the best kind -- would prevent its spread. Well guess what? They have changed the narrative. That is why you now do not hear anything about flattening the curve. Instead they transitioned the fear-mongering to alarm the public that the number of "cases" are increasing.

Bear in mind that you do NOT need any test to be classified as a COVID case. All you need is a simple [upper respiratory infection](#) and you can legally be classified as a COVID-19 case to artificially inflate the totals.

Fatality Rate No Longer Cause for Hysteria

The fatality rate data given above were cited by Stanford University's disease prevention chairman Dr. John Ioannidis -- an epidemiologist who has made a name for himself by exposing bad science -- in a June 27, 2020, interview with Greek Reporter,^{10,11,12} in which he criticized [global lockdown measures](#), saying they were implemented based on flawed modeling and grossly unreliable data.

"0.05% to 1% is a reasonable range for what the data tell us now for the infection fatality rate, with a median of about 0.25%," Ioannidis told Greek Reporter.¹³

"The death rate in a given country depends a lot on the age-structure, who are the people infected, and how they are managed. For people younger than 45, the infection fatality rate is almost 0%. For 45 to 70, it is probably about 0.05-0.3%.

For those above 70, it escalates substantially, to 1% or higher for those over 85. For frail, debilitated elderly people with multiple health problems who are

infected in nursing homes, it can go up to 25% during major outbreaks in these facilities."

When asked whether the curve had indeed been flattened in the U.S., seeing how no health care system had been completely overwhelmed, Ioannidis answered:¹⁴

"The predictions of most mathematical models in terms of how many beds and how many ICU beds would be required were astronomically wrong. Indeed, the health system was not overrun in any location in the USA, although several hospitals were stressed. Conversely, the health care system was severely damaged in many places because of the measures taken ...

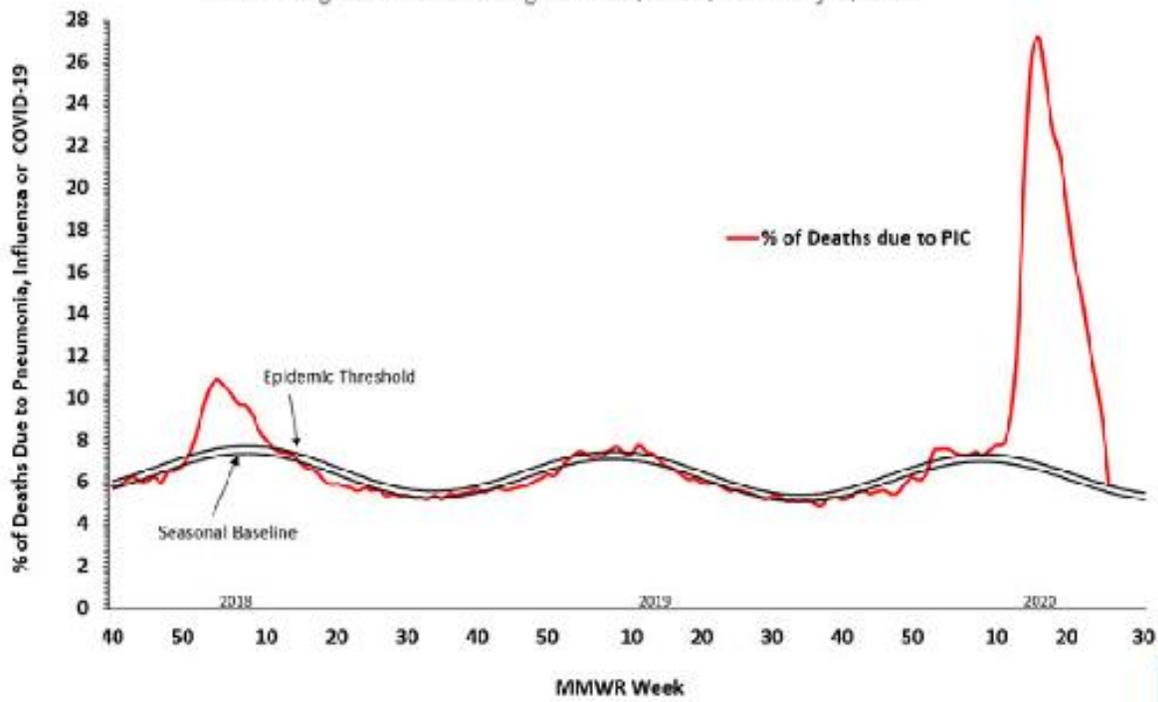
Major consequences on the economy, society and mental health have already occurred. I hope they are reversible, and this depends to a large extent on whether we can avoid prolonging the draconian lockdowns and manage to deal with COVID-19 in a smart, precision-risk targeted approach, rather than blindly shutting down everything ...

I hope that policymakers look at the big picture of all the potential problems and not only on the very important, but relatively thin slice of evidence that is COVID-19."

COVID-19 Close to Epidemic Threshold

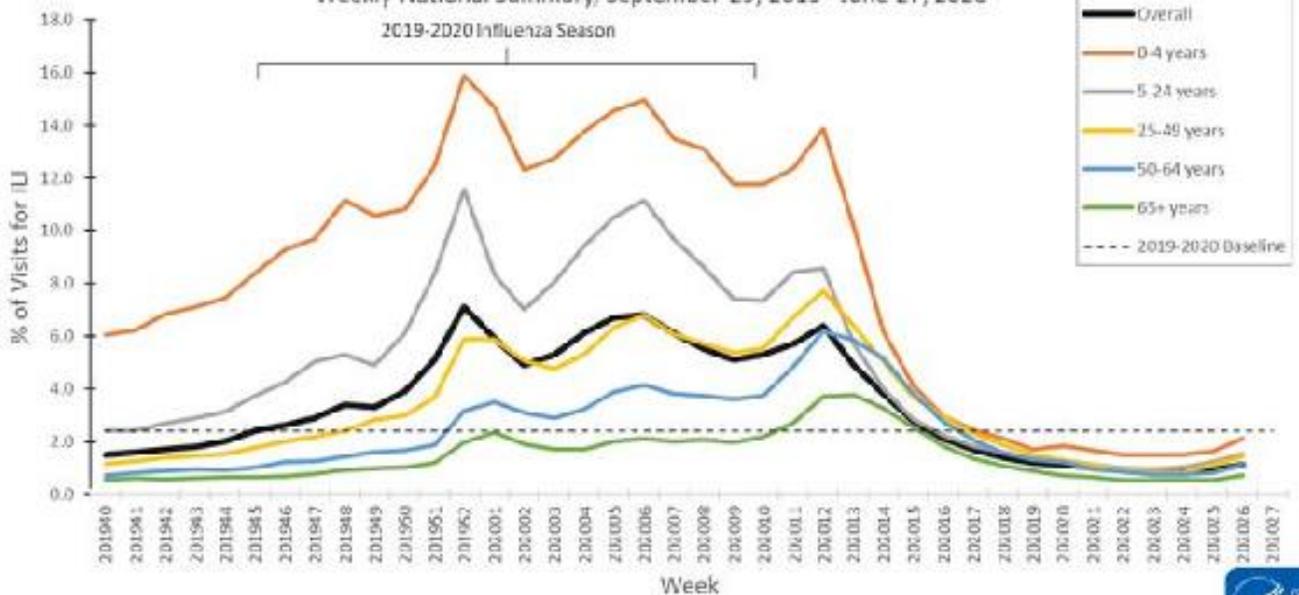
The fear-mongers also ignore recent Centers for Disease Control and Prevention statements¹⁵ saying the COVID-19 mortality -- which had declined for the last 10 weeks straight -- "is currently at the epidemic threshold," meaning if it slides down just a little more, COVID-19 will no longer meet the CDC's criteria for "epidemic" status.

NCHS Mortality Reporting System:
Pneumonia, Influenza and COVID-19 Mortality
Data through the week ending June 27, 2020, as of July 2, 2020

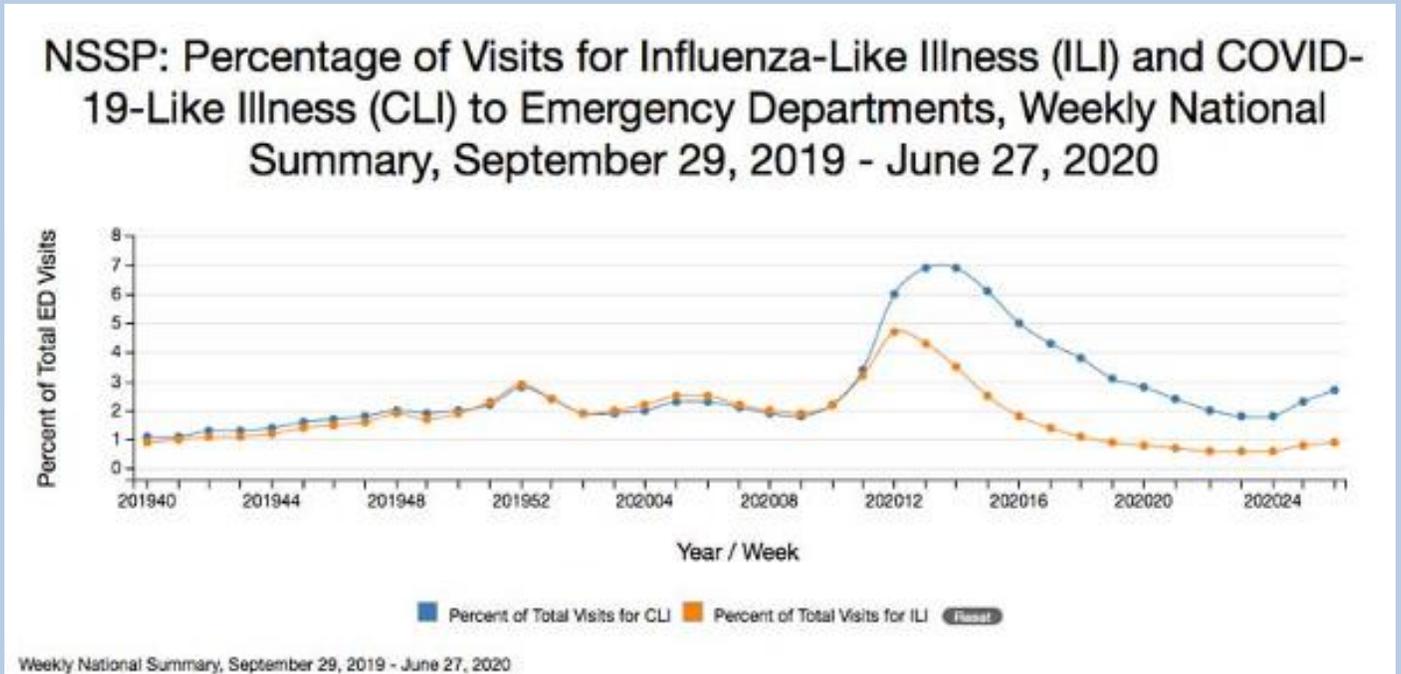


The percentage of doctors' visits for influenza-like illness (ILI) for all age groups has also dropped below the 2019-2020 baseline, as seen in the CDC graph below, published July 3, 2020.¹⁶

Percentage of Visits for Influenza-Like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, September 29, 2019 - June 27, 2020



The graph below shows the percentage of visits to emergency departments, specifically, related to suspected ILI and COVID-19-like illness (CLI). While ER visits for suspected COVID-19 have seen a slight uptick, it's not an extreme increase.



The Truth About Increasing COVID-19 Cases

The video above reviews why the rise in COVID-19 "cases" is misleading at best, and not a viable measure of a public health threat. It presents a historical overview of what happened during the 2009 [swine flu pandemic](#), and how it parallels the current COVID-19 pandemic.

In summary, fear of a novel illness -- pandemic swine flu -- led to a dramatic spike in testing, making it seem like a significant threat as many tested positive. Yet the death toll was insignificant. We're seeing the same thing happening now. Two things are driving the numbers of positive tests skyward: The sudden availability of tests, and widespread testing of asymptomatic people.

Put another way. The sharp increases in "cases" are not proof of disease spread but rather the spread of testing. When you don't have a test for the infection, you

cannot tally positive cases. Hence it looked like there were virtually no COVID-19 cases in January 2020.

COVID-19
Get the latest information from Health Canada on COVID-19.
See more resources on Google

SARS, H1N1 and now COVID-19. Why we keep getting this wrong...

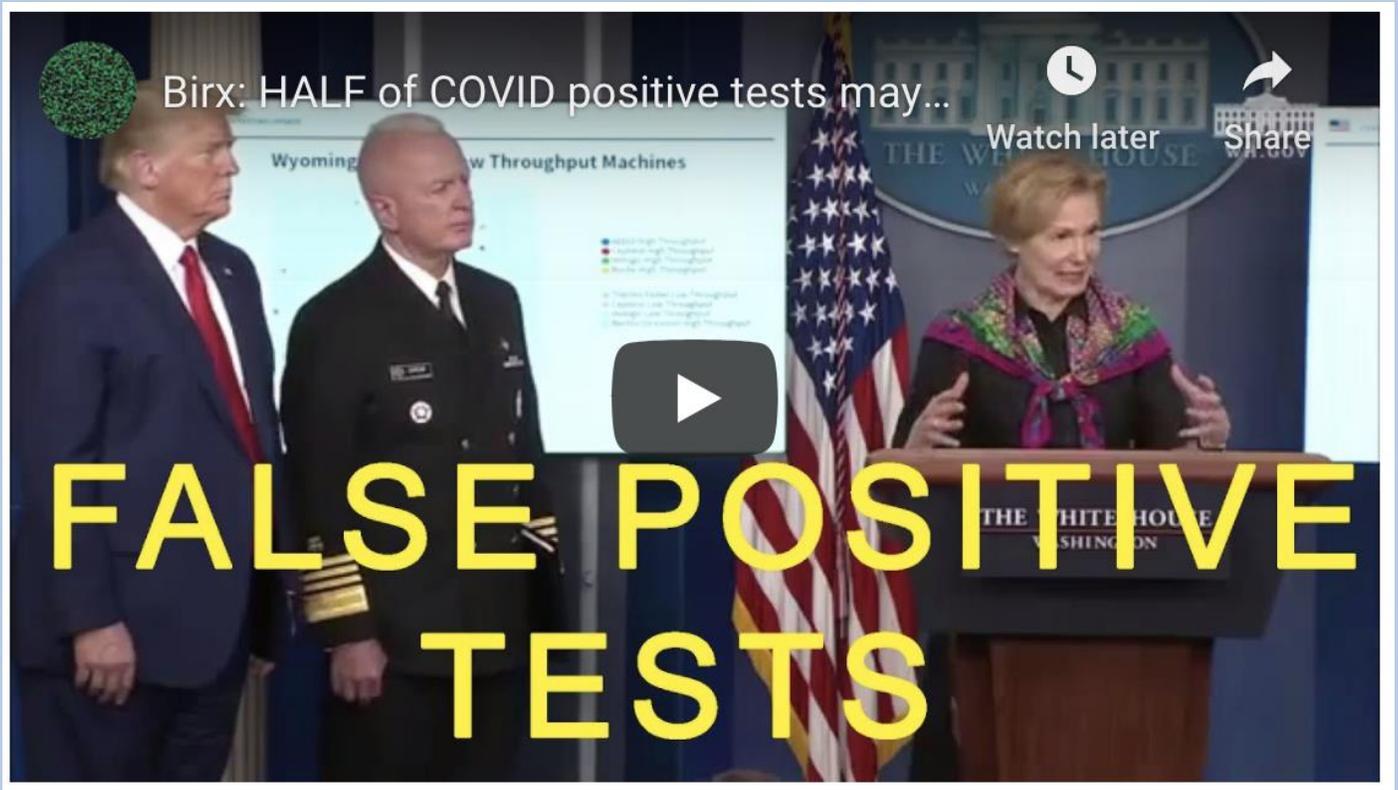
YouTube: <https://youtu.be/5EppELuO4T0>

The sudden jump in cases in February correlates with the emergence of test kits sent out by the CDC. Once those test kits were used up, the number of "cases" again dried up. Then, once test kits became readily available again in early April, the number of cases skyrocketed -- as you'd expect. But again, this doesn't mean the disease was spreading like wildfire.

It was probably in circulation throughout and countless people were already walking around with it, feeling no worse than normal. The only difference is that test kits became available and massive amounts of people -- whether they had symptoms or not -- were being tested.

Increased Testing = Increased 'Cases'

In short, the graphs showing "cases" in large part simply illustrate the availability of testing. Granted, even this is an oversimplification and is not going to be exact, and there's more than one reason for this. For example, during the third week of May, the CDC admitted it had combined the results from viral and antibody tests in its national results.¹⁷



YouTube: <https://youtu.be/GdN--11btc0>

This provides a really inaccurate picture, since the two tests describe very different things. The viral test is supposed to identify active infections (regardless of whether you have symptoms or not), whereas the antibody test tells you if you've been exposed to the virus in the past and fought it off by developing antibodies. Hence, an antibody test should not be counted as an active infection or active "case."

Some data¹⁸ also suggest positive test results have declined even as testing has increased. The question is, could this be an indication that people who are being

tested for active infection have already fought off the virus and have antibodies? Could it be a sign of rising herd immunity?

Unfortunately, COVID-19 test data has been so mishandled and the way the data is compiled has changed enough times that it's virtually impossible to make sense of it at this point. The quality and reliability of the tests themselves, both viral and antibody, also appear to be less than stellar.

The CDC has admitted that prior exposure to coronaviruses responsible for the [common cold](#) can result in a positive COVID-19 antibody test,¹⁹ and during an April White House Coronavirus Task Force briefing, Dr. Birx explained that COVID-19 tests are "not 100% sensitive or specific," and that when prevalence is low in the community, the false positive rate will be high.

"If you have 1% of your population infected, and you have a test that's only 99% specific, that means that when you find a positive, 50% of the time will be a real positive and 50% of the time it won't be," Birx said. In other words, if the prevalence of infection in the community is 1%, about half of all positive tests will be false positives.

Only as the overall infection rate gets higher does the viral test become increasingly reliable. Who knows, perhaps this is why some of the data suggest the number of positive tests is actually decreasing even as testing continues to increase?

What Happened to the Death Toll Reporting?

As you may recall, early on, the media focused on the death toll and hospitalizations. We had daily news ticker tapes providing us with the numbers of severe and critical cases, and the number of deaths.

These statistics were used to justify draconian lockdown orders to prevent hospitals from becoming overwhelmed. Now you hear virtually nothing about hospitalizations or deaths.

It's all about the rising number of "cases," meaning infected individuals, which is to be expected when you test a population in which the virus has already infected the majority. But that doesn't mean it poses a threat, since deaths continue to drop.

It seems many are simply unwilling to accept the good news and allow the population to return to normal living. Instead, "rising cases" -- especially among previous low-risk age groups -- is now being used to justify continued stay-at-home orders, even though hospitals are at no risk of being overwhelmed since a vast majority of these cases are asymptomatic and need nothing in terms of health care.

In its April 13, 2020, issue, the German magazine *Blauer Bote*^{20,21} lists a collection of 75 expert opinions about the COVID-19 threat. Among them is a statement from Gerd Bosbach,²² professor emeritus of statistics, mathematics and empirical economic and social research, and author of the book, "Lying With Numbers," who said (translated from German to English using TranslationLookup.com²³):²⁴

"The tripling of the tests resulted in a little more than tripling the number of those who tested positive. This tripling was presented to the citizens as a tripling of the infected ...

Far-reaching decisions require secure foundations. This is exactly what has been neglected so far. The repeated equation of the number of positively tested people with the number of infected clouded the view ...

The government's standard of when measures should be weakened is based on an apparent number of infected people, which has nothing to do with reality ...

So we have a muddle of terms, which is ultimately explained by the fact that we keep talking about infected people instead of positive people. The high numbers remain in memory, such as the mortality rate of 3.4% stated by the WHO. And that creates fear ...

We should ensure that the media do not use the power of images to generate emotions that influence our judgment. If you get pictures of coffins and death departments from Italy or pictures of completely empty shelves, then their effects exceed the facts mentioned."

Herd Immunity Likely Much Higher Than Suspected

In related news, several recent studies suggest a majority of the population may already have immunity against COVID-19, via one mechanism or another. According to a Swiss study,^{25,26} SARS-CoV-2-specific antibodies are only found in the most severe cases -- about 1 in 5. That suggests COVID-19 may in fact be five times more prevalent than suspected. This also means it may be five times less deadly than predicted. According to the authors:

"When symptomatic, COVID-19 can range from a mild flu-like illness in about 81% to a severe and critical disease in about 14% and 5% of affected patients, respectively."

They also found that even though people who had been exposed to COVID-19 had SARS-CoV-2-specific immunoglobulin A (IgA) antibodies in their mucosa, there were no virus-specific antibodies in their blood.

IgA is an antibody that plays a crucial role in the immune function of your mucous membranes, while IgG is the most common antibody that protects against bacterial and viral infections and is found in blood and other bodily fluids. As explained by the authors:²⁷

"As with other coronaviruses, symptomatic SARS-CoV-2 disease causes an acute infection with activation of the innate and adaptive immune systems. The former leads to the release of several pro-inflammatory cytokines, including interleukin-6 ...

Subsequently, B and T cells become activated, resulting in the production of SARS-CoV-2-specific antibodies, comprising immunoglobulin M (IgM), immunoglobulin A (IgA), and immunoglobulin G (IgG).

Whereas coronavirus-specific IgM production is transient and leads to isotype switch to IgA and IgG, these latter antibody subtypes can persist for extended periods in the serum and in nasal fluids. Whether SARS-CoV-2-specific IgG antibodies correlate with virus control is a matter of intense discussions."

Majority of People Appear Resistant to COVID-19

Another study^{28,29} published in the journal Cell found 70% of samples from patients who had recovered from mild cases of COVID-19 had resistance to SARS-CoV-2 on the T-cell level. Curiously, 40% to 60% of people who had not been exposed to SARS-CoV-2 also had resistance to the virus on the T-cell level.

According to the authors, this suggests there's "cross-reactive T cell recognition between circulating 'common cold' coronaviruses and SARS-CoV-2." In other words, if you've recovered from a common cold caused by a particular coronavirus, your humoral immune system may activate when you encounter SARS-CoV-2, thus rendering you resistant to COVID-19.

May 14, 2020, Science magazine reported³⁰ these Cell findings, drawing parallels to another earlier paper³¹ by German investigators that had come to a similar conclusion. That German paper,³² the preprint of which was posted April 22, 2020, on Medrxiv, found helper T cells that targeted the SARS-CoV-2 spike protein in 15 of 18 patients hospitalized with COVID-19.

Yet another study,^{33,34,35} this one by researchers in Singapore, found common colds caused by the betacoronaviruses OC43 and HKU1 might make you more resistant to SARS-CoV-2 infection, and that the resulting immunity might last as long as 17 years.

The authors suggest that if you've beat a common cold caused by a OC43 or HKU1 betacoronavirus in the past, you may have a 50/50 chance of having defensive T-cells that can recognize and help defend against SARS-CoV-2.

81% of Unexposed Individuals May Be Resistant to SARS-CoV-2

Two additional studies suggesting herd immunity is near were reported³⁶ by Reason, July 1, 2020. These include a Swedish study,^{37,38} which found "SARS-CoV-2 elicits robust memory T cell responses akin to those observed in the context of successful vaccines, suggesting that natural exposure or infection may prevent recurrent episodes of severe COVID-19 also in seronegative individual." Similarly, a German study³⁹ concluded:

"SARS-CoV-2-specific T-cell epitopes enabled detection of post-infectious T-cell immunity, even in seronegative convalescents. Cross-reactive SARS-CoV-2 T-cell epitopes revealed preexisting T-cell responses in 81% of unexposed individuals, and validation of similarity to common cold human coronaviruses provided a functional basis for postulated heterologous immunity in SARS-CoV-2 infection."

Flattening the Curve Was a Fool's Errand

So far, many efforts to curb COVID-19 infection have proven to be ill advised. Evidence shows the illness spreads mostly indoors,^{40,41,42} for example, casting doubt on the sanity of closing parks and beaches, especially during the summer. As reported by The Baltimore Sun,⁴³ scientists are now considering using [ultraviolet light to eradicate SARS-CoV-2 in indoor air](#). Step outside, and you get that effect for free.

The total all-cause mortality is not significantly different than in previous years as discussed by my interview with Denis Rancourt. Many other deaths have been shifted to COVID-19, bringing a high spike in deaths, but when you look at the area under the curve for total deaths, it really doesn't differ from previous years.

This was also echoed by the American Institute for Economic Research.⁴⁴ Back in April 2020 they referred to the COVID-19 pandemic as "An egregious statistical horror story" that resulted in "a vandalistic lockdown on the economy," which:

"... would have been an outrage even if the assumptions were not wildly astronomically wrong. Flattening the curve was always a fool's errand that widened the damage ...

The latest figures on overall death rates from all causes show no increase at all. Deaths are lower than in 2019, 2018, 2017 and 2015, slightly higher than in 2016. Any upward bias is imparted by population growth.

Now writing a book on the crisis with bestselling author Jay Richards, [statistician William] Briggs concludes: 'Since [pneumonia](#) deaths are up, yet all deaths are down, it must mean people are being recorded as dying from other things at smaller rates than usual.' Deaths from other causes are simply being ascribed to the coronavirus.

As usual every year, deaths began trending downward in January. It's an annual pattern. Look it up. Since the lockdown began in mid-March, the politicians cannot claim that their policies had anything to do with the declining death rate.

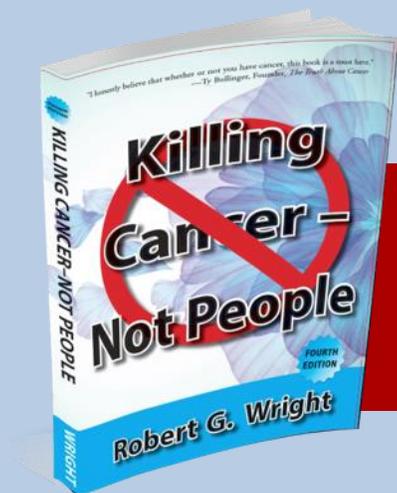
A global study⁴⁵ published in Israel by Professor Isaac Ben-Israel, chairman of the Israeli Space Agency and Council on Research and Development, shows that 'the spread of the coronavirus declines to almost zero after 70 days -- no matter where it strikes, and no matter what measures governments impose to try to thwart it.'

In fact, by impeding herd immunity, particularly among students and other non-susceptible young people, the lockdown in the U.S. has prolonged and exacerbated the medical problem. As Briggs concludes, 'People need to get out into virus-killing sunshine and germicidal air.'"

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SILVER ANGEL – YES, FOR VIRUSES



Our good friend, C.J. Coston, at the Eutrophean Health Institute is having another big sale on her “Silver Angel.” Keep in mind that the right kind of silver will kill almost all pathogens known to man. “Silver Angel” is the right kind of silver.

Keep yourself safe from colds, flu, and viruses by using small amounts of this daily. I am living proof that this works. I have used it as a preventative for years now – and for food poisoning, cuts, etc. Works every time.

Of interest to most people in today’s environment is what can they do to kill viruses. “Silver Angel” – pure and simple.

C.J. is having a “buy one get one half off” sale and also giving other quantity discounts.

Contact or text her at 719-243-4944 to acquire this product. Use code “school” for discounts. You can also email her at eutropheanhealth@aol.com. Do it today.

One big family's magnesium miracle

Written by: Dr. Carolyn Dean

Bob's Note: At the AACI/IWARC, we have always stressed the importance of minerals – especially magnesium (the master mineral) for cancer patients, those struggling with any and all chronic illnesses, and just about everyone else. It is amazing to watch what can happen when one brings his or her cellular level magnesium and mineral intake to where it actually should be. Most magnesium supplements will show sufficient serum (blood) levels of magnesium – but this does not reflect the tissue and cellular levels which is where we need to measure. Standard blood panels do not test for this. Most people in our country – and around the world – are deficient. And, that deficiency raises havoc in the body. Please read the testimonial below to see how many begin to thrive when cellular levels of these nutrients are brought up to where they should be. We use Dr. Dean's "ReMag" and "ReMyte" and consider them the best in the world.



A mom entrusted the health of herself, her husband and their 11 kids to *ReMag*® and our other formulas. They experienced what we call “the magnesium miracle” at a time when it was really needed. Here is her story.

=====

Your products have changed our lives!

My husband has always been sickly and struggled with depression and anxiety. By the time he was 42 we didn't know what we were going to do because he could hardly keep working (he's a farmer).

At that time, I had just had my 11th baby. It was scary. My husband's body was shutting down! His muscles had become so weak that walking was becoming difficult and the pain was starting to become unbearable.

*We went to a holistic doctor who recommended *ReMag*®. It started to work so I ordered *ReMyte*®. Together, they worked even better.*

It's not a fast journey because it took a long time to get where he was but he's almost 100 percent better! He's finally starting to thrive.

*Recently we added *Pico Silver*® and he has seen an incredible improvement with shoulder pain he had from an injury! Amazing!!!*

The children and I are all taking your products also! God Bless you all. We are incredibly grateful for what you've done for our lives! You have literally saved us!!!

=====

This is another example of how the formulas work together in harmony to satisfy the body's need for essential minerals and vitamins. So if you're just taking *ReMag*®, try adding *ReMyte*®, *Pico Silver*®, *Whole C ReSet*® and any of our Completement Formulas. Available at: <http://mnareset.com>

Testimonials: Thank You Mr. Wright!

Bowel Regularity

/ BioOptimizers Enzymes & Probiotics

“My wife (69 years old) has had a problem for several years with her bowel regularity. We have tried many different herbal formulas, colon cleanses, probiotics and fiber formulas over the years. Some are ok, others don't work for her. She has been taking P3-OM for the past month and these are working very well. Consistently 2 each evening, and one with meals have really helped her become far more regular than other probiotics we have used. I will get these again for her. I would highly recommend P3-OM Patented Probiotics formula to anyone with bowel issues.”

~ Alan

Tasty Healthy Treats

/ Norti Chocolate Bars

“A healthy, low carb, delicious chocolate bar? YES. You all know that most of the "healthy chocolate" choices are not very satisfying. But Norti Low Carb (18 carbs) is a wonderful treat .. smooth, rich dark chocolate flavor, healthy. This is one of the best chocolate bars that you will ever enjoy. Satisfying!”

~ Alan

Want to **TRY the Products** mentioned in these testimonials?

Want to know if they work for you?

**Contact our Director of Products,
Shelly Oslie, at shelly@americanaci.org**

P.S. YES!!! This is one of the few ways that you can help allowing Bob/AACI to continue providing free consultations to the needed ones!

No Placebo Effect in Animals

/ ASEA® REDOX Cell Signaling Supplement



This story was posted on another FB page and I felt it worthy to share here. I've heard of this kind of wound healing in animals and even pedigreed (i.e. expensive) race and show horses where there is lots to lose. Last week I interviewed a veterinarian on a live internet zoom program and he spoke of similar effects in animals. There certainly is no placebo effect in animals.

The photos here have been covered but if you want to see the amazing results of applied redox signaling to wound healing you can click and uncover. This, at least, is a good case report. A compelling example in an animal model.

Of course no claims are made here. These are animals!

What explains this? Redox signaling IS the mechanism of action for any wound healing. Period. The VEGFA-VEGFR-2 signaling pathways are up-regulated with redox messengers - which is essential to tissue repair and healing. The moral of the story seems to be that when cells of the body are given better instructions via enhanced signaling, they do what they were designed to do - better. Naturally.

Read the attached story. You connect the dots with your own due diligence and knowledge of the epigenetic basics.



Julie Wilson is with Vee Bee and 36 others.

12 h · 🌐

What a story!! The first few pics are graphic as this filly and her owner were running out of options. As a Veterinarian, this owner tried several great treatments, but this filly just didn't respond.

tried several great treatments, but this filly just didn't respond. Her flesh was literally falling off. The first 2 pics are 3 days apart, with Redox only being sprayed on the areas. When the owner saw the improvement, she began giving it orally as suggested for a period of 2 months. Below tracks their progress. Around the 3rd and 4th pic, this filly was becoming more active, clearly feeling better!!

Animals don't doubt. Animals don't have preconceived notions. Animals don't lie. They simply show the ability this product gives the body to HEAL. This is an example of repairing cells on the outside. Imagine what it is doing on the inside.

True healing comes from cellular communication and repair. This is the only technology of it's kind and it's available and safe for all living beings. I cannot express how important of a discovery this is- it truly is the biggest breakthrough since DNA and Penicillin.



Ready to learn more?

For questions about ANY of the products mentioned in this newsletter email us at shelly@americanaci.org

Click [here](#) to order copies of Bob's book "Killing Cancer, Not People".



Like & Follow our Facebook page at www.facebook.com/killcancernotpeople for the latest updates of AACI!

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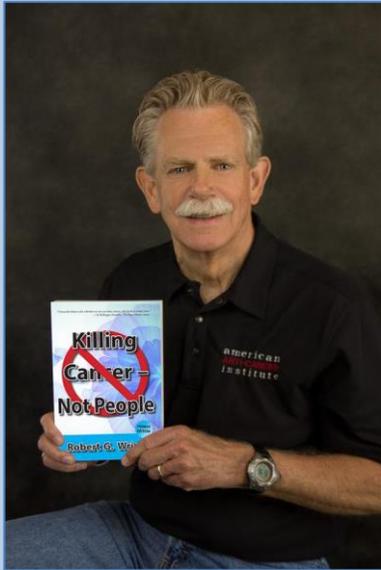
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