COVID Vaccine Hesitancy (v3.0)

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WARNING & DISCLAIMER

WARNING: READ THE DISCLAIMER BELOW *and understand that you* ***must*** *be honest with yourself. If you or your loved ones, or your children, etc are over 50 years old, obese, diabetic, have unhealthy diets, don't take vitamins, don't exercise regularly, have asthma, heart conditions, high blood pressure, etc then you likely have at* ***least*** *a couple comorbidities that put you at higher risks than someone who's under 50yo, eats healthy, takes vitamins, exercises, has no comorbidities, etc*

Disclaimer: *I am* ***not*** *a doctor, nurse, or medical professional and I am not in* ***any*** *way attempting to portray myself* ***as*** *any kind of medical professional of* ***any*** *sort.* ***I have absolutely no medical or science training****.* ***Literally NONE****.* ***I slept through my science classes in school****. I'm just someone stuck in lockdown who's compiled various links & sources that are intended purely for informational & educational purposes only.* ***Nothing in this document should be taken as medical advice or is intended as a substitute for professional medical advice, diagnosis or treatment.***

I advise you to speak with any medical professionals you trust and ask them questions*. Do* ***NOT*** *be afraid to ask questions or request time to think over your decision. Don't let yourself be coerced, bribed, threatened, or pressured by* ***anyone*** *into* ***any*** decision *you don't feel comfortable with.*

Medical professionals ***should*** *be able to address your concerns to your satisfaction to ensure you're making a* ***properly informed and fully consensual medical decision*** *for you and/or your children. You have every right to make your own decisions on your bodily medical autonomy.*

This document was completed in October of 2021 and ***I cannot guarantee that any of the information in this document is correct*** *or that it reflects the most up-to-date medical research or data. Everything is sourced with links, but* ***nothing in this document has in any way been evaluated or vetted by any kind of professional medical group****.* ***PLEASE ALWAYS BE SKEPTICAL!***

Introduction

This is a ***fully sourced explanation*** of the hesitancy toward ***these*** vaccines. Nothing about conspiracies, 5G microchips, arm-magnets, depopulation theories, etc. Just verifiable data, quotes & sourced science. ***I'm not anti-vax.*** Most of us ***aren't***. We just have valid concerns about ***these*** specific vaccines. Those of us hesitating need to see these concerns ***competently addressed*** instead of ***censored and dismissed***.

This document is written for the layman who knows nothing about science. So don't feel intimidated to read it, you'll be able to follow it. Go through it with your friends, family, medical professionals, etc ***Be skeptical of absolutely everything in this document***. Don't just blindly trust it, verify it for yourself.

Make absolutely sure that you've read the WARNING and DISCLAIMER on the previous page.

Summarizing the hesitancy

The 3 core concerns summarized, the numbers in brackets lead to sourced details of each point:

1. These leaky vaccines ***do not prevent reinfection***. [1] This forces ***escape variant*** mutation. [2] ***Narrow targeting*** of the spike protein means even ***minor mutations*** can ***escape*** the vaccine. [3]

   Due to ***Original Antigenic Sin***, these narrowly targeted antibodies cause ***life-long prevention of a better immune response*** against coronaviruses & variants [4], risking severe complications like Antibody Dependent Enhancement [5] and fatal viral loads. [6] These antibodies are easier to evade than the broad immune responses traditional vaccines & natural infections produce. [7]

   Leaky boosters will cause ***more*** escape variants and we'll treat ***those*** variants with ***more*** leaky boosters, which will cause ***more*** escape variants, rinse & repeat this loop until we eventually hit whatever the viral equivalent of Antibiotic Resistance on a global scale looks like. [8]

   Boosters will be ***mandatory***, even for ***children*** and those who had ***side effects***, ***every 6 months***, ***indefinitely***, to ***keep*** their *"fully vaccinated"* passport status, or else be cast out of society.

2. Variants are mutating ***longer immune response evasion***. [9] Infected, vaccinated, asymptomatic hosts returning to maskless close-contact *will* unknowingly reinfect each other [10] which will increase ***overall total mutation rates*** exponentially worldwide and risk new ***lethal strains***. [11]

   Longer immune response evasion increases the odds of more lethal mutations infecting other hosts ***before*** killing their current host off, [12] and allows the infected to build ***higher viral loads*** that can lead to either fatal disease or severe immune responses like ***cytokine storms***. [13]

3. Despite the hysteria, ***the CDC & UK government's own data*** shows that unvaccinated people under 50 years old with no comorbidities who catch ***either*** COVID-19 ***or*** Delta have almost ***no*** real risk of hospitalization or death, let ***alone*** teenagers and children. [14] [15] [16] [17]

   A **94%** reduction of a **0.01%** risk of severe symptoms isn't worth risking vaccine side effects, more lethal variants, ADE, etc, especially not for ***young healthy people with no comorbidities*** and with their ***entire lives*** ahead of them to have to deal with the above risks & consequences.

The Science

[1] Leaky vaccines

Summary: *Leaky vaccines* ***reduce symptoms without preventing reinfection or transmission*** *and we are* ***giving them in a leaky manner****, which* ***causes breakthrough cases that mutate new variants****.*

A leaky vaccine prevents or reduces ***symptoms***, but doesn't prevent ***reinfection*** or ***transmission***:

> *https://en.wikipedia.org/wiki/Marek%27s_disease*
> *archive: https://archive.ph/qKy3E*
>
> *"The Marek's disease vaccine is a* ***leaky vaccine,*** *which means that* ***only the symptoms of the disease are prevented. Infection of the host*** *and the* ***transmission of the virus*** *are* ***not inhibited*** ***by the vaccine.*** *This* ***contrasts with most other vaccines, where infection of the host is prevented.****"*
>
> *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516275/*
> *archive: https://archive.ph/t0a7t*
>
> *"Immunity elicited by direct vaccination or by maternal vaccination* ***prolongs host survival but does not prevent infection, viral replication or transmission, thus extending the infectious periods of strains otherwise too lethal to persist.****"*

A common misconception is that you're *less* likely to be reinfected or transmit it because the vaccines lower viral loads. Even if this ***was*** true, you'd at best have a lower viral load of the ***exact*** COVID-19 strain these vaccines were designed for, but *that* strain isn't relevant since variants have taken over:

> *https://www.scientificamerican.com/article/why-do-variants-such-as-delta-become-dominant1/*
> *archive: https://archive.ph/wip/7701V*
>
> *"****[Delta] has become the predominant strain of the virus****, accounting for more than 90 percent of new COVID cases in the U.S."*

The current vaccines are like installing outdated anti-virus software from 20 years ago, protecting you against an old version of a virus that is no longer the version you're likely to be infected with. That anti-virus software appears to have an ***expiration date*** as well:

> *https://www.haaretz.com/israel-news/coronavirus-delta-variant-is-50-percent-more-infectious-israeli-top-official-says-1.10068650*
> *archive: https://archive.ph/xodDR*

> *"She added that **50 percent of the current infections are vaccinated individuals**. "Previously we thought that fully vaccinated individuals are protected, but we now see that **vaccine effectiveness is roughly 40 percent.**""*
>
> *https://www.cnbc.com/2021/08/25/covid-protection-for-the-fully-vaccinated-is-waning-uk-study-finds.html*
> *archive: https://archive.ph/KQlwu*
>
> *A U.K. study of over 400,000 people who had received both shots of the Pfizer-BioNTech vaccine found its **effectiveness fell to 74% five or six months after receiving both doses.***
>
> *An analysis of over 700,000 people who had received both doses of the Oxford-AstraZeneca vaccine showed its **effectiveness fell to 67% after four to five months.***

The ***CDC themselves*** openly admit that ***Delta viral loads are the same***, whether vaccinated or not:

> *https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html*
> *archive: https://archive.ph/ObIcC*
>
> *"demonstrating that **Delta infection resulted in similarly high SARS-CoV-2 viral loads in vaccinated and unvaccinated people.** High viral loads suggest an **increased risk of transmission** and raised concern that, unlike with other variants, **vaccinated people infected with Delta can transmit the virus.**"*
>
> *https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v1*
> *archive: https://archive.ph/Rasip*
>
> *"We find **no difference in viral loads** when comparing unvaccinated individuals to those who have vaccine "breakthrough" infections. Furthermore, individuals with vaccine breakthrough infections frequently test positive with **viral loads consistent with the ability to shed infectious viruses."***

Viral loads *can* drop faster but any benefit is canceled out by the vaccinated socializing maskless again.

On top of the vaccines *themselves* being leaky we are mass-vaccinating in the leakiest manner possible by having everyone worldwide vaccinate at different times, with vaccines that *don't* prevent reinfection or transmission, while wearing ineffective masks & violating distancing rules, along with a mandatory waiting period required between the first & second dose, all in the middle of an on-going pandemic.

These vaccines are *by definition* leaky vaccines. And we are giving them out in a leaky manner, which is causing enough breakthrough cases to cause enough variants to extend this pandemic indefinitely.

[2] Leaky vaccination causes escape variants

> ***Summary:*** *Applying a* ***strong stressor*** *to a virus* ***without actually neutralizing it*** *ends up resulting in the* ***selection & spread*** *of mutations that were able to* ***evade that stressor****. These are* ***Escape Variants****.*

This is a ***basic evolutionary function*** that has been known, accepted and non-controversial for ***years***:

> *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516275/*
> *archive: https://archive.ph/t0a7t*
>
> *"**Imperfect Vaccination** Can **Enhance the Transmission** of Highly Virulent Pathogens"*
>
> ***"Vaccines that keep hosts alive but still allow transmission** could thus allow very virulent strains to circulate in a population"*
>
> *"natural selection removes pathogen strains that are so "hot" that they kill their hosts and, therefore, themselves. **Vaccines that let the hosts survive but do not prevent the spread of the pathogen** relax this selection, allowing the evolution of hotter pathogens to occur. **This type of vaccine is often called a leaky vaccine."***
>
> *"When vaccines **prevent** transmission, **as is the case for nearly all vaccines used in humans**, this type of evolution towards increased virulence is **blocked**"*
>
> *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2663389/*
> *archive: https://archive.ph/7z7us*
>
> *"show that **host immunity can exacerbate selection for virulence** and therefore that **vaccines that reduce pathogen replication** may select for **more virulent pathogens**, **eroding the benefits of vaccination** and putting the unvaccinated at greater risk."*
>
> *https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00482-5/fulltext*
> *archive: https://archive.ph/PT11X*
>
> *"This is **particularly important as physical-distancing measures are lifted** in the context of ongoing high rates of community transmission in a **partially vaccinated population**."*

Leaky vaccines result in "partial vaccination" as they don't actually prevent reinfection or transmission.

> *"This will **undoubtedly lead to the emergence of vaccine-escape variants**, however, the frequency at which they will arise and their capacity for sustained transmission are unknown."*

This process is ***"Stress-Induced Mutagenesis"*** (SIM), which increases mutation rates & risks. Even in an asymptomatic host, each mutation is a chance to *become* a symptomatic escape variant:

> *https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.2002862*
> *archive: https://archive.ph/PJMLe*
>
> *"a large body of work demonstrates stress-induced mutagenesis (SIM)—a transient* ***increase in mutation rates under stresses such as antibiotic exposure*** *or starvation—via specific pathways that are typically suppressed under rapid growth"*
>
> *"The regular high-fidelity, methyl-directed mismatch repair pathway (MMR) is suppressed, and error-prone DNA repair machinery (involving DNA polymerase IV and V) is upregulated,* ***ultimately increasing the mutation rate****"*

In fact ***SIM is intentionally used during "Gain of Function" research*** by applying stressors to force a faster rate of random mutation, allowing researchers to cherry-pick mutation samples that lean toward a desired outcome. This "passaging" process is repeated until the desired outcome/function is achieved.

> *https://journals.asm.org/doi/pdf/10.1128/JVI.01248-18*
> *archive: https://archive.ph/E0rzW*
>
> *"the low-fidelity RNA-dependent RNA polymerases of RNA viruses have frequently been exploited in this context to identify genetic mutations that support zoonotic transmission, e.g., influenza virus H5N1 (20, 21).*
>
> *These approaches, which normally* ***involve the application of a strong selection pressure through serial passaging of viruses*** *in vitro or in vivo, are broadly referred to as classical gain-of-function (GOF) experiments"*

Note: *This is* ***NOT*** *a moral judgment of GOF, or related to lab leak theories.* ***GOF can be used for good****. I'm simply showing that "stressors that don't fully eliminate the virus increase the mutation rate and thus the chance of evolving mutations that better escape or evade those stressors" is* ***not*** *a conspiracy. It's a well-known, fully accepted evolutionary process,* ***routinely used by researchers****:*

In the Serial Passaging process our leakily vaccinated & reinfected human beings are the "medium containing cells and other stressors" and the non-neutralizing antibodies are the pressuring stressors:

> *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918420/*
> *archive: https://archive.ph/fm7aA*
>
> *"a fraction of an initial viral stock is added to* ***a medium containing cells and other stressors (e.g., drugs or antibodies).***

> *The virus can then infect the cells* ***under an external pressure (the drugs or the antibodies)*** *and new viral particles are released, giving rise to a new stock. These steps constitute a single passage."*
>
> *"Under antibodies pressure,* ***increasing the mutation rate increases the likelihood of acquiring mutations*** *that lower the binding free energy of the protein-antibodies interaction,* ***and then lead to escape."***

[3] Vaccines target the spike protein

> ***Summary:*** *These vaccines tell your cells to produce* ***just*** *the spike protein so your immune system can fight it off and recognize it in the future. But this* ***narrow targeting*** *means it's* ***easy to evade*** *and* ***we don't know*** *if the spike protein itself will be dangerous when we inject* ***more doses every 6 months****.*

The vaccines tell your cells to produce the original strain's spike protein for a period of time so your immune system learns to fight it off & recognize it in the future, never having the virus itself in you:

> *https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html*
> *archive: https://archive.ph/zjhc3*
>
> ***mRNA vaccines teach our cells how to make a protein****—or even just a* ***piece of a protein*** *—that* ***triggers an immune response*** *inside our bodies.*

This part is interesting and the World Health Organization (WHO) agrees with it:

> *COVID-19 vaccines are* **not interchangeable***. If you received a Pfizer-BioNTech or Moderna COVID-19 vaccine, you should get the* ***same product*** *for your second shot.*

And yet, a bunch of countries are ***openly mixing*** vaccines:

> *https://www.reuters.com/world/middle-east/countries-weigh-mix-match-covid-19-vaccines-2021-05-24/*
> *archive: https://archive.ph/XO4jF*

...but if you hesitate when they seem to have no idea what they're doing, you're a conspiracy theorist.

These vaccines target the ***original*** COVID-19 strain's ***exact*** spike protein that they were ***based*** on:

> *https://massivesci.com/articles/covid19-vaccines-variants-spike-protein-mutation-cdc-urges-caution/*
> *archive: https://archive.ph/Qyj09*
>
> *"The most salient form of* ***genetic mutation found in these variants*** *involves* ***changes to the spike protein (S protein)****, which is important because* ***S proteins are the main protein type used as a target*** *in COVID-19 vaccines currently being used****,***

> ***regardless of underlying technology****, including vaccines based on mRNA (BioNTech/ Pfizer, Moderna/NIAID), DNA and viral vectors (AstraZeneca/Oxford, Johnson & Johnson), or protein subunits (Novavax, others under development).”*

But the spike proteins *themselves* appear to be a dangerous part of the virus that causes severe damage, even when attached to a harmless pseudo-virus as the Salk Institute discovered:

> *https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/*
> *archive: https://archive.ph/oYuWQ*
>
> *“In the new study, the researchers created a “pseudovirus” that was surrounded by SARS-CoV-2 classic crown of spike proteins, **but did not contain any actual virus.** Exposure to this pseudovirus resulted in **damage to the lungs and arteries** of an animal model—proving that **the spike protein alone was enough to cause disease**”*
>
> *“The team then replicated this process in the lab, exposing healthy endothelial cells (which line arteries) to the spike protein. They showed that **the spike protein damaged the cells** by binding ACE2.”*
>
> *“this is the **first study** to show that the **damage occurs** when cells are exposed to the **spike protein on its own.**”*
>
> *“If you remove the **replicating capabilities** of the virus, it **still** has a **major damaging effect on the vascular cells**, simply by virtue of its ability to bind to this ACE2 receptor, the S protein receptor, now famous thanks to COVID”*

The statement “the virus spike proteins (which behave very differently than those safely encoded by vaccines)” was stealth-added to the article afterward, but with no explanation of exactly *how* they’re different or how that makes this experiment’s findings completely irrelevant.

> *“Now, **a major new study** shows that the virus spike proteins (which behave very differently than those safely encoded by vaccines) also play a key role in the disease itself.”*
>
> *“**this is the first study to show** that the **damage occurs** when cells are exposed to the **spike protein on its own.**”*

To a layman, this makes it sound like *until* April 30, 2021, *long* after the vaccines were developed and rolled out, no one knew the spike proteins are the part of COVID-19 doing the damage. As if they thought COVID-19’s spikes were just marshmallows and then months after rolling out these vaccines, discovered those marshmallows actually have razor blades inside them.

If these spike proteins ***are*** different and behave differently then we have questions about that too.

And again, targeting the spike protein means all variants need are minor mutations *to* that protein:

https://ccforum.biomedcentral.com/articles/10.1186/s13054-021-03662-x
archive: https://archive.ph/3tHym

*"Currently, **all vaccines** are based on introducing **spike protein**"*

*"efficiency may be compromised by the emergence of SARS-CoV-2 variants especially those possessing **spike proteins and RBD mutations** that increase affinity to ACE2 such as Alpha, and Iota variant, by potentially **escaping neutralizing antibodies** and competing with those agents for the same binding targets"*

[4] Original Antigenic Sin (OAS)

***Summary:** **There is no "undo" button**. Once you get your **first dose**, the immune response that you develop is **life-long**. **Even if that response becomes ineffective or harmful** against future variants.*

Your *first immune response* is the response that dominates during reinfections, *even if* that response becomes *ineffective* (like against a variant that has mutated its spike protein) or if that response has become *damaging* (like an auto-immune disorder), ***preventing a possible better immune response**:*

https://en.wikipedia.org/wiki/Original_antigenic_sin
archive: https://archive.ph/eAe8m

*"refers to the propensity of the body's immune system to **preferentially utilize immunological memory based on a previous infection** when a **second slightly different version** of that foreign pathogen (e.g. a virus or bacterium) is encountered.*

*This leaves the immune system "trapped" by the first response it has made to each antigen, and **unable to mount potentially more effective responses during subsequent infections**"*

Auto-immune disorders are your immune system mistakenly attacking healthy tissue, and ***because of OAS*** the best we can do is give you drugs to weaken your immune system, hoping it'll kill you slower at the cost of making you more susceptible to other infections (aka ***immunocompromised***):

https://medlineplus.gov/ency/article/000816.htm
archive: https://archive.ph/wd8AK

*"An autoimmune disorder occurs when the **body's immune system attacks and destroys healthy body tissue by mistake.**"*

Old people who survived the 1918 influenza pandemic can *still* produce antibodies *80 years* later:

https://www.cidrap.umn.edu/news-perspective/2008/08/researchers-find-long-lived-immunity-1918-pandemic-virus
archive: https://archive.ph/do4kW

*"A study of the blood of older people who survived the 1918 influenza pandemic reveals that **antibodies to the strain have lasted a lifetime**"*

*"The group found that **100% of the subjects** had serum-neutralizing activity against the 1918 virus and 94% showed serologic reactivity to the 1918 hemagglutinin."*

[5] Antibody Dependent Enhancement (ADE)

***Summary:** If a **vaccinated** person **encounters a mutation** of the virus with spikes **similar enough** for the **narrowly-trained antibodies** to attach without matching **perfectly**, they **can't neutralize the virus** but even **worse** they **block the immune system** from trying **other** solutions, giving the virus **free reign**.*

If the antibodies produced ***don't perfectly match*** the virus, they enhance its entry & replication:

https://en.wikipedia.org/wiki/Antibody-dependent_enhancement
archive: https://archive.ph/DBsez

*"a phenomenon in which binding of a virus to **suboptimal antibodies enhances its entry into host cells**, followed by its **replication**"*

*"if the virus is **not neutralized** (either due to low affinity binding or targeting to a non-neutralizing epitope), antibody binding might result in a **virus escape** and therefore, **enhanced infection."***

To translate the above: "low affinity binding" means the antibodies produced don't match the virus, and "targeting to a non-neutralizing epitope" basically means the antibodies can't actually kill off the virus.

"**Thus, phagocytosis can cause viral replication, with the subsequent death of immune cells. **The virus "deceives" the process of phagocytosis of immune cells and uses the host's antibodies as a Trojan horse."

Imagine a prisoner in handcuffs a bit too large for their wrists...it *looks* like they're under arrest so other cops assume there's no risk, but the prisoner is being escorted into the police station while still a threat.

*"ADE may occur due to the **non-neutralizing** characteristic of the antibody"*

*"ADE may **also** happen due to the presence of **sub-neutralizing concentrations** of antibodies"*

*"In addition ADE can be induced when the **strength of antibody-antigen interaction** is below the certain threshold"*

*"This phenomenon might lead to both **increased virus infectivity and virulence.**"*

> *"ADE can occur during the development of a primary or secondary viral infection, as well as* ***after vaccination with a subsequent virus challenge****."*

Breakthrough reinfections are a "subsequent virus challenge", and since these leaky vaccines don't prevent reinfection or transmission ***and*** are less effective against each new generation of variants, that all suggests that the vaccinated are producing ***suboptimal antibodies*** that are ***non-neutralizing***.

None of this is controversial or a conspiracy, it's known, documented and accepted science:

> *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2663389/*
> *archive: https://archive.ph/7z7us*
>
> *https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.1002198*
> *archive: https://archive.ph/vTc1L*
>
> *https://www.quantamagazine.org/how-vaccines-can-drive-pathogens-to-evolve-20180510/*
> *archive: https://archive.ph/TZrWH*

Is ADE *guaranteed?* No. Wouldn't we see it by *now?* ***Infection after vaccination*** *(aka* breakthroughs*)* is when we're more likely to see it because it involves the non-neutralizing antibodies of a suboptimal immune response encountering a coronavirus. It might even take the form of a "super-cold" this winter.

But variants mutating longer immune response evasion means we might see high viral loads in a future escape variant overwhelm the vaccinated before an immune response involving ADE can be triggered.

The point is that the risk of ADE type issues from using these vaccines *is* a ***valid hesitation concern***.

[6] How do infections, viral loads, immune responses, etc work?

Summary: *You are* ***contagious while infected****, even with* ***no symptoms****, and your* ***viral load builds*** *until either a* ***potentially severe immune response*** *is triggered or your* ***high viral load becomes fatal****.*

Once infected, your immune system needs time to realize you've been "invaded" to then mount an immune response, causing "sickness" symptoms which are your body fighting the infection.

During that period from infection to immune response, the virus is replicating inside of you and you can unknowingly infect others *even if you're asymptomatic*, and *even if you've both been vaccinated* (since these are *leaky vaccines*).

That period from infection to immune response comes to a head in two ways:

1. Your immune system realizes you've been "invaded" and mounts its attack. The higher your viral load is at this point and the better your immune system is, the more severe that immune response is, which is where the risk of cytokine storms comes in.

   Like waking up to discover one spider and squashing it with a paper towel VS waking up to your entire house overrun with spiders where the only solution is to burn your house down.

   Even with a low viral load, the immune response may be severe due to something like ADE.

2. And/or the viral load builds high enough for long enough, causing enough disease before any immune response is triggered to try to clear it out, that the damage eventually either kills you or cripples your immune response to the point where pretty much anything else can kill you.

   An example is HIV, which evades the immune response and treatment involves trying to keep the viral load low in the hopes of preventing it from progressing to AIDS, which is fatal:

   https://www.cell.com/fulltext/S0092-8674(11)01068-3
   archive: https://archive.ph/nC8AF

   *"HIV-1 and other retroviruses are unusual as they **do not appear to directly alert host innate defenses to their presence**"*

   *"The **failure of the virus to be directly recognized by the innate immune system** may thus underlie, at least in part, the difficulty in generating sterilizing immune responses in infected individuals and the failures, thus far, of HIV vaccine trials."*

   https://www.cdc.gov/hiv/risk/art/index.html
   archive: https://archive.ph/aOtnZ

   *"HIV medicine **reduces the amount of HIV in the body (viral load) to a very low level**, which **keeps the immune system working** and prevents illness"*

In an *ideal* scenario, your immune system is healthy enough to mount a symptomatic response (so you know "I'm sick and should stay in bed to not risk spreading this") that clears out the virus completely, while the viral load is low enough that those symptoms aren't severe enough to harm you long-term. *Virus gone, spreading to others avoided, immune defense memory acquired.*

Here's a more formal summary that you should now be able to fully understand:

> *https://www.rnzcgp.org.nz/GPPulse/Opinion/Asymptomatic-spread-of-COVID-19.aspx*
> *archive: https://archive.ph/9pymK*
>
> *"Once a virus has entered a host cell, viral replication is underway. The process becomes a race between host survival and virus survival.*
>
> *If the host wins, the virus is cleared through innate and adaptive immune responses.*
>
> *If the virus wins, large-scale virus replication results in host tissue destruction and disease, and possibly death of the host.*
>
> *Clinically, the immune responses mediated by cytokines result in symptoms such as fever, headache and myalgia.*
>
> *However, some viruses can cause tissue damage in the absence of an inflammatory response. That leads to asymptomatic infection and shedding of the virus which complicates case detection and disease control but is a survival advantage for the virus."*

Make sense? If so, then congratulations! You are now more informed than 99% of the people pressuring you to get these leaky vaccines who I ***guarantee*** could not explain the above to you.

[7] Natural antibodies VS the mRNA antibodies

Summary: *These vaccines give* ***narrow protection****, only teaching your immune system to recognize the* ***spike protein****, out of the* ***29 proteins*** *that make up the virus.* ***Natural immunity*** *and* ***traditional vaccines*** *result in your immune system* ***recognizing more of the virus****, giving you more versatile* ***broad protection*** *that helps* ***prevent escape mutations*** *and is* ***better protection against variants****.*

Once your innate immune system notices ***any*** type of intruder it immediately throws basic defenses at it, along with adaptive antibodies that are slower to arrive and need time to basically assess the intruder and try to neutralize it. The successful solution gets memorized for the future (Antigenic Original Sin) and is executed faster if your immune system encounters and recognizes the same intruder:

> *https://www.ncbi.nlm.nih.gov/books/NBK279396/*
> *archive: https://archive.ph/JaLOG*
>
> *"The innate immune system is the body's first line of defense against germs entering the body. It responds in the same way to all germs and foreign substances, which is why it is sometimes referred to as the "nonspecific" immune system."*

"The adaptive immune system takes over if the innate immune system is not able to destroy the germs. It specifically targets the type of germ that is causing the infection. But to do that it first needs to identify the germ.

This means that it is slower to respond than the innate immune system, but when it does it is more accurate. It also has the advantage of being able to "remember" germs, so the next time a known germ is encountered, the adaptive immune system can respond faster.

This memory is also the reason why there are some illnesses you can only get once in your life, because afterwards your body becomes "immune." It may take a few days for the adaptive immune system to respond the first time it comes into contact with the germ, but the next time the body can react immediately. The second infection is then usually not even noticed, or is at least milder."

A traditional vaccine works *with* this process, using a weakened version of the virus so your system can train itself to handle it. Similar to a natural COVID-19 recovery, your system learns to recognize ***more*** parts of the virus so even if the spike mutates you'll recognize enough of it to adapt & mount a defense.

mRNAs contain specific instructions that say "just produce this *exact* spike protein". Once your system has fought that off, it's only been trained to recognize that ***one*** protein out of the ***29 proteins*** that make up this virus. And if you get reinfected, the mRNA-trained antibodies recognize and grab onto the spike proteins before your slower adaptive antibodies can get there, blocking them from engaging the virus.

In ***theory*** this is fine, as long as the antibodies match the spike proteins of the reinfection ***exactly***:

https://www.ncbi.nlm.nih.gov/books/NBK279396/
archive: https://archive.ph/JaLOG

*"**An antibody only attaches to an antigen if it matches exactly**, like a key in the lock of the antibody. That is how antibodies detect the matching germs to initiate a fast response from the adaptive immune system."*

But that means the virus only needs to mutate that single spike protein slightly and/or mutate other parts of itself in some way that makes your mRNA-trained antibodies unable to neutralize it, while also blocking your slower untrained adaptive antibodies. Those mutations can become ***escape variants***.

By *definition* an "escape variant" is a variant of the virus that has randomly mutated in some way that helped it better "escape" your immune response (or else it would have been neutralized):

https://en.wikipedia.org/wiki/Antigenic_escape
archive: https://archive.ph/fF9Qy

*"in many cases these vaccines are not able to cover the wide variety of strains a pathogen may have. Instead they may only protect against one or two strains, **leading to the escape of strains not covered by the vaccine.***

> *This results in the pathogens being able to attack targets of the immune system* ***different than those intended to be targeted by the vaccination.****"*
>
> *https://en.wikipedia.org/wiki/Original_antigenic_sin*
> *archive: https://archive.ph/eAe8m*
>
> *"Between primary and secondary infections,* ***or following vaccination****, a virus may undergo* ***antigenic drift****, in which the viral* ***surface proteins*** *(the epitopes) are* ***altered through natural mutation****, allowing the virus to* ***escape the immune system.****"*

i.e. your immune response that handled the *original* virus strain is less effective for variants of it.

> *"When this happens, the altered virus preferentially reactivates previously activated high-affinity memory B cells and spurs antibody production.* ***However, the antibodies produced by these B cells generally ineffectively bind to the altered epitopes.****"*

These mRNAs contain one specific set of instructions to produce one specific protein from the original strain of COVID-19 that existed when these vaccines were developed. Since we can't predict ***random*** mutations, the current vaccines couldn't *possibly* contain instructions for variants that didn't exist yet.

And because of Original Antigenic Sin, an immune response that is now less effective against escape variants ***also*** prevents the immune system from developing a new and better immune response to them:

> *https://en.wikipedia.org/wiki/Original_antigenic_sin*
> *archive: https://archive.ph/eAe8m*
>
> *"In addition,* ***these antibodies inhibit the activation of higher-affinity naive B cells that would be able to make more effective antibodies to the second virus.*** *This leads to a* ***less effective immune response*** *and recurrent infections may take longer to clear."*

This means *more* of these vaccines *will* be needed for ***each*** *variant.* Pfizer has applied for Emergency Use Authorization of a "Delta booster" but it's literally the exact same vaccine, not updated for Delta:

> *https://www.cbsnews.com/news/covid-vaccine-pfizer-biontech-booster-shot-delta-variant-emergency-use-authorization/*
> *archive: https://archive.ph/agwSm*
>
> *""Pfizer and BioNTech plan to share their* ***booster*** *data with the Food and Drug Administration in August and* ***file for emergency use authorization*** *shortly thereafter, a Pfizer spokesperson said.""*
>
> *"****a third dose may be needed within six to 12 months after full vaccination****," Pfizer said. "While protection against severe disease remained high across the full six months,* ***a decline in efficacy against symptomatic disease over time and the continued emergence of variants are expected.***

> *Based on the totality of the data they have to date, Pfizer and BioNTech believe that **a third dose** may be beneficial to maintain the highest levels of protection.""*

Logically, we cannot stay ***ahead*** of the variants since we can't predict what random mutations will happen especially on a ***global*** scale. We can only ***react*** to the appearance of variants and then scramble to make and distribute new boosters, revoking people's "fully vaccinated" status until they get them.

Each booster shot designed for a variant *should* work against *that specific variant*. But what potential side effect pile-ups or unintended domino effects happen to an immune system when a human being has a ***dozen or more*** of these vaccines stacked in their body? ***Who knows? It's never been tried before***.

And do we have a *better* way to notice when new variants appear (or when they go from Variants Of Interest to Variants Of Concern) *other* than seeing enough people sick or dying to make one stand out?

Note that the vaccines ***not*** using mRNA (like AstraZeneca, Johnson & Johnson, Sputnik, etc) still suffer from the same problem: they deliver a specific instruction to build an exact specific spike protein. They just do it via the viral vector (an Adenovirus) instead of via mRNA, which is just a different path to the same dead-end (plus the same issues of side effects, OAS, leaky escape, etc).

So the issue is the *strategy* of targeting the specific spike protein VS letting your immune system learn to recognize the *entire* virus which allows a more versatile response to mutations/variants.

[8] Antibiotic resistance

Summary: *This is just an **analogy** to explain the **evolutionary process** of how **not fully neutralizing** the virus **selects for new mutations** that become **progressively harder to deal with escape variants**.*

While COVID is viral, not bacterial, the mechanic behind antibiotic resistance is a similar concept:

> *https://www.fda.gov/consumers/consumer-updates/combating-antibiotic-resistance*
> *archive: https://archive.ph/3JgYc*
>
> *"It's important to take the medication as prescribed by your doctor, even if you are feeling better. **If treatment stops too soon, and you become sick again, the remaining bacteria may become resistant to the antibiotic that you've taken.**"*

Engage your critical thinking skills and logically think through the process that's happening:

1. If you are prescribed 2 weeks of antibiotics but only take 2 days worth, even if your symptoms clear up all you've done is wipe out the weakest bacteria that was easily killed off right away.

   But you've left behind the stronger, more evasive bacteria that needs the full dose of antibiotics. This is why doctors tell you to keep taking the full bottle you're given, even if you feel better.

2. That stronger/more evasive bacteria continues to replicate, now with less competition too.

3. Your next round of antibiotics end up needing to be stronger because the new infection is based on the bacteria that was able to escape the first couple days of antibiotics you took before.

4. If you only take 2 days worth of the *new* round and repeat that each time, you'll loop this until eventually the bacteria can't be treated, or the treatment needed would be too hazardous to you.

These leaky vaccines are the equivalent of not taking your full round of antibiotics like in Step 1 (they only reduce symptoms but don't prevent reinfection or transmission, especially of variants).

Booster shots that are leaky will repeat this loop, forcing new variants to evolve that we will be treating with *more* leaky vaccines. Each loop puts us closer to hitting the equivalent of antibiotic resistance with a mutation that the repeatedly vaccinated create that *no one*, vaccinated or UNvaccinated, can survive.

You ***CANNOT*** safely use leaky vaccines in the middle of an on-going pandemic.

[9] Variants are mutating longer immune response evasion

> ***Summary:*** *Variants are mutating ways to* ***avoid being detected*** *by your immune system allowing* ***high viral loads to build*** *and* ***increasing infectious spread****, before your immune response is even* ***triggered****.*

First make sure you understand the section on how infections and your immune response work.

Multiple Variants Of Concern are mutating longer immune response evasion, finding different ways to avoid triggering it:

> *https://www.nature.com/articles/d41586-021-01540-8*
> *archive: https://archive.ph/qFPds*
>
> *"within hours of infecting a person,* ***Alpha suppresses the rapid-response defence*** *that the body mounts against all invaders. By* ***blocking this 'innate immune response'****, the virus* ***buys itself more opportunities to infect other people****."*
>
> *https://www.nytimes.com/2021/06/07/health/covid-alpha-uk-variant.html*
> *archive: https://archive.is/ZLvlq (use this archived link to get around the paywall)*
>
> *"the immune system's most important alarm bells were* ***barely ringing*** *in the presence of the Alpha variant. "It's* ***making itself more invisible****," Dr. Towers said."*
>
> *"Both Beta and Delta drive down interferon in infected cells."*

> *"They may have **independently evolved their own tricks for manipulating our immune system**."They're **all turning down the immune response in different ways**," Dr. Krogan said."*
>
> *https://www.biorxiv.org/content/10.1101/2021.08.14.456353v1.full*
> *archive: https://archive.ph/xGSEj*
>
> *"The most evident and likely functionally impacting change of the lambda variant is represented by the 246-252 deletion since they could confer to the virus an **enhancing capacity to escape the host immune response**"*
>
> *https://www.khou.com/article/news/health/coronavirus/vaccine/how-is-mu-covid-19-variant-different/285-20566a4f-f5c3-4ac4-82f8-9738e6e1468b*
> *archive: https://archive.ph/eTO1t*
>
> *"Per WHO, the [Mu] variant has a constellation of mutations that have "potential properties of **immune escape**.""*

Longer evasion means more chance to unknowingly spread the variant and build high viral loads:

> *https://www.nytimes.com/2021/06/07/health/covid-alpha-uk-variant.html*
> *archive: https://archive.is/ZLvlq (use this archived link to get around the paywall)*
>
> *"The virus, **protected from attack**, has **better odds of making copies of itself**."*
>
> *"By about 12 hours after infection, the alarm system starts coming back online. And because of that immune response, Dr. Towers said, "**all hell breaks loose**.""*
>
> *"Dr. Towers speculated that **when the delayed immune response finally happens**, people infected with Alpha have a **more robust reaction** than they would with other variants, coughing and shedding virus-laden mucus from not only their mouths, but also their noses — **making Alpha even better at spreading**."*

[10] Vaccinated people *will* unknowingly reinfect each other

Since the prize of "a return to normal" was dangled in front of everyone to bribe them into getting these leaky vaccines, the vaccinated are now being allowed to return to maskless close-contact in crowds.

> ***This is the literal worst possible decision that could be made at this point in the pandemic.***

The vaccinated, often not even realizing they can ***be*** infected and transmit the virus, or create and spread new variants let *alone* knowing ***when*** they're infected if they're asymptomatic/presymptomatic, will ironically end up becoming the "variant factories" that the unvaccinated are being labeled as.

[11] Vaccinated people will increase mutations exponentially

Summary: *Even **if** the vaccines lowered symptoms down to nothing and stopped **all** hospitalizations and death, these vaccines being **leaky** means that the vaccinated returning to **maskless close-contact will** reinfect each other, increasing mutation rates **exponentially**, skyrocketing the risk of just **one** of those mutations being more infectious or lethal, gaining a new function, etc, **extending the pandemic**.*

*Maskless close-contact also means the virus has **no reason** to select for **less lethal** mutations because a new, **more lethal** mutation **will** spread to other hosts in a crowd **before** it kills its current host off.*

Imagine you have two groups of people:

- 100 UNvaccinated people who have just been infected and have severe symptoms
- 100 vaccinated people who have just been reinfected but are asymptomatic

The unvaccinated people are more likely to notice they have symptoms and stay home, isolating themselves. They're also likely to be excluded by society based on vaccine passports, etc which means even if they *wanted* to be in crowded places they won't be allowed.

How many people are those unvaccinated hosts likely to spread their infection to? Let's say each spreads it to 10 close friends & family. That's 1,100 hosts in total with the virus replicating, increasing their viral load and each replication is a chance for a bad mutation.

The vaccinated people, being asymptomatic, have no idea when they're infected and contagious, even to other vaccinated people, who *also* don't know they're able to be infected. Because they believe they've earned a return to normal they no longer wear their masks or socially distance on subways, in grocery stores, parties, and the vaccine passports mean they're encouraged to gather in large groups again, often in small enclosed or cramped spaces like bars, concerts, theaters, etc.

How many others are those vaccinated hosts likely to spread an infection to? Possibly hundreds, maybe thousands each. Let's say they all go to a concert and each unknowingly infects 100 other people. That's 10,100 total hosts randomly mutating the virus. But after the concert, those 10,100 hosts ride various subways to go bar-hopping in different districts, and in the morning they all hit diners for hangover breakfasts, etc, all while carrying vaccine passports and not wearing masks.

So each of those 10,100 vaccinated people infects another 100 vaccinated people within 24hrs of being infected. Now we've got 1,010,000 total asymptomatic hosts randomly mutating the virus, while not social distancing, and each replication in each of them is a chance for a bad mutation.

Remember*: *The concern isn't ***seriousness of symptoms, but ***continued viral replication and spread*** (even asymptomatic) in and between hosts. ***Every*** mutation is a dice roll risk of becoming more lethal.***

Regardless of the severity of each breakthrough case's symptoms, the astronomically exponential increase in overall number and rate of worldwide mutations is like playing Russian Roulette with a Gatling gun. All it takes is for *just one* of those mutations to be more dangerous in some way.

And due to the abundance of vaccinated hosts spreading their mutations to each other, canceling out any benefit a shorter infectious period may give, more lethal mutations will be able to spread.

Vaccinated people should be *fully informed* that they've been given leaky vaccines and that they are able to be reinfected and transmit the virus, with full viral loads, even if they're asymptomatic so they understand the risks to themselves, their family and friends, and they should continue to stay masked and isolated since they cannot tell when they're infected and a danger to others.

[12] "Don't viruses become more infectious but *less* deadly?"

You may have heard that viruses evolve to be more infectious but less deadly. This is normally true, and the explanation is logical: if a mutation is ***too*** deadly then it kills its host which prevents it from successfully spreading, leaving only the less deadly mutations to spread.

Unfortunately, with COVID:

- The variants are mutating longer asymptomatic contagious immune escape evasion periods
- We are attempting a worldwide mass leaky vaccination in the middle of a pandemic
- Leakily vaccinated people are going to be allowed to mingle in crowds without masks

This combination means a lethal mutation could spread *effortlessly* before killing its host, with no evolutionary pressure to select for *less* deadly mutations. It only has to infect another host before killing its current one. And the more mutations, the more risk of a deadly mutation.

[13] Risk of cytokine storms

The symptoms you feel when you're "sick" are your **immune response attacking the virus** once your body realizes you've been infected and sends in the troops. The *higher* your viral load at that point, or the more something like **ADE** affects you, the more *severe* your immune response.

The variants are mutating longer immune response evasion, risking higher viral build-up. If your viral load is *too* high when your immune response kicks in you may encounter a ***cytokine storm***:

> *https://en.wikipedia.org/wiki/Cytokine_storm_syndrome*
> *archive: https://archive.ph/gJwum*
>
> *"Normally, cytokines are part of the body's immune response to infection, but their **sudden release in large quantities** can cause **multisystem organ failure and death.**"*
>
> *"It is believed that **cytokine storms** were responsible for the disproportionate number of **healthy young adult deaths** during the 1918 influenza pandemic"*

[14] Oxford University's Covid risk calculator

Oxford University made a risk assessment calculator that ***the UK National Health Service uses***:

> *https://www.oxfordcc.co.uk/custom-software/developing-the-qcovid-calculator/*
> *archive: https://archive.ph/BQngJ*
>
> *"QCovid has played a **crucial role in assisting NHS Digital throughout the pandemic**.*
>
> *It was used to develop both the Covid-19 Population Risk Assessment as well as the Clinical Risk Assessment tool. The former identified people who were clinically vulnerable, helping to determine the Shielded Patients List and who should be prioritised for vaccines.*
>
> *While the latter helped clinicians inform patients about their risk level."*

Simply **fill out the online form at the link below** with various values, and check the results:

> *https://qcovid.org/Calculation (you may have to click "Accept License" at the bottom first)*

Try entering the stats for an average 30yo male who's 180cm (about 5'10"), 80kg (about 176lbs) and has no comorbidities. You'll find the risk of hospitalization is about **0.0145%** and death is **0.0004%**.

[15] Canadian COVID statistics

Summary: *About **7** **<50yos** per **month**, per **province**, have died across **all of Canada**'s **38M** people over the **entire pandemic**. And only about **5** **<50yos** per **month** with **no comorbidities** have died.*

Canada just announced ***vaccination mandates***. Meanwhile Statista says as of October 15th, 2021:

> *https://www.statista.com/statistics/1228632/number-covid-deaths-canada-by-age/*
> *archive: https://archive.ph/KWi92*

COVID-19 deaths in Canada by age group, and factoring in the CDC's comorbidity rate

	All Deaths			No Known Comorbidities (5%)	
Age Group	**Deaths**	**Per Month**	**Per Month, Per Province**	**Deaths**	**Per Month**
0-19	18	1	1	1	1
20-29	75	5	1	4	1
30-39	183	11	2	10	1
40-49	404	23	3	21	2
50-59	1,148	64	7	58	4
60-69	2,834	158	16	142	8
70-79	5,800	323	33	290	17
80+	17,729	985	99	887	50
<50yo	**680**	**40**	**7**	**36**	**5**

So **680** deaths of <50yos, over the ***entire*** 18 month pandemic. About ***7 deaths*** per ***month***, per ***province***.

And <50yos with ***no comorbidities*** make up about **36** deaths, or **5** per ***month***, across ***all of Canada***.

Yet ***everyone***, even the ***young & healthy***, even ***teenagers***, ***children***, ***pregnant women***, even employees who work from home & students doing online classes...they're ***all*** required to get these leaky vaccines that ***don't even prevent reinfection or transmission*** and ***lose effectiveness in months?***

...followed by a ***third*** dose 6 months after their second, and then a potentially infinite number of doses every 6 months for the ***rest of their lives?*** When they make up a few deaths per month, per province?

Do we know if the side effects and risk of heart damage will ***stack with each dose?*** Most people report their second dose hit them harder than their first...so what will happen on the *fifth* dose? The ***tenth?***

Will ***20+ doses*** be ***more*** dangerous than **2** doses? How could we ***possibly*** know or have data on ***that?***

[16] Manually calculating the ACTUAL risk using the official CDC data

Summary: *The **CDC's own data** shows that **healthy <18yos** only have a **0.001% risk of death**, and **healthy 18-49yos** only have a **0.009% risk of death** and a **0.029% risk of hospitalization**.*

*That's about **1.5 healthy 18-49yo Americans** dying per **state**, per **month**, over the **entire pandemic**.*

First we're going to look at ***the CDC's official data*** on cases and deaths by age group for America from charts 3 & 4 here (click the "4 square" icon at the top-right of the charts to view the data in table form):

> *https://covid.cdc.gov/covid-data-tracker/#demographics*
> *archive: https://archive.ph/yatNQ*

We're using America, but feel free to try it with other locations as the end results will be consistent.

Now we grab the "deaths with no known comorbidities" rate from here:

> *https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities*
> *archive: https://archive.ph/JWtZP*
>
> *"For **over 5% of these deaths**, COVID-19 was the **only** cause mentioned on the death certificate."*

Take note that the other 95% of deaths involved on average ***four*** comorbidities. i.e. not healthy people:

> *"For **deaths with conditions or causes in addition to COVID-19**, on average, there were **4.0 additional conditions or causes** per death."*

Now we group some age ranges, divide deaths by cases to calculate risks & factor in comorbidity rates:

Cases and deaths by age group, with and without comorbidities

Age Group	COVID-19 Cases	All Deaths		No Known Comorbidities (5%)	
		Deaths	Risk %	Deaths	Risk %
0-4	884,780	224	0.03%	12	0.001%
5-11	1,873,109	146	0.01%	8	0.0004%
12-15	1,513,492	172	0.01%	9	0.001%
16-17	969,861	149	0.02%	8	0.001%
18-29	7,773,384	3,841	0.05%	193	0.002%
30-39	5,868,902	9,081	0.15%	455	0.008%
40-49	5,144,944	21,177	0.41%	1,059	0.021%
<30	**13,014,626**	**4,532**	**0.03%**	**227**	**0.002%**
<40	**18,883,528**	**13,613**	**0.07%**	**681**	**0.004%**
<50	**24,028,472**	**34,790**	**0.14%**	**1,740**	**0.007%**
<18	**5,241,242**	**691**	**0.01%**	**35**	**0.001%**
18-49	**18,787,230**	**34,099**	**0.18%**	**1,705**	**0.009%**

This data is for the entire pandemic, Jan 2020 – Oct 2021, so 22 months. In 22 months only **35** healthy kids and teens have died from COVID-19. That's about 1.5 per month, across ***ALL OF AMERICA***.

Since these vaccines ***won't prevent children from being infected or spreading the virus***, carry a risk of ***permanent heart damage***, suppress their ***immune systems***, may cause ***progressively worse side effects*** when they're forced to get *another* dose ***every 6 months for the rest of their lives***, there is absolutely ***NO*** reason to give these vaccines to ***perfectly healthy children***.

Now let's take the ***18-49yo group*** from above, because the fear-mongering isn't "unhealthy old people should get the vaccine", it's "***everyone*** is at risk and ***must*** get the vaccine ***ASAP***"...but is that ***true?***

Using the CDC's *own* data again, we'll look at this "Selected Underlying Medical Conditions" graph:

> *https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html#medicalConditionsColumnDiv*
> *archive: https://archive.ph/crIkL*

The far right bar shows a rate of adults ***hospitalized*** for COVID with **"*No known conditions*"** of **8.6%**

That rate includes ***everyone*** 18+ so it likely looks even ***better*** for *just* 18-49yos but we'll stick to **8.6%:**

COVID-19 hospitalizations of adults, with and without comorbidities

Age Group	Cases	All Hospitalizations		No Known Comorbidities (8.6%)	
		Hospitalizations	Risk %	Hospitalizations	Risk %
18-49	18,787,230	62,989	0.34%	5,418	0.029%

So the combined data for ***18-49yos with no known comorbidities*** looks like:

Risk of hospitalization *or* death with *NO KNOWN COMORBIDITIES* using the CDC's *own* data

Age Group	COVID-19 Cases	Hospitalizations	Risk %	Deaths	Risk %
18-49	18,787,230	5,418	0.029%	1,705	0.009%

To put those numbers into perspective, we're talking about 76 deaths per month, which is around 1.5 deaths per *state*, per *month*, of healthy 18-49yos, since the start of the *entire pandemic*. Out of a country with ***329 MILLION*** people and over ***35 MILLION*** cases of COVID.

That's what we *locked down the entire world* over. That's what we *destroyed the economy* over. That's what we've *mandated* healthy & naturally immune adults be *forced* to get these vaccines to keep their careers & participate in society over, and require kids to get 20+ doses by the end of high school over.

That's what people are calling us *"plague rats"* and demanding we be *denied health care, employment, schooling, socializing, etc* over. That's what people are *destroying local small businesses* that don't want to enforce *vaccine passports* over. That's what people are *disowning their family members* over.

That's what you & your children will be forced to get doses every 6 months to keep your freedom over.

Despite fear-mongers & anecdotes this is the ***official CDC data*** and it's been *sitting* there, ***available for any journalists, doctors, politicians, educators, etc to look at*** and run these calculations themselves.

The *only* way you can disagree with this data is if you believe the CDC is either lying or incompetent, and/or medical staff all over are either forgetting or choosing *not* to keep accurate records.

[17] Manually calculating the risk using official UK Government Delta data

Summary: *There's been about **1 death per month** of **<50yos with no comorbidities** across **all of England**. For anyone **<50yo with no comorbidities**, neither COVID-19 **or** Delta are much concern. These vaccines don't do anything for them because they aren't in any **actual** danger to begin with.*

The ***UK Government*** tracks Delta cases based on age & vaccination status, here's the latest update:

> *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf (archive: https://archive.ph/v4SAD)*

Let's ***combine the 3 vaccinated columns*** & put this data in table form with the risk percent calculated:

Delta infections, severe hospitalizations, and deaths within 28 days of infection

Age Group	Delta Infections		Severe Hospitalizations				Deaths Within 28 Days			
	1+ Dose	No Vax	1+ Dose	Risk %	No Vax	Risk %	1+ Dose	Risk %	No Vax	Risk %
<50	198,775	248,803	979	0.493%	2,416	0.971%	65	0.033%	132	0.053%
50+	79,434	8,551	2,110	2.656%	664	7.765%	1,714	2.158%	590	6.900%

So ***vaccinated <50yos*** have about ***half the risk*** from Delta, and ***vaccinated 50+yos*** have about ***1/3rd***. But ***both*** the vaccinated ***and*** unvaccinated <50yos have a ***less than 1% risk*** of ***severe hospitalization*** and a ***less than 0.1% risk*** of ***death***...so how much benefit are the vaccines really ***providing?***

Now let's factor in ***comorbidities*** based on the CDC's rates (**8.6%** for hospitalizations, **5%** for deaths):

Risk of hospitalization *or* death with *NO KNOWN COMORBIDITIES* using the CDC's *own* data

Age Group	Severe Hospitalizations (8.6%)				Deaths Within 28 Days (5%)			
	1+ Dose	Risk %	No Vax	Risk %	1+ Dose	Risk %	No Vax	Risk %
<50	85	0.043%	208	0.084%	4	0.002%	7	0.003%
50+	182	0.229%	58	0.678%	86	0.108%	30	0.351%

This data covers February, 2021 – September, 2021. So if we divide those raw numbers by ***8 months***:

Risk of hospitalization *or* death with *NO KNOWN COMORBIDITIES* per month

Age Group	Severe Hospitalizations (8.6%)		Deaths Within 28 Days (5%)	
	1+ Dose	No Vax	1+ Dose	No Vax
<50	11	26	1	1
50+	23	8	11	4

So across ***all of England*** there's been ***about 1 death per month of <50yos with no comorbidities*** from Delta, ***vaccinated or not***. This is right from the UK Government's official Public Health England data.

Frequently Asked Questions (FAQ)

The Vaccines

"No vaccine is perfect. How is this different than polio or measles or the annual flu shot?"

> ***Summary:*** *Traditional vaccines are* ***much*** *more effective,* ***prevent reinfection and transmission****, and are* ***given outside of an epidemic****, not* ***in the middle of one****, to avoid the risk of* ***catching the thing you haven't fully developed immunity for yet****, because that is what causes* ***escape variants****.*

We're ***told*** "No vaccine is 100% effective!" to justify using these leaky vaccines...yet ***the CDC says***:

> *https://www.cdc.gov/vaccines/vpd/polio/hcp/effectiveness-duration-protection.html*
> *archive: https://archive.ph/O1THa*
>
> *"Two doses of inactivated* ***polio vaccine*** *(IPV) are* ***90% effective or more*** *against polio;* ***three doses are 99% to 100% effective.****"*

And the World Health Organization (WHO) says:

> *https://www.who.int/news-room/fact-sheets/detail/hepatitis-b*
> *archive: https://archive.ph/78LBh*
>
> *"A safe and effective vaccine that offers* ***98% to 100% protection against hepatitis B*** *is available. Preventing hepatitis B infection averts the development of complications including chronic disease and liver cancer."*
>
> *https://en.wikipedia.org/wiki/Measles*
> *archive: https://archive.ph/r93xi*
>
> *The MMR vaccine is* ***95% effective*** *for preventing measles after one dose if the vaccine is given to a child who is 12 months or older; if a second dose of the MMR vaccine is given,* ***it will provide immunity in 99% of children.***
>
> *https://www.ctvnews.ca/health/leaky-vaccines-may-strengthen-viruses-study-1.2492523*
> *archive: https://archive.ph/SvFL1*
>
> ***"When a vaccine works as intended*** *-- such as for smallpox, polio and measles –* ***it protects those vaccinated and prevents the transmission of the virus."***

Flu shot development can take months, forcing them to try to guess ahead of time what the flu will mutate into which is why they aren't always right...but because they're traditional vaccines that don't interfere with your immune system's broad versatility, there's no harm, no foul if they're wrong.

Those vaccines are all *much more effective* and, more importantly, they ***actually prevent reinfection and transmission***. They're more thoroughly safety-tested, *especially* for long-term effects.

They were also developed, *and* are ideally given, ***outside*** of an on-going epidemic. They took *years* to develop, allowing outbreaks to run their course, run low on hosts, select for less deadly mutations and Variants Of Concern, etc. We vaccinate people with them *before* an epidemic, to help *prevent* one.

> *https://medicine.yale.edu/news/yale-medicine-magazine/breaking-the-back-of-polio/*
> *archive: https://archive.ph/igEDR*
>
> "*In truth, **polio was never the raging epidemic portrayed by the media**, not even at its height in the late 1940s and early 1950s. Ten times as many children would be killed in accidents in these years, and three times as many would die of cancer."*

The expectation during immunization is that you will develop your full immunity with almost no chance of encountering whatever it is that you're being vaccinated for.

When we're mass vaccinating *billions* of people, *mid-pandemic*, there's a ***massive*** difference between:

- a vaccine that's 95%, 80%, or 60% effective and ***doesn't* prevent reinfection or transmission**
- and a vaccine that's 99% or 100% effective and ***does prevent them***

"Does vaccine immunity wane?"

***Summary:** **Way faster than expected**. Down to **47%, 67%** for variants, **53%** for Delta, in **4-5 months**.*

See the section on variants and vaccine effectiveness. And yes, that's how it's looking:

> *https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02183-8/fulltext*
> *archive: https://archive.ph/ks0H5*
>
> *"we included **3,436,957** [fully vaccinated people]"*
>
> *"For fully vaccinated individuals, effectiveness against **SARS-CoV-2 infections** was **73%**"*
>
> *"and against COVID-19-related **hospital admissions** was **90%**"*
>
> *"Effectiveness against **infections** declined from **88%** during the first month after full vaccination to **47%** after **5 months**."*
>
> *"vaccine effectiveness against **infections of the delta variant** was high during the first month after full vaccination (93%) but declined to **53% [39–65]** after **4 months**."*
>
> *"Effectiveness against other **(non-delta) variants** the first month after full vaccination was also high at 97%, but waned to **67% (45–80)** at **4–5 months**."*

This last line is a tiny bit of good news at least with some caveats explained below:

> *"Vaccine effectiveness against **hospital admissions** for infections with the **delta variant** for all ages was high overall (93%) up to 6 months."*

Although we don't know if people died before they got to a hospital or what. But either way, if fully vaccinated people are less symptomatic but ***significantly more infectious*** than expected, then the vaccinated are even ***more*** likely to reinfect each other when returning to maskless close-contact.

> ***Remember:*** *the issue isn't just hospitalization & death, it's the **total number of mutations happening**.*

Now let's take a look at Israel:

> *https://www.science.org/news/2021/08/grim-warning-israel-vaccination-blunts-does-not-defeat-delta*
> *archive: https://archive.ph/K1X5i*
>
> *"Israel has among **the world's highest levels of vaccination** for COVID-19, with **78%** of those 12 and older fully vaccinated, the vast majority with the Pfizer vaccine.*
>
> *Yet the country is now logging **one of the world's highest infection rates**, with nearly **650** new cases daily per million people.*
>
> ***More than half are in fully vaccinated people**, underscoring the extraordinary transmissibility of the Delta variant and stoking concerns that **the benefits of vaccination ebb over time**."*

It's ***vital*** to understand that those "half of 650 new cases daily per million people" are "extremely rare breakthrough reinfections" and are the entire crux of the problem with using leaky vaccines.

Pay attention to how often you see news of the vaccine effectiveness being lower than hoped followed by the cope of "but the vaccines still offer good protection against severe illness and hospitalization". All that does is confirm that these vaccines ***are*** leaky.

This reduced effectiveness leads to the obvious: mandatory boosters to keep your vaccine passport.

“The vaccinated have less chance of getting reinfected! (Breakthrough cases)”

“Breakthrough cases have lower viral loads so they have less chance of spreading it!”

Summary: *Breakthroughs are **more common** and **infectious** than expected with the **same viral loads**.*

At ***this*** point in the pandemic, **99%** of cases are the Delta variant, ***not*** the original COVID-19 strain these vaccines were designed for:

> *https://twitter.com/CDCgov/status/1433520148397404166*
> *archive: https://archive.is/RWah6*
>
> *“Estimates show the **Delta variant causing more than 99%** of recent #COVID19 cases in the United States.”*
>
> *https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm*
> *archive: https://archive.ph/7L1Kz*
>
> *“In July 2021, following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17;*
>
> ***346 (74%) occurred in fully vaccinated persons**. Testing identified the **Delta variant in 90% of specimens** from 133 patients. Cycle threshold values were **similar among specimens from patients who were fully vaccinated and those who were not**.”*
>
> *https://www.cbc.ca/news/world/israel-covid-delta-variant-booster-1.6159472*
> *archive: https://archive.ph/IfMtQ*
>
> *“Just months ago, **Israel was a world leader in vaccinating its population** and appeared to be putting a stranglehold on the virus that causes COVID-19, wrestling down its daily case count to double digits — and at times, near **zero**.*
>
> *But any potential celebration was short-lived, as the more contagious delta variant gained traction and spread quickly, to the point where Israel's most recent daily case count was around **11,000** — a level not seen since January.”*
>
> *“And while Israel went several weeks in May without a death, more than **550** people have died of COVID-19 in August, including over **100** of them in the last five days”*
>
> *“around **60 per cent of patients were people who had been fully vaccinated**, though most were over 60 or with underlying health conditions.”*

And with each new generation of variants the vaccine effectiveness goes down since the leaky vaccines are what *cause* escape variants that are the selected mutations that were able to escape the vaccine.

At this point the vaccines don’t do much. They don’t lower reinfection, transmission ***or*** viral load:

> *https://www.nytimes.com/2021/09/07/briefing/risk-breakthrough-infections-delta.html*
> *archive: https://archive.ph/9oaSg*
>
> *"In an unvaccinated person, a viral load is akin to an enemy army facing little resistance.* ***In a vaccinated person, the human immune system launches a powerful response*** *and tends to prevail quickly — often before the host body gets sick or infects others."*

Unfortunately with the variants mutating longer immune response evasion, ***the above isn't relevant***:

> *"That the* ***viral loads were initially similar in size*** *can end up being irrelevant."*

With longer immune response evasion, the viral load can still have consequences *and* is infectious.

> *"In Seattle on an average recent day, about one out of every one million vaccinated residents have been admitted to a hospital with Covid symptoms.* ***That risk is so close to zero that the human mind can't easily process it.*** *My best attempt is to say that the Covid risks for most vaccinated people are of the same order of magnitude as risks that people unthinkingly accept every day, like riding in a vehicle."*

One out of every million is 0.0001%. The "close to zero" explanation is accidentally a good point when you consider that the CDC's own official data and the official UK Government's Delta data show that the risk of hospitalization-worthy symptoms or death from COVID-19 ***or*** Delta for a <50yo with no comorbidities is about 0.01% "That risk is so close to zero that the human mind can't easily process it."

Also 0.0001% of the 2.4 billion people that have been fully vaccinated with these vaccines is **240,000** "extremely rare breakthrough cases". That's **240,000** people who are infectious and will be mingling with no masks or social distancing this fall and winter, infecting other vaccinated people who don't know they can be infected and spread it. In terms of mutation rates & escape variants, that's *very* bad.

And don't forget: ***the CDC has stopped monitoring non-hospitalized breakthrough cases***.

Now the closer a strain is to the original COVID-19 strain these leaky vaccines are designed for, the better the chance of protection. But as escape variants become dominant, that protection wanes fast:

> *https://www.medrxiv.org/content/10.1101/2021.08.29.21262798v1.full-text*
> *archive: https://archive.ph/Yhe4n*
>
> *"analyzing viral loads of over 11,000 infections during the current wave in Israel, we find that even though* ***this wave is dominated by the Delta-variant****,*
>
> ***breakthrough infections in recently vaccinated patients****, still within 2 months post their second vaccine inoculation,* ***do have lower viral loads compared to unvaccinated patients****, with the extent of viral load reduction similar to pre-Delta breakthrough observations.*

> ***Yet, this infectiousness protection starts <u>diminishing for patients two months post vaccination</u>*** *and* ***ultimately <u>vanishes</u> for patients <u>6 months or longer</u> post vaccination****."*

Now to be fair and to show that I'm not cherry-picking anything in this document, the next part says:

> *"Encouragingly, we find that this diminishing vaccine effectiveness on breakthrough infection viral loads is restored following the booster vaccine."*
>
> *"These results suggest that the vaccine is initially effective in reducing infectiousness of breakthrough infections even with the Delta variant, and that while this protectiveness effect declines with time it can be restored, at least temporarily, with a booster vaccine."*

That's a nice positive spin at first glance. But since the boosters are the same vaccines, they are likely to come with the same risks. We don't know what happens when you stack a dozen of these booster shots in a human body because it's never been done before, and if the vaccine's effectiveness goes down every 6 months or so, how many boosters will that ***<u>be</u>*** over your lifetime?

Or your ***<u>child's</u>?*** Are your kids fully aware of the things in this document and what you're signing them up for? Because when you pass away, they may be spending the rest of their lives having to line up for boosters a couple times a year rolling the dice on weather this is the time they get myocarditis or worse.

Were ***<u>you</u>*** informed of this when you trusted the experts to give your loved ones these leaky vaccines?

<u>"Breakthrough cases are extremely rare!"</u>

Summary: *Breakthrough cases are* ***<u>less rare than expected</u>****, potentially* ***<u>200,000+ cases worldwide</u>****.*

Please read the "No vaccine is 100% effective" **section** to understand how bad these numbers are:

The CDC reports **7,525** breakthrough cases (reinfection after full vaccination) in **164 million** vaccinations across the USA which works out to about a **0.004%** breakthrough rate:

> *https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html*
> *archive: https://archive.ph/3f1US*

And **2.39 billion** people worldwide have been partially **(1.15B)** or fully **(1.25B)** vaccinated:

> *https://ourworldindata.org/covid-vaccinations?country=OWID_WRL*
> *archive: https://archive.ph/qMSJT*

Since the USA's **0.004%** breakthrough rate is only counting *full* vaccinations we'll multiply the **1.25B** *fully* vaccinated people worldwide by that rate, resulting in potentially **50,000** *fully* vaccinated breakthrough cases worldwide.

Since two doses is supposed to offer more protection than one dose, then presumably the partially vaccinated number would have a higher breakthrough rate but let's err on the low side and say the partially vaccinated only have the same **0.004%** breakthrough rate as the fully vaccinated. That still works out to **46,000** more breakthrough cases.

Add that **46M** to the **50M** for the fully vaccinated and the "extremely rare breakthrough cases" are potentially **96,000** cases worldwide. And we've got over **7.5B** people on Earth. If we're aiming for even double our current number, around half of the Earth's population, that could add *another **96,000*** vaccinated breakthrough cases all thanks to these vaccines being leaky.

So the CDC's own data suggests 192,000 "extremely rare breakthrough cases" worldwide.

The CDC has *stopped* monitoring non-hospitalized breakthrough cases, so the number is likely higher:

> *https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm*
> *archive: https://archive.ph/PPqmq*
>
> *"Beginning May 1, 2021, CDC transitioned from monitoring **all** reported COVID-19 vaccine breakthrough infections to investigating **only those among patients who are hospitalized or die**"*

***Remember**: The concern isn't **seriousness of symptoms**, but **continued viral replication and spread** (even asymptomatic) in and between hosts. **Every** mutation is a dice roll risk of becoming more lethal, so breakthrough cases that **don't** lead to a hospital visit are **just as important** as those that do.*

"Even if breakthrough cases have the same viral load, it goes down faster!"

***Summary**: Any benefit a shorter infectious period **would** give for reducing spread is **cancelled out** by the vaccinated returning to maskless close-contact in enclosed spaces and/or large crowds.*

First off, Delta has around **1,000** times the viral load of the original COVID-19 strain:

> *https://www.medrxiv.org/content/10.1101/2021.07.07.21260122v2*
> *archive: https://archive.ph/ejiNl*
>
> *"viral loads of Delta infections, […] were **on average ~1000 times greater** compared to A/B lineage"*
>
> *"suggesting **potentially faster viral replication** and **greater infectiousness** of Delta during early infection."*

And regardless of vaccination or symptom status, everyone infected has similar viral loads with Delta:

> *https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v2*
> *archive: https://archive.ph/rRRcw*
>
> *"We found **no significant difference** in cycle threshold values **between vaccinated and unvaccinated, asymptomatic and symptomatic** groups infected with SARS-CoV-2 Delta."*

The CDC agrees that *both* the vaccinated and unvaccinated have the *same* viral loads with Delta:

> *https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html*
> *archive: https://archive.ph/6rGMF*
>
> *"For people infected with the Delta variant, **similar amounts of viral genetic material** have been found **among both unvaccinated and fully vaccinated** people."*

And the CDC admits breakthrough cases spread the virus (since leaky vaccines create escape variants):

> *"Fully vaccinated people with Delta variant **breakthrough infections can spread the virus to others**. However, vaccinated people **appear to spread the virus for a shorter time**"*

...so the vaccinated may be infectious for a shorter time. Figure 1 here suggests around ***8 days***:

> *https://www.medrxiv.org/content/10.1101/2021.07.28.21261295v1.full-text*
> *archive: https://archive.ph/hpMuj*

The problem is ***any benefit*** that a shorter infectious period ***would*** give to reducing spread is canceled out by the vaccinated returning to maskless close-contact in enclosed spaces and/or large crowds.

The viral load study above ***came to the same conclusion***:

> *https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v2*
> *archive: https://archive.ph/rRRcw*
>
> *"Given the **substantial proportion** of **asymptomatic vaccine breakthrough cases with high viral levels**, interventions, **including masking and testing**, should be considered **for all** in settings with elevated COVID-19 transmission."*

As a bonus the CDC confirms that each generation of escape variants evade these leaky vaccines better:

> *"For **prior** variants, **lower** amounts of viral genetic material were found in samples taken from fully vaccinated people who had breakthrough infections than from unvaccinated people with COVID-19."*

The above makes sense given that prior variants were closer to the original COVID-19 strain that these leaky vaccines were designed for. Each generation of escape variants will be further from that strain.

“Breakthrough cases have less severe symptoms”

> ***Summary:*** *Severity of symptoms isn’t* ***really*** *a concern if you’re a* ***healthy <50yo****, so it’s* ***“less severe” than “not severe at all”*** *which isn’t* ***really*** *a benefit,* ***especially*** *when these vaccines have* ***trade-offs****.*

Please see the sections on these leaky vaccines not preventing reinfection as it applies here too. It may be true with the original COVID-19 strain that these vaccines were designed for, but unfortunately at this point 99% of cases are the Delta variant which the official UK Government’s Data shows the vaccines don’t do actually do much for compared to being unvaccinated.

The good news at least, is that according to that data and the official CDC data, if you’re <50yo with no comorbidities you really only have a 0.01% chance of symptoms severe enough for hospitalization or death, for either COVID-19 ***or*** Delta.

Meaning that if you or your children are in *that* group, the vaccine resulting in “less severe symptoms” doesn’t really mean anything. Less severe than “not severe”? In exchange for the trade-offs?

Also remember that if you get reinfected, which these leaky vaccines don’t prevent, you will likely have just as high a viral load as if you were unvaccinated even if you’re asymptomatic. And a high viral load can be just as dangerous as having a severe immune response.

And finally, if you get reinfected and are totally asymptomatic, you will likely have no idea that you’re infected and that you should be isolating yourself at home, staying away from your loved ones.

“The vaccine protects you from long COVID!”

At this point nobody knows what exactly “long COVID” ***is***, or ***why and how*** it happens. The vaccines don’t appear to prevent it though:

> *https://www.timesofisrael.com/vaccine-downgrades-disease-but-many-still-suffer-long-covid-israeli-study/*
> *archive: https://archive.ph/EdOqp*
>
> *“Study:* ***20%*** *of* ***vaccinated health workers*** *who test positive* ***suffer from long COVID****”*
>
> *“****Vaccinated Israelis*** *who go on to contract the coronavirus experience it more mildly but* ***can still suffer from so-called “long COVID” in significant numbers****”*

The point is these leaky vaccines *don’t* prevent long COVID. See the “20% is better than 0%!” section.

And as the FDA openly admits, we *also* don’t know what the long-term effects of these vaccines are. We also don’t know what the long-term effects of stacking a dozen boosters in a human being will be.

“Get vaccinated to protect your loved ones!”

We understand this sentiment but the vaccines are leaky so they don’t actually prevent reinfection or transmission and are progressively less effective against variants, plus the reinfected have viral loads just as high as the unvaccinated. ***These vaccines don’t protect your loved ones because they are leaky***. And using leaky vaccines is more likely to prolong this pandemic.

Most of us are *not* anti-vax. We just see that *these* leaky vaccines don’t do what was expected. Lots of us would take a *non*-leaky vaccine that’s proven safe, effective, and prevents infection & transmission.

“Then get vaccinated to protect others, don’t be selfish you owe it to society!”

As shown in this document, these leaky vaccines don’t actually protect others. But that aside:

I have to write and post this document anonymously to avoid having my life ruined, and this document is to educate people who can’t find uncensored information to make an *informed consensual medical decision* about these vaccines while their struggling small businesses, family relationships, social lives, children, careers, income, health care, ability to travel, etc are being threatened or ruined by the ***exact same people*** who don’t even *know* these vaccines are leaky, can’t tell you what a leaky vaccine *is*, and are ***so excited*** at the prospect of ostracizing and excluding us from society that they’re *salivating* at the prospect of *mandatory* forced vaccinations and vaccine passports that they ***hope*** will make the lives of us “plague rats” miserable, calling the police on our businesses and private gatherings, and will *refuse* to even ***read*** this document to learn that these leaky vaccines ***wouldn’t protect them if we got them***.

Are ***those*** the people we’re supposed to take leaky vaccines to ***protect?*** The ones review-bombing bad reviews of some small local family business trying to survive the lockdowns, sending police to fine or arrest the owner hoping he loses everything while they cheer all over social media openly hoping his family gets sick and dies from COVID so they can laugh, cackling at how he won’t be able to hold his loved ones’ hands on their deathbeds without a vaccine passport, and cheering on mandates to force his children into experimental medical procedures he isn’t okay with? ***This*** is the society he ***owes?***

“Do these vaccines have side effects?”

Be sure to read the section on FDA approval, as they admit higher risks of myocarditis and pericarditis for males <40yo who, with no comorbidities, are at extremely low risk from either COVID-19 ***or*** Delta.

And if you’re a woman, please read the pregnancy section and remember: if you choose to get ***one*** of these vaccines, you will be getting ***both*** doses ***plus*** the booster plus ***more*** boosters ***every 6 months***.

The data on this, like VAERS reports, is technically mostly anecdotal and difficult to verify, although the FDA, CDC and Pfizer all use VAERS report data themselves. But I don’t want to include anything that isn’t fully verifiable so you’ll have to look into people’s stories and decide for yourself...

...but what I *will* say is that *personally*, I find it disconcerting to see people minimizing all side effect reports, posts, videos, etc and acting like on our first attempt at this vaccine we’ve somehow managed to make the first completely flawless vaccine in medical history that apparently has *no* side effects or risks whatsoever, and if it *does* have risks then they’re minor, and if they’re *not* minor then they’re

better than getting *actual* COVID, and if they're *worse* than actual COVID then at least they aren't as bad as they *would've* been if you weren't vaccinated, and if you *literally die* a few weeks after the vaccine then it's just a coincidence and Twitter experts will assure everyone that you would've had a heart attack, blood clot or died that week for some *other* reason that *definitely* wasn't the vaccine.

And then they'll censor and deplatform your family for mentioning your death, call them anti-vaxxer conspiracy nuts, and harass them into shutting up. So I don't know, you tell *me* what that all means.

And again, personally, while something like this PDF compilation is technically anecdotal:

> *https://covidvaccinereactions.com/wp-content/uploads/2021/04/OCR_Frontline-Workers-Testimonies_News-Reports_VAERS-data_12APR2021-2-optimized.pdf*
> *archive: https://archive.is/dEqKv*

And this website that collects testimonials is also technically anecdotal:

> *https://thecovidworld.com/?s=dies (archive: https://archive.ph/qPJH2)*
> *https://thecovidworld.com/?s=hospitalized (archive: https://archive.ph/N401E)*

...if even a fraction of these *are* real, I can't begin to imagine how it would feel to watch a loved one suffer from side effects and/or suddenly die, and then watch the internet dismiss them as fake news.

It's no secret anymore that these vaccines have resulted in heart damage for young people. The FDA, CDC, and Pfizer all openly admit it themselves when it was originally called a conspiracy theory:

> *https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-myocarditis-pericarditis-vaccines-epi.pdf?sc_lang=en*
> *archive: https://archive.ph/fOxSn*
>
> *"Among the **204** reports, **79.9% occurred in males** and **69.6%** occurred **following second dose**."*
>
> *"The reporting rate of **myocarditis/pericarditis** was **higher following the second dose** of mRNA vaccine than after the first dose"*
>
> *"The **highest reporting rate of myocarditis/pericarditis** was observed in **males aged 18-24 years following second dose**."*
>
> *https://www.cbc.ca/news/canada/toronto/covid-19-ontario-september-29-moore-briefing-update-1.6193455*
> *archive: https://archive.ph/GGRJB*
>
> *"The province says **the rise of myocarditis and pericarditis cases** has been particularly **observed among men in that age group**. Between June and August, the province says the risk of **myocarditis and pericarditis** for **men aged 18 to 24** following a **second dose of Moderna** was **one in 5,000**. There have been no fatalities."*

One in 5,000 is a ***0.02%*** *risk*. COVID is about a ***0.03%*** risk for that same group. That *technically* fits the "benefits outweigh the risks" criteria for EUA approval, but not by much.

> *https://globalnews.ca/news/8252931/finland-follows-other-nordic-countries-by-suspending-moderna-covid-19-vaccine/*
> *archive: https://archive.ph/Y91dD*
>
> *"Finland has joined other Nordic countries in **suspending or discouraging the use** of Moderna's COVID-19 vaccine in **certain age groups** because of an **increased risk of heart inflammation**, a rare **side effect associated with the shot**."*
>
> *"The Finnish Institute for Health and Welfare said Thursday that **authorities won't give the shot to males under age 30**."*
>
> *https://www.wsj.com/articles/fda-delays-moderna-covid-19-vaccine-for-adolescents-to-review-rare-myocarditis-side effect-11634315159*
> *archive: https://archive.ph/ZhnVW*
>
> *"Agency **holds off decision** on expanding **use of shot to 12-to-17-year-olds** while it looks into **risk of rare heart condition**"*
>
> *https://www.japantimes.co.jp/news/2021/10/14/national/science-health/japan-men-under-30-pfizer-moderna/*
> *archive: https://archive.ph/pc1Ia*
>
> *"Japan may recommend Pfizer's COVID-19 shot over Moderna's for **men under 30**"*

Remember that according to the **official** CDC data and the official UK Government's Delta data, males 18-24yo with no comorbidities have almost **no risk** of severe symptoms at all from *either* COVID-19 ***or*** Delta. And the vaccines don't prevent reinfection **or** transmission, **or** result in any lower viral load.

So why would a parent risk giving permanent heart damage to their healthy teenage son instead of waiting for safer alternatives or at ***least*** a vaccine that *actually* prevents transmission & reinfection?

Personally, with my own risk of hospitalization or death from COVID, based on the official CDC stats and the official UK Delta government data, being around 0.01%, I'd prefer to wait a bit and see what alternatives to these leaky vaccines come down the line. Even more-so for my children if I had any.

“Does the vaccine stay at the injection site?”

Summary: *If you get vaccinated* ***despite*** *this document, then at* ***least*** *insist they use “****aspiration****”: the act of* ***drawing back on the plunger once the needle has been inserted****, to make sure it doesn’t draw blood (which would indicate* ***the needle hit a vein & would’ve sent the vaccine right to your heart****).*

Incorrect injection of the ***first*** *vaccine dose results in* ***more severe*** *heart risk with the* ***second*** *dose.*

These vaccines are supposed to be injected into the ***deltoid muscle*** to avoid accidentally hitting a vein, which would be a ***water-slide ride to your heart*** and anywhere your heart pumps blood to. The deltoid was chosen because it has a low risk of this happening, but ***low*** risk is not ***zero*** risk.

An injection technique called ***“aspiration”*** involves pulling back slightly on the syringe plunger once the needle is ***inserted***, but ***before injecting***. If the needle has hit a ***vein***, the pulling back will ***draw blood into the syringe*** letting the nurse know to toss it away and try again with a new one.

Write down the phrase ***“aspirate the needle”*** or ***“use aspiration”*** and the description of “drawing back on the plunger once the needle has been inserted, to make sure it doesn’t draw blood” as you may meet some resistance requesting this. But if either you or your child are being ***forced*** into an unwanted medical procedure, you have ***every*** right to request that it be done as safe as possible.

Remember: ***You are free to walk out of your appointment at any point****, even if they have the needle prepped and ready to inject, if you feel like the health care provider you’re dealing with is* ***dismissive of your concerns*** *and* ***refuses to accommodate you*** *or if you feel like they’ve* ***taken some kind of offense*** *to your request and will* ***ignore it*** *or* ***purposely make the injection process more painful****.*

You can ***always*** *get your shot done* ***elsewhere****. Recording selfies is being encouraged so it should be perfectly fine to* ***record your appointment*** *and the* ***injection process*** *to* ***ensure*** *that aspiration is done.*

If an exhausted, overworked, frustrated nurse who may be inexperienced (health care workers who refused to get these vaccines are being laid off so new staff will be hired to replace them) ***does*** accidentally inject the vaccine into a vein, the risk of heart problem increases dramatically:

> *https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab707/6353927*
> *archive: https://archive.ph/v7ROd*
>
> *“****Intravenous Injection*** *of Coronavirus Disease 2019 (COVID-19) mRNA Vaccine* ***Can Induce Acute Myopericarditis*** *[a complication of acute pericarditis] in Mouse Model”*
>
> *“****Intravenous*** *SARS-CoV-2 mRNA Vaccine Administration Induced* ***Grossly Visible Pathology in Heart****”*

Remember that heart damage cannot be repaired. That’s part of why one heart attack leads to more.

> *"**spike antigen** **expression** by immunostaining was **occasionally found** in **infiltrating immune cells of the heart** or injection site,*
>
> *in cardiomyocytes [**cells responsible for generating contractile force in the intact heart**]*
>
> *and intracardiac [**involving entry into the heart**] vascular endothelial cells [**inner cellular lining** of arteries, veins and capillaries]"*

Basically when they hit a vein, ***spike proteins produced by the vaccines were found in the heart***.

> *"The histological [**microscopic**] changes of **myopericarditis** after the **first** IV-priming dose persisted for **2 weeks**"*
>
> *"and were **markedly aggravated** by a **second** IM- or IV-**booster dose**."*

This means that if the ***first*** vaccine dose is accidentally injected wrong, the heart problems that may result from that end up being ***markedly aggravated*** by the ***second*** vaccine dose. Many people report their second vaccine dose hits them more severely. Could this be a ***part*** of that..?

> *"**Brief withdrawal of syringe plunger to exclude blood aspiration** may be one possible way to **reduce such risk**."*

The CDC says aspiration isn't needed because chosen injection sites have no large blood vessels:

> *https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html*
> *archive: https://archive.ph/ztDFn*
>
> *"**Aspiration before injection** of vaccines or toxoids (i.e., **pulling back on the syringe plunger after needle insertion but before injection**) is **not necessary** because **no large blood vessels are present** at the recommended injection sites, and a process that includes aspiration might be more painful for infants"*

So the chance of hitting a vein via injection into your deltoid is probably low...but it's not ***zero***.

The other argument is that the ***act*** of aspirating wiggles the needle more, which may tear a path into a vein...but if you've stuck a needle in me ***so close*** to a vein that a tiny wiggle enters it, then how are you even qualified to be ***doing*** this? And didn't the CDC just say there are "no large blood vessels present"?

If I have a nurse who's rushing through as many injections a day as possible, with an unknown level of experience or training, overworked, stressed out, exhausted from the hospital being short-staffed...

...and ***that*** nurse is injecting leaky vaccines in myself or my child that, if they ***do*** accidentally hit a vein, could cause myocarditis, blood clots or other problems...well I, personally, would be making ***damn*** sure ahead of time that they're going to aspirate. I'd probably ***record the injection on my phone*** just to be as safe as possible. Surely the nurse would want to ensure they inject me as safe as possible ***too***, right?

“But the spike proteins in the vaccine are *different* than the virus!”

Summary: *In what way? Do **human trials** show they’ll **still** be safe on booster number **twelve**? What about a **dozen doses in children**? What **is** causing side effects? And why risk it for **useless** vaccines?*

In what way? The Salk Institute appears to have only just discovered that the virus’ spike proteins are actually ***dangerous*** on April 30, 2021. Did we know that ***before*** then? Did Salk ***lie*** when they said this is the first test for this? Do we have studies ***showing*** the vaccine spikes are harmless? How ***guaranteed*** is whatever process makes them harmless? Can it fail in any way? At what rate?

How different can the spike protein ***be*** while still allowing your body to learn how to fight off the ***actual*** virus spikes? Does the way they’re different affect the damage they do, or is it just the ***amount*** that are created, or is it how they spread or move? Do we have tests and studies on ***how*** and ***if*** these totally different vaccine spike proteins do ***any*** damage at all because going by Salk’s study it looks like we didn’t even ***test*** the ***virus’*** spike proteins for whether they cause damage.

Is this conclusion ***wrong?*** I welcome sourced explanations and studies from human trials that show whatever difference these spike proteins have ***guarantees*** that ***these exact spike proteins*** these vaccines result in are ***completely*** harmless (both short ***and*** long-term, for ***young and old***, and ***especially for children and pregnant women & their newborns***).

Even ***more-so*** since we’ll be forced to get ***at least 3 doses*** and then ***another dose every 6 months***.

And even if the spike proteins ***are*** different and even if there ***have*** been in-depth ***human*** trials showing that the vaccine spike proteins ***are*** completely harmless short ***and*** long-term, then:

1. What ***is*** the explanation for the side effects? If the vaccine “is completely harmless (just ignore the side effects being reported, that’s all anecdotal)” and has spike proteins that “are totally different from the actual virus and won’t harm you” and this is somehow the first vaccine in the history of medicine that is risk-free, what ***exactly*** is causing myocarditis and blood clots, etc?

   Shouldn’t we be able to explain exactly what’s happening ***before*** injecting ***billions*** of people?

2. Have we tested that these spike proteins will ***still*** be harmless with 3 doses in us? Five? Over a dozen+? In children? The FDA, CDC & Pfizer all openly admit that young males are at risk of heart damage from these vaccines...will that risk ***increase*** as damage piles up with each dose?

   Can they ***guarantee*** your child will be fine stacking ***20+ doses*** in their developing bodies by the time they’ve graduated high school? Is that what you were ***informed*** your children were in for?

3. Even without side effects, the benefits don’t outweigh the risks for a healthy <50yo with no comorbidities because these leaky vaccines cause variants, continue to become less effective *against* those variants, and don’t actually prevent reinfection or transmission, on top of suppressing your immune system from adapting to variants and other coronaviruses.

It’s ***perfectly reasonable*** to be hesitant about these vaccines just based on these concerns alone.

“Any risks from the vaccine are better than the risks of catching *actual* COVID!”

Summary: *It depends on your* ***age group*** *and* ***comorbidities****. The* ***CDC’s own data*** *shows that anyone* ***under 50yo with no comorbidities*** *is at* ***no*** *real risk.* ***Especially not children or infants.***

Let’s run through a few scenarios:

1. The absolute ***best*** option is not having spike proteins from *any* source, COVID ***or*** vaccine, at all in your body. For most people, avoiding COVID completely is unrealistic and we’re told “we’ll ***all*** get it eventually!” And that’s probably *true*, but that doesn’t mean it has to be anytime ***soon***.

   For those working from home who are doing fine in lockdown, socializing over the internet, txt, Zoom calls, FaceTime, etc who don’t mind wearing a mask when they get groceries or ordering curb-side service or delivery, and who are fine cooping up at home for one more winter waiting for better options than these vaccines, there’s not really much risk of encountering the virus.

   It’s about to get cold out and lots of people cozy up for the winter with a mug of hot chocolate and Netflix at home instead of venturing out into the snow and slush anyway. Assuming you do your Christmas shopping online this year instead of battling elbow to elbow maskless crowds of people who are potentially carrying the virus or sick with the usual colds & flus, and assuming you’ve read the section on visiting family members safely, how much risk are you ***really*** at?

   This winter may only have a few months of freedom with a likely fourth lockdown incoming.

   If you have very old and frail family members, you can always write them a nice card and mail your gifts, and do a video call with them on Christmas to tell them you love them. And by next Christmas we should have better solutions that ***actually*** work, and will ***actually*** protect ***them*** instead of these ***leaky vaccines***. A lot of fully vaccinated people have no idea they’re still a risk.

2. And if you’ve already ***had*** COVID and ***recovered naturally*** then you have ***natural immunity*** and these vaccines won’t do anything that’s worth ***any*** kind of risks. If they were like taking a daily multi-vitamin where there’s legitimately ***no*** risk to it, that might be different.

3. Now if you’re in your ***80s*** and/or have ***multiple comorbidities*** so COVID is ***actually*** dangerous, you could at least ***try*** to make an argument in favor of taking these vaccines because they ***do*** help reduce symptoms if you encounter the original strain of COVID-19 they’re ***designed*** for.

   But they ***won’t*** prevent ***fully vaccinated family members*** with ***no visible symptoms*** accidentally ***infecting you*** when they visit after spending the week around other fully vaccinated people and you’ll still have to deal with a suppressed immune system against coronaviruses & COVID-19 variants for the rest of your life (OAS), and may have complications like ADE down the road.

   But at ***least*** you’d probably have less symptoms, if you’re in a group that ***has*** severe symptoms.

4. But for ***young healthy people*** who aren’t likely to have symptoms, let alone ***severe*** ones? Or for anyone under 18yo who’s physically active and has a healthy immune system? Or for ***children?***

> As shown in calculations using official data, the risk from COVID *or* Delta for anyone ***<50yo*** with ***no comorbidities*** is about ***0.03%***. The FDA, CDC and Pfizer all ***admit*** young males risk ***heart damage from the vaccines*** and this is just the ***first*** couple doses. What about dose ***ten?***
>
> We have ***no idea*** what happens long-term to young people, especially children still developing their immune systems, when they have a ***dozen+*** of these vaccines injected in their bodies or how offloading the natural immune system process might affect them. Maybe their immune system decides "some other process seems to handle things now, no reason for *me* to bother."

These vaccines aren't just a bonus like seat-belt, they're a trade-off with long-term consequences.

So ***is*** the risk of myocarditis, blood clots, stroke, etc from any of the shots or the boosters every 6 months along with the potential downsides of using this narrowly targeted technology ***better****?*

That choice is ***yours***. But whether you're an employee, a student, a parent, pregnant, etc, if you're able to wait it out till summer there should be better options than first-generation leaky vaccines.

“Even if the vaccines were only 20% effective that would *still* be better than *nothing!*”

It’s logical to think “Wouldn’t it be better to have +20% effectiveness rather than 0%? Like equipping a new piece of armor in a videogame. Why *wouldn’t* you want a defense boost? If it fails, oh well!”

And that *might* be true if these were ***not*** leaky vaccines. Unfortunately, these vaccines come with a cost and trade-offs. A closer analogy would be equipping a +20% piece of armor and then finding out:

- It’s specifically designed to *only* stop sword slashes from one angle (targeting the spike protein)
- It can never be taken off once you’ve put it on (Original Antigenic Sin)
- It can never be replaced with more effective armor for the rest of your life (OAS again)
- As sword slashes from *that* angle no longer work, the enemy is *forced* to try other angles to get around it, or switch to magic attacks or mix up their timing to find new attacks (escape variants)
- It prevents you from holding your shield up as a backup defense (OAS yet again)
- When the enemy finds a new attack to gets around that armor, he tells his buddies, and everyone *else* in the kingdom wearing that same armor finds it less effective against that attack (variants)
- To defend against new attacks you’ll need to equip new pieces of armor on *top* of the last ones and each new piece forces the enemy to try new attacks (escape variants & mutation rate)
- Each time you stack new armor pieces on there’s a risk of taking damage (vaccine side effects)
- And we have *no* idea what happens to the human body when it has a dozen+ layers of armor stacked on it, or what the enemy’s attack will have evolved into by then

Now if you’re an 80yo with 4+ comorbidities and a couple hit points of health left, maybe that armor either provides enough benefit in your mind, or comes with consequences you’re willing to accept.

But if you’re <50yo with no comorbidities and a full health meter, meaning according to the official CDC data and official UK Government’s Delta data you only have about a **0.01%** risk of the enemy seriously hurting or killing you...do all those trade-offs seem worth it?

Using leaky vaccines in the middle of an ongoing pandemic comes with *trade-offs*. Be sure to read the section on *why* exactly *this* vaccination is different from *other* vaccinations (polio, influenza, etc).

“If you get vaccinated you’ll get a vaccine passport and be allowed back into society!”

Summary: *The passports are a* ***subscription service*** *you’ll need to* ***renew*** *every* ***6*** *months* ***indefinitely****.*

Will you? From the ***Ministry of Health in Israel*** (leading the world in vaccination rates), in chart form:

https://www.gov.il/en/departments/news/29082021-01
archive: https://archive.ph/S8Mdb

Green Pass – Updates to the *expiration dates* policy

Status	**“The Green Pass shall remain effective for...”**
3 doses of the vaccines	***Six months*** from the date of the third vaccination
2 doses of the vaccines	***Six months*** from the date of the second vaccination
Recovered from COVID-19	***Six months*** from the date of the recovery certificate
Recovered + 1 dose of vaccine	***Six months*** from the date of vaccination

So if you’ve had **2** doses you only get ***six months of freedom***. Then your vaccine passport ***expires*** and you’re back to joining us unvaccinated plague rats excluded from society, employment, health care, etc.

But don’t worry, if you get the booster you can have your freedom back...for 6 months. And after *that?:*

> *https://www.independent.co.uk/news/world/middle-east/covid-vaccine-israel-fourth-dose-b1915076.html*
> *archive: https://archive.ph/j8Ta8*
>
> *“‘Given that that the virus is here and will continue to be here, we also need to* ***prepare for a fourth injection****,” he said, The Times of Israel reports.”*
>
> *“‘Thinking about [the emergence of new variants] and the waning of the vaccines and the antibodies, it seems* ***every few months*** *— it could be* ***once a year or five or six months*** *— we’ll* ***need another shot****,” he said.”*
>
> *“He added: “****This is our life from now on, in waves.****”’”*

And that isn’t taking into account the ***shifting definitions*** of what exactly ***constitutes*** “vaccinated”:

> *https://www.traveloffpath.com/uks-controversial-vaccine-rules-for-entry-frustrate-many-global-travelers/*
> *archive: https://archive.ph/E2B4x*
>
> *“The rule sees travelers heading to the UK –* ***who have been vaccinated*** *in most countries around the world –* ***treated as though they were not fully vaccinated*** *due to* ***where they received their inoculation****.”*

https://www.cbc.ca/news/business/mixed-vaccine-air-travel-1.6187613
archive: https://archive.ph/zUpJ8

*"U.S. vaccination requirement for air passengers worries Canadians with **mixed** vaccines"*

*"U.S. currently **doesn't recognize people** with some COVID-19 vaccine mixes as **being fully vaccinated**"*

Keep in mind it's ***not*** the ***unvaccinated*** that are prolonging this pandemic. It's using *leaky vaccines*.

Were you aware that ***this*** was what you were signing up for, so you could give ***fully informed consent****?*

Did anyone tell you that you were putting your ***children*** on this roller coaster for the rest of their *lives*?

We have *no idea* what happens long-term when we stack a dozen mRNA vaccines in *anyone*, let alone *children* and *teens*, because no one has ever tried it before. And each booster comes with potential risk.

And remember, the official CDC data and official UK Government's Delta data shows that anyone <50yo with no comorbidities has about a **0.01%** risk of hospitalization or death. Even ***lower*** for <18yo.

The Variants

"The vaccines are effective against variants!"

Summary: *These vaccines are* ***less and less effective*** *against each new generation of* ***escape variants****.*

You can find various numbers depending on where you look but the overall trend is **exactly what you'd expect** if you've read the rest of this document: ***these vaccines are less effective with each new variant***. Which makes *sense*: these leaky vaccines were designed based on the original COVID-19 strain and the variants are, by *definition*, mutations that better escape the narrowly-trained antibodies:

> *https://www.medrxiv.org/content/10.1101/2021.05.20.21257461v1.full.pdf*
> *archive: https://archive.ph/vPkGi*
>
> *"summary estimates of the VE against any disease with infection for some of the variants of concern (VOC). The average VE for the VOC B.1.1.7 [Alpha], B.1.1.28 (P1) [Gamma] and B.1.351 [Beta] are* ***86%*** *(95% CI:* ***65*** *– 84%),* ***61%*** *(95% CI:* ***43*** *- 73%) and* ***56%*** *(95% CI:* ***29*** *- 73%), respectively"*

The "CI:" part in brackets is the Confidence Interval, the percent confidence that the effectiveness falls between the lower and upper bounds listed. So the lower bounds they found were **65%**, **43%** and ***29%***.

> *https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e4.htm?s_cid=mm7034e4_w*
> *archive: https://archive.ph/3eMDV*
>
> *"The VE point estimates* ***declined*** *from* ***91%*** ***before*** *predominance of the SARS-CoV-2 Delta variant to* ***66%*** ***since*** *the SARS-CoV-2 Delta variant became predominant"*

After that it dropped even ***further***:

> *https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html*
> *archive: https://archive.ph/aXBuC*
>
> *"vaccine is* ***just 39% effective*** *in Israel where the delta variant is the dominant strain"*

To show I'm not cherry-picking, the same article *then* says:

> *"The efficacy figure, which is based on an unspecified number of people between June 20 and July 17, is down from an earlier estimate of* ***64%*** *two weeks ago and conflicts with data out of the U.K. that found the shot was* ***88%*** *effective against symptomatic disease caused by the variant."*

What's the ***real*** efficacy? I don't know, but it's ***not 98%+*** and it clearly doesn't prevent infection:

> *https://www.biorxiv.org/content/10.1101/2021.07.28.454085v1*
> *archive: https://archive.ph/VuBJu*

*"the Lambda S is **highly infectious** and **resistant to the vaccine**-induced humoral immunity, and the robust resistance of the Lambda S to the vaccine-induced neutralization is determined by a large deletion in the NTD"*

https://www.khou.com/article/news/health/coronavirus/vaccine/how-is-mu-covid-19-variant-different/285-20566a4f-f5c3-4ac4-82f8-9738e6e1468b
archive: https://archive.ph/eTO1t

*"Per WHO, the [Mu] variant has a **constellation of mutations** that have "potential properties of **immune escape**.""*

https://www.medrxiv.org/content/10.1101/2021.05.08.21256619v2.full-text
archive: https://archive.ph/pxaHL

*"the **set of mutations** gathered the **Spike protein** could confer a synergistic impact on attributes such as **reduction of vaccine-induced protection** from **severe disease**, **increased transmission** and **disease severity** (Centers for Disease Control and Prevention, 2021)."*

Laid out in less confusing chart form:

Vaccine Effectiveness against variants

Variant	Vaccine Effectiveness
B.1.1.7 (Alpha)	86%
B.1.1.28 (Gamma)	61%
B.1.351 (Beta)	56%
B.1.617.2 (Delta)	66%
C.37 (Lambda)	(not enough data, but appears nearly immune to the vaccines so far)
B.1.621 (Mu)	(not enough data, but appears nearly immune to the vaccines so far)

“The unvaccinated are causing the variants, they’re walking variant factories!”

Summary: *It’s the* ***opposite****.* ***Leaky vaccines*** *cause variants that* ***escape*** *them. The* ***un****vaccinated don’t* ***have*** *the same vaccine antibodies* ***to*** *mutate variants that* ***specifically escape*** *the* ***vaccine antibodies****.*

Saying “The *unvaccinated* are the ones creating variants that *escape the vaccines*” is like saying “People who *haven’t* taken an antibiotic are causing antibiotic resistance *to* that antibiotic”.

The unvaccinated *can* cause variants, because *every mutation* risks being a variant. But infected, vaccinated people, *even if asymptomatic*, have infectious high viral loads mutating in *them*, too.

The issue is leaky vaccines apply pressure that selects *for* mutations that ***specifically*** *escape them*.

Visualize a school of fish swimming upstream and you can’t let them pass a certain point.

These vaccines are a thin stick that some fish easily swim around to become “escape variants”. Anyone’s escaped fish can enter anyone else’s stream, being “the fish that can swim past sticks”.

Traditional vaccines are like using a big boulder instead of a stick. *Much* harder to swim around. And proper vaccines that prevent reinfection & transmission are like a solid cement dam built from edge to edge of the stream, preventing fish from entering ***or*** leaving anyone’s streams.

The worst part of this false narrative is that ***the unvaccinated are actually LESS likely to create vaccine-escaping variants***, the same way fish are unlikely to swim “around” a ***non-existent*** stick.

It’s ***vital*** for the vaccinated to understand ***the issue isn’t the unvaccinated***, it’s the ***leaky vaccines*** they were given with minimal information to allow them to give ***fully informed medical consent***.

“The vaccines aren’t causing variants, all the variants came from *unvaccinated* places!”

Summary: *Whoever told you this either lied or didn’t do any research.* ***Multiple leaky vaccines*** *were being tested on* ***humans throughout 2020 in areas the variants started*** *during our race for a vaccine.*

Alpha’s first case was in ***south-east England*** in ***September, 2020***:

> *https://en.wikipedia.org/wiki/SARS-CoV-2_Alpha_variant*
> *archive: https://archive.ph/7C0ge*
>
> *“The first case was likely in* ***mid-September 2020*** *in* ***London or Kent, United Kingdom****”*

But ***back in April of 2020***, Oxford was doing ***human testing*** nearby:

> *https://www.ox.ac.uk/news/2020-04-23-oxford-covid-19-vaccine-begins-human-trial-stage*
> *archive: https://archive.ph/z9MvB*
>
> *“University of Oxford researchers have* ***begun testing a COVID-19 vaccine in human volunteers*** *in Oxford today. Around* ***1,110 people*** *will take part in the trial,* ***half receiving the vaccine****”*

Apparently scientists didn’t account for people actually leaving their homes at some point:

> *https://www.ft.com/content/08cd2879-4a0d-4f89-9b49-8f50ce9d6633*
> *archive: https://archive.ph/KrRyE*
>
> *“[The spread] was driven* ***not only by biological changes that made the virus more transmissible*** *but* ***also*** *by the way* ***large numbers of infected people carried Alpha around the country*** *from* ***London and south-east England, where it originated****.”*
>
> *“An* ***important finding*** *was that* ***experts initially overestimated how much more transmissible Alpha was****, because* ***they did not appreciate the extent to which human behaviour and movements of people boosted its spread****.”*
>
> *“****As people travelled*** *from London and the south east to other areas of the UK they ‘seeded’* ***new transmission chains*** *of the variant,”*

That last part is relevant to what we can expect this winter with the vaccinated socializing again.

You may have seen “high quality fact checks”, “debunking” that the vaccines caused the variants:

> *https://frontline.thehindu.com/dispatches/fact-check-did-covid-vaccines-cause-the-delta-variant/article35302125.ece*
> *archive: https://archive.ph/H0lPT*

> *"It is* **impossible for the delta variant to have been caused by vaccines**. *This virus mutation was* ***detected for the first time in October 2020*** *in the* ***Indian State of Maharashtra***. *The* ***first person in India to be vaccinated****, however, did not receive that vaccination until* ***January 2021, around three months after the delta variant developed****."*

Official mass vaccination under EUA in India began January 2021, but ***human trials*** went on in ***2020***:

https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html
archive: https://archive.ph/CB2Wl

There were ***at least 3 human trials*** of ***leaky COVID vaccines*** going on ***throughout 2020*** in ***India***:

Vaccine name	ZyCoV-D
Efficacy	**66.6% [leaky vaccine]**
http://ctri.nic.in/Clinicaltrials/pmaindet2.php?trialid=45306&EncHid=&userName=vaccine archive: https://archive.ph/JudIz	
Inclusion Criteria	1. Healthy subject of either gender ≥12 years of age
Sample Size from India	**1,048**
Date of First Enrollment (India)	**13/07/2020 [July 13, 2020]**

Vaccine name	Covaxin (also known as BBV152 A, B, C)
Efficacy	**77.8% [leaky vaccine]**
https://www.reuters.com/article/us-health-coronavirus-india-vaccine/indias-first-covid-19-vaccine-candidate-approved-for-human-trials-idUSKBN24108R archive: https://archive.ph/kTyjU	
[Article is from **June 29, 2020**] "Bharat Biotech's COVID-19 vaccine has been approved for **human trials**" "**Human clinical trials** are scheduled to start across the country in **July** for the vaccine"	

This one started in November 2020, the ***perfect*** time to ***help*** Delta select for more infectious mutations:

Vaccine name	Corbevax
http://ctri.nic.in/Clinicaltrials/pmaindet2.php?trialid=48329&EncHid=&userName=covid-19%20vaccine archive: https://archive.ph/xIdwA	
Inclusion Criteria	3.Participants of either gender between ≥18 to ≤55 years of age at phase-I and ≥18 to ≤65 years of age at phase-II at the time of 1st vaccination.
Sample Size from India	**360**
Date of First Enrollment (India)	**16/11/2020 [November, 11, 2020]**

I don't know if *this* contributed but while *you* were washing your hands 20x a day India was doing *this*:

> *https://www.reuters.com/news/picture/indian-doctors-warn-against-cow-dung-as-idUSRTXC7E71 (archive: https://archive.ph/l4G8e)*
>
> *https://www.ctvnews.ca/health/coronavirus/indian-doctors-warn-against-cow-dung-as-covid-19-cure-1.5424710 (archive: https://archive.ph/O8JD1)*
>
> *https://indianexpress.com/article/lifestyle/health/fact-check-cow-dung-cant-cure-covid-19-may-cause-black-fungal-infection-7314872/ (archive: https://archive.ph/k117x)*

Other countries ***also*** had trials going on for all sorts of experimental home-grown COVID vaccines, trying to be the first ones to find something that would work. The big name ones in the west like Pfizer, Moderna, etc obviously aren't the only vaccines the *entire world* ever tested or used. And simple logic suggests that development and the first human trials would have *had* to happen throughout 2020.

On top of all *that*, lots of countries had ***lax travel restrictions***, anyone could carry a variant anywhere:

> *https://en.wikipedia.org/wiki/Travel_restrictions_related_to_the_COVID-19_pandemic archive: https://archive.ph/uvD82*

The rest of that article at the top of this section is just flat out ***full of misinformation*** like this:

> *"mutations occur precisely in those countries where there is not yet a high (vaccination) rate, and a large number of people are meeting together within a confined area"*

You don't need a lot of hosts to mutate a strain. It only takes ***one*** leakily vaccinated host who gets infected at ***any*** point, with the vaccine antibodies acting as the stressor that selects for any mutations that escape it, and then that host passes that escape variant on to another host. The more hosts it spreads to who apply the same leaky vaccine stressor, the better the variant evolves to evade ***that*** vaccine.

"Every unvaccinated person that gets infected is a chance of creating a deadly mutation!"

True! But that's ***also true for the vaccinated***. At least ***un****vaccinated* people are likely to have enough symptoms to realize they should stay home instead of going out to crowded places with no masks or social distancing to unknowingly spread their potentially more lethal mutations to everyone else!

That's why using leaky vaccines that don't prevent reinfection or transmission in the middle of an on-going pandemic while lifting restrictions on the vaccinated who carry the same viral loads is ***bad***.

“The unvaccinated are prolonging the pandemic, they’re taking all our freedoms away!”

“If you guys would stop being selfish and just get vaccinated the pandemic would be over!”

Summary: *The **leaky vaccines** created the variants and **will** create more as the **vaccinated reinfect each other** with **maskless close-contact**. The unvaccinated, being banned from society are **less** threat.*

As explained, the unvaccinated are ***not*** causing variants or prolonging the pandemic. Your freedom is being taken away by the government putting restrictions on you, based on big pharma attempting to mass vaccinate billions of people in the middle of an on-going pandemic with leaky vaccines.

The *unvaccinated* didn’t make leaky vaccines. We just researched before rushing to get a Fauci Ouchie.

A question to consider is who is more of a threat to the public and likely to extend this pandemic?:

- Me: I live alone, work from home, don’t have visitors over, workout in my apartment, and only really leave to get groceries a couple times a month during off-hours when the store is mostly empty. I wear my mask from my apartment till I get outside and then in the grocery store. I can socialize online, FaceTime family, watch Netflix, order no-contact food delivery dropped off at my door, etc I’m cool doing this all winter while I wait for alternatives to these leaky vaccines and I don’t have a vaccine passport so I’m not allowed to go anywhere public near others.

- Or vaccinated people: Able to be infected and infect others, no longer wearing their masks (or wearing loose $5 fashion masks often resting loosely over beards instead of fully sealed N95s), packing elbow to elbow into cramped, crowded bars, nightclubs, subways, restaurants, theaters, concert crowds, etc all winter during cold & flu season using their temporary vaccine passports, not knowing when they’re infected and should stay home instead, because the vaccine hides their symptoms as they reinfect each other and loved ones and create & spread new variants.

Not everyone is in my position but my point is that lots of us have adapted to lockdowns for almost two years now, so continuing for a few more months isn’t really a big deal if the trade-off is avoiding these vaccines and waiting for safer alternatives like non-leaky vaccines and/or prophylactics & therapeutics.

If a fourth wave & lockdowns happen over new vaccine-escaping variants that won’t be ***my*** fault.

“Young people are getting sick now because the unvaccinated are creating variants!”

See the sections on statistics, on healthy young people, on how the immune system works, and on the official data from the CDC and the UK. But the most likely explanation is that youth are being infected by variants mutated and spread by the leakily vaccinated and better evolved to evade immune response.

“The vaccinated are wearing their masks again to protect *you!*”

This line has been fed to the vaccinated to help them cope with not getting back the freedoms dangled over their heads to get these vaccines. They’ll be locked down alongside us if there’s a fourth wave.

The vaccinated ***have*** to wear their masks again because:

- Leaky vaccines aren’t preventing reinfection or transmission like they should
- So the fully vaccinated not wearing masks or distancing will lead to more breakthroughs
- More breakthroughs means more risky mutations and more spread
- These leaky vaccines are selecting for more evasive escape variants
- Vaccine effectiveness is waning and less effective against each new variant

“The Marek’s disease vaccine (ADE) has been debunked!”

Summary: *The “debunk” of this is based on the vaccines **not** being leaky, but they **are**. On the plus side, due to the variants mutating **longer immune response evasion** and **higher viral loads**, we are probably **less** likely to run into a Marek’s ADE scenario, as **high viral loads could overwhelm the vaccinated causing fatal disease** before any immune response (enhanced by ADE) is triggered.*

Here’s what happened with the leaky vaccines used for Marek’s disease on chickens. Sound familiar?:

> *https://en.wikipedia.org/wiki/Marek%27s_disease#Prevention*
> *archive: https://archive.ph/jk2rC*
>
> *“administration of **the vaccine does not prevent an infected bird from shedding the virus**, though it does reduce the amount of virus shed in the dander”*
>
> *“**Because vaccination does not prevent infection** with the virus, Marek's is **still transmissible from vaccinated flocks** to other birds, including the wild bird population.”*
>
> *“**Mortality** of chickens infected with Marek's disease was **quite low**. Current strains of Marek virus, decades after the first vaccine was introduced, cause lymphoma formation throughout the chicken's body and **mortality rates have reached 100% in unvaccinated chickens.**”*

Yes, that says “in ***unvaccinated*** chickens”. But as explained in the ADE and viral loads sections, we are more likely to see a mutation that overloads the vaccinated because they’ll be mingling maskless again.

> *“The Marek's disease vaccine is a "**leaky vaccine**", which means that only the **symptoms** of the disease are prevented. **Infection of the host** and the **transmission of the virus** are **not inhibited by the vaccine**.”*

> *"This **contrasts** with **most other vaccines**, where **infection of the host is prevented**."*
>
> *"Under **normal** conditions, **highly virulent strains** of the virus are **not** selected. A highly virulent strain would kill the host **before** the virus would have an opportunity to **transmit** to other potential hosts and replicate.*
>
> *Thus, **less** virulent strains are selected. These strains are **virulent enough to induce symptoms** but **not enough to kill the host**, allowing **further** transmission."*
>
> *"**However, the leaky vaccine changes this evolutionary pressure and permits the evolution of highly virulent strains**. The vaccine's **inability to prevent infection and transmission** allows the spread of **highly virulent** strains among **vaccinated chickens**. The fitness of the more virulent strains is **increased by the vaccine**."*
>
> *"**Highly virulent strains** have been **selected to the point that any chicken that is unvaccinated will die if infected**."*
>
> *"Other leaky vaccines are commonly used in agriculture. One vaccine in particular is the vaccine for avian influenza. Leaky vaccine use for avian influenza can select for virulent strains."*

Here's the actual study if you want to read it for yourself:

> *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516275/*
> *archive: https://archive.ph/t0a7t*

Recently, the guy who performed that study came out to say it's been misrepresented, but his ***entire argument*** is based on him seeming to not know that *these* vaccines have turned out to be ***leaky***.

Let's do a quick speed-run debunk of his counter-points to curious ape in human form Joe Rogan:

> *https://www.forbes.com/sites/andreamorris/2021/08/08/joe-rogan-is-getting-this-completely-wrong-says-the-scientist-who-conducted-the-vaccine-study/*
> *archive: https://archive.ph/FhOcH*
>
> *His misunderstanding of the study leads Rogan to wrongly conclude that vaccinating people against COVID-19 will increase the chances of some hyper-virulent mutation.*

Right, "vaccinating against it" won't increase the chance of a hyper-virulent mutation. But "vaccinating against it *using leaky vaccines* that *don't prevent reinfection or transmission*" will. ***That's the problem***.

> *But unlike the COVID mRNA vaccines, the chicken vaccine "didn't stop transmission at all."*

...so ***exactly*** like all these leaky COVID vaccines. As opposed to how vaccines are *supposed* to work.

> *"Those [vaccinated] chickens just kept churning out the virus for weeks and weeks and weeks."*

Which is exactly what potentially millions of infected vaccinated people worldwide all reinfecting each other will do, as they return to maskless up close mingling in bars, classrooms, concerts, theaters...

> *"Mutations can occur anytime the [virus] replicates. So the more replication, the more variants are generated.*

Right, but the infected vaccinated are replicating the virus in them just like the infected ***un***vaccinated. And the vaccine making the vaccinated asymptomatic means they won't know they should stay home.

> *At the moment, the vast majority of the replication is happening in unvaccinated people. You can tell that because the majority of cases in the hospital are unvaccinated individuals*

You don't need hospital-worthy symptoms to replicate & spread the virus and since the CDC stopped tracking breakthroughs that don't result in hospitalization, we *can't* know that there are less of them.

> *"Evolution, at the moment, is all happening in the unvaccinated.*

Saying "The *unvaccinated* are the ones creating variants that *escape the vaccines*" is like saying "People who ***haven't*** taken an antibiotic are creating antibiotic resistance *to* that antibiotic".

> *The Delta variant emerged from populations who lacked access to vaccines.*

Incorrect. Delta came from India which had multiple human trials of leaky vaccines throughout 2020.

> *"the best way to slow evolution is to stop the virus. It's as simple as that. No replication, no evolution."*

Which is why we need to stop using leaky vaccines. No leaky vaccines, no vaccine escape variants.

> *If a new variant emerges, "we can get second-generation vaccines,"*

Israel is talking about never-ending boosters. What happens when we stack a dozen mRNAs in people? In teenagers? ***Children?*** Who knows, no one's ever tried it! But each booster will come with risks.

> *Is there any reason to avoid vaccination for fear it could produce a vaccine-resistant mutation?*

Leaky vaccination is ***literally*** how *vaccine-resistant* escape variants end up being selected for.

> *Especially when the vaccines themselves cut down on the amount of virus circulating in the population."*

Except these leaky vaccines ***DON'T***. *Especially when we allow the vaccinated to mingle maskless.*

> *Rogan seems to think that mRNA vaccines are quite leaky because of breakthrough infections.*

The high number of breakthrough infections literally ***makes*** these vaccines, by *definition*, leaky.

> *Read points out that no vaccine is 100% effective.*

Vaccines *can* be 99-100% effective *and* prevent reinfection & transmission. When you mass-vaccinate ***2.4 billion*** people in an ***on-going pandemic***, the difference between **99.9%** and **80%** is ***MASSIVE***.

> *There's not a single scenario that would argue in favor of not using [vaccines] to save the next hundred thousand. Not one scenario."*

The scenario is: these vaccines turned out to be leaky and don't prevent reinfection or transmission.

> *Almost certainly the reason it stopped the virus evolution is because it stopped transmission.*

Well then we had better develop a vaccine that actually *stops transmission*, instead of these leaky ones.

The Future

"Are we going to see a fourth wave and fourth lockdown?"

Based on the actions we're taking, letting all the vaccinated people who think they're protected go back to mingling face to face and into classrooms with no masks or distancing, combined with an incoming winter cold & flu season (lots of compromised immune systems), after no one's immune system has encountered a single germ in almost 2 years with all the mask-wearing and isolating and hand-washing we've done, plus Halloween, Black Friday and Christmas shopping in crowded malls and busy stores, Thanksgiving, family get-togethers, Boxing Day shopping, New Years Eve parties, etc, etc..?

Then factor in hospital staff being fired for refusing to be pressured into getting these leaky vaccines and the other staff already being overworked plus the usual cold & flu season cases that normally cause hospitalization and may be worse for the vaccinated due to their now suppressed immune systems, and an incoming shift from the unvaccinated to vaccinated breakthroughs filling ICUs...

...I can't see how there ***won't*** be a fourth wave and a return to lockdowns for everyone. It will probably be blamed on the unvaccinated despite that not making any sense, as the unvaccinated appear to be the preferred scapegoat over admitting that these vaccines were badly designed and a terrible strategy.

The vaccinated ***should*** stick to masks and distancing, and isolate themselves immediately to prevent spreading mutations and variants asymptomatically to strangers and loved ones, until we have vaccines that ***aren't*** leaky, or better alternative treatments & prophylactics instead of these leaky vaccines.

"Is the "super-cold" going around the result of Antibody Dependent Enhancement (ADE)?"

A bunch of articles and anecdotes have been flooding the news lately regarding a "super-cold":

> *https://www.bbc.com/news/newsbeat-58624295*
> *archive: https://archive.ph/xaeW6*
>
> *"Rebecca did lateral flow tests and got negative results, but was ill for more than a week, and was left wondering "if it's ever going to end"."*
>
> *""We've actually been seeing a rise in the number of coughs and colds and viral infections," says Dr Philippa Kaye, a GP based in London."*
>
> *""Normally I'm still able to go about my day, but this one left me with muscle fatigue, a lost voice and headache that meant I've just stayed indoors.""*
>
> *https://www.theweek.co.uk/news/science-health/954464/why-reports-of-super-cold-on-the-rise*
> *archive: https://archive.ph/jwoLL*
>
> *"Social media is also "full of people complaining of being struck down by a particularly brutal lurgy""*

> *"Although many of the reported symptoms are similar to Covid-19, "most people complaining of the cold have said they tested negative for the virus""*

The article says it's probably ***not*** a stronger cold, but the ***usual*** common cold hitting people ***harder***:

> *"Scientists have shot down talk of a "super-cold" as "unlikely", arguing that lack of immunity is why people are being hit especially hard by the lurgy currently doing the rounds."*
>
> *"Professor Neil Mabbott, an immunopathology expert from the University of Edinburgh, told The Times that "our immune systems have had limited exposure to colds over the past 18 months so ... will be less effective against colds"."*

They attribute it to people being germ-free all year or imagining it, which is entirely possible...

...but according to the CDC, the common cold, pneumonia, etc are a result of coronaviruses:

> *https://www.cdc.gov/coronavirus/general-information.html*
> *archive: https://archive.ph/DelgG*
>
> *"**Common human coronaviruses**, including types 229E, NL63, OC43, and HKU1, usually cause mild to moderate upper-respiratory tract illnesses, like the **common cold**."*
>
> *"**Human coronaviruses** can sometimes cause **lower-respiratory tract illnesses**, such as **pneumonia** or **bronchitis**. This is more common in people with cardiopulmonary disease, people with **weakened immune systems**, **infants**, and **older adults**."*

And ADE ***would*** theoretically play out as coronaviruses and COVID variants that have mutated away from the original strain these narrowly targeted vaccines are designed for, hitting the vaccinated harder.

I don't want to fear-monger, it's ***too early to say*** exactly what's going on. But this kind of thing is worth keeping an eye on this winter, as it ***could*** potentially be a red flag that people are encountering ADE.

“What’s the worst-case scenario for the vaccinated if these concerns play out?”

> ***Summary:*** *Either a* ***lifetime of mandatory boosters every 6 months*** *to keep your freedom and career, hoping that* ***this*** *isn’t the dose that* ***finally*** *gives you* ***or*** *your children severe side effects. Or eventually refusing to inject* ***more*** *boosters, no longer counting as “fully vaccinated” and forced to* ***join us filthy inhuman “plague rats”****, completely* ***excluded from society****, employment, health care, travel, etc*

The vaccinated ***must*** remember: you are ***still*** able to be reinfected and transmit it to others, even if *you’re* asymptomatic and *they’re* also vaccinated. So when you visit your Grandparents, you ***may*** be carrying a variant without realizing it and their vaccinations won’t stop them from catching it from you.

So if you’re vaccinated and visiting a frail old vaccinated Grandparent with comorbidities and want to ***ensure*** you don’t pass a variant to them it’s a good idea to follow the same precautions an unvaccinated person visiting them should consider following.

As long as you don’t get infected after vaccination, you shouldn’t have to worry about worse immune responses, viral overload, risking ADE or unknowingly infecting others. If you *can* avoid catching variants (by voluntarily isolating & social distancing) then you shouldn’t *need* pointless, risky boosters.

Unfortunately your vaccine passports will expire every 6 months, turning you into a “plague rat” like us, until you get the newest mandatory booster to earn your freedom back and keep your job. Hopefully the risk of side effects for you and your children won’t increase with each dose, but we’ve never tested what happens to a human body with a dozen of these vaccines in them so who ***knows?*** For those of you that celebrated the vaccine passports and the loss of our freedoms, remember that you ***wanted*** this.

The most likely future for the vaccinated will be needing to isolate, wear masks, and/or lockdown every time a new Variant Of Concern goes around (as their suppressed immune system is unable to mount a better defense) until a new booster for ***that*** specific variant is designed, created, shipped & distributed.

The boosters will probably be pitched as “just like getting an annual flu shot”, but the difference is the boosters will be ***necessary*** instead of ***optional***, and being leaky vaccines themselves, the boosters will cause escape variants that lead to ***more*** boosters needed, rinse & repeat until we either find out stacking a dozen+ of these vaccines in humans (which has ***never*** been tried before) causes ***some*** kind of health problems (or triggers ADE, etc), or the leaky boosters mutate some escape variant ***no one*** can handle.

Until we use vaccines that ***aren’t*** leaky and ***actually*** prevent reinfection ***and*** transmission, there doesn’t seem to be any reason that this recursive loop of “new leaky booster vaccine → new escape variant → new leaky booster vaccine → new escape variant” will end. If there ***is*** a reason, based in science rather than “***it just will, okay??***”, then we are all eager to hear that in-depth explanation ***openly discussed***.

“Are booster shots going to be mandatory?”

Summary: *Yes, you will require boosters* ***every 6 months*** *to avoid being removed from society like us.*

Since vaccine immunity wanes, the vaccinated will need to get boosters just to extend their vaccine passports to avoid being excluded from society with the rest of us filthy unvaccinated plague rats:

> *https://www.businessinsider.com/israel-vaccine-pass-to-expire-after-6-months-booster-shots-2021-9*
> *archive: https://archive.ph/G66pM*
>
> *“Israel's* ***vaccine pass will expire 6 months after the 2nd dose****, meaning* ***people will need booster shots to keep going to restaurants and bars****”*

More importantly though, as explained in the sections on OAS and mRNA antibodies, the further we go into our recursive loop of leaky vaccines/boosters causing new escape variants that we use ***more*** leaky boosters for, the more necessary for survival boosters will be for the vaccinated as the variants get more dangerous and the narrowly targeted vaccines suppress the vaccinated’s immune system.

The Australian government seems to be aware of this. Australia has about **25 million** people:

> *https://www.pm.gov.au/media/australia-secures-additional-pfizer-biontech-vaccine-2022-and-2023 (archive: https://archive.ph/YnxHq)*
>
> *“the Government has secured* ***60 million doses in 2022****, and* ***25 million doses in 2023****.”*
>
> *““We have secured* ***an additional 85 million doses of Pfizer****, which brings* ***Australia’s total Pfizer doses to 125 million****,” the Prime Minister said.”*

So that’s **125 million** doses in total, for **25 million** Australians…? And that’s ***just*** Pfizer. The others?:

> *https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/about-rollout/vaccine-agreements (archive: https://archive.ph/wtHDH)*
>
> *“We have a contract for* ***25 million doses [of Moderna]****”*
>
> *“We have secured* ***53.8 million doses of [AstraZeneca]****”*
>
> *“If the TGA approves [Novavax] for use in Australia, we expect* ***51 million doses*** *will be available in the second half of 2021. This is* ***enough doses to cover Australia’s whole population****.”*
>
> *“allow the purchase of* ***over 25 million doses of COVID-19 vaccines [COVAX] for the Australian population****. This is* ***enough for 50% of the population to receive 2 doses.****”*

So that’s ***279 MILLION DOSES*** for a country with about ***25 million people***. ***11 doses*** per Aussie??

Even if they give a bunch of those away to other countries or a shipment gets dropped, it seems pretty reasonable to assume their government is ***planning*** for ***2 doses and 4+ boosters per person***. Will your vaccine passport expire each time until you get the ***next*** dose? Do we know what happens when a human body has ***6-10+ doses*** of these vaccines stacked in it? How ***could*** we? No one has ever tried it.

Did ***you*** know that was what you signed up for? Are these going to be the exact same vaccines like the current boosters are? Is it unreasonable or "a conspiracy" to ask questions about this kind of thing ***before*** getting vaccinated or having your healthy children vaccinated? And this is just ***Australia***.

"What *are* the booster shots?"

Summary: *Boosters are a* ***third dose*** *of the* ***exact same leaky vaccines****, which are all* ***less effective against each new variant****, will be* ***required every 6 months*** *because they* ***wane fast****, and each dose has the* ***same risk of side effects*** *and* ***FDA & CDC-admitted heart damage*** *for young males.*

The terminology implies that you have your "baseline vaccine" and these "boosters" are some sort of enhancement to them, maybe a new formula, or a recharge...nope, they're ***literally*** the same vaccines:

> *https://investors.biontech.de/news-releases/news-release-details/pfizer-and-biontech-provide-update-booster-program-light-delta*
> *archive: https://archive.ph/teRd1*
>
> *"Pfizer and BioNTech have seen encouraging data in the ongoing booster trial of a third dose of the* ***current*** *BNT162b2 vaccine."*

Headlines said Pfizer applied for an EUA for boosters, but that was a third dose of the ***same vaccine***:

> *https://www.fda.gov/media/152176/download (archive: https://archive.ph/p0cVi)*
>
> *"seeking approval for administration of a booster dose approximately 6 months after primary series."*

So these "boosters" aren't targeted for Delta or upgraded in any way. They are the ***exact same leaky vaccines*** that people have been using, that don't stop Delta and won't stop future escape variants.

Why *would* a ***third*** dose of something that ***doesn't work*** do anything except ***also*** not work? But with the same dice roll of causing potential side effects. Maybe ***more-so*** if the danger stacks with each dose. We already know the second dose hits people harder than the first does. How will a *fifth* dose hit?

In fact you may remember that the Johnson & Johnson vaccine was paused over causing blood clots:

> *https://www.bbc.com/news/world-us-canada-56733715*
> *archive: https://archive.ph/5i2xb*
>
> *"Johnson & Johnson vaccine paused over rare blood clots"*

That pause was lifted:

> *https://www.fda.gov/news-events/press-announcements/fda-and-cdc-lift-recommended-pause-johnson-johnson-janssen-covid-19-vaccine-use-following-thorough*
> *archive: https://archive.ph/mIm7x*
>
> *"Today, the agencies can confirm that a total of 15 cases of TTS have been reported to VAERS, including the original six reported cases. All of these cases occurred in **women between the ages of 18 and 59**, with a median age of **37** years. Reports indicated symptom onset **between 6 and 15 days after vaccination**."*

But now we've 180'ed and J&J is actually the *perfect* vaccine when given as a third "booster" dose:

> *https://www.bloomberg.com/news/articles/2021-09-21/johnson-johnson-s-covid-booster-shot-prevents-severe-infection*
> *archive: https://archive.ph/NRyDI*
>
> *"A booster dose of Johnson & Johnson's Covid-19 vaccine provided **100% protection** against severe disease"*

Well ***that's*** a fortunate break, we almost had to throw away all those J&J vaccines that were paid for!

But remember: Severe disease isn't the issue with leaky vaccines. And if any of this makes you want to ask questions before getting the vaccine or giving it to your children you're a crazy conspiracy theorist.

Now if you doubted that the vaccines lose effectiveness, they ***used that fact*** to apply for booster use:

> *https://www.fda.gov/media/152176/download (archive: https://archive.ph/p0cVi)*
>
> *"To **support the need for a booster dose**, the submission referenced several observational studies that suggest **waning of protection** in the setting of the current Delta variant surge among individuals who previously received a **2-dose series**"*

Also they used 300 people and the original COVID-19 strain to get the EUA, instead of Delta:

> *"This BLA supplement includes safety and immunogenicity data assessed against the **reference strain** (wild-type) from approximately **300** immunocompetent adults **18** through **55** years of age enrolled in an **ongoing Phase 2/3 study (C4591001)**"*

"Ongoing" is an interesting word there. If you look up what C4591001 is, it's this study:

> *https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf*
> *archive: https://archive.ph/xvjIH*
>
> *"A Phase 1/2/3 Study **to Evaluate** the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals"*

That sure ***sounds*** like they're saying the trial to ***find out if these are safe*** is ***still "ongoing"***. The ***original EUA*** appears to have been an ***educated guess*** that the benefits ***should*** outweigh the risks:

> *"While there were **no data available from clinical trials** on the **use of BNT162 vaccines in humans** at the outset of this study, available **nonclinical data** with these vaccines, and data from **nonclinical studies** and **clinical trials with the same or related RNA components**, or antigens, supported a **favorable risk/benefit profile**."*

But back to the boosters, the Pfizer doc says flat-out a third dose has ***worse side effects for the young***:

> *https://www.fda.gov/media/152176/download*
> *archive: https://archive.ph/p0cVi*
>
> *"Reported frequencies and severities of solicited **adverse reactions following the booster dose** were **lower** among the 12 Phase 1 participants **65 through 85 years of age** compared with the 306 Phase 3 participants **18 through 55 years of age**,"*

Remember they want to vaccinate ***children*** next. Doses 1 & 2 ***also*** had ***worse effects for the young***:

> *"**similar to age group-related differences** in reactogenicity **associated with the primary series [the first two doses]**"*

The boosters appear to have a ***"substantially higher"*** rate of visible side effects, though not severe:

> *"The **incidence post-booster dose** was **substantially higher** than the rate reported among adults after **any of the 2 doses** of the **primary** series (83/21,926; 0.4%). However, most (n=15) were mild to moderate in severity and **lasted between 2 to 8 days**."*

Although even in this little sample group of just **306** people:

> *"and **one nonfatal serious adverse event** (**acute myocardial infarction** 2 months after the booster dose, **assessed as unrelated** to study vaccination) was reported."*

"Infarction" means:

> *https://www.britannica.com/science/infarction*
> *archive: https://archive.ph/TIO5G*
>
> *"**Infarction**, **death of tissue** resulting from a **failure of blood supply**, commonly **due to obstruction of a blood vessel by a blood clot or narrowing of the blood-vessel channel**. The dead tissue is called an **infarct**."*

It says "assessed as unrelated." Pfizer assures us that Pfizer's third dose didn't cause acute myocardial infarction even though the FDA admits the Pfizer vaccine risks heart issues, especially in young males.

Good thing Pfizer's sure, because if that case *was* related that might imply a **1/300** chance of infarction.

> *"Pfizer is **requesting approval** of the **booster dose** for use in individuals **16 years of age and older**; therefore, **safety and effectiveness of the booster dose** in individuals 16 and 17 years of age would be based on **extrapolation** from safety and effectiveness data in **adults**."*

That says they don't have any ***actual*** data on 16yos...they're just ***extrapolating*** from ***adult*** data.

From that document's Myocarditis/pericarditis section:

> *"**Post-EUA safety surveillance** reports received by **FDA** and **CDC** identified **serious risks for myocarditis and pericarditis following administration of the primary series** (Dose 1 and Dose 2) of BNT162b2 "*

So ***after*** they started injecting everyone, they identified ***"serious risks"*** of heart problems.

The next part uses VAERS, so the FDA *and* CDC seem to consider VAERS to be valid:

> *"Reporting rates for medical chart-confirmed myocarditis/pericarditis in VAERS have been **higher among males under 40 years of age** than among females and older males and have been **highest in males 16-17 years of age** (**~75 cases per million doses** administered as per CDC presentation to the ACIP on August 30, 2021), **particularly following the second dose**, with onset of symptoms occurring within **7** days following vaccination."*

So the risk of heart issues from the vaccines, ***according to Pfizer, the FDA and the CDC***, is ***highest in males 16-17yo***, who according to official data also have the *lowest* risk from COVID-19 and Delta.

And the point of this is to get EUA approval to use these vaccines in exactly ***that*** group...***What??***

~75 per million *doses,* ***times however many teens worldwide*** will be forced to get these vaccines to go to school, play in sports, participate in hobbies etc. Will the effects be worse for children ***younger*** than 16? Is ***every*** booster going be a risk? Will it be higher by the ***tenth*** booster? Do we know ***why?***

Maybe you don't trust VAERS like *they* do. They used *another* database too:

> *"**Consistent findings** were reported in an **FDA analysis** of the **Optum database**, which estimated an **excess risk** approaching **200 cases per million vaccinated males 16-17 years of age**."*

So ***that*** one is estimating ***200 per million*** doses worst-case, over ***double*** the above **~75** number.

There's around **130 million** babies born each year, so double that for **16** and **17**yos is **260M**. But cut it back in half for just males, so around **130M**. Say **50%** get the vaccine, so ***65 million 16-17yo males***.

So *just* the ***Pfizer*** vaccines may give **4,875** (75 x 65) to **13,000** (200 x 65) teen males heart damage?

> *"Although **some cases** of **vaccine-associated myocarditis/pericarditis** required **intensive care support**, available data from short-term follow-up suggest that most individuals have had **resolution of symptoms** with **conservative management**."*

Keep in mind that *heart damage is permanent*. And for those saying we *have* long-term data, we ***don't***:

> *"Information is **not yet available** about potential **long-term** sequelae and outcomes in affected individuals, or **whether the vaccine might be associated** with initially subclinical **myocarditis** (and if it **is** what are the **long-term** sequelae)"*

Remember: *Healthy teen males have almost **no** risk from COVID-19 or Delta and the leaky vaccines won't prevent infection **or** the passing of the virus to their parents, grandparents, classmates, etc.*

"What if everyone had gotten vaccinated properly though?"

Summary: *With these **leaky vaccines**, it was literally an **impossible** Fool's Errand from the start.*

Inoculation assumes that ***while*** you're ***developing*** immunity to something, you won't ***encounter*** it.

So the problem is that not ***only*** are we using ***leaky*** vaccines but there is ***no*** way to execute a *worldwide* mass vaccination in the middle of a pandemic in a ***non***-leaky way *on top* of the vaccines being flawed.

We would have had to somehow vaccinate everyone in the *entire* world, from crowded elbow to elbow cities to remote areas and third world countries, all on the exact same day at the exact same time, and then everyone isolates perfectly until the second dose, and then repeat that big worldwide simultaneous vaccination process, followed by *another* two weeks of perfect isolation…we can't even get more than 2/3rds of people to voting booths on election day or to wear their masks properly.

Even if we somehow managed to orchestrate all of that (which would involve stockpiling vaccines for "vaccination day" while people are getting sick and dying, and having enough staff ready to handle this and getting everyone out of their homes all lined up socially distanced to get vaccinated at the same time on the same day, etc), we would ***still*** be stuck with issues like immune suppression, OAS, etc.

This plan was a Fool's Errand from the start. If the vaccines ***weren't*** leaky, or the pandemic was a small outbreak in some isolated community, or a dozen other "what *if*..?" scenarios were true, we ***might*** have been able to do it. But you ***cannot*** safely use leaky vaccines in the middle of an on-going pandemic.

"What about herd immunity?"

Unfortunately, *herd immunity is no longer on the table*. You can't achieve herd immunity using leaky vaccines in the middle of an ongoing pandemic because no one is ***actually*** immune. Achieving herd immunity would require the majority of the population to ***not*** be able to reinfect each other and to have a versatile enough immune response to reduce the chance of creating and spreading escape variants.

“What *could* we have done?”

In my ***personal*** opinion: When we realized COVID-19 was mainly dangerous for old people and, as the official data shows, was never a significant danger for young people, all we had to do was lockdown old people and people with multiple comorbidities, same as they’ve done the last 2 years, while letting the young & healthy continue to run the economy and socialize as normal, encouraging them to handle any comorbidities and keep their immune systems at peak via exercise, vitamins, healthy lifestyles, etc

Young people would all eventually get the virus but only a very small minority (again, by the official data) would risk hospitalization or death. Broad natural immunity instead of narrowly targeted leaky vaccines would’ve led to less variants and everyone’s immune system working as normal. We would have achieved herd immunity and then the isolated would have been safe to rejoin society.

No eternal lockdown, economic ruin, businesses gone, mass depression, psyche damage to children, etc

“How do we turn this around?”

Summary: *Our only chance is* ***educating*** *everyone* ***fast*** *so that when this winter gets* ***bad*** *enough, the vaccinated realize they’ve been* ***misled*** *and we can* ***all team up*** *to* ***demand better alternatives*** *to the* ***life-long*** *roller coaster ride of* ***leaky boosters***, ***variants***, *and expiring* ***vaccine passports*** *we are on.*

In my ***personal*** opinion: Stop these leaky vaccinations to avoid worse variants. Focus on prophylactics & therapeutics, nutrition, health, exercise, handling comorbidities & develop vaccines that ***aren’t*** leaky.

But imagine trying to turn the Titanic around. Multiple crews on multiple decks have to all quickly communicate & coordinate their specific jobs in sync just to get the ship to even ***start*** changing course. Now imagine most of the crew members refuse to believe there’s an iceberg ahead, those warning of it are thrown overboard and some of the crew have political or financial interest in ***NOT*** changing course.

This document is ***my*** attempt to warn the crew. Maybe someone ***you*** show it to can get the ship turning.

That all said, the ***only*** chance I can see to avoid this iceberg is ***educating as many people as possible*** (including the *vaccinated* who have been propagandized into believing things that go against basic *known* principles of virology & science), ***as fast as possible***, so that ***everyone*** is made ***fully aware*** that:

- the unvaccinated do not cause the variants
- these narrowly targeted, leaky vaccines are what cause variants
- natural recovery results in better broad protection than these narrowly targeted vaccines
- the pandemic ***will get worse*** if we continue using leaky vaccines that result in more variants
- the vaccinated are not protected the way they were told they’d be and think they are
- the vaccinated have life-long compromised immune systems for other coronaviruses & variants
- the vaccinated should ***not*** go back to maskless close-contact yet because they will be massively risking spreading breakthrough infections to each other and their loved ones during the holidays
- leaky boosters will be required every 6 months to keep your vaccine passport, even for children
- we have ***absolutely no data*** on if old people, pregnant women, children, healthy people, etc will have problems when they have a ***dozen+*** of these narrowly targeted vaccines stacked in them
- statistical tricks and dishonest journalism are being used to misinform the general public
- ***healthy people under 50yo*** are at ***no real risk*** of severe symptoms from COVID-19 or Delta
- these vaccines are not just an “extra protection” bonus, they come with very serious trade-offs that the public was not informed about so everyone could give ***fully informed medical consent***

If enough people understand the above when the maskless vaccinated infect each other and create new more evasive variants potentially resulting in more lockdowns and everyone personally knowing a few severe breakthrough cases by the end of winter so the ineffectiveness of the vaccines can't be denied…

...along with everyone's vaccine passports expiring as they approach the 6 month mark and they finally realize ***they*** will be fired from their careers, kicked out of school, potentially denied medical care, and cast out of society with the rest of us "plague rats" until they comply to get a booster every 6 months (and any side effects that come with them), even for their children, pregnant women, old people, etc…

...at that point there's a ***chance*** that the average person who was pressured or misled into getting these vaccines says "I'm not getting, or giving my children, another dose of these vaccines every 6 months for the rest of our lives which we have no data on, to keep our freedom. That's not what I was informed was the plan, or what I signed myself or my child up for. I did not give ***fully informed medical consent*** and refuse to have my freedom dangled over my head every 6 months as we get further and further into completely untested territory, prolonging this pandemic by stacking these vaccines in our bodies"...

...at ***that*** point, they ***may*** finally understand ***why*** we've been resisting these vaccines and the restriction of our freedoms when ***they're*** facing themselves and their children being lumped in with us "plague rats" every 6 months and their buyer's remorse may result in a number of them being open to joining us in ***demanding better alternative*** prophylactics and treatments that will ***actually*** help end this pandemic.

The reasons, pressures, threats, mandates, etc, used to force everyone to get the ***first*** doses will be used every 6 months to force everyone to get the boosters, except there will be deeper precedent set each time. ***The best time to push back against where this is headed is NOW***, not a few years from now.

To the UNvaccinated: *If the above* ***does*** *play out and later this winter you find the vaccinated are* ***doubting their decision*** *and* ***asking questions****...despite how they're treating you, it'll be* ***vital*** *that you* ***let that go*** *for the sake of* ***working TOGETHER****. It's* ***not entirely their fault****. Most of them are just scared, emotionally exhausted, being told you're to blame, and doubling-down on their massive sunk cost fallacy desperate to "get back to normal." The info they're being spoon-fed is being twisted and warped to push the narrative that "if everyone gets vaccinated we can all have our lives back."*

Information is currently being censored *at levels we don't expect outside of China or North Korea. Your mainstream media consuming family member or neighbor* ***genuinely cannot find*** *the type of information in this document without a* ***massive*** *time investment and enough internet savvy & autism to sift through biased search algorithms, read endless articles, studies & science literature, etc.*

I can't even ***begin*** *to describe how time-consuming researching, sourcing, compiling and writing this document has been. Your 70yo parent, or busy family member, or neighbor, or your child's teacher, or even most* ***doctors****, just* ***can't*** *reasonably be expected to do this. That's* ***why*** *I've written it, to compile the info in one place, explained in layman's terms to help the average busy person grasp the science.*

Our ***only*** *chance of turning this ship around is for* ***everyone*** *to be properly educated on this, and* ***fast****.*

Protecting Yourself

"Do masks actually work?"

> ***Summary:*** *No one is wearing* ***N95 masks*** *or wearing masks* ***properly****, so coughing into your mask is probably* ***about the same*** *as coughing into your arm. Watch a slow-mo video of a cough/sneeze and try to aim that liquid particle cannon blast downward & away from people, or anything people touch.*

The answer is ***yes***...but ***also no***. The jist is:

- An N95 mask filters **0.3** microns and up
- The virus particles are **0.125** microns in size, so masks are useless
- But the virus travels in larger saliva particles, so masks are useful
- But single-layer/cheap masks let particles through, so masks are useless
- But triple-layer/filter masks stop more particles, so masks are useful
- But gaps in the fit mean particles still fly out all over, so masks are useless

Here's a new study from August, 2021 that shows what different masks do:

> *https://uwaterloo.ca/news/media/study-supports-widespread-use-better-masks-curb-covid-19*
> *archive: https://archive.ph/AH4On*
>
> *"**N95 and KN95** masks **filtered more than 50 per cent** of the exhaled aerosols"*
>
> *"**common masks**, primarily due to **problems with fit**, filter about **10 per cent** of exhaled aerosol droplets. The remaining aerosols are **redirected**, mostly out the **top of the mask** where it fits over the nose, and **escape into the ambient air unfiltered**."*

Their visualization shows no mask, followed by an N95, and then a surgical mask:

> *https://www.youtube.com/watch?v=PtEYI4erRmM*
> *archive: https://archive.ph/WGyQ2*

So a **properly worn & tightly sealed N95** mask *does* work. But **no one is wearing N95s**. Everyone's using disposable surgical masks or cloth masks and most aren't sealed tight to the skin with no gaps. Then factor in nuances like only wearing a mask to the restroom while dining maskless at a table others just dined at maskless, or being outside with ventilation, etc & you can argue this one either way.

That said, if you're visiting sick, frail loved ones, it can't ***hurt*** to have even a *mediocre* barrier between you coughing/sneezing germ cannons at their face. Remember the vaccinated *can* still infect each other.

For pro-maskers: if you're going full Karen on the maskless but you have a beard then ***you don't really believe COVID is deadly***. If you ***genuinely*** believed anti-maskers were ***killing*** others then you would shave clean daily and seal your mask ***air-tight*** to your skin and wear an ***N95***.

An astronaut can't be like "My beard looks cool so I'll just wear a cheap space helmet loosely laying half-open on top of my beard as I leave the shuttle to float around in the vacuum of space."

"Which is better, natural immunity or vaccine immunity?"

Summary: ***Natural immunity****, via recovery from either a natural infection or a traditional vaccine, means the immune system has encountered and will recognize the* ***full*** *virus giving* ***broader protection*** *against future reinfections and variants, and* ***reducing*** *the risk of spreading escape mutations.*

Whereas ***these vaccines*** *only train your immune system to recognize the* ***exact*** *single spike protein from the* ***original strain*** *of COVID-19 that they were* ***designed*** *for, resulting in* ***narrow protection*** *that is easily evaded by* ***escape mutations****, leading to a higher risk of* ***new variants*** *spreading.*

Imagine the description of a criminal you're given is simply "he has a mustache". All he has to do to escape you is shave off his mustache VS having to also dye his hair, change clothes, change cars etc

Read the sections on how immune systems work, OAS, and natural antibodies VS mRNA antibodies, and this observation below should make completely obvious logical sense to you:

> *https://www.timesofisrael.com/study-covid-recovery-gave-israelis-longer-lasting-delta-defense-than-vaccines/*
> *archive: https://archive.ph/Hlsng*
>
> *"****The variant was 27 times more likely to break through Pfizer protection*** *from January-February and cause symptoms* ***than it was to penetrate natural immunity*** *from the same period"*
>
> *"****Natural immunity*** *from contracting coronavirus provided Israelis with* ***longer-lasting protection against the Delta variant*** *than* ***two shots of the Pfizer vaccine*** *given early this year"*
>
> *https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full-text*
> *archive: https://archive.ph/vesk1*
>
> *"****natural immunity confers longer lasting and stronger protection*** *against infection, symptomatic disease and hospitalization caused by the* ***Delta variant*** *of SARS-CoV-2,* ***compared to the BNT162b2 [Pfizer-BioNTech] two-dose vaccine-induced immunity****."*

Think this through ***logically***: when you contract the virus naturally, your immune system learns to recognize the ***entire*** virus instead of *just* the spike protein that these vaccines train it to recognize, so even if the virus mutates a bit, your immune system is more likely to recognize ***some*** part of the virus.

Imagine the description of a criminal you're given is simply "he has a mustache". All he has to do to escape you is shave off his mustache VS having to also dye his hair, change clothes, change cars, etc.

I'm including this next line in the conclusion to show I'm not cherry-picking anything by leaving it out:

> *"Individuals who were both previously infected with SARS-CoV-2 and given a single dose of the vaccine gained additional protection against the Delta variant."*

Sure, an 80yo with 4 comorbidities who survived a natural COVID infection probably *could* benefit whatever amount "additional" is, from a vaccine dose...but a <50yo with no comorbidities? *Children?*

Please be sure to also read the related sections on vaccine immunity waning and booster shots.

Lastly, I've seen replies like "actually the ***vaccines*** give ***broad*** protection because a virus has 100s of slightly different little receptors and the vaccine gives you more antibodies that can bind to those."

But this is just confusing "***epitopes and/or residues***" with "***proteins***". Imagine a file folder structure:

SARS-CoV-2 Infection *(contains billions of **Virions**)*

- **Virions** *(aka a virus particle, each containing **29** total **Proteins** that make up the virus)*
  - **Proteins** *(one of these **29** is the **Spike Protein**, and each contains a bunch of **Epitopes**)*
    - **Epitopes** *(groupings of a bunch of **Residues**)*
      - **Residues** *(**matching Residues** on an antibody's **Paratopes** bind to **these**)*

Watch out for people confusing "***targeting only one protein/part***" (aka the spike, of the **29** proteins that make up the virus, ***making*** these vaccines narrowly targeted), as "***targeting only one epitope/residue***".

“So should I go try to get sick to gain broad natural immunity then?”

While being young & healthy, taking your vitamins, etc, means you’re at extremely low risk of severe symptoms from the current virus as the leaky vaccines thankfully haven’t yet mutated a variant that ***is*** deadly for the young & healthy like the influenza pandemic, and you ***do*** end up with better protection and no immune system compromises, it’s ***still*** ideal to avoid having spike proteins inside you at all.

The spike proteins in the virus are still bad for you remember, and we don’t know the full extent of this danger long-term. The randomness of the symptoms people come down with and the way some involve long-term changes to smell, taste, etc suggest the spikes could be causing some kind of neurological problems as well as physical. In an ideal world you’d find a way to avoid the virus *and* these vaccines.

“If I’ve recovered naturally, should I still get the vaccine?”

If you’ve read the sections on immune systems, narrow targeting, OAS, natural VS mRNA antibodies, you’ll already realize there’s no logical reason to go near these vaccines if you’ve recovered naturally.

Some people have suggested either getting vaccinated, *then* catching COVID and recovering from it naturally, or doing the reverse: recovering naturally and *then* getting vaccinated. ***Both*** ideas are flawed:

Think of it like you want to cross a wooden bridge from “no protection” to “protected”. Due to narrow targeting and OAS, the first dose of these leaky vaccines that you take will burn the bridge down.

So if you *haven’t* encountered COVID and you get your first dose of the vaccine, you’ve just burnt the bridge and you’re stuck on the unprotected side when you ***do*** encounter it. You can’t stack natural immunity on top of the vaccine since ***getting*** the vaccine ***removes*** that option (and adds a risk of ADE).

This is why I stress that ***people weren’t properly warned*** about the trade-offs so everyone could give ***fully informed medical consent***. OAS ***can’t*** be undone. If it ***could***, we’d cure auto-immune disorders.

Now on the flip side of the bridge analogy, if you’ve recovered naturally then you’re already across the bridge and there’s no point in risking side effects by burning it down for all risks with no real benefits, especially when you can just wait out safer alternatives to these leaky vaccines.

“What vitamins should I take?”

You can look up elaborate regimens if you want but ***bare minimum*** at least take a daily multi-vitamin so you don’t have major deficiencies. Make sure you getting enough Vitamin D3 and Zinc. You don’t need to mega-dose or anything, the goal is just keeping your immune system in a good, healthy state. Lots of people are lazy or live off unhealthy food and if you have comorbidities, you ***are*** at higher risk.

Try to handle any comorbidities that you can. Eat healthy, lose fat, cut out sugar, download a home cardio workout or go for a walk/jog in the sun, etc. And of course help your children with this too.

“Who *should* get these vaccines?”

Summary: *Anyone who can* ***isolate, mask, distance, etc*** *this winter to avoid* ***either*** *catching COVID* ***or*** *getting these leaky vaccines for* ***6-12 months*** *while waiting for* ***better*** *alternatives should do* ***that****.*

Old people *and people* ***with*** *comorbidities* ***could*** *get them but each dose comes with risks* ***and*** *they’ll need boosters* ***every 6 months****,* ***indefinitely*** *as their first dose* ***suppresses their immune system*** *(OAS).*

Anyone under 50yo with no comorbidities, especially pregnant women and ***teens & children****, and anyone who’s caught COVID and naturally recovered shouldn’t go* ***near*** *these leaky vaccines.*

In an ideal world everyone would avoid both the virus ***and*** the vaccines so they never have any spike proteins in their system. Anyone who can lock down for the winter or take the year off school would be better off doing that. Odds are if a fourth wave hits and everyone knows people who are sick despite full vaccination, and realizes they and their pregnant wives and children will be forced to get booster doses every few months to keep their freedoms, careers, etc there could be enough public resistance to force the research & approval of better alternatives to these leaky vaccines.

If you’ve already ***had*** COVID and recovered naturally, getting the vaccines is all risk for no benefit. Someone unvaccinated who has recovered naturally is better protected from both the original strain and both current & incoming variants than someone who’s gotten the vaccine and not actually ***had*** COVID.

The vaccines ***can*** help reduce symptoms for the strain they’re designed for and variants similar to it, so if you’re 70yo+ (i.e. *actually* at risk), but are retired, spend most of your time at home aside from going for walks or groceries, and just want to have close friends over or family gatherings, then locking down for each new variant waiting for the latest booster might not be the ***worst*** inconvenience (although each dose comes with the risk of side effects that may potentially stack with each dose...we don’t know yet).

And to be ***extra*** safe your family can also get COVID tests and isolate right before coming over for the Christmas holidays, and can follow extra precautions. Grandchildren ***need*** to hug their Grandparents. Babies ***need*** to feel the skin-to-skin touch of loved ones. Human beings ***need*** to see each others’ smiles.

Now if you or your children are <50yo with no comorbidities and aren’t vaccinated yet...riding a never-ending leaky booster lockdown roller coaster for 60+ years over a **0.01%** risk (as the CDC data shows) taking leaky vaccines that don’t prevent reinfection or transmission, or help much against the variants (as the UK data shows) *and* suppress your immune system, might ***not*** be a lifestyle you want to choose, or condemn your children to, when you could take some vitamins, work on reducing comorbidities, eat healthy, exercise regularly, and keep your immune system prime while waiting a few months or a year to see if better alternatives like safe prophylactics/therapeutics or *non*-leaky vaccines are available.

Experts, Journalists and Appeals to Authority

"Lies, damned lies, and statistics"

> ***Summary:*** ***Stats are being used dishonestly*** *to push fear-mongering narratives.* ***Always*** *ask* ***"Relative to WHAT?"****,* ***"What are the age ranges & comorbidities?"****,* ***"Which strain of COVID?"****,* ***"10x the risk compared to WHAT?"****,* ***"Absolute or relative?"****,* ***"Worse than WHAT?"****,* ***"What time period?"***

A lot of statistics are floating around and pushed in the media that say things like "the vaccine is 94% effective" and "X age range has 10x the risk as Y age range" and "unvaccinated people have worse symptoms than vaccinated people", but these are misleading. Here's an example from the CDC:

> *https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html*
> *archive: https://archive.ph/fi5q4*

They use 18-29yo as the reference group and 40-49yos have ***10x*** the rate of death! That's horrifying! Except as we calculated earlier using the CDC's own stats, 18-29yos without any comorbidities have a **0.002%** rate of death or less...so that scary "10x the rate" is really only a **0.02%** rate. Not as scary a number as most people would imagine when they see "10x the rate of death".

The important questions to ask when you see stats are:

- ***"94% effective relative to WHAT?"*** i.e. are they showing you the ***relative*** risk or the ***absolute risk***? If you ***only*** have a **0.084%** risk of hospitalization from Delta as a healthy <50yo, then it's "**94%** effective against an already almost **0%** risk". But it's hard to convince people to risk potential side effects by pitching it as "the vaccine will make you ***less than a percent safer***".

- "**What are the age ranges & comorbidities?**" i.e. a headline saying "Millions of Unvaccinated People Are Dying" sounds scary. But if they don't show the data ***sorted by age groups*** then it's likely that they're talking about overall cases across all age ranges ***combined***, which leads you to believe your healthy 18yo son or your 25yo best friend with no comorbidities has the same risk of death as an 85yo with multiple comorbidities who has a **600x** higher risk than them.

- ***"Which strain of COVID?"*** i.e. "Vaccinated People Have Lower Rates of COVID Than Unvaccinated" is likely going by the original strain of COVID-19 the mRNAs are designed for. "Unvaccinated Man Dies of COVID" sounds bad but how ***old*** was he, how many ***comorbidities*** did he have, and what strain of COVID did he get? Did they even ***test*** for which strain?

- ***"10x the risk compared to WHAT?"*** i.e. if your age group has **10x** the risk of ***another*** age group, but ***that*** age group only has a **0.002%** risk, "***10x the risk***" is really only **0.02%**

- ***"Is this stat absolute or relative?"*** i.e. say a vaccine came with a **25%** chance of killing you. But if it ***doesn't*** kill you, it's "**100%** effective". You might risk it since "**100%** effectiveness" sounds worth the risk. But if your ***actual*** risk was only **0.000001%** and the vaccine reduces that to **0%**, ***that*** insignificant benefit might not feel as worth risking that **25%** chance of death.

- **“Worse than *WHAT?”*** i.e. **0.01% *is*** technically “worse” than **0.005%**, but both are pretty insignificant numbers in general. If you have **1** apple and I give you **1** apple, you now have “***twice the apples***”, that’s a **100%** increase! Wow! ...but all you gained was a single apple.

- **“What were the time periods?”** i.e. what constituted “unvaccinated”? People with ***no*** vaccine in them at all? People vaccinated within the last 14 days? Was the time period for side effects only counting for a few weeks after the vaccine? Is that enough time for everyone who has side effects to develop them, notice them, and be bothered enough by them to ***seek*** hospital care?

A CEO might say “My business is 1000x more successful than last year! And we’re producing 50% less pollution!” but if the business made $1 last year, that’s only a $1000 profit and if it was dumping 1000 barrels of nuclear waste into the ocean, that’s still 500 barrels being dumped.

Regardless of headline fear-mongering, this document shows you how to look up and calculate the real-time statistics direct from official CDC data, official UK government data, etc to see for yourself.

And the official data doesn’t in ***any*** way back up the hysterical political and media narratives. Scary headlines and anecdotes don’t change what a leaky vaccine is or how they affect a virus, etc.

“Why don’t you guys trust the government and big pharma?”

...is that a trick question? For starters how about stuff like this:

> *https://www.ctvnews.ca/health/health-headlines/pfizer-pays-us-60m-to-settle-allegations-of-bribing-doctors-1.906216*
> *archive: https://archive.ph/qkh2r*
>
> *“**Pfizer has agreed** to pay the federal government **$60 million to settle allegations** that **its employees bribed doctors and other foreign officials** in Europe and Asia to win business and boost sales.”*
>
> *“**Pfizer's China operation** created a point program that **allowed doctors to purchase gifts based on points earned for prescribing Pfizer medications**.”*
>
> *https://en.wikipedia.org/wiki/Tuskegee_Syphilis_Study*
> *archive: https://archive.ph/gYOno*
>
> *“The Tuskegee Study of Untreated Syphilis in the Negro Male […] was an **ethically abusive** study conducted between 1932 and 1972 by the **United States Public Health Service** (PHS) and the **Centers for Disease Control and Prevention (CDC)** on a group of **nearly 400 African Americans** with syphilis.*
>
> *The purpose of the study was to **observe the effects of the disease when untreated**, though by the end of the study **it was entirely treatable**. The men **were not informed** of the nature of the experiment, and **more than 100 died as a result**.”*

https://en.wikipedia.org/wiki/Compulsory_sterilization_in_Canada
archive: https://archive.ph/1JCDM

*"The 1937 amendment to the act **allowed for sterilizations** to be carried out **without consent** in the case of those deemed mentally defective."*

*"The **Canadian sterilization laws** created a **Eugenics Board** that could **impose sterilizations on people without their consent**. This developed into a familiar practice, especially in relation to **indigenous men, women and children**."*

For more fun, see the section on FDA approval. Are there ***no*** financial or power incentives here?

"Preprint, peer reviewed, and meta-analysis studies"

Summary: *Due to the **hostile environment** that **encourages** the **deplatforming**, **slandering**, **revoking of medical licenses**, **destroying lives**, **threatening families**, etc if anyone **dares** to even **question** the official narrative, let alone **recommend** anything that goes **against** it...we **cannot** rely on peer review.*

This is the danger of allowing mob hysteria and Chinese level censorship corrupt science & debate.

Ordinarily, peer reviewed studies would be more reliable than preprint but the absolutely frothing at the mouth hysterical attack mob culture that's been fueled by media, pharma and political fear-mongering has created a situation where ***even medical professionals just questioning the official narrative*** risk having their family and their own lives threatened, their reputations slandered, and their careers ended.

So who's going to risk ***that*** and peer review a study that says something like "hey, these leaky vaccines we forced on everyone were a bad idea and created variants that have killed thousands of people"?

Meet ***Ignaz Semmelweis***, who tried to warn doctors that not washing their hands was killing newborns:

https://en.wikipedia.org/wiki/Ignaz_Semmelweis
archive: https://archive.ph/Dz966

*"Described as the "**saviour of mothers**", Semmelweis discovered that the incidence of [**childbed fever**] could be drastically cut by the use of **hand disinfection** in obstetrical clinics. **[Childbed fever] was common** in mid-19th-century hospitals and often **fatal**"*

*"Despite various publications of results where **hand washing reduced mortality to below 1%**, Semmelweis's observations **conflicted with the established scientific and medical opinions** of the time and his ideas were **rejected** by the medical community.*

*He could offer no acceptable scientific explanation for his findings, and some **doctors were offended at the suggestion that they should wash their hands and mocked him for it**"*

*"Semmelweis's hypothesis, that there was only one cause, that all that mattered was cleanliness, was extreme at the time, and **was largely ignored, rejected, or ridiculed**.*

***He was dismissed from the hospital for political reasons** and **harassed by the medical community in Vienna**, being eventually **forced to move to Budapest**.*

*Semmelweis was **outraged by the indifference of the medical profession** and began writing open and increasingly angry letters to **prominent European obstetricians**, at times **denouncing them as irresponsible murderers**.*

***His contemporaries, including his wife, believed he was losing his mind**, and in 1865, nearly **twenty years after his breakthrough**, he was **committed to the [insane asylum]**.*

***He died there** of septic shock **only 14 days later**, possibly as the result of **being severely beaten by guards**.*

***Semmelweis's practice earned widespread acceptance only years after his death**, when Louis Pasteur further developed the **germ theory** of disease, offering a theoretical explanation for Semmelweis's findings. He is considered a pioneer of antiseptic procedures.*

Because of this hostile anti-science, anti-debate, pro-pitchfork-mob, pro-censorship environment, we unfortunately not only ***have*** to consider (with healhty skepticism and discussion) that preprints ***can*** be valid sources, but we also can't necessarily even ***trust*** peer review anymore because of the ***incentive to rubber stamp approval*** and because the risk of ***not*** doing so is like begging to be the ***next*** Semmelweis.

Peer review *can* be anonymous, but in this hysterical "unvaccinated plague rats are literally killing us" climate we're in, no one can really trust that their names won't be ***accidentally leaked***:

https://www.newsweek.com/privacy-breach-reveals-which-hospital-employees-are-unvaccinated-email-sent-staff-1629399
archive: https://archive.ph/Cxu6p

*"**an email was sent** from one of our software systems **to a list of unvaccinated staff members**, inviting them to complete a vaccine education session. **The staff names were unfortunately visible**," the Ottawa Hospital said in a statement."*

Oops!

https://toronto.citynews.ca/2021/08/23/uhn-employees-unvaccinated-email/
archive: https://archive.ph/gPCra

*"**a list of staff who are unvaccinated for COVID-19**, have a **medical reason for not being vaccinated**, or **haven't declared** their vaccination status, was **accidentally emailed out** to dozens of people"*

*"the **list of around 300 employees** was **sent in error** to around 70 people on a distribution list."*

*"**UHN announced that unvaccinated staff will be terminated** after two weeks of being placed on unpaid leave if they refuse to get the COVID-19 vaccine."*

Peer review ***itself*** in *general* is in a questionable state:

https://newdiscourses.com/2020/01/academic-grievance-studies-and-the-corruption-of-scholarship/
archive: https://archive.ph/LdsV1

*"**peer review** can **only** be as **unbiased** as the aggregate **body of peers** being called upon to participate. The skeptical checks and balances that **should** characterize the scholarly process have been replaced with a **steady breeze of confirmation bias** that blows grievance studies scholarship ever further off course. **This isn't how research is supposed to work**.*

*Though it doesn't immediately seem obvious—because financial incentives for the researchers, for the most part, aren't directly involved (although the publishing houses are definitely raking it in)—this is **a kind of blatant corruption**.*

*In this way, **politically biased research** that rests on **highly questionable premises** gets **legitimized** as though it is verifiable knowledge. It then goes on to permeate our culture because professors, activists, and others cite and teach this ever-growing body of **ideologically skewed** and **fallacious scholarship**.*

*This **matters** because even though most people will never **read** a single scholarly paper in their lifetimes, **peer reviewed journals** are the absolute **gold standard** of knowledge production."*

Imagine a scenario where a study is published that concludes "black people are bad", and *that* study is "peer reviewed" by a bunch of KKK members who approve and determined that the study is valid. Would ***anyone*** accept ***that*** study at face value, just because it was labeled as peer reviewed? I ***hope*** not!

And imagine if anyone who ***didn't*** approve of that study's conclusion, or who put out studies that went ***against*** it, had their lives ruined, their reputations attacked, their credibility slandered and their careers destroyed, the blame of "causing millions of deaths" placed on them by politicians, news pundits and hysterical social media mobs, etc? Would ***that*** affect ***your*** view of that study being "***peer reviewed***"?

Similarly, a ***meta-analysis*** is a study that combines the results of a bunch of *other* studies. So it has the same potential flaws as peer review, in that whoever is performing the meta-analysis can choose which studies to include in it and possibly bias the results, along with also having to deal with the same issues above where finding the "wrong" conclusion could come with consequences.

But on top of *that*, a meta-analysis is only as good as the data in the studies being compiled. If ***those*** studies are biased, or some of the methodology is bad, or the only studies that exist are ones that won't result in the authors' lives and careers being attacked by hysterical zealots, ***then we must be skeptical***.

This is part of ***why*** we need ***open discussion and dialog***, to hear ***both sides*** of the argument, falling back on first principles & critical thinking skills, not ***censorship***. That's why this document uses lots of verified older studies and simple virological principles & definitions you can find in any textbook.

And if you're not convinced ***preprints can be valid***, here's a study showing that they're about the same:

> *https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-020-00101-3*
> *archive: https://archive.ph/B2Lie*
>
> *"Peer reviewed articles had, **on average**, higher quality of reporting than preprints, although **the difference was small**"*
>
> *"supporting the idea that **preprints should be considered valid scientific contributions**."*

Honestly, the majority of people don't even read past the Abstract summary of a study, let *alone* look at the methodology. Did ***you*** read the full methodology in the study above this paragraph? Probably not. You don't *have* to, it's a boring study, but the point is: Don't just blindly trust news pundits, YouTubers, a study's Abstract, what people ***tell*** you a study says, etc. On ***either*** side. Even doctors *can* be wrong.

Don't even trust *this* document. If you disagree with anything in it, look at the sources I've linked, read the studies, calculate the numbers for yourself. ***Ask questions***, you should be *allowed* to ask questions.

There's no such thing as "settled science". ***Everything*** in science is up for re-evaluation and discussion.

"The FDA just approved the vaccines, how come you're still refusing?"

Summary: *The FDA has made **mistakes**, and their approval is **only** for Pfizer's vaccine which the FDA, CDC and Pfizer **all** openly admit come with **risk of permanent heart damage for young males**.*

Unfortunately, the FDA sometimes approves things that ***turn out to be a mistake***:

> *https://allthatsinteresting.com/fda-mistakes*
> *archive: https://archive.ph/sQ2cj*
>
> *"Quaaludes are now considered a Schedule 1 drug (like heroin and LSD), but **even before being approved** by the FDA, research pointed to possible issues of dependence and abuse."*
>
> *https://allthatsinteresting.com/fda-mistakes/2*
> *archive: https://archive.ph/Le6vE*

*"**DES**, a synthetic form of estrogen, was **marketed to the expecting mother who preferred to have a healthy baby**. It claimed to prevent spontaneous abortion, miscarriage, and premature labor.*

*It was actually extremely unsuccessful at accomplishing any of the above. Instead, it **created a slew of other problems** that **affected multiple generations**, including:*

- *Cervical and Vaginal Cancer*
- *Birth defects and developmental abnormalities*
- *Increased risk of breast cancer (and a high risk to die of breast cancer)*
- *Risk of cancer in the child*
- *Increased risk in fertility and pregnancy complications*
- *Early menopause*
- *Testicular abnormalities*

*DES truly stands out among **the many highly destructive, remarkably ineffective FDA mistakes**. Approximately **5-10 million mothers and female fetuses were exposed to DES**"*

*"While the harmful complications of DES could affect **both the woman** taking the medication **and her children**, there was even **potential risk for the third generation** of the family. In other words, **the grandchildren of the person who took this drug could suffer health complications**."*

And the ***FDA approval process*** isn't necessarily what you might *assume* it would be:

https://www.drugwatch.com/featured/misplaced-trust-fda-approval-concerns/
archive: https://archive.ph/RTTJy

*"**FDA approval** is based on **evidence** — **provided by the company that makes the medical product** — that the **benefits** of the product **outweigh the risks** for **most** patients for a specific use. **It doesn't necessarily mean the product is safe.**"*

*"Unfortunately, what Woody's family didn't know is **the FDA's approval process may favor drug companies over consumers** — and **FDA-approval does not guarantee safety**. In fact, **Big Pharma** actually **pays** for the **majority** of **drug safety reviews**, **provides the FDA with safety data** for the review and has the option to **have drugs approved faster with fewer clinical trials**."*

On top of all that, if you look at the last part of the FDA press release on the Pfizer-BioNTech approval:

https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine
archive: https://archive.ph/X4yAO

*"the FDA conducted a rigorous **evaluation** of the post-authorization safety surveillance data pertaining to myocarditis and pericarditis following administration of the Pfizer-*

*BioNTech COVID-19 Vaccine and **has determined that the data demonstrate increased risks, particularly within the seven days following the second dose.**"*

So ***they admit flat-out*** that there's ***increased risks of myocarditis*** (inflammation of the heart muscle) and ***pericarditis*** (inflammation of tissue surrounding & helping the heart) ***in the press release***.

> *"The observed risk is **higher among males under 40 years of age** compared to females and older males. The observed risk is **highest in males 12 through 17 years of age**."*

As CDC COVID data and official UK Delta data shows, healthy males under 40 with no comorbidities are at an incredibly ***low*** risk from *either* one. And it's almost non-existent for ***children***. With this being a leaky vaccine, it doesn't prevent reinfection or transmission so no one ***around*** them is "protected" by them getting it. Why would a healthy adult or teen ***risk heart damage***? Or parents risk their ***children?***

> *"Available data from short-term follow-up suggest that most individuals have had resolution of symptoms. However, **some individuals required intensive care support**."*

Note that "resolution of ***symptoms***" is ***very*** different from "resolution of ***damage***":

> *https://www.mayoclinic.org/diseases-conditions/myocarditis/symptoms-causes/syc-20352539*
> *archive: https://archive.ph/Tx0mw*
>
> *"Usually, myocarditis goes away without permanent complications. However, severe myocarditis can **permanently damage your heart muscle**, possibly causing:*
>
> - ***Heart failure.** Untreated, myocarditis can damage your heart's muscle so that it can't pump blood effectively. In severe cases, myocarditis-related heart failure may require a ventricular assist device or a heart transplant.*
> - ***Heart attack or stroke.** If your heart's muscle is injured and can't pump blood, the blood that collects in your heart can form clots. If a clot blocks one of your heart's arteries, you can have a heart attack. If a blood clot in your heart travels to an artery leading to your brain, you can have a stroke.*
> - ***Rapid or abnormal heart rhythms (arrhythmias).** Damage to your heart muscle can cause an abnormal heart rhythm.*
> - ***Sudden cardiac death.** Certain serious arrhythmias can cause your heart to stop beating (sudden cardiac arrest). It's deadly if not treated immediately."*
>
> *https://www.heartandstroke.ca/heart-disease/conditions/pericarditis*
> *archive: https://archive.ph/H8t5F*
>
> *"Often pericarditis will go away on its own in a period of days to weeks or even months. If it is left untreated however, it can cause complications.*

- ***Constrictive pericarditis*** *is caused by* ***permanent*** *thickening and scarring of the pericardium. In this condition, the pericardium is rigid and unable to stretch with the heart as it pumps. The heart isn't able to work effectively, which causes symptoms such as shortness of breath and severe swelling in the legs and /or abdomen.*

- ***Cardiac tamponade*** *is caused by excess fluid accumulation in the pericardium (pericardial effusion). The extra fluid puts physical pressure on the heart, so the heart is unable to fill properly and less blood is pumped to the rest of the body. Blood pressure then drops significantly and this can* ***lead to death*** *if not treated."*

Be sure to take a look at the section on vaccine side effects as well.

Remember: *The FDA has* ***only*** *officially approved the* ***original*** *Pfizer vaccine,* ***with caveats****. They* ***haven't*** *approved the incoming* ***booster shots****, and* ***none of the other vaccines*** *have been approved.*

"Are you saying all these doctors and medical professionals are lying?"

Summary: *Most people involved probably have the* ***best of intentions****, but most nurses and doctors don't* ***specialize*** *in virology or even have* ***time*** *to keep up with the latest updates on what's happening. They're told "****The higher ups approve these vaccines****, get them in as many people as possible, as fast as possible to end the pandemic, and anyone hesitating is brainwashed by Facebook disinformation."*

Despite what we see on TV and in movies, ***doctors are simply human beings*** like yourself who have specialized in a field. It's comforting to believe that every doctor knows everything about every medical field, but that's not really the case. In general, doctors go to med school and learn the basics of a ton of different areas of medicine and then they select a specific area to focus on.

A doctor specializing in the brain may not have deep knowledge about skin conditions or colon cancer or lung problems and the history of studies and experiments in those fields and the latest happenings relative to a specialist *in* those areas, who *also* may not keep up to date on everything.

When you visit your family doctor, they're most familiar with common problems and for more difficult problems, like a "jack of all trades, master of none" they can make an educated guess on which specialists to send you to, who will have more expertise in particular relevant fields.

As a result it's possible for your doctor and/or experts chiming in to not know very much about the history of virology and experiments from the field, or know much about the vaccines aside from the generic briefing they've been given. And for the most part they're on the front-lines and see dead bodies all day. They probably don't follow every little development & study coming out.

The average doctor knows that someone higher up approved these vaccines and that we need to get these vaccines in as many people as possible, as fast as possible, and they're told that anyone hesitating is an anti-vax conspiracy nut who's been brainwashed by Facebook misinformation.

The Escalating Rhetoric

"Young healthy people are dying from COVID!"

Summary: *When you look up the "young healthy people" dying from COVID, most of them turn out to have* ***obvious stacks of comorbidities*** *despite being described as "perfectly healthy".*

Our concern is these cases are being used to ***fear-monger***, ***legally mandate*** *and* ***force*** *actual healthy people, and parents of actual healthy children, into getting these leaky vaccines* ***against*** *their will.*

The problem is when you look up the people involved in these "perfectly healthy" stories...:

> *https://www.cnn.com/2020/06/19/health/teen-death-coronavirus-wellness-partner/index.html*
> *archive: https://archive.ph/JRGvs*

> *"Although Andre had* ***no underlying medical conditions****, the first thing doctors* ***discovered*** *was that he had developed* ***Type 1 diabetes*** *— his blood sugar was a* ***dangerous 1,500 milligrams*** *per deciliter,* ***more than 10 times normal****. Type 1 diabetes frequently comes to light for the first time in the setting of an infection."*

I'm not trying to be mean but does that ***look*** like a "***perfectly healthy*** 16-year-old boy" to ***you?***

https://www.msn.com/en-us/health/medical/titusville-16-year-old-fighting-covid-pneumonia-in-both-lungs-at-arnold-palmer-icu/ar-AAO4x4Q
archive: https://archive.ph/W3ilN

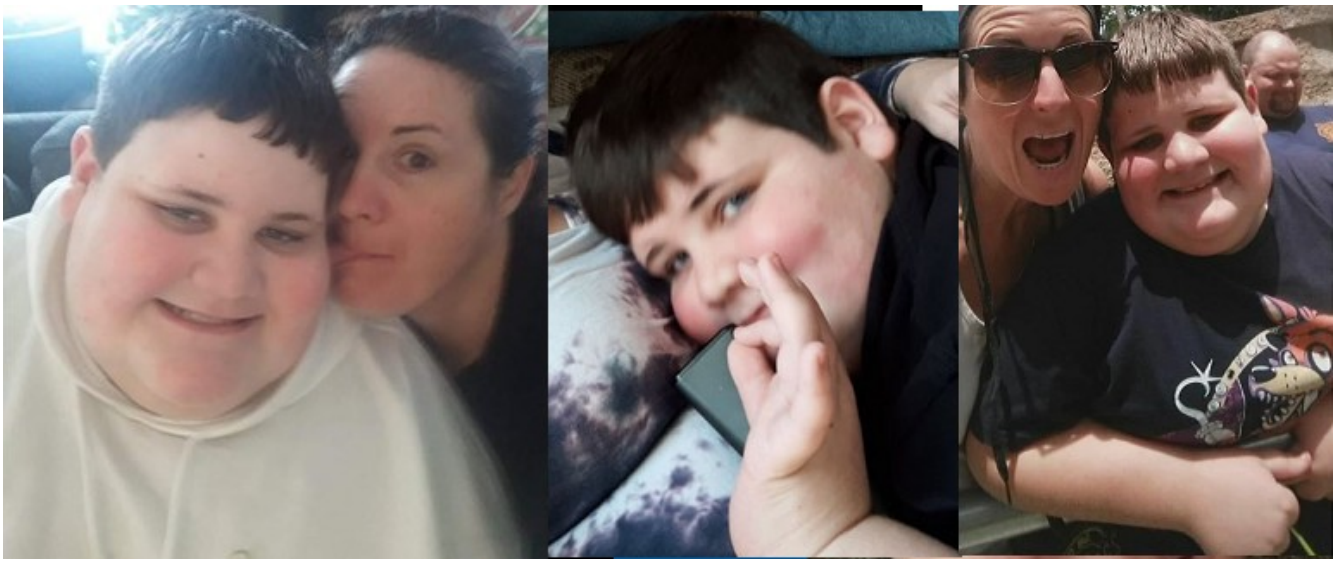
"Abby Chenoweth was a ***healthy*** 16-year-old. The Titusville teen took virtual school classes and wore a face mask when she left the house."

"Her mom said ***she didn't have pre-existing conditions***, and she didn't go out often."

"Just because you have ***a healthy 16-year-old*** doesn't mean they can't be attacked by this virus,"

I'm not trying to be insensitive but imagine calling this girl healthy with no pre-existing conditions…

https://www.11alive.com/article/news/health/coronavirus/porter-helm-teen-dies-covid-19-floyd-county-family/85-b9928c71-79cc-4fae-8124-3356d694c395
archive: https://archive.ph/PyK6y



*"This young man had **no prior medical problems**, **no medical history at all**…"*

*"Proctor said Porter is the **first child under the age of 18** to die from COVID in the county."*

A 13yo, the first child to die from COVID...but does that ***look*** like "***no prior medical problems***"?

https://www.walesonline.co.uk/news/uk-news/john-eyres-my-super-fit-21227018
archive: https://archive.ph/jGfIS

*"My **super fit** twin brother died of Covid wishing he had been vaccinated"*

*"Although **in her Twitter thread she stated John had no pre-existing conditions**, an **earlier tweet of hers** did mention **he lived with asthma.**"*

https://dualdiagnosis.org/effects-of-steroid-abuse-on-the-immune-system/
archive: https://archive.ph/gCJG5

*"Your immune system is your body's protection against disease, and when you misuse steroids, **your immune system is weakened**, making it harder for your body to **combat illness** effectively. Since your **defenses are depleted**, you can **get ill very often and recover more slowly.**"*

https://www.npr.org/sections/health-shots/2010/04/steroids_hurt_bodybuilders_hea.html
archive: https://archive.ph/8c1m0

*"Anabolic steroids not only build muscle but **ravage livers**, **increase "bad" cholesterol**, **hike blood pressure** and shrink testicles."*

*"After an average of nine years on steroids [...] the **cardiac damage** was "**profound**.""*

*"Steroid-users' **hearts were also stiffer** -- they didn't relax fully between beats. So the main pumping chamber of the heart didn't fill with oxygenated blood from the lungs as completely as it should before the next contraction."*

Again, not trying to be insensitive but this guy was a bodybuilder likely using steroids, with asthma.

With this level of ***blatant*** agenda-driven journalism, it's hard to take reports of "healthy young people dying from COVID" seriously. See the sections on statistics and the unvaccinated filling hospitals.

“More unvaccinated people are dying than vaccinated!”

See the sections on statistics, the unvaccinated filling the hospitals, and the official UK government’s Delta data calculations. Apply the same critical thinking you learned there to ***any*** articles claiming this.

For instance are they talking about cases, hospitalizations, or ***actual*** deaths? Are they talking about the ***original*** COVID-19 strain or a variant? How much ***of*** the population they’re looking at ***is*** vaccinated VS unvaccinated? Have a ***lot*** of vaccinated people died off? How many doses does a particular article ***define*** as unvaccinated VS vaccinated? What are the ***age groups***? What ***comorbidities*** are involved?

“Unvaccinated people are filling the hospitals, taking beds from others!”

Summary: *Statistics are being* ***distorted*** *to stoke divisive tension &* ***unfairly blame the unvaccinated****.*

i.e. in an ICU with ***100*** *beds,* ***80*** *being used by* ***non****-COVID patients, and* ***10*** *by* ***90yo COVID patients with a bunch of comorbidities from a month ago****...if* ***10 new COVID patients*** *come in and* ***8*** *of them are* ***unvaccinated****, then the headlines read:* ***“8x as many unvaccinated patients are hospitalized than vaccinated”****,* ***“80% of incoming COVID patients are unvaccinated”****,* ***“unvaccinated patients are overloading the system, maxing out ICU beds”*** *which are* ***true*** *statements, but very* ***misleading****.*

First off, let’s get an example of ***blatant dishonesty*** out of the way. Rolling Stone ran this viral story about how crazy anti-vaxxers overdosing on ivermectin were killing others by taking up all the hospital beds, literal lineups of ambulances with people dying inside them because ***no beds*** are available:

> *https://www.rollingstone.com/politics/politics-news/gunshot-victims-horse-dewormer-ivermectin-oklahoma-hospitals-covid-1220608/*
> *archive: https://archive.ph/sC8Di*
>
> *“The ERs are* ***so backed up*** *that gunshot victims were having hard times getting to facilities where they can get definitive care and be treated,” McElyea said.*
>
> *“****All of their ambulances are stuck*** *at the hospital* ***waiting for a bed to open*** *so they can take the patient in and* ***they don’t have any****, that’s it,” said McElyea. “If there’s no ambulance to take the call, there’s no ambulance to come to the call.”*

This story was spread by The Guardian, The Hill, MSNBC’s Rachel Maddow, etc. Except:

> *https://www.newson6.com/story/6136ad349daa7c0c0b36d064/oklahoma-doctor-at-center-of-viral-ivermectin-story-says-report-is-wrong*
> *archive: https://archive.ph/eUYVp*
>
> *“****The doctor at the center of the story*** *told News 9* ***he was misquoted****, and* ***the story was wrong****.*
>
> *“That original story was just a little* ***misquoted****,” Dr. Jason McElyea told News 9 Friday.*

> *"As the story ran, it sounded like all of Oklahoma hospitals were filled with people who have overdosed on ivermectin and **that's not the case**," McElyea said. "The cases we are seeing, people who are overdosing on ivermectin, they are taking full strength cattle doses and coming in and that is something that could be avoided."*
>
> ***At least one of the hospitals** McElyea worked with **distanced themselves** from the viral stories over the weekend.*
>
> *Northeastern Health System Sequoyah said, "Dr. Mcelyea **has not worked** at our Sallisaw location in **over two months**, NHS Sequoyah **has not treated any patients due to complications related to taking ivermectin**."*

That's the sad state of "journalism" these days, and part of why the unvaccinated don't trust the media.

Next, take a look at the section on statistics. A common tactic being used in articles and/or by people interpreting those articles to fear-monger or pressure others, is to conflate cases and hospitalizations.

An article might say something like "There are X number of new cases in unvaccinated people. These doctors say their hospital beds are full!" But those two things aren't necessarily connected. Most cases *don't* result in hospitalization, and that doesn't say what *portion* of the hospital beds are these people.

ICUs ***usually*** run close to maximum capacity, because tons of extra beds is a waste of resources:

> *https://www.cbc.ca/news/canada/calgary/alberta-all-about-icus-covid-19-critical-care-1.5723342*
> *archive: https://archive.ph/JdexY*
>
> *"**the intensive-care system usually runs at near-capacity**, so **even a modest increase** in occupancy **can push ICUs beyond their normal limits**."*
>
> *"**Usually**, Zygun said, **ICU beds are mostly full**. "We do tend to run **somewhere between 70 to 90 per cent capacity, as our routine**," he said. "And, **at times, certainly even over 100 per cent**.""*
>
> *"for **smaller hospitals**, running at **88 per cent capacity** can mean there is only **a single ICU bed** available"*
>
> *"[Alberta has] **272 ICU beds**."*

Most hospitals only have a ***few*** ICU beds. 100 cases across an ***entire state*** can overload their system. What's ***more*** likely to overload the system this winter is being understaffed and overworked with unvaccinated staff being fired, straining resources and being replaced with new, ***inexperienced*** staff:

> *""You also need the **skilled people** to run [a ventilator], because they are not a routine device that everybody is trained on," Zygun said."*

Let's look at an example of the type of articles on this and the misdirection used to push this narrative:

> *https://www.cnn.com/2021/08/01/health/us-coronavirus-sunday/index.html*
> *archive: https://archive.ph/6pCG0*

I'm not trying to be mean but do this married couple from this article *look* like *healthy people* with *low to no comorbidities?* The wife is morbidly obese, has asthma, and ***the vaccine made her sick enough to put her in the ER for 10 days***. The husband, who's *also* morbidly obese, ***and*** *had a* ***heart attack 9 days before getting COVID***, caught COVID and has been hospitalized for 22 days. The blame is put on him not being vaccinated instead of comorbidities like ***morbid obesity*** and ***a heart attack 9 days ago!*** They're ***not*** the healthy young adults, teens & ***children*** the vaccines are being pushed on. The article:

> *"Hospitals are surging with unvaccinated patients infected with the Delta variant"*

> *"the Delta variant has proven to be so highly contagious that even the young and the healthy, including pregnant patients, are now starting to fill up our hospitals"*

To get less variant cases regardless of vaccination status, we need vaccines that are ***not*** leaky.

> *"More than **90%** of the hospitalized Covid-19 patients are unvaccinated, he said."*

90% of how ***many****?* **1000** total COVID patients would be **900**? But **10** total patients would be just **1**. What are their ***age ranges***, are they all above 50 or in their 80s? How many ***comorbidities*** do they have? Do they have vitamin deficiencies or other health problems?

> *"All **88 beds** in the University of Mississippi Medical Center's intensive care unit had filled up by Friday"*

How many beds were full **before** Friday? Were there **2** beds full? Or **86** beds full? How many of those 88 beds are taken up by patients who ***aren't*** there for COVID related problems?

> *"We're becoming victims of the unvaccinated"*

Technically we are all victims of the leakily vaccinated, who are causing and spreading variants.

> *"We currently are overwhelming our bed capacity."*

How many beds are being used for COVID patients? How many are being used for *other* patients? If you have **10** beds and **8** of them are used by *other* patients, then just ***2 COVID patients*** will overwhelm that. That's different than all **10** beds being taken up by **10** COVID patients.

> *"**97%** of Covid-19 patients in the ICU were **unvaccinated**, Thomas said."*

Again, ***97% of how many*** patients?

> *"As of Friday, the **average age** of Covid-19 patients in the ICU was **48**."*

Is there ***one young patient*** and a ***bunch*** of old ones? How many ***comorbidities*** do they all have?

> *"That means there are children -- with parents -- who are now in the hospital"*

By "children" do they mean an 8yo? Or do they mean a 17yo? Do those children have comorbidities?

> *"Many of those who don't want to wear masks or get vaccinated are prolonging the pandemic, doctors say."*

Again, the leaky vaccines are causing the variants (like Delta) that are prolonging the pandemic. I'm doing my best not to comment on the questionable morality and divisiveness involved in publishing claims like this that wrongly blame and dehumanize an entire group of people, but ***man***...

> *"We know that the vast majority of the spread is still by unvaccinated people. And I think that that is the part that's been lost in the messaging from the CDC,"*

The CDC has stopped following breakthrough cases that aren't hospitalized. But those asymptomatic cases are ***still mutating and spreading variants***, since these leaky vaccines don't prevent transmission. But if the CDC isn't tracking them then we can't even ***know*** how many of them there are.

> *"The problem is not with the vaccinated. The problem remains with the unvaccinated. And the way that we can get out of this pandemic is to increase vaccination rates"*

Increasing vaccination rates of leaky vaccines that cause variants *cannot* get us out of this pandemic.

> *"So the CDC should actually be saying, 'Look, the reason we're doing indoor mandates is because the unvaccinated cannot be trusted to put on masks. That's why the vaccinated also have to be putting on masks.'"*

If the vaccinated start killing the "untrustworthy unvaccinated plague rats who are extending the pandemic and killing your loved ones by taking up hospital beds", I hope that journalists and careless doctors like this who pushed this narrative reflect on their encouragement of hysteria and division.

> *"Many Americans were surprised to hear the CDC's updated guidance saying everyone -- even fully vaccinated people -- should wear face masks indoors in areas of high or substantial transmission. "*

As explained, this is because the vaccines are leaky and don't prevent reinfection or transmission. They are literally admitting it in the article, and they're assuming that you are too uninformed to understand.

> *"It's mostly about protecting the unvaccinated. That's where the real serious risks of illness are,"*

As the official UK government's Delta data shows, vaccination status makes almost no difference.

> *"Those who are vaccinated are less likely to get infected"*

They are less likely to show symptoms, not less likely to get infected.

> *"When breakthrough infections do happen in vaccinated people, they usually lead to mild or no symptoms at all."*

Which means they don't realize they should be isolating and social distancing and wearing their masks, since these leaky vaccines don't prevent transmission and they are mutating and spreading the virus.

> *"But **vaccinated people who get breakthrough infections** might be able to **spread Covid-19 as easily as unvaccinated people**, according to **the CDC**."*

> *"**High viral loads** suggest an **increased risk of transmission** and raised concern that, unlike with other variants, **vaccinated people infected with Delta can transmit the virus**," **CDC director** Dr. Rochelle Walensky said Friday."*

Look, the ***CDC themselves*** are ***literally*** admitting what I'm saying here. And as shown earlier, the number of breakthrough infections is significantly higher than what we'd need to end the pandemic.

> *"But Collins said it's critical to emphasize how much more danger unvaccinated people are in, compared to vaccinated people. He said those who are not vaccinated:*
>
> *-- Are three times more likely to get infected."*

3x more likely than ***what*** likelihood? For what age groups? Again, see the statistics section examples.

> *"-- Are eight times more likely to get symptoms when infected."*

8x more likely than ***how much?*** With what ***comorbidities?*** The official UK government's Delta data shows a <50yo with no comorbidities is fine. But a 90yo with comorbidities might *be* **8x** more at risk.

> *"-- Are 25 times more likely to be hospitalized with Covid-19."*

For what age groups and comorbidities? If the argument is “even healthy young people (like healthy ***children!***) should be vaccinated”, then are ***children*** “***25x*** *more likely*”? Not according to the data. But a 90yo with multiple comorbidities ***might*** be.

That’s enough for now, you get the idea. The point is: **be *very* skeptical of *everything* you read**.

“The unvaccinated don’t deserve health care if they get sick because it was preventable!”

Would you say the same about fat people? You could argue that obesity takes a whole lifestyle overhaul to handle and could take years, whereas getting the vaccine is easy, free, and takes 10 minutes.

Ok, then how about HIV/AIDS patients? All they had to do was *not* have unprotected sex. Not having sex at *all* takes even *less* time than getting the vaccine! Should we let them die too?

Smokers just have to *not* spend money on cigarettes and *not* smoke them. Speeding or drunk drivers, drug addicts, domestic abusers, murderers, criminals, injured athletes, movie stuntmen, motorcyclists, children who fall climbing trees, risky religious practices...do we let them all die too?

Imagine demanding that doctors & nurses ***don’t*** help *sick people* and believing you’re *the* ***good*** *guys*.

“The unvaccinated should be forced, bribed, threatened, etc to get vaccinated!”

I find it disturbing how easily we threw away the ethical concerns of bribing and threatening people to force their consent. No one sees *any* problem with dangling paychecks in front of a desperate family struggling to put food on the table or pay their rent after 2 years of government-mandated lockdowns?

Imagine an alternate timeline where Trump used the power of the state to lock the economy down for 2 years, then enforced mandatory doses of Hydroxychloroquine, bribing the desperate and threatening force if necessary, all while using divisive rhetoric that pits citizens against one another and contradicts science with claims like “Unvaccinated people are responsible for prolonging the pandemic and are “variant factories” causing all these deaths”. And when *that* didn’t work, he denied them health care.

Those now demanding mandatory vaccinations & calling others “plague rats” would be *okay* with that?

Remember that the mandates, threats, dehumanization & exclusion from society that the vaccinated are cheering on will be the ***same*** tactics used on them every 6 months to force them to get another dose of the vaccines to keep their freedoms. If anyone had bad side effects, especially worse on their second dose than their first, then I hope they’re prepared to find out what happens on dose 5, 10 and 20+.

“It’s so easy to get the vaccine, you just go there and it’s free...it takes 10 minutes!”

That won’t change what leaky vaccines or escape variants are, erase history, or fix these vaccines.

“Trump or a celebrity montage/musical say to get the vaccine, why won’t you listen?”

No amount of bizarrely ecstatic vaccine songs James Corden & Ariana Grande lip sync to, or montages of over-dramatic Hollywood actors pleading with Oscar-chasing sincerity into a camera to “Just get the Fauci Ouchie” in YouTube videos that inevitably have their comment sections turned off, will change what a leaky vaccine is and how escape variants work, erases scientific history, or fixes these vaccines.

Even ***less-so*** when you consider that ***99.9% of them*** couldn’t explain ***anything*** in this document.

As the intro says: these concerns need to be *competently addressed* instead of censored or dismissed.

Dealing With Social Situations

"What do I do when people ask my vaccination status?"

A common social situation, even on Zoom calls, is the office or classroom Karen "casually" bringing up the vaccines as a gossip topic and announcing that they've been vaccinated, the implication being "I'm virtuous, now everyone else announce *your* vaccination status so that we can decide on the social hierarchy of who's a good person we should praise and who's a bad person we should shame."

The easiest thing to do is lie, since you don't owe Karen your personal medical information. But keep in mind that's just for ***casual social conversation*** where Karen has no legal authority over you.

If your employer forces you to fill out an assertion form, ***don't lie on it***, as those are likely just a trap for anyone who lies so that when the assertions are audited you can be fired with less legal hassle risk than them changing the terms of your contract to coerce you into a non-consensual medical procedure.

If you have trouble lying or don't want to comply and passively approve of this behavior, an alternative approach you can take is to interrupt and say "Hey uhh, I don't think we should be asking everyone their personal medical information. It doesn't bother *me*, but I would feel *terrible* if someone had a legitimate medical reason their doctors told them not to get the vaccines and they felt *forced* to confess some embarrassing medical information, like that they're HIV+ or are on some type of medications when none of that is *any* of our business. Imagine we asked everyone if they take depression meds and what the dosage is, or if we went around the room asking the women what type of birth control they use…that would be *such* an invasion of privacy and I would feel so *ashamed* about creating a hostile work/classroom environment for others, humiliating people who are already struggling their health!"

None of that is a lie, and quite frankly someone ***should*** be telling Karen to mind her own business.

"What do I say if someone is pressuring me into getting the vaccine?"

You could ask what a leaky vaccine is and walk them through the official CDC data, UK Government Data and Canadian data. Or go through this document together if they're genuinely open to discussion.

But if they continue, you could ask them "If I continue to socially distance, then what's wrong with waiting a few months for more data or better alternatives? Why do I have to get it right ***now?*** The vaccine will still be available in a few months if I change my mind, and there's no risk if I'm isolating."

If they continue to pressure you then you're dealing with someone who's too deep into hysteria to be rational anymore. There's nothing unreasonable about wanting to wait a bit, especially if you're taking precautions. Remember you can ***always*** get the vaccine if this document gets totally debunked.

A lot of the vaccinated doubt or regret their decision and need everyone around them to make the same decision so that they can mentally absolve themselves of responsibility. i.e. if it turns out rushing to get their children injected with these was a mistake, they can go "It's not ***my*** fault, ***everyone*** was doing it!"

“I don’t want to be excluded from society!”

That’s understandable, but here are some things to consider:

1. Assuming there will be a fourth wave this winter due to leakily vaccinated people mingling again in the fall, you may get vaccinated only to find *everyone* gets locked down for the winter.

2. Remember that there is a ***lot*** of fear-mongering being used to pressure you into voluntarily getting these vaccines, but that there may be legal lines they *can’t* or don’t *want* to *actually* cross and risk potential lawsuits down the road.

   If they’re *saying* proof of vaccination *will* be mandatory to do X thing, they may *claim* that until the absolute last minute and then suddenly back down on it, or not enforce it, or say “just use the honor system”. That’d make people voluntarily panic-vaccinate *without* violating any rights.

   Or if they say “it’ll be mandatory as of next week” that “deadline” may be extended or ignored and the whole thing dropped as the due date nears, due to fear of possibly violating your rights in some way, especially if the vaccines someday turn out to be health risks forced on people.

   In fact, this exact backing down happened in the UK:

   > *https://www.thetimes.co.uk/article/covid-vaccine-passports-scrapped-for-winter-by-boris-johnson-5g2fdb2zn*
   > *archive: https://archive.ph/IHC3C*
   >
   > *“Boris Johnson will announce this week that he is **scrapping plans that would have required vaccine passports** for entry to nightclubs, cinemas and sports grounds.”*
   >
   > *“He will say that he has **abandoned the proposed compulsory certification scheme**, which would have **forced venues to check people’s vaccine status**.”*
   >
   > *“But the move also represents a significant concession to Tory backbench rebels who had complained that **enforcing vaccine passports would create a group of second-class citizens**.”*

   Keep in mind that there are a *lot* of people with medical issues who *can’t* safely get vaccinated and a lot of minorities are justifiably wary of trusting the government (Indigenous sterilization & residential schools, the Tuskegee Syphilis Study, etc), so dividing society along vaccination lines would essentially relegate people with illnesses and minorities to second class citizens, excluded from participating in education, employment, social activities, potentially even medical care based on the rhetoric.

   Also the time and cost involved in businesses having to fire everyone based on their vaccination status, then look for replacements with the proper vaccination status to hire and train, all while lawyers are chomping at the bit to take up potential rights violation cases is a lot of hassle.

So a lot of institutions may not *actually* implement mandatory vaccinations, but will hope to scare you into voluntarily getting vaccinated out of fear.

If they say the honor system will be used where you simply *say* whether you're vaccinated or not...well I can't tell you what to do there. On the one hand it's a violation of other people's trust to lie about your vaccination status, but on the other hand you and your children are being coerced against your will into violating your bodily medical autonomy under threat of being excluded from society by major institutions and people the media is encouraging to hate you.

3. Ask yourself what freedoms you'll get ***back*** exactly. Now that they're admitting the vaccines are leaky (without using the actual term for it), everyone who was vaccinated is being asked to continue wearing masks, a lot of businesses are still operating at limited capacities, and we may even enter another lockdown this fall or winter.

   A friend of mine got vaccinated but in the grocery store, mall, or bars, etc he's forced to wear a mask whenever he's not at a table the same as I am. So what freedoms did he get *back* exactly? If a fourth wave lockdown comes in the winter, he'll be locked down exactly like I will.

4. There will undoubtedly be a number of businesses and events that make a big show out of virtue signaling that they'll only allow vaccinated people. And for the first month or two I'm sure they will rigidly enforce this and vaccinated people will leave great reviews on their websites about how glad they are to feel safe without those dirty unvaccinated plague rats.

   But are ***those*** really the people you ***want*** to pay $10 for a beer or $20 for a burger to hang out around anyway? And how long will those vaccinated people be able to keep those businesses afloat after suffering almost two years of economic ruin with the lockdowns, once the emotional high of being able to get Likes virtue signaling on Instagram wears off? Are ***those*** people the ones at your local bar spending their money every week pre-COVID?

   So who's likely to cave first:

   - Businesses that have lost two years of income, now turning away half their customer base, firing currently unvaccinated staff, hiring and training replacements to check everyone's vaccine passports, with customers stuck waiting in lineups in the cold winter weather?

   - Or you, the person saving money on drinks for ¼ the price at a liquor store, inviting friends over for poker & board games? Or if you're younger, hosting/attending house parties?

   Keep in mind that we don't ***want*** our local businesses to suffer. We ***want*** to come be customers and give them our money. But it's up to ***them*** to push back if they want the same thing.

5. With leakily vaccinated people mingling maskless, creating & spreading more variants, there is likely going to be a fourth lockdown. If we all go back into lockdowns in December or January until summer, or they lift the mandates, you might feel like getting vaccinated was for nothing.

6. If you're able to get a medical or religious exemption, those are options too.

7. Some places may allow you to present a recent negative test instead of a passport, usually with the stipulation that you have to pay for the tests yourself. The idea pretty clearly being to make it so inconvenient to regularly pay for kits and shove swabs up your nose, that you'll cave.

   But if you order kits in bulk they're only $10-$15 apiece, and if you don't need them more than once a week or just for special occasions, that could be an option. Remember the goal is just to wait out better alternatives to these leaky vaccines. Maybe that's only 6-12 months, who knows!

"I was pressured into getting the vaccine but regret it and don't want more, what do I do?"

One purpose of this document is to help you understand that you weren't properly informed so that you could give fully informed medical consent. Friends and family members who pressured you probably had good intentions but they also probably can't explain most of the information in this document.

Whatever medical professionals or politicians or pundits or celebrities you trusted should have explained these things so that you could make an informed decision on your bodily autonomy, *especially* if you've given your children or pushed other loved ones to get these leaky vaccines.

That said, see the next section on if it's safe to not take follow-up doses.

"If I've had one or more shots, do I have to keep going? Is it safe to just stop?"

Unfortunately as shown in the sections on OAS and immune system suppression, the problems a leaky vaccine comes with ***can't*** be undone. So it's possible that you could be dealing with a weakened, less versatile immune response to other coronaviruses and variants of COVID-19 for the rest of your life.

The other problem is if you got the vaccine to get a vaccine passport, keep your job, attend school, etc it's looking like you're going to have to get another dose every 6 months to keep your "fully vaccinated" status...potentially for the rest of your life.

Again I'll ask: Were you told ***any*** of this so that you could give ***fully informed medical consent***?

If you're a parent, did the experts warn you that you were signing your children up for this?

Since the second dose seems to hit people harder than the first, the risks are possibly cumulative which means the less times you roll the dice with these vaccines, the better off you *might* be.

Whether to keep going is up to you but I'd say start out by reading this document in full so you're fully informed about the situation you've either walked into or unknowingly been pressured into. If you continue getting doses, be sure to read the section on aspiration.

If you ***do*** stop getting doses, you should understand that your immune system is probably going to be suppressed against future variants due to OAS. Even with ***one*** dose. Meaning if possible, you might consider locking down for at *least* the winter to try to avoid risking getting sick if there's a fourth wave.

If you can spend 6-12 months working from home or taking a gap year off and playing it safe, and enough people demand alternatives to these leaky vaccines, there may be better options available.

“My partner got vaccinated and wants me to, or wants to vaccinate our children, what do I do?”

Read through this document and then go through this document with them. It’s important that you’re both on the same page with making medical decisions for your family, especially if you have children.

If you aren’t married and don’t have children, you should still have that discussion and try to come to an understanding...but if you and your partner have completely incompatible views on this topic, you may have to consider whether starting a family together down the road is a good idea. If you pass away at some point, your partner will be the one in charge of making medical decisions for your children.

“My family/friends are worried about me visiting, what do I do?”

Whether it’s visiting a Grandparent, a newborn baby, or attending a family event or wedding, here are some options to pitch them to make your visit safe despite not being vaccinated:

- Offer to get a COVID test right before visiting and to isolate yourself while you wait for the test results. When it comes back clear, wear a mask and isolate while you travel to them, and wear a mask and socially distance during your visit.

  If your COVID test is clear and you properly isolated after getting it, then there’s no danger

- Offer to also isolate at a hotel instead of staying overnight in their house, or if the weather and location permit you could sleep in a tent on the lawn or at a campground, or in your vehicle.

- Offer to stick to socializing outdoors, masked and socially distanced. Lawn chairs spread out still let you see each other’s faces and interact. Or you could crack a window open in your vehicle to let sound out while keeping the glass between you.

- Remember that worst-case scenario you can always “visit” over FaceTime or a Zoom call

There aren’t really rational arguments against these options, even if they disagree about the vaccines.

Now if they refuse ***all*** these offers and pressure you to “just get vaccinated” then consider that you might be dealing with someone using emotional manipulation, caught up in trying to get you to do what they want. It may not necessarily be malicious...this is an emotional time and a lot of people have been worked into an irrational hysteria and are no longer open to discussion.

Unfortunately, you may have to accept that you just can’t visit for now, and hope that they come around over time. I think a lot of people will regret their behavior down the road and hopefully you can forgive them in time...after all this pandemic should be a reminder to us all how important family & friends are.

“My employers are forcing us to get vaccinated or be fired. What can I do?”

Please read the section on being excluded from society. Here are some options for employees:

1. If you’re a woman, please read the pregnancy section and remember: if you get ***one*** of these vaccines, you ***will*** be getting both doses plus the booster plus more boosters every 6 months.

   While we can’t know for sure if these vaccines will cause problems long-term for women’s fertility or for expectant mothers’ babies...even if ***two*** doses appeared to be completely safe, are ***three*** doses? ***Five?*** ***Ten?*** We have ***no idea*** what potential problems may occur over 10+ doses.

   Whatever pressures you are under to get the first dose, you will be facing the same pressure 6 months after your second dose and then 6 months after your third dose, etc and at that point the precedent will have been set that you complied before so you have no excuse not to continue.

2. Using a medical or religious exemption, applying union pressure, or using home test kits if allowed, are probably the easiest options. Remember the goal is to stall till a fourth lockdown.

3. Assuming there will be a fourth wave & lockdown this winter due to leakily vaccinated people mingling again in the fall, you could try to hold out until you have absolutely *no* choice and by then you may have crossed into the fourth lockdown where businesses abandon ship back to working from home again, without you having actually gotten vaccinated.

   And if there’s no fourth wave or lockdown then maybe the mandates get lifted and your employer just tells you to work from home.

   You could also use vacation days, sick days, work from home, take pregnancy leave, anything you can do to stall until at ***least*** this December. Is that ethical? I don’t know but it seems like your *employer* is throwing the first unethical stone putting you in this situation.

4. If you’re being threatened with administrative leave (unpaid or otherwise), it’s possible your employer feels they’d face legal hassles or barriers involved in ***actually*** firing you over refusing to be forced into consenting against your will to a questionable medical procedure that doesn’t even appear to be very effective at providing safety to your coworkers or customers.

   They may have you sign an assertion form stating whether you’ve been vaccinated or plan to be. ***DO NOT LIE ON YOUR ASSERTION FORM***. Odds are that this is a trap where hesitant people may lie and say they’ve been vaccinated on the form when they haven’t been, hoping to relieve the pressure and manipulation their employers are forcing on them. But when those assertions are audited and that person is unable to provide proof of vaccination ***that*** will be easy grounds to fire them over, compared to refusing to consent to a medical procedure.

   In an ideal world you have enough savings to get by unpaid for a few months, but either way you can also consider trying options below while on administrative leave. You might even look at getting a temporary job, just to pay the bills, as lots of places are hiring right now and some places don’t care about their employees vaccination status.

I'm not a lawyer so I can't tell you that they ***can't*** fire you...it's entirely possible that after being on administrative leave for a few months or passing their deadline that they just fire you. They may even take away whatever compensation you would normally receive. A lot of rule-bending is being done under the guise of "public safety" right now so you'll have to weigh your risks.

5. Ask yourself if you need *that* specific job at *that* specific company. A common tip for increasing your salary is to switch companies negotiating for better pay at a new company rather than hoping you eventually get the equivalent in raises from your current one.

   Could you apply elsewhere in the same industry? Or even spend a year working in a completely different industry. A *lot* of places are looking for employees these days and not all businesses are going to have the same vaccination policies.

6. Consider starting your own small business. Have you learned enough from your current job that you might be able to start your own independent one? Or could you take the skills you've developed and hire yourself out as a consultant, mentor, coach, trainer, etc? Whether to people your own age or to students or to parents for their kids? Could you create a course to sell online related to your skill-set?

   If you're a teacher, take a look at the sections for students and for parents of students. There may be a demand for teachers outside of the traditional school system and quite frankly the pay would probably be better.

The key is to ask yourself "Could I take a break from this specific job or career for a year and then just find employment in this industry again when things have settled down?"

If you're older, that might be a little risky, but if you're in your 20s it's unlikely you're going to work at the same company you're at right now for the rest of your life anyway. Companies are unlikely to care if you have a year missing in your resume, especially when you can use COVID as an excuse ("I had to take time off to care for my parents", "I had COVID and was sick for months", etc). Plus *tons* of people will have education & employment gaps on their resumes due to lockdowns.

Be sure to ***document any harassment*** you receive over the vaccines, ***especially*** anything permitted, encouraged, or participated in by your higher-ups (managers, HR, the CEO, etc). Down the road a lawyer may be able to use the evidence you collect to make a case that your employers fostered or permitted a hostile work environment that violated your medical and/or legal rights, with co-workers bullying you over your private medical status and that you were forced out or fired unfairly and deserve compensation for income loss, psychological trauma, reputation slander & blackballing, etc

*Pfizer, Moderna, etc have no liability but **employers** forcing you to get these vaccines someday **might**.*

“I’m a student and can’t attend classes without getting these vaccines, what do I do?”

Please read the section on being excluded from society. Here are some options for students:

1. If you’re a woman, please read the pregnancy section and remember: if you get ***one*** of these vaccines, you ***will*** be getting both doses plus the booster plus more boosters every 6 months.

   While we can’t know for sure if these vaccines will cause problems long-term for women’s fertility or for expectant mothers’ babies...even if ***two*** doses appeared to be completely safe, are ***three*** doses? ***Five?*** ***Ten?*** We have ***no idea*** what potential problems may occur over 10+ doses.

   Whatever pressures you are under to get the first dose, you will be facing the same pressure 6 months after your second dose and then 6 months after your third dose, etc and at that point the precedent will have been set that you complied before so you have no excuse not to continue.

2. If you’re able to get a medical or religious exemption, those are probably the easiest options.

3. Assuming there will be a fourth wave & lockdown this winter due to leakily vaccinated people mingling again in the fall, you could try to hold out until you have absolutely *no* choice and by then you may have crossed into the fourth lockdown where schools abandon ship back to attending from home again, without you having actually gotten vaccinated.

   And if there’s no fourth wave or lockdown then maybe the mandates get lifted and/or your school just tells you to do your classes from home.

4. Consider sticking to online classes if they’re available, for at least the first semester to see what happens this winter with the potential fourth wave. You don’t even have to openly admit it’s due to not wanting these leaky vaccines, you can simply say you don’t feel comfortable with the virus situation, having old people in your life to care for. If a fourth wave happens everything may go back into lockdown with schools going back to online classes for everyone.

   You may want to do more than one semester online, possibly the whole year. I understand that part of the college/uni experience is getting to move away from home having your own apartment, or having the adventure of living in a dorm with roommates on campus, making new friends and going out to party, etc...

   But if there’s a fourth lockdown then most of that will be hampered anyway. Is it as fun an experience to live in a dorm where social distancing rules are in effect? Or attend classes where everyone ends up having to wear masks and sit 6 feet apart in classrooms that have 50% capacity?

   If you do online classes, most schools have online forums where you can interact with other students and make friends without ever mentioning that you’re doing classes online, or if you’re questioned you could say your parents decided it would be more cost-effective or safer for you to do your classes online instead of move out, etc, depending on how much you want to reveal and you’ll probably get invited to activities other students set up. Most of your peers won’t care

or ask about your vaccination status past September, as a lot of students only got vaccinated because they were pressured into it but have no strong view on it.

5. If you do online classes, there's also the option of rejecting the traditional institutions entirely to get a degree via online courses. Some careers might require traditional schooling (you probably don't want to go to a neurosurgeon who's degree was online) especially at a big name school where its name on your papers alone adds prestige and opens up doors of opportunity.

   But there are a *lot* of career paths where employers care more about your portfolio of work, or the experience on your resume, or your knowledge when interviewed. i.e. "This person can do what we need, we don't care whether they're self-taught or went to a top university!"

   You could even point out that self-learning taught you good work ethic, discipline, scheduling & planning, etc. Remember: this isn't the 1950s anymore where you walk in with a resume and a firm handshake and work there till you retire. Your first few jobs will probably be stepping stones toward a long-term career and when the economy gets back on track there will be a lot of new businesses starting up to replace the ones lockdowns destroyed and they'll be eager to hire.

6. Consider taking a "gap year". Do you *have* to attend college/uni right *now*? Especially when it may end up being a crippled version of the experience anyway, if there's a fourth lockdown? It's common all over the world for people to take a year or two off after high school before jumping into secondary education and their career.

   And since there are so many people who's education paths have been derailed by this pandemic, don't stress that you might be a year older than other students after a gap year because you'll find that there are a *lot* of other students who are a year "behind" (whether voluntarily or due to COVID chaos and lockdowns). No one will judge you.

   During a gap year a lot of people travel or just live at home and relax and mentally prepare themselves for entering the adult world. But that may sound too lazy or you may feel guilty doing it, or you may not be fortunate enough to be in a situation where your family can afford for you to just take a year off like that.

   So remember that you can make a gap year into an extremely productive experience that even *helps* you with your future educational pursuits and career paths. Some ideas:

   - Take online courses or mentorship related to any career paths you're considering, to both gain experience and decide "is this something I enjoy and want to pursue when I *actually* go to college/uni next year?" It's a lot cheaper (potentially free) to explore that question on your own VS while paying expensive tuition or racking up student loan debt

   - Collect volunteer or work experience that will help for applying to college/uni next year

   - Work on a portfolio of projects that will help train your skills or help when applying to college/uni, or will help when you apply for work

- Tons of businesses are desperate to hire right now, and increasing the wages they offer, or have tons of shifts available for literally anyone who's willing to work. You could get even a minimum wage job or work at a job where you collect tips, and just stockpile your earnings for a year, gaining some basic work experience and saving up money that will come in handy when you go off to college/uni the next year

- Spend the year developing on an online business of some sort, to set yourself up with some long-term passive income. There are tons of resources to guide you through that kind of thing and the internet lets you do it all from home

- Master a hobby you haven't had time for, ideally one you could monetize someday

- If you have health or lifestyle issues that you've been putting off handling this would be the perfect time to work on fixing up your diet (there's plenty of free resources online to help you with this), pushing yourself to start exercising regularly (download a free at-home exercise program or start going for walks, etc), work on kicking bad habits, accomplish some goals, etc. Join or start an online group to help motivate each other!

"The school is requiring my children to get these vaccines to attend class, what do I do?"

Please read the section on being excluded from society and the section on being a student as some of those may apply here. Remember that these are your ***children***. You are the ***only*** person in the world that they can depend on to look out for them and it's your job to stand against the entire rest of the world to protect them if you feel you have to. You can always explain to them the details what was happening during this time in history and the decisions you felt you had to make for their sake, when they're older.

That said, here are a couple of extra options for parents:

1. If you have a daughter, please read the pregnancy section and remember: if she gets ***one*** of these vaccines, she ***will*** get both doses plus the booster plus more boosters every 6 months.

   While we can't know for sure if these vaccines will cause problems long-term through puberty or for women's fertility or for expectant mothers' babies...even if ***two*** doses appeared to be safe, are ***three*** doses? ***Five?*** ***Ten?*** We have ***no idea*** what problems may occur over 10+ doses.

   Whatever pressures she is under to get the first dose, she will be facing the same pressure 6 months after her second dose and then 6 months after her third dose, etc and at that point the precedent will have been set that she complied before so she has no excuse not to continue.

2. If you're able to get a medical or religious exemption, those are probably the easiest options.

3. Raise hell on your own or with other parents in *every* school board and PTA meeting from here to eternity. Letter & social media campaigns and all of that. Keep it legal and don't use violence obviously, but don't be silent. You will probably be speaking up for other parents and their children without knowing and your actions may encourage them to speak up too.

4. Before completely rejecting this next idea, allow me to make a *strong* case for homeschooling:

   Consider homeschooling, even just for a year. A single father I talked to hired a teacher online for his 10 year old daughter when the schools locked down so she wouldn't miss out on her education, and with the teaching tailored to his daughter's personal strengths & weaknesses she advanced way beyond where she would've been following the "lowest common denominator" pacing schools forced her to endure. She was doing a week's worth of reading and exercises in a few hours because the teacher tailored things to *her* interests. Now she constantly reads for fun.

   Homeschooling *used* to have a stigma around it but that was before the internet made all the information in the world easily accessible and before the education system turned into a bizarre activist hive-mind, propagandizing children to use them as political pawns and as emotional support animals for mentally unstable educators who dump their insanity all over their social media. Look at the behavior of teachers the last few years...what *exactly* are your kids learning at school and are their teachers even *qualified* to teach them? Or guide their growth?

   There are *thousands* of affordable high-quality homeschooling courses available these days, some with live Zoom call classes that don't require you as a parent to have tons of free time to micromanage and teach your kids yourself. And there are an infinite number of videos and articles and tutorials online to help with anything extra your child needs to learn or to help you answer any questions your child asks you.

   One drawback to homeschooling is the lack of socialization, but ask yourself exactly how much socializing schools have provided your child during lockdowns? Will wearing masks and sitting in plastic cubicle desks being scolded by paranoid hysterical teachers for accidentally standing too close to classmate, learning to constantly watch over their shoulder for which classmates will "rat them out" for *daring* to pull their mask down for two seconds to get a fresh breath of air or exchange smiles with their friend?

   There are plenty of ways to make sure your kids get to socialize, from enrolling them in sports or hobby classes, to making an effort to get to know your neighbors and community like the old days and find similar-minded parents who understand that letting children run around the yard playing together carries about a 0% risk of horrifying COVID fear-mongering consequences, and might even be *healthier* for them than the social experiences they'll get in school right now.

   Imagine your child learning at their own pace, free to go to the bathroom or hug you without worrying about wearing a mask, taking breaks to go play outside with a friend in the warm sunshine (or make a snowman with a friend in the winter), eating healthy nutritious home-made lunches, developing self-discipline, motivation, time-management skills, and doing some after-school activity with other kids…Does that really sound like a bad experience? Especially for just a year? Compared to the alternative of what current classroom life is like?

   And lastly: if there are other parents in your neighborhood who feel the same way, you could have your kids all participate together, doing their classes as a group or individually, all sitting in someone's sunny backyard where they can take breaks to play and eat together and socialize the same as in any classroom. Maybe an online teacher would offer a group rate for live Zoom classes, or a teacher at a local school might be open to being hired to lead classes in-person.

> They would probably make more money than in the current education system. Communities did this kind of thing for thousands of years. We all do it at summer camps too.
>
> And remember: you may only need to do this for a year. A year from now we may have better vaccines that work properly, fully tested prophylactics/therapeutics or other alternatives that you feel more comfortable giving your child, and you can put them right back in school if you like.

I can't stress enough that these are your ***children***. Most of them probably don't fully understand why they haven't been allowed to see or play with or hug their friends for almost two years now. They've also been kept away from all the usual germs kids' immune systems learn to deal with, which who knows what effect that'll have long-term. Imagine what it's like to be a young child who coughs and your own hysterical parents panic and treat you like a leper for 2 weeks keeping you in your bedroom, sliding meals through the doorway like a prisoner, making you wear a mask and not hug them.

Really think about what kind of childhood experiences they'll have over the next few years and what kind of impact that will have on them long-term. They *need* you to really think this through.

"We're currently pregnant and concerned about the vaccine's risks, what do we do?"

Summary: *The **CDC openly admits we need more data**, so consider whether you **need** to get **these** vaccines* right ***now*** *or if you can safely isolate at home while you're pregnant and breastfeeding your newborn to ensure they're safe, sound & healthy, and **then** look at your COVID prevention options.*

Remember: *You're signing up for two doses **plus** a third (booster) **plus** more doses **every six months**. We have **no** idea what effect a **dozen** boosters will have on fertility **or** your baby's health.*

Please make sure you've read the section on how these vaccines are different from traditional vaccines.

Now it's pretty common knowledge that women's medical concerns tend to ***not*** be taken seriously:

> *https://www.nytimes.com/2018/05/03/well/live/when-doctors-downplay-womens-health-concerns.html*
> *archive: https://archive.ph/CbZjd*
>
> *""**I can't tell you how many women** I've seen who have **gone to see numerous doctors**, only to be told their issues were stress-related or **all in their heads**,""*
>
> *""Many of these patients were **later diagnosed with serious neurological problems**, like multiple sclerosis and Parkinson's disease. **They knew something was wrong**, but had been **discounted and instructed not to trust their own intuition**.""*

This makes it hard to verify the many anecdotal reports by women of abnormally extra heavy menstrual bleeding, unexpected post-menopausal bleeding, multiple missing periods, etc so I won't include any in this document, but look up discussions women are having and judge for yourself...I'm no gynecologist!

And as shown in the section on FDA approval, the FDA has made some ***horrifying*** mistakes in the past.

The ***British Medical Journal*** says:

> *https://www.bmj.com/content/374/bmj.n2211*
> *archive: https://archive.ph/2DtLD*
>
> *"More than **30 000 reports** of these events had been made to MHRA's yellow card surveillance scheme for **adverse drug reactions** by 2 September 2021, **across all covid-19 vaccines** currently offered."*
>
> *"primary care **clinicians** and those **working in reproductive health** are **increasingly approached** by people who have **experienced these events shortly after vaccination**."*
>
> *"Although **reported changes to the menstrual cycle after vaccination** are short lived, **robust research into this possible adverse reaction remains critical** to the overall success of the vaccination programme."*

...and they conclude:

> *"**A link is plausible** and **should be investigated**"*
>
> *"**We are still awaiting definitive evidence**"*
>
> *"One important lesson is that **the effects of medical interventions on menstruation should not be an afterthought in future research**."*

...ya ***THINK??***

Page 14 of the COMIRNATY (Pfizer vaccine) insert pamphlet (revised in August, 2021) says:

> *https://www.fda.gov/media/151707/download*
> *archive: https://archive.ph/Zndi5*
>
> *"Available data on COMIRNATY administered to pregnant women are **insufficient to inform vaccine-associated risks in pregnancy.**"*
>
> *"A developmental toxicity study has been performed in **female rats**"*

So they only tested it on a group of ***female rats***, and openly admit in their own pamphlet that they had ***insufficient data*** on the risks, *while* giving these to ***expecting mothers*** all year under the EUA…??

EUA approval was given without knowing if it affects breastmilk or ***how*** it may affect your newborn:

> *"It is **not known** whether COMIRNATY is excreted in human milk. **Data are not available** to assess the effects of COMIRNATY **on the breastfed infant** or on milk production/ excretion."*

*Not **known?*** That seems like something *pretty important* to expecting mothers for you guys to ***know****!*

If these leaky vaccines ***do*** cause lifelong immune suppression, is it even ***safe*** to transmit the antibodies to newborns who haven't developed their immune system? Are ***two*** vaccine doses safe? Plus a ***booster?***

While working on this document, ***the CDC just put out an urgent emergency announcement***:

> *https://emergency.cdc.gov/han/2021/han00453.asp*
> *archive: https://archive.ph/QZEIO*
>
> *"(CDC) recommends **urgent action** to **increase [...] vaccination** among people who **are pregnant**, **recently pregnant** (including those who are lactating), who are **trying to become pregnant now**, or who **might become pregnant in the future**."*

They're pushing any woman who ***is*** or *might someday* ***become*** pregnant to get the vaccine *immediately.*

> *"vaccination coverage for pregnant people **differs by race and ethnicity**, with vaccination coverage being **lowest for non-Hispanic Black pregnant people (15.6%)**"*
>
> *"Although the proportion of fully vaccinated pregnant people has increased to 31.0% (as of September 18, 2021), the majority of pregnant people remain unprotected against COVID-19, and **significant disparities exist in vaccination coverage by race and ethnicity**."*

They keep mentioning race & ethnicity. It'd be interesting to hear Indigenous peoples or someone outspoken like Nicki Minaj give their thoughts on this push for minority women to get vaccinated.

> *"Although the **absolute risk** is low,"*

As explained in the statistics section, ***absolute*** risk is more important than ***relative*** risk. Statistically speaking: ***two*** unvaccinated miscarriages would be ***relatively*** *"twice as many"* as ***one*** vaccinated miscarriage, but would be ***absolutely*** only two VS one, which are almost equal and both very low.

> *"compared with non-pregnant symptomatic people, symptomatic pregnant people have more than a two-fold increased risk of requiring ICU admission, invasive ventilation, and ECMO, and a 70% increased risk of death."*

With stats, *always* ask "two-fold" relative to *how many?* 70% increase relative to *what?* 0.01%? 99%?

> *"**Pregnant people with COVID-19** are also at increased risk for preterm birth and some data suggest an increased risk for other adverse pregnancy complications and outcomes, such as preeclampsia, coagulopathy, and stillbirth, **compared with pregnant people without COVID-19.**"*

This is just comparing pregnant women *with* COVID-19 to pregnant women *without* it...how about some stats comparing their risk to ***vaccinated*** pregnant women? Or pregnant ***breakthrough*** cases?

> *"In addition, although rare, pregnant people with COVID-19 can transmit infection to their neonates"*

Okay, and can they transmit whatever is causing vaccine side effects like myocarditis to their newborn? Because a pregnant woman isolating at home through her pregnancy could avoid running into COVID.

Lastly, the official CDC page (updated Aug 11, 2021) the urgent announcement seems to be based on:

> *https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html*
> *archive: https://archive.ph/ZdrMN*
>
> *"No safety concerns were found in **animal** studies"*

Okay, but can we tell if a ***human*** baby will have brain fog or learning disabilities or any development issues? Can problems result 5 or 10 or 40 years in? Were the animals given ***multiple*** vaccine doses?

> *"No adverse pregnancy-related outcomes occurred in previous clinical trials that **used the same vaccine platform** as the J&J/Janssen COVID-19 vaccine"*

This one is human beings, but it's ***other vaccines*** "using the same technology as the J&J vaccine" that had no problems...but what about *these* leaky vaccines? What about the Pfizer vaccine or the *others?*

> *"None of the COVID-19 vaccines contain the live virus that causes COVID-19"*

Right, but the spike proteins alone may be harmful...and if they're ***not*** then can whatever is causing side effects in the vaccines cause problems for the baby during pregnancy or while breastfeeding?

> *"**Many pregnancies** reported in these safety monitoring systems are **ongoing**. CDC will continue to follow people vaccinated during all trimesters of pregnancy **to better understand effects on pregnancy and babies.**"*

I think a lot of expecting mothers would prefer to see how this *"ongoing safety monitoring"* pans out.

At what point can we be ***certain*** babies are born with ***no*** physical or neurological problems? As a child? A teen? An adult? Do we ***know*** a baby won't grow older and suffer brain fog or heart problems?

> *"Early data suggest receiving an mRNA COVID-19 vaccine during pregnancy reduces the risk for infection"*

Staying home isolating and carefully distancing would reduce that risk too. And even if the vaccines reduced the risk of infection to zero for an expectant mother we don't know what it may do to her baby.

> *"Scientists found that vaccination lowered the risk of infection from the virus that causes COVID-19."*

...but the CDC has stopped recording breakthrough cases that don't result in hospitalization, so do we actually know if it lowered the risk of ***infection***? Did it lower the risk of hospital-worthy symptoms*?*

Will being a breakthrough case who doesn't end up hospitalized but still has a high viral load of Delta have any effect on your baby? How could we ***possibly*** know when these vaccines are so new?

> *"Vaccination of pregnant people builds antibodies that **might** protect their baby"*

Okay, but if those antibodies are too narrowly targeted to handle variants well, and OAS means that your immune system won't be able to mount a better response...will ***that*** be an issue for your baby?

> ***"Antibodies** made after a pregnant person received an mRNA COVID-19 vaccine **were found in umbilical cord blood**. This means COVID-19 vaccination during pregnancy **might** help protect babies against COVID-19."*

We're using experimental new technology that we haven't tested on human babies yet, and transmitting narrowly targeted lifelong antibodies that are only designed for the original COVID-19 strain, via their mother's womb or breastmilk, before they've developed their own immune system at all...could ***that*** be a problem? What if their mother has 2 doses and a booster? How ***could*** we know the outcome of this?

> *"**More data are needed** to determine **how** these antibodies, similar to those produced with other vaccines, **may** provide protection to the baby "*

Maybe that would be good data to have ***before*** forcing these vaccines on expectant mothers?

> *"Additional clinical trials that study the safety of COVID-19 vaccines and how well they work in pregnant people are **underway or planned**. Vaccine manufacturers are also **collecting and reviewing** data from people in the completed clinical trials who received a vaccine and became pregnant."*

Okay, well how about we just wait until we *have* all that data? And just *isolate* until then?

> *"**Clinical trials** for the COVID-19 vaccines currently used in the United States **did not include people who are breastfeeding**.*

> *Because the vaccines **have not been studied in people who are breastfeeding**, there are **limited data available** on the:*
>
> - ***Safety** of COVID-19 vaccines in people who are **breastfeeding***
> - ***Effects** of vaccination **on the breastfed baby***
> - ***Effects** on **milk production or excretion**"*

So we have ***no idea*** what happens with breastfeeding, we just know the antibodies are ***in*** breastmilk:

> *"Recent reports have shown that **breastfeeding people** who have received mRNA COVID-19 vaccines **have antibodies in their breastmilk**, which **could** help protect their babies."*

But, as they just said, we have "***limited data available***" with regards to safety and the effects.

> *"Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine: **Women younger than 50 years old** should **especially** be aware of the rare risk of **blood clots** with low platelets after vaccination."*

As explained earlier, ***this exact same J&J vaccine*** is what they want to use for boosters, after your first two vaccine doses. And then you ***and*** your children will have to get ***more*** boosters every 6 months.

And yet, remember that despite ***all*** of the above, the CDC's new *urgent announcement* says:

> *"(CDC) recommends urgent action to **increase [...] vaccination** among people who **are pregnant**, **recently pregnant** (including those who are lactating), who are **trying to become pregnant now**, or who **might become pregnant in the future**."*

...and employers, governments, family members, etc are ***forcing*** women to get these leaky vaccines to keep their job and participate in society...*when they* don't even prevent reinfection *or* transmission.

In conclusion I'd ask: Do you ***have*** to get the vaccine right *now?* If you're pregnant, are you running around crowded public places or planning to travel a bunch and go out to places that require a vaccine passport? Or are you mostly going to be working from home or on pregnancy leave while nursing, etc?

And when you ***have*** your baby, are you planning to go shopping in crowded malls with a newborn baby that's still developing their immune system? Or are you planning to just have a few family members over at the most? And since they're going to be getting up close, hugging, holding, touching, feeding and speaking to your newborn, wouldn't you ask them to get COVID tests done right before visiting anyway since even *if* they're vaccinated these leaky vaccines don't prevent reinfection or transmission?

If you're sticking close to home while pregnant & nursing and there's ***any*** risk at *all* of *any* potential problems from the vaccines…well I can't say what ***you*** should do (and keep in mind I'm ***not against vaccines in general***) but personally I would wait until our baby is born safe & sound and done with breastfeeding before ever even *considering* rolling the dice with ***these*** flawed, leaky vaccines.

The Wrap-Up

"How do we get you guys to take these vaccines??"

Here's a list of the *bare minimum* valid concerns you'll have to address after reading this document:

1. ***How*** are vaccines that *don't prevent reinfection* *or* *transmission* ***not*** "leaky vaccines"?
2. ***Why*** would *these* leaky vaccines ***not*** select for escape variants like *other* leaky vaccines?
3. ***How*** would the *unvaccinated* select for mutations evading ***vaccine antibodies*** they don't *have?*
4. ***How*** are antibodies that ***only*** target the spike *better* than ones that recognize the ***entire virus****?*
5. ***Are*** the ***official*** CDC, UK Government, Canadian, QCovid etc risk data & numbers ***all*** wrong?
6. ***How*** is a **0.01%** risk of severe COVID/Delta in teens/children worth risking ***heart damage****?*
7. ***How*** many severe side effects or deaths ***are*** related to the vaccines? Are they ***all*** faking it?
8. ***What*** happens when we stack a ***dozen+*** *narrow*, *leaky boosters* in a human being? In a ***child?***
9. ***How*** will breakthroughs know to *stay home* when they're infectious, if they're ***asymptomatic?***
10. ***How*** will the vaccinated reinfecting each other ***not*** increase *overall mutation rates* globally?
11. ***How*** are the *unvaccinated* ***more*** dangerous than the *vaccinated* if they pass a COVID test?
12. ***Why*** should a healthy <50yo with a **0.01%** risk from COVID risk the vaccine side effects?
13. ***Why*** get these vaccines if they don't prevent infection like proper ***non***-leaky vaccines do?
14. ***Why*** do pregnant women ***need*** these vaccines ***right now*** VS *after* their baby is safely born?
15. ***Why*** must someone isolating get ***these*** vaccines ***now*** VS waiting for a better option & strategy?
16. **Will** you concede based on this document that the hesitant ***do*** have valid reasons to be hesitant?

As the intro says: We need the concerns in this document ***competently addressed*** instead of censored or dismissed. And the *world* needs ***non***-leaky vaccines and/or safe, tested prophylactics & therapeutics.

You should want the same, otherwise it's looking like this might only be the ***beginning*** of this crisis.

“Debate me bro!”

I’d love to, but the rabid hysteria everyone has embraced with frightening ease after two years of psychological lockdown torture, combined with the dehumanization of *anyone* who questions these vaccines means that, bizarrely, it’s now *genuinely* dangerous to openly discuss ***basic science & data***.

We are being called plague rats and blamed for the deaths of everyone’s loved ones by people who haven’t heard 99% of the basic terminology in this document in their entire lives. I hope people will someday reflect on how quick they were to inject their children and turn on family & neighbors over something they put less time into researching than they spend deciding what to order from Uber Eats.

There’s no way to contact me but if I see a good ***thorough*** rebuttal video going through this document by anyone who’s ***actually*** done their research and ***competently addresses the points raised*** VS arguing feels and character attacks, I ***might*** risk it and get in touch for discussion because this is ***that*** important.

Conclusion

Everything in this document is sourced and whether you’re in favor of these vaccines or not it should be clear that our concerns aren’t “5G magnet” conspiracies and we aren’t relying on Fox News for info. If the points raised in this document are nonsense then it should be simple enough to debunk them.

You will have to explain exactly why these vaccines *aren’t* leaky, how these vaccines will defy OAS and ***not*** suppress your natural immune system’s adaptive untrained antibodies, why the CDC’s official data, the UK Government’s official data, Oxford’s risk calculation app and the Canadian statistics ***all*** contradict the media and experts claims, how the vaccines ***are*** causing myocarditis and blood clots if the spike proteins they create are harmless, how recognizing just one protein is ***better*** than recognizing all 29 proteins, how ***exactly*** “if everyone gets vaccinated we’ll all be able to return to normal” will work when the leaky vaccines we’re using lose effectiveness quickly and create escape variants, etc.

The silencing of all discussion goes completely ***against*** the scientific method. There is no such thing as “settled science”. As Ignaz Semmelweis taught us, everything in science ***must*** be open to re-evaluation.

While we understand that this is an emotional time and that the media has been pushing compelling sounding simple narratives like “the unvaccinated are the ones creating variants” and “if they would just get vaccinated we could all have our normal lives back” and “the unvaccinated are the reason the pandemic is still ongoing”, this document shows that none of these things are ***actually*** true.

If you or your loved ones ***have*** gotten these vaccines, it’s natural to not ***want*** to accept that you were not properly informed by the people you trusted so you could give ***fully informed medical consent***.

Because ultimately that’s the ***real*** issue here: ***fully informed medical consent.*** The vast majority of us are ***not*** anti-vax, we simply have questions we need ***answers*** to before we sign up for this experiment.

Until then, we’ll get some exercise, take our vitamins, and wait for alternatives that ***don’t*** involve using leaky vaccines with bad trade-offs on ourselves and children over a ***0.01%*** risk by the *CDC’s own data*.

P.S. Please wear masks & stay 6 feet away, as you may be asymptomatically spreading new mutations.