CoV Vax FACTS

To Take the Jab?
or
Not To Take The Jab?

That is the Question
I ask of You

PROVIDED TO YOU BY:
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That is the Question I ask of You

Please Consider All of the Following Information BEFORE taking the Jab

Research surrounding COVID19 Vaccines and COVID19 Research

If you know for sure, or suspect that you have already had a case of COVID19 and have been misled to believe that you still need to get the COVID19 vaccine;
Please be Aware of These Facts:

ANTIBODY TESTING:

- If you have had the ANTIBODY TEST, and it was Negative, and you have been led to believe that means that you have lost your immunity to COVID19, consider it ONLY RELIABLE up until the 3-6 month mark, after you have had COVID19. All the Antibody tests were all authorized under emergency use, I don't think there is good data to be able to give solid answers based on those tests, though some people are showing 'antibody immunity' up to 12 months later.

T-CELL TESTING:

- If you want a more reliable test of how well your immune system mounted a defense when it was exposed to COVID19, so you know that it is well armored to fight when exposed in the future, **consider getting the T-Cell Test instead:**

- The T-cell test can be found here: https://www.t-detect.com.

LONG LASTING SUPERIOR NATURAL IMMUNITY:

- Those who had SARS COV1, from the 2003 pandemic, it has been discovered that they still have immunity. 17 years later!! Here is the citation to support that claim: https://pubmed.ncbi.nlm.nih.gov/32668444/ Needless to say, if immunity to a relative of SARS COV2, lasted 17 years, it is completely reasonable to deduct you should have immunity to sARS COV2, for many years to come.

- It is well documented in the scientific literature that people who actually had measles and mumps, have lifetime immunity. A 2007 study published in the New England Journal of Medicine found that it would take more than 200 years for even half of your antibodies to disappear after a measles or a mumps infection: https://pubmed.ncbi.nlm.nih.gov/17989383/#:~:text=Results%3A%20Antiviral%20antibody%20responses%20were,such%20as%20measles%20and%20mumps.

RISK OF ADVERSE REACTIONS TO COVID19 VACCINES, IF YOU HAD THE VIRUS:

- Here are 3 studies showing increased risk of adverse events if you had covid already and then get vaccinated:

-https://www.medrxiv.org/content/10.1101/2021.01.29.21250653v1\
-https://doi.org/10.1101/2021.02.26.21252096
-https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1

1. In Response to the COVID19 Pandemic congress initiated The Countermeasures Injury Compensation Program (CICP) created in the unlikely event you experience a serious injury from a **COVID covered countermeasure**, and you may be considered for benefits. A countermeasure is a vaccination, medication, device, or other item recommended to diagnose, prevent or treat a declared pandemic, epidemic or security threat, including, biological terrorism.

2. On the rare chance you suffered a serious injury, or the death of a loved one, from the administration or use of a covered countermeasure, i.e., COVID Vaccine, you may qualify for benefits. Family members of the deceased who died because of a COVID Vaccines, may be eligible for death benefits.

3. Are you aware that the USA already had a **National Vaccine Injury Compensation Program** that has provided 100% liability free **immunity to all vaccine makers** in the US, according to the VICP ACT of 1986 which has paid out over 4.5Billion in Vaccine injury claims to injured, permanently handicapped and dead American citizens since 1988? The only way for an American Citizen to gain access to compensation, following a Vaccine related injury, is to file lawsuit within 3 years following a Vaccine injury, suing the Secretary of Health and Human Services, using a Vaccine Court Attorney litigating in the US Federal Vaccine Court of Special Masters in Washington DC. ******* Our family has been in 'Vaccine Court' since filing our case in 2016, following a 2013 Encephalitis diagnosis following our daughters VARIVAX booster at the age of 16. She has 10 other debilitating diagnosis' following that VAX. We personally have learned that a Vaccine Injury is 100% up to the family to prove. It is 100% you and your family suffering the consequences and medical expenses surrounding a vaccine injury. Once you are within the Vaccine Court, the federal Government will pay a top specialist in the country to prove that you are wrong about the vaccine causing the injury. In our case, the Expert had a 65 page resume'and his goal, to show all our doctors, were idiots. That is what you are up against, if you are among the injured by any Vaccine. There is no going back, to pre-vaccine injury status. Sadly, most physicians are unaware of the VICP program, and how to advocate for families to **document mechanisms of injury**, (which is required) caused by attenuated and unattenuated vaccines.

4. Are you aware that there is a list of Americans who the CDC contraindicates Receiving Vaccines.

5. The differences between the **VICP Act of 1986** and the **CICP program of 2020**, can be seen Here: comparison of the CICP to the VICP.

6. Unlike the VICP program, which gives Americans 3 years to file, Americans ONLY have ONE YEAR from the date you were administered or used the **covered countermeasure**, i.e., a **COVID19 vaccine**; that you alleged to have caused the injury, to request benefits.

7. Are you aware that the mRNA inventor, Dr. Robert Malone, said he sent 'manuscripts' months ago to the US FDA claiming the spike protein used in the COVID-19 Vacine posed a health risk.'

8. Do you know that ALL VACCINE COMPLICATIONS ARE TO BE REPORTED TO **VAERS** Go to www.OPENVAERS.com/Covid-Data and as of this writing in May 2021, Where you will see >4000 COVID Vaccine Deaths, >14,000 hospitalizations, >34,000 Urgent Care Visits, >1000 Bells Palsey Reports,
9. **VAERS is a passive Reporting System.** Which means that anyone, including a parent can file a report with VAERS. Some people say, 'therefore the numbers of reported dead or injured by vaccines, found on the VAERS system, are not relevant, because 'anyone can report.' But, here is a FACT to remember: "**Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.** You decide: What's the chance that people reporting presumed vaccine injuries are doing so, to falsify reports? Do you believe the CDC checks all of those reports and investigates them?

10. Healthcare providers are **required by law** to report to VAERS:

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11. Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccinations

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12. An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccineHealthcare providers are strongly **encouraged** to report to VAERS:

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13. Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event

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Vaccine administration errors

14. Vaccine manufacturers are required to report to VAERS all adverse events that come to their attention.
15. Online reporting is strongly encouraged. Please report clinically important adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.
16. The Vaccine Adverse Event Reporting System (VAERS) accepts all reports, including reports of vaccination errors. Guidance on reporting vaccination errors is available if you have additional questions
17. **OPEN VAERS REPORTS FROM MD's PLEASE READ THE VAERS PRESENT SITUATION WITH ADVERSE EVENTS AND DEATHS BEING REPROTED TO VAERS:**

Here's the call to action From July 2021:

https://www.openvaers.com/blog/call-to-action

And here's the 1-page PDF:

https://www.openvaers.com/images/files/FridayOpenVAERSAlert7-2-21.pdf

18. As you become familiar with the US's ONLY CDC reporting System of ADVERSE REACTIONS TO VACCINES, please be aware that DHS hired Harvard Medical School to study the accuracy and validity of the VAERS System.

The study was paid for by DHS… For Harvard to assess the accuracy of the VAERS reporting system…

Study revealed that

VAERS ONLY CATCHES 1% of vaccine injuries

That means 4000 Americans how have been reported to VAERS…as VACCINE RELATED DEATHS following the COVID-19 vaccines...'Could mean' as much as 400,000 dead because of the vaccine…

Don't take this matter lightly

Here is the HARVARD VAERS STUDY RESULTS:
https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

19. Now, ask yourself, where can you find the evidence that the CDC is investigating ALL of these vaccine adverse events and deaths, and how can you determine,
- who is doing the investigating, and
- where are the individual reports for each investigation.

Realize that for an investigation to occur, the following is needed:
EACH PATIENTS:
- ENTIRE MEDICAL REPORT
- ALL MD NOTES and CORRESPONDENCE WITH PATIENT, and the CDC
- ALL LAB REPORTS
- ALL SPECIALIST REPORTS
- CDC ANAYLYSIS OF ALL THE FACTS, WITH PROOF THAT THERE IS NO EVIDENCE OF A MECHANISM OF INJURY CLAIMED ON THE VAERS REPORT.
- Documentation that all MD's who reported to VAERS an injury or death, have been notified by the DHS/CDC that their claims is false.

My experience with the Federal Vaccine Court, has shown me, that NO EXPERT LOOKED AT MY DAUGHTERS ALLEGED VACCINE INJURY, UNTIL 6 YEARS AFTER WE FILLED IT IN FEDERAL VACCINE COURT. And all the expert did, was evaluate what the court had already deducted, and given to the expert, THEN, the expert analyzed my doctors reports, and used out of date reports, and ignored more up to date reports, which required more litigation, and more years, of assessment…we're still waiting…I contend that the Vaccine injury court, is the ONLY PLACE CASES ARE "INVESTIGTED"

WHEN YOU FIND THAT PLACE WHERE ALL THAT DATA IS FOUND, BEFORE IT GETS TO THE VICP/VACCINE INJURY COMPENSATIONCOURT OF SPECIALS MASTERS….PLEASE SHARE IT WITH ME…I'LL WAIT.

20. Go to www.OPENVAERS.com/Covid-Data Where you will see >4000 COVID Vaccine Deaths, >14,000 hospitalizations, >34,000 Urgent Care Visits, >1000 Bells Palsey Reports, Most Adverse Reaction Reports are NOT reported (SEE HARVARD STUDY ABOVE)

21. **Are you aware that According to the FDA, their list of "possible adverse event outcomes" following COVID19 Vaccination, includes:**

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis / myelitis / encephalomyelitis / meningoencephalitis / meningitis / encepholapathy
- Convulsions / seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis / pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multi-system Inflammatory Syndrome in Children
- Vaccine enhanced disease

Source:

- Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation

22. Moderna has never brought a vaccine to market prior to COVID19. The pharmaceutical companies that are creating these COVID19 Vaccines have paid out billions to injured Americans by their products. But, you can NEVER SUE a COVID19 manufacturer. They have 100% liability free protection, under the H.R.5546 - National Childhood Vaccine Injury Act of 1986

23. Vaccines for COVID-19 are being developed at warp speed. Potential safety issues may not be disclosed or fully disclosed to individuals receiving these experimental products. A COVID-19 vaccine can cause injury weeks or months after injection. If you have received a COVID-19 vaccine and suffered an adverse event thereafter, Informed Consent Action Network can assist in investigating whether you have been adequately warned of the potential injury. Informed consent is the bedrock of medical ethics and they fight every day to assure that every person is given informed consent prior to being given any drug or injected with a vaccine. Contact them for ANY COMPLICATION you are aware of in yourself, or your loved ones. Vaccine Safety is imperative!

24. Are you aware that the Federal Government passed The **Public Readiness and Emergency Preparedness Act** (PREP Act), as a liability shield intended to protect vaccine manufacturers from financial risk in the event of a declared public health emergency.

- The act specifically affords to drug makers immunity from actions related to the manufacture, testing, development, distribution, administration and use of medical countermeasures against chemical, biological, radiological and nuclear agents of terrorism, epidemics, and pandemics. **PREPA removes the right to a jury trial for persons injured by a covered vaccine**, unless a plaintiff can provide clear evidence of willful misconduct that resulted in death or serious physical injury.
- In the event of an emergency declared by HHS, Federal law would preempt all state provisions related to pandemic emergency preparedness, and would supersede any state provision governing vaccines.
- By invoking provisions of PREPA, the HHS secretary can wield broad authority to declare an emergency, which in turn would trigger drug company immunity from liability at any time, thereby conferring upon drug companies legal immunity for harm caused by their misconduct. The immunity that could be conferred on drug and vaccine manufacturers can be applied regardless of wrongdoing by affected drug companies.

25. DHS determined that the spread of SARS-CoV–2 or a virus mutating therefrom and the resulting disease COVID–19 constitutes a public health emergency and the PREP ACT was Amended with coverage that **began on February 4, 2020 and extend through October 1, 2024**.and lasts through
(a) the final day the Declaration of Emergency is in effect, or
(b) October 1, 2024, whichever occurs first.

COVID VACCINE SAFETY COMPARED TO CHILDHOOD VACCINE SAFETY FACTS

26. **Dr. Geert Vanden Bossche**, International Vaccine Expert, Previous Head of Vaccine Development office, Germany, Chief Scientific Officer, Univac, Discusses why we SHOULD NOT be Mass Vaccinating the healthy with COVID19 Vaccines while there is still active virus circulating. (published March 11, 2021)

His Open Letter to the WHO. Is included on the last 5 pages of this document
Dryburg.com on Bossche's letter.

27. Are you aware that COVID19 Vaccine Manufacturers have NO LIABILITY TO INJURIES

28. Do you know there are Issues with COVID19 Vaccine Safety

29. COVID19 Vaccine: Clinical Trials DSMB

30. Deciding If you Consent to being Injected with one of the COVID Vaccines

31. Are there Financial Conflicts of Interest you should consider?

32. -SARS COV Clinical Vaccine Trials are in question

33. How well are you informed about General Vaccine Safety in the US?

34. Introduction to Vaccine Safety Science & Policy in the United States

35. THE DANGER OF ELIMINATING VACCINE EXEMPTIONS & CURTAILING VACCINE CRITICISM

36. Are you aware the CDC has never conducted a Trial comparing Vaccinated against Unvaccinated?

37. Are you aware that HHS has failed to demonstrate proof of Vaccine Safety in the Vaccinated?

38. Are you aware that 'Chronic health issues have grown precipitously among children in the United States along with the increase in the childhood vaccine schedule during the last thirty years?'

39. Are you aware the NIH stands to personally earn millions from the sell of the COVID10 Vaccine

40. Science is showing us that those at risk are NOT the GENERAL POPULATION, so, therefore the ENTIRE POPULATION SHOULD NOT BE TARGETED FOR CoV2 Vaccines but, rather, those that are 'at greatest risk' of death from COVID-19:

- Obesity increases the risk of death by 92%, And, the effect of excess weight on the risk of severe COVID and death was greatest for those ages 20-39 years old.

- 93% of COVID19 deaths were of those 63 or over.

41. **You must decide if Vaccine mandates currently in place or being considered violate the THE NUREMBERG CODE:**

What was the main purpose of the Nuremberg Code?
The **Nuremberg Code** aimed to protect human subjects from enduring the kind of cruelty and exploitation the prisoners endured in WW2 concentration camps. The 10 elements of the **code** are:
Voluntary consent is essential. The results of any experiment must be for the greater good of society.

"The Nuremberg Code of 1947 is very explicit that even if an action is *for the greater good of society,* **individuals still have the right for voluntary consent which they deemed absolutely essential**. It is clear that we can't be guaranteed that the COVID vaccine will be safe, but it will be protected from liability under the PREP Act. Children's Health Defense would argue that in order for individuals to be asked to give up sovereignty over their bodies, the evidence must be crystal clear, that the greater good would be served. Even then the Nuremberg Code requires voluntary consent."

Is this one of the important civil rights issues of our times?

- **Teachers Sue LA School District Over COVID Vaccine Mandate**
- 117 Employees Sue Texas Hospital Over COVID Vaccine Mandate — Do They Have a Case?
- Silencing Vaccine Safety Questions + State Lawmakers Move to Block Vaccine Mandates
- CHD Calls on FDA to Immediately Take COVID Vaccines Off the Market
- 'Vaccine Mandates: An Erosion of Civil Rights?
- Unvaccinated Cadets at West Point Forced to Live in Tent for Summer Training
- Children's Health Defense Seeks Rutgers Students Opposed to COVID Vaccine Mandate for Legal Challenge
- 3 Perspectives on Risks, Benefits of COVID Vaccines
- https://www.henryford.com/news/2021/06/vaccine-mandate-announcement

Even the CDC admits, cases or Re-Infection are Rare. Testing Positive twice, is NOT the same as getting the illness twice. There have been many false positives due to testing errors. If you had an 'asymptomatic case' – you DID NOT HAVE COVID. As of October 2020, there were only (5) documented REINFECTIONS. The CDC has since removed that data…Those reinfections were Likely undiagnosed Immune Deficient People, or fake news.
HAVING AN ACUTAL DISEASE --- Builds immunity. Period.

42. Please Become Familiar with the CONTENTS OF EACH OF THE CoV2 Vaccines
More Info from the FDA, can be found HERE.

MODERNA	Johnson & Johnson (Janssen)
• Active ingredient • mRNA coding for a form of the spike protein of SARS-CoV-2 • Lipids (fats) • SM-102 (Learn more about this ingredient) • polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG] • cholesterol • 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC] • Salts • sodium acetate • Other • tromethamine • tromethamine hydrochloride • acetic acid • sucrose Moderna used the fetal cell line HEK 293 in the confirmation phase to ensure the vaccines work. All HEK 293 cells are descended from tissue taken from a 1973 elective abortion that took place in the Netherlands.	• Active ingredient • Recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein • Salts • sodium chloride • trisodium citrate dehydrate • citric acid monohydrate • Other • ethanol • polysorbate-80 • 2-hydroxypropyl-β-cyclodextrin (HBCD) Johnson & Johnson uses fetal cell lines in vaccine development, confirmation and production. To make their virus vector vaccine, Johnson & Johnson infects PER.C6 fetal cell line cells with adenovirus.

Pfizer-BioNTech

• Active ingredient
• mRNA coding for a form of the spike protein of SARS-CoV-2

• Lipids (fats)
• (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)
• 2[(polyethylene glycol)-2000]- N,N-ditetradecylacetamide
• 1,2-distearoyl-sn-glycero-3-phosphocholine
• cholesterol
• Salts
• potassium chloride
• monobasic potassium phosphate
• sodium chloride
• dibasic sodium phosphate dihydrate
• Other
• sucrose

If you would like to learn more about each ingredient, the National Institutes for Health (NIH) provides a service to explain medicine ingredients called PubChem. We've listed vaccine ingredients in the table above as an example. SOURCE: Nebraska Med

43. Vaccine makers may use fetal cell lines in the following three stages of vaccine development: Answers from Infectious Disease Expert David Brett Major MD MPH

- Development: Identifying what works
- Confirmation: Making sure it works
- Production: Manufacturing the formula that works

Fetal cell lines are not (considered) the same as fetal tissue.

Fetal cell lines are cells that grow in a laboratory. They descend from cells taken from elective abortions in the 1970s and 1980s. Those individual cells from the 1970s and 1980s have since multiplied into many new cells over the past four or five decades, creating fetal cell lines. Current fetal cell lines are thousands of generations removed from the original fetal tissue. They do not contain any tissue from a fetus.

These three vaccines claim to NOT include the following:
(but, pay attention to how the DO USE what they say they do not use.)

- Fetal cells
- Blood products, like red blood cells, white blood cells, plasma or platelets
- COVID-19 virus cells
- Mercury
- Egg
- Latex stoppers
- Pork products
- Preservatives
- Microchips
- Sometimes there are microchips on the outside of a syringe, so the health care professional can scan it quickly for digital records. The world's tiniest microchip is still much too big to insert into an immunization shot (What size are the identification chips that Vets 'Inject' in our pets?)

Vaccine makers may use these fetal cell lines in any of the following three stages of vaccine development:

- Development: Identifying what works
- Confirmation: Making sure it works
- Production: Manufacturing the formula that works

Johnson & Johnson
uses fetal cell lines in vaccine development, confirmation and production.
To make their virus vector vaccine, Johnson & Johnson
infects PER.C6 fetal cell line cells with adenovirus.
All PER.C6 cells used to manufacture the Johnson & Johnson vaccine are descended from tissue taken from a 1985 elective abortion that also took place in the Netherlands.

They use this cell line because it is a well-studied industry standard for safe and reliable production of viral vector vaccines.
The Johnson & Johnson vaccine is a bit different. It is an adenovirus vector vaccine. (Adenovirus is the virus that causes the common cold. The virus in this vaccine has been changed so that it does NOT cause illness.)
With this type of vaccine, a carrier, in this case adenovirus, acts as a delivery vehicle.
The adenovirus has had the coronavirus spike protein added to its DNA.
The adenovirus carries that genetic material into your body, delivering its modified DNA to your cells.
Your cells will then make the spike protein, activating your immune system.
Once activated, your immune system creates antibodies to fight off the spike protein.
None of the COVID-19 vaccines in development use fetal cells taken from recent abortions.

Moderna
did perform confirmation tests (to ensure the vaccines work) using fetal cell lines.
neither the Pfizer nor Moderna vaccines used fetal cell lines during the development or production phases. (So, no fetal cell lines were used to manufacture the vaccine, and they are not inside the injection you receive from your doctor.)

Are you are aware you can still catch COVID19 after being vaccinated.

44. **Dr. Paul Offit, an infectious disease specialist and director of the Vaccine Education Center at Children's Hospital of Philadelphia, as well as a member of the Food and Drug Administration's vaccine advisory board**. Stated in an NPR interview on January 12, 2021,

- "If 100 vaccinated people are exposed to a virus and 50 of them subsequently develop symptoms, that vaccine is 50% effective.)
- Dr. Paul Offit states, "the Pfizer-BioNTech vaccine, a study published in *The New England Journal of Medicine* in December found that protection doesn't start until 12 days after the first shot and that it reaches 52% effectiveness a few weeks later. A week after the second vaccination, the effectiveness rate hits 95%.
- In its application for authorization, Moderna reported a protection rate of 51% two weeks after the first immunization and 94% two weeks after the second dose.
- Dr Offit states, "That's not 100%...That means one **out of every 20 people who get this vaccine could still get moderate to severe infection**." Dr. Paul Offit

Can I spread the virus to others even if I'm fully vaccinated?

45. This is an important question, but scientists studying the shots' effectiveness don't have an answer yet. And for public health experts, that lack of knowledge means you should act like the answer is yes.

Here's why: Before approving the Moderna and Pfizer vaccines, the FDA asked the vaccine manufacturers only whether their products protect people from COVID-19 symptoms. They didn't ask if the vaccines stop people who've been vaccinated from nevertheless spreading the virus to others. The emergency authorizations by the FDA that have allowed distribution of the two new vaccines **cite only their ability to keep you — the person vaccinated — from becoming severely sick with COVID-19. "**The data to answer the question of whether vaccinated people can still spread the virus are just now being collected.

How can you spread a virus if you've been vaccinated?

46. All the COVID-19 vaccines and vaccine candidates under consideration for use in the U.S. rely on bits of genetic material or virus protein — not anything that could grow into an active SARS-CoV-2 virus, the virus that causes the disease COVID-19. The concern instead with the COVID-19 vaccine is about whether you might still have an asymptomatic infection despite immunization — without symptoms, but able to shed virus. Here's how that might work: Let's say you've been vaccinated and you encounter SARS-CoV-2. You're much less likely to develop symptoms — that's clear. But your immune system may not fight off the virus completely — it might allow some viruses to survive and reproduce and get expelled from your nose or mouth in a breath, cough or sneeze. Remember: No one can be sure yet if this actually happens or if it happens often enough that you'd be emitting enough active virus to sicken someone else.

47. According to the New England Journal of Medicine, "83% Fetal Loss Rate in first trimester for Ill-advised Vaccine."
48. **Peer Reviewed research from The Lancet** mentions that we have to be careful w/**relative vs. absolute risk** and how these numbers can be used to confuse or manipulate outcomes results or medical studies. ARR's tend to be ignored because they give a much less impressive effect size than RRR's. This clarification of the data shows that the experimental vaccines reduce your chance of catching COVID-19 with these ACTUAL RESULTS:

- 1.3% for the AstraZeneca-Oxford,
- 1.2% for the Moderna-NIH,
- 1.2% for the J&J,
- 0.93% for the Gamaleya, and
- 0.84% for the Pfizer-BioNTech Vaccines.
- **This is how 95% = 0.84% !**

SOURCE: www.TheLancet.com/Journals/Lanmic/article/PllS2666-5247(21)00069-0/fulltext

49. Recent studies of **medical** errors have estimated errors may account **for** as many as 251,000 **deaths** annually in **the** United States (U.S)., making **medical** errors **the third leading cause of death.** Error rates are significantly higher in the U.S. than in other developed countries such as Canada, Australia, New Zealand, Germany and the United Kingdom (U.K).
50. In Case you did not know about the study, showing that the US population of UNVACCINATED KIDS shows that they are MORE HEALTHY then those who are VACCINATED: Groundbreaking Study Shows Unvaccinated Children Are Healthier Than Vaccinated Children
51. **Please Read this site, before you take the Jab:** https://nojabforme.info/

LEGAL ACTIONS:

Go To: www.peakProsperity.com Lawyers and Doctors all over this country are suing the federal government and CDC and NIH for Crimes against humanity surrounding this vaccine!

https://covidvaccinereactions.com/

Before Allowing your children to get the COVID19 Jab…

Reuters "Israel Sees probable link between Pfizer vaccine and Myocarditis cases.

Dr. Scott Jenson reports that The Israeli Helath ministry has found a link between PfizerVaccine and **Myocarditis cases**. The CDC has even discussed the possibility between a link to Myocarditis and MrNA vacccines.
According to the Israelie Report, There is a probably link in receiving the 2nd dose, of the Pfizer Vaccine and Myocarditis with risk to men 16-30
There was 275 cases, linkage was strong enough that Isreal has felt the link was strong enough that Israel has held off making the CoV2 vaccines available to 12-15 yo populations eligible for the vaccines, pending the Health Ministry report.
With Myocarditis, it is not an on or off case. Some will NOT be picked up. So of the 275 cases, what is the multiplier? The report stated that those with this diagnosis spent no more than 4 days in the hospital.
FDA Document reveals 86% of children who participated in Pfizer Cov Vaccine trial experienced adverse reactions 05/27/21 by Mike Adams
Are you aware that the mRNA inventor, Dr. Robert Malone, said he sent 'manuscripts' months ago to the US FDA claiming the spike protein used in the COVID-19 Vacine posed a health risk.and the risks are NOT KNOWN FOR UNDER 18 year olds?

Symptoms of Myocardits:

Shortenss of breath, palpitations, rhythm disturbances, swelling of the feet, headaches, maliaise, feeling poorly, syncope, and near syncope,

- often times caused by viruses, often not understood how it evolved, and has been associated with other childhood vaccines, with risk of cardiac myopathy later in life which is a mystifying situation. A
- cardiology consult may be necessary as well as an ECHO cardiagram!

CDC Advisory Committee Presentation on Risk of Myocarditis From mRNA Vaccines 'Flawed'
Heart Inflammation Linked to COVID Vaccines in Study of U.S. Military, Department of Defense Confirms

CDC Finds 'Likely' Link Between Heart Inflammation and Pfizer, Moderna COVID Vaccines

Pfizer Vaccine May Cause Heart Inflammation in People Under 30, Leaked Study Suggests

FDA Adds Heart Inflammation Warning to Pfizer, Moderna COVID Vaccines as Some Experts Call for Full Approval

CDC to Convene Emergency Meeting on 226 Reports of Heart Inflammation After COVID Vaccine in People Under 30

Pfizer Vaccine 'Probably' Linked to Heart Inflammation, Israeli Panel of Experts Concludes

19-Year-Old College Freshman Dies From Heart Problem One Month After Second Dose of Moderna Vaccine

Exclusive: Teen Who Had Heart Attack After Pfizer Vaccine: 'I'd Rather Have COVID'

CDC: Teens Vaccinated With Pfizer or Moderna at Higher Risk of Heart Inflammation

Oregon Confirms 11 Cases of Heart Problems Following COVID Vaccines

7 U.S. Teens Developed Heart Inflammation After Second Pfizer Vaccine, New Study Shows

13-Year-Old Michigan Boy Dies 3 Days After Second Dose of Pfizer Vaccine, Aunt Says 'Moral, Ethical, Health' Questions Need Answers

Latest CDC VAERS Data Show Reported Injuries Surpass 11,000 in Ages 12 to 17 Following COVID Vaccines

As Drug Makers Set Sights on Vaccinating 5-Year-Olds, Latest VAERS Data Show Number of Injuries, Deaths Continues to Climb

Exclusive: Teen Suffers Severe Heart Damage After Second Pfizer Dose, Mother Says Hospital 'Clueless' About Reporting to VAERS

Latest CDC VAERS Data Show Reported Injuries Surpass 400,000 Following COVID Vaccines

5th Exec Joins Moderna Billionaire Club — as Stock Price Soars Despite Growing Number of Injury Reports

Latest CDC VAERS Data for 12- to 17-Year-Olds Include 7 Deaths, 271 Serious Adverse Events Following COVID Vaccines

COVID Vaccine Injury Reports Among 12- to 17-Year-Olds More Than Triple in 1 Week, VAERS Data Show

18 Connecticut Teens Hospitalized for Heart Problems After COVID Vaccines, White House Says Young People Should Still Get the Shots

WHO: 'Children Should Not Be Vaccinated for the Moment'

For Kids, Benefits of COVID Vaccine 'Don't Outweigh Risks,' Experts Tell FDA

Provided to you by: The_Face_of_COVID19 Instagram Page TheFaceofCOVID19@gmail.com

Interview with Dr. Byram Bridle

explaining how the spike protein enters the bloodstream and collects in organs.

Dr. Byram Bridle,

PHD Associate Professor of Viral Immunology at the University of Guelph, Canada
discusses the NEW experimental Injection On Point with Alex Pierson Podcast May 27, 2021:
New Research shows the Vaccine Authorities/Pharma made a "Big Mistake" with the new injection:
Read More: Http://apple.co/3g5HqDI http://bit.ly/2TMqcUB

This is a Pro-Vaccine Doctor's words:
He collaborated with international specialists:
Backed up with Peer Reviewed well known and respected journals have published this:
Will you find 'Fact Checkers' slaughtering this MD…Of course! Decide for yourself!

"The SARSCOV2 virus has a spike protein on it's surface and that is what allows it to infect our bodies. That is why the spike protein was used in the manufacturer of the Vaccines. The vaccines get our cells in our bodies to manufacture that protein and if we can mount an immune response to that protein in theory, we can prevent this virus from infecting the body."

Studying the disease of COVID19
Research shows that the spike protein is almost entirely responsible for the damage to the cardiovascular system. If it gets into circulation and it damages the CV system. This has been shown into research animals studies. Inject purified spike protein, it damages the CV system and crosses the BBB and damages the brain.

Also in another study, not yet published, trying to show that the **antibodies, get transferred through the breast milk, which was originally thought to be a good** was of transferring mom's immunity to the baby, but, what was found inadvertently, the vaccine vector itself is being delivered into the breast milk
****** VAERS, suckling infants experiencing GI bleeding into the GI tract. *****

Implications for blood donations: We DO NOT WANT TRANFER of these pathogenic spike proteins for fragile patients, who are transfused with this blood, serious implications for suckling infants, serious implicatrions for those who SARS COV2 was not a high risk pathogen, which includes all of our children, in short…

We made a big mistake, we thought the spike protein was a good target antigen. We never knew **the spike protein itself was a toxin and a pathogenic protein**. So by vaccinating people, we are inadvertently inoculating them with a toxin, and with some people, this gets into circulation, and when that happens in some people, it can cause damage, especially to the cardiovascular system and many other concerns about the long term safety of this vaccine being found to accumulate in the ovaries…are we rendering these people infertile?

Dr.Christine Northrup:
a discussion of the dangers presented to all individuals who have decided to take the Covid-19 vaccines
that are now being offered and/or coercively pushed by officials at all levels of government,

-You will not know about the adverse reactions fully until you have had your COVID19 vaccine for at least 5-6 months.
-according to Dr. TenPenny, It is going to take 4.5-6 months after you have had your own shot, for your body to have created enough spike Protein and enough antibodies to the spike protein to start seeing side effects and complications.

Moderna Shot in Dec. 2020, then the Pfizer shot, January the J&J Shot started, as well as AstraZeneca started around Oct. November 2020 in the UK, and a lot of people died there from anaphylaxis.
By the fall of 2021, we should be able to assess how well these vaccinated people have fared, post vaccination.

Flu shots of fall 2021, are suspect to set off severe autoimmune processes starting, pulmonary hypertension, massive heart attacks, and arrhythmias, and strokes, blood clotting, liver and renal failure and presenting as sepsis,

There are people blocking the spike protein and messenger RNA. 50 Billion particles, Pfizer/Moderna,

86,000 adverse reactions reported to VAERS, representing only 1% of actual numbers.

Report out that shows that CDC is removing deaths from vAERS data base,

All animal studies have shown that this MRNA technology kills the animals,
Even in the rigged safety trails that were abbreviated, t
he studies had NO PREGNANT WOMEN IN The trial. Yet, they are approving it for pregnant women.

There has been a 30% miscarriage rate since the vaccines started

Conventional Corona Virus vaccine, 8-10 years ago, all the ferrets got antibodies to defeat the illness, but, when challenged with actual virus, they all died.

People who have allergies or genetic vulnerabilities , not tested like any other medication, they will suffer collateral damage, in our war against COVID.

The trials should have been long enough to detect vulnerabilities, to detect those w/ long diagnostic periods, many injuries are autoimmune injuries, and you don't see those for months, or many years, an 8 week placebo and short term trials are NOT going to detect them.

MrNa, publications, (Immunization w SARS Coronavirus Vaccines leads to Pulmonary Immunopathology on challenge with the SARS Virus 2012 Chien-Te Tseng if you have Mrna it sets off an autoimmune response,

March- April 2021, next Flu season 2021-22 , when those vaccinated are exposed to the natural virus, natural infections agents, could have significant adverse reactions and turn on your body, having an immune reactions to your organs, can die by antibody dependent enhancement.

The injection of MRNA enhances the disease, and causes more harm then good.

All their information states quite clearly these shots will not keep you from getting sick/contracting the infection,

Smears and Ivermectin just broke down the hydrogel of the virus, *HCQ globs onto the spike protein on the virus, it quite possibly will glob onto the spike protein in circulation from the Vax. Ivermectin blocks the ACE2 receptors, so the spike protein cannot attach to it, it keeps you from getting the onslaught of injury from the spike protein.

"The Wright Brothers would never have put their children on their first airplane. Trials, test runs, and beta testing aren't safe enough." Dr. Brad Campbell.

"There are safe and effective treatment and once you have had the virus you are immune for life." Prof. Dolores Cahil,

www.DefendingTheRepublic.org/COVID

America's FrontlineDoctors.org
The following statements are from DefendingTheRepublic.org/COVID and Dr. Simone Gold MD

"Nuremburg Codes were established post WW2
In the 1940's thousands of prisoners were subjected to horrific medical experiments by the hands of the Nazi Doctors.
When WW2 ended, Allied forces conducted the Nuremberg Trials. They established the Nuremburg Code, on of the most significant documents in the medical field today.

There are NO LICENCED COVID vaccines in the US presently.
Whatever you call it, it is experimental, it is not approved as a vaccine.
A known risk of vaccines is called, **Antibody dependent enhancement, immune enhancement, also called, pathogenic priming.** So, instead of causing, immunity, as you would expect from a 'vaccine.' It causes a person to over-react in a negative way, it they should be exposed to the virus.

The biggest problem with antibody dependent enhancement, has been witnessed with attempts at making a prior Coronavirus Vaccine. When they were doing the studies with SARS COV1 Vaccines, back in 2005, they came up with a vaccine, and it was given to the Ferrets, and it was 2 dose like the ones today, and the Ferrets did fine after the 1st and 2nd doses,
Later they exposed them to the Coronavirus SARS COV1 in the wild, and **THE FERETS DIED!**
That is why the SARS COV1 vaccine never came to market.

APPROVAL DOES NOT MEAN LICENSED."
There has been a tremendous failure of past coronavirus vaccines, though this is NOT WELL KNOWN. But, there are multiple Coronaviruses out there.

Example:
In 2002 there was an epidemic of SARS COV1, what we are in now is SARS COV2, this virus is 78% identical to SARS COV1.

So, prior coronavirus attempts have been made, THEY HAVE FAILED!!!
They can't do it safely in Human beings.

The Nuremberg Code is a list of ethical principles for human experimentation.
The experiment should be so designed and based on the results of animal experimentation, and a knowledge of the natural history of the disease…"

THERE IS NO INDEPENDNTLY PUBLISHED ANIMAL STUDIES.
One of the companies, says they do have animal studies, but, they have not published ANY DATA ON IT.

There has been a complete rush to put this to market and we simply cannot do this safely, without published data on the animal studies. Because animals often will die at the end

"The degree of risk to be taken should never exceed that of the problem to be solved by the experiment."

One of the problems that doctors are concerned about this antibody dependent enhancement potential, not saying this is for sure, but, IT HAS NOT BEEN ANSWERED…if you're going to run around and give this vaccine to a whole bunch of healthy people, you have to be really, really sure.

Taking a Vaccine is very different then taking a drug for a disease. If you have a disease, you are certainly more willing to take on more risks,right, to get rid of the disease. But, vaccines are typically given to healthy people. Now, what's going to happen if you give this vaccine to 100 million people, that are otherwise healthy, and they do have this antibody enhancement reaction, because we have not ruled it out as a possibility, and they do get exposed to the virus from the wild, and 30% of them drop!! What if, for example, you have given that vaccine to all of your healthcare workers. And all of your military. And all of your police officers?

This particular virus has VERY LOW LETHALITY – SHOULD YOU GIVE IT TO HEALTHY PEOPLE? NOT KNOWING THE ANSWER TO THAT QUESTIONS? IS FAR TOO RISKY IN MY OPINION FROM A NATIONAL SECURITY PERSPECTIVE.

"DURING THE COURSE OF THE EXPERIEMENT, THE SCIENTISTS IN CHARGE, MUST BE PREPARED TO TERMINATE THE EXPERIEMENT AT ANY STAGE, IF HE HAS PROBABLY CAUSE TO BELIEVE…THAT A CONTINUATION OF THE EX-ER9EEJNT IS LIKELY TO RESULT IN INJURY, DISABILITY OR DEATH TO THE EXPERIMENTAL SUBJECT."

COMPILED BY DefendingTheRepublic.org

Provided to you by: The_Face_of_COVID19 Instagram Page TheFaceofCOVID19@gmail.com

Dr. Sherry TenPenny, discusses the risks of being Around vaccinated people. There have been claims of vaccine "Shedding" but, this is inaccurate, chickenpox virus, 'sheds' for weeks after the vaccine, and when those vaccinated children are around unvaccinated children, there is a risk that the unvaccinated will contract acive chicken pox. "that is shedding" it happens with the MMR as well.

The Proper Term for what the COVID 19 vaccine is doing to the unvaccinated who come in contact with the vaccinated:

Transmission, of the spike protein, to other people, w/o close personal contact.

- There are over 11,000 reports of women who had abnormal bleeding, post menapaulsal, young women, bleeding, and 2/3 blood volume loss, HGB 4,
- 22month old girl, spent weekend w/ her vaccinated grandparents, and was passing blood clots the size of small eggs,
- 3-4 yo girls coming home from day care with blood in their panties w/o report of sexual assault,
- as well as reports of cerebral vascular thrombosis thrombosis,
- 117 reports to VAERS, even though VAERS only gets report of 1-10% of the number of actual events actually happening.
- 193,000 adverse events reported to VAERS following these vaccines.
- VAERS usually gets 30 reports per year regarding a sum total of 20 shots,
- Those are FDA database numbers, collected by the CDC. These are government numbers.
- There are NO LONG TERM STUDIES!

- We know nothing about the affect on pubescent girls and boys and the impact on their reproductive growth.
- An urgent care ER Doc reported that he is getting 30+ Men per week talking about testicular swelling and inability to maintain an erection, after getting their shot.
- 10-20 reports/day, of any of the 3 COVID19 Shorts that after people are getting their , 2nd shots, 10-15 days later, show up dead.

RESOURCES:

Circle of Mamas - www.Circleofmamas.com
TheAulaniProject Find them on IG and https://linktr.ee/TheAulaniProject
Physicans For Informed Consent: https://physiciansforinformedconsent.org/
Erin Olszewski BSN: https://www.audible.com/pd/Undercover-Epicenter-Nurse-Audiobook/1705282466

Suan Olson Corgan: Activist Susie:
https://linktr.ee/susie.olson.corgan
MyFreeDoctor.com
HealthFreedomsForHumans
https://tenpennyfiles.podbean.com/

Legal Actions: Go To: www.peakProsperity.com Lawyers and Doctors all over this country are suing the federal government and CDC and NIH for Crimes against humanity surrounding this vaccine. Vaccine risk awareness website that gathers together personal testimonies, science and research, and advocacy materials.

ATTENTION COLLEGE STUDENTS: TAKE ACTION AGAINST FORCED VAX ON CAMPUS
https://www.tpusa.com/vax

Provided to you by: The_Face_of_COVID19 Instagram Page TheFaceofCOVID19@gmail.com

Choonadi, LLC dba Vaxxter.com
c/o 7380 Engle Road
Middleburg Heights, OH. 44130
(440) 239-1878
VaxxterResponse @ gmail.com

If you live in the UK

This is the site to go to to report all reactions to the COVID19 Vaccine
- :https://yellowcard.mhra.gov.uk

- According to 'The Nurse Who Asks Questions, in the UK, "People are complaining that it doesn't always work. Reach out to heron IG, to find out who may help you navigate this UK government program.

- Business to Support who are against Vaccine Passports: https://againstvaccinepassports.com/

Don't let someone peer pressure you into believing that somehow you are doing a disservice to humanity if you
CHOOSE NOT TO GET VACCINATED.

If Their COVID19 vaccines work,
then, no matter how many UNVACCINATED PEOPLE GET AROUND THEIR VACCINATED GRANDMA…

Grandma, is supposedly protected by her vaccine.

After all,
if Vaccines Work…
you should not be worried about
the UNVACCINATED.
They made a choice.
IT's their body,
their choice.

Provided to you by: The_Face_of_COVID19 Instagram Page TheFaceofCOVID19@gmail.com

Below is the Open Letter written to the Scientific Community specifically addressing the WHO and other heads of the Worldwide Public Health Communities written by, Dr. Geert Vanden Bossche, International Vaccine Expert, Previous Head of Vaccine Development office, Germany, Chief Scientific Officer, Univac, Discussing why we SHOULD NOT be Mass Vaccinating the healthy with COVID19 Vaccines while there is still active virus circulating. (published February 26, 2021) For your own Consideration, as an intelligent American Citizen

You can find the Letter online Here in PDF, and reviewed Here and Here

"We must halt all ongoing Covid-19 mass vaccination campaigns as a temporary health benefit to the most vulnerable groups does not justify a public health disaster of international concern.

Geert Vanden Bossche, DVM, PhD virology, independent seasoned vaccine researcher, previous SPO at the Bill & Melinda Gates Foundation and SPM at GAVI is urging WHO and world political leaders to immediately halt all ongoing Covid-19 mass vaccination campaigns as there is compelling evidence that they will soon dramatically worsen the consequences of the current pandemic.

Attached to this letter, you will find a summary of the manuscript I am currently in the process of finalizing. I initially intended to attach the manuscript in full to my letter. However, given the exceptional urgency of my call, I have no choice but to send you the summary (+ conclusion) in advance. I will post the manuscript in full on LinkedIn as soon as I can (presumably in the course of next week).

In the upcoming manuscript I will share my insights on the immune pathogenesis of Coronavirus pandemics. Those are based on an in-depth analysis of Covid-19-relevant scientific literature (key references will be appended) and backed by my deep vaccine knowledge and relentless perseverance in unraveling the host's immune defense mechanisms and strategies viruses have evolved to escape those. Understanding the interplay between the virus and the host immune system is a prerequisite for designing vaccines able to counter the immune subversive strategy of infectious pathogens. I do not think that it is reasonable for WHO or any other health authority to approve 'emergency use' of vaccines aimed at conducting mass vaccination campaigns in the very heat of an infectious pandemic without having gained an in-depth understanding of how this may impact on the outcome of the pandemic.

In particular, lack of understanding of the consequences of immune pressure on highly mutable viruses has now allowed for the approval of a number of Covid-19 vaccines that are completely contraindicated for fighting a pandemic, regardless of the technology used. Although safe and efficacious and providing temporary relief to part of the population and to healthcare facilities, these vaccines will soon come with a heavy toll to be paid by the entire population if mass vaccination campaigns continue.

Again, given the urgency of my call, I will neither allow time for peer-review, nor for English proofreading, nor for fine-tuning the wording or for screening the manuscript for redundancy. As I merely seek to provide enough of compelling scientific proof for sounding this warning bell, I will not deal with relevant matters as exhaustively as I would normally do. Clearly, the upcoming manuscript is not meant to be submitted to a scientific peer-reviewed journal but to explain the scientific rationale behind my cry of distress and urgent wake-up call. May they for God's sake draw the world's attention to what I think is now likely to become the biggest and most tragic mistake made in the history of public health in general and in the field of vaccination in particular.

To support my wake-up call and credibility, I am not nearly as much relying on my credentials (which you can find at LinkedIn: https://www.linkedin.com/in/geertvandenbossche/) as I am on a diversified set of relevant scientific reports from the literature and on the evolution of the pandemic itself. The latter is now featured by the emergence of much more infectious viral variants.

Nevertheless, you may still opt for now to not believe the statements, conclusions and forecasts that will be made in this manuscript and which have already been summarized as attached. However, I have no doubt that in the days and weeks to come 'doubting Thomas' will have to admit that he was proven wrong. In the meantime, these disastrous vaccination campaigns will likely be intensified and even extended to younger age groups. Given the power, influence and blind ambition of the stakeholders driving these campaigns, it is going to be incredibly difficult to stop this act of complete madness. When all of them will finally have to admit the catastrophic consequences of this 'experiment', precious time and, more importantly, many more lives will have been lost. Eventually, complete lockdowns will likely be imposed for an indefinite period of time as a last resort.

Although largely based on direct or indirect scientific evidence, the views expressed in the manuscript will be my personal views. Of course, I take full accountability of what I am saying and I can only hope that those who're in charge will be sufficiently convinced to take their responsibility and stop all ongoing Covid-19 vaccination campaigns immediately. There should be no excuse and certainly no complaints about lack of warnings by dedicated experts. I cannot emphasize enough that continuing these vaccination endeavors will dramatically prolong, instead of shorten, the current pandemic and take a much higher toll in terms of disease and fatality rates in all of the population. It goes without saying that a such enhancement of this crisis will come with unbearable socio-economic consequences for many years to come.

The manuscript will provide compelling evidence that – as far as acute self-limiting viral infections are concerned - the natural course (i.e., without human intervention!) of a Coronavirus pandemic is typically featured by 3 waves that ultimately flatten as the infection merges into a seasonal 'common cold.' However, it is difficult to predict how long it would take a natural Covid-19 pandemic to 'downgrade' to yet another kind of seasonal 'common cold' without human intervention. Maybe somewhere between 2 to 4 years, but that's a personal guess. This is, of course, not to say that in the meantime one should not do whatever is possible to mitigate the disease in those developing severe symptoms. But first, "do no harm" ("primum non nocere"): Given the huge amount of immune escape that will be provoked my mass vaccination campaigns and flanking containment measures, it is difficult to imagine how human interventions would not cause the Covid-19 pandemic to turn into an incredible disaster for global and individual health.

I would have been able to put the appended manuscript together without having dedicated the last 10 years of my career to designing an entirely new vaccine concept that aims at enabling our immune system to kill a multitude of infectious (and even, noninfectious) diseases without allowing the pathogen, or any 'variant' editions thereof, to escape the immune response

induced. In contrast, all of the current Covid-19 vaccines rely on strengthening adaptive (as opposed to innate) immunity in general, and humoral (i.e. antibodies) in particular. Hence, none of them will prevent immune escape and, for that matter, all will be subject to anti-viral resistance. Adapting the composition to the new circulating variants does not solve the problem as science tells us that this will even accelerate the rate of immune escape (in asymptomatic Covid-19 carriers).

Isn't it surprising that while we have now become so well aware of all dramatic consequences and threats surrounding microbial resistance to antibiotics, we still don't believe that fighting viruses in ways that do not completely kill them opens the door to vaccine resistance? While we have been taught to always take the medication for as long as prescribed, even if we were already feeling much better, we still don't seem to believe that viruses can escape to specific antibodies if antibody concentrations or affinity are no longer sufficient to neutralize the virus. Widespread use of antibiotics is generally acknowledged to raise a serious global concern about antimicrobial resistance, but nobody seems to bother about resistance to vaccines that are used in mass vaccination campaigns in the context of an ongoing pandemic. **Since those are conducted against a huge infectious background, a multitude of vaccinees will be in the process of seroconverting while being exposed to circulating infectious virus. Prophylactic vaccines against viral or other infectious diseases are typically administered well in advance of a likely risk of infectious exposure.** While this is ensuring full-fledged protection to the infectious agent, it is also preventing immune escape and hence, resistance to the vaccine. Aren't we not already witnessing an increasing number of cases of Covid-19 vaccinated people who still shed virus and sometimes even develop mild symptoms? Aren't these cases compelling enough in proving how easily Covid-19 viruses can escape antibody responses? How can we then be so excited about current Covid- 19 vaccines knowing that they allow immune escape and thus, enable the virus to select more infectious variants? And do we really think that going for a one dose shot (instead of the prescribed 2-dose vaccination schedule), as some propose, is not going to even expedite immune escape?

In our naïve and simplistic attempt to prevent the pandemic from running its natural course, we are in fact providing the beast with an even much better opportunity to escape host immunity than natural infection does. **The only way to do better than the natural pandemic is to eradicate Covid-19 right away.** To do so, there is probably no other way but to concentrate on vaccination strategies that allow DURABLE priming of innate immune killer cells (i.e., NK cells), the activation of which has already been shown to correlate with full viral clearance in asymptomatically Covid-19-infected subjects. As innate cytotoxic cells enable non-antigen-specific killing of the virus, they don't drive immune escape.

By implementing immune intervention strategies that capitalize on empowering these innate immune cells to acquire immunologic memory, it must be possible to fully, broadly and durably protect human populations against all Covid-19 editions, and even against Coronaviruses at large. The 'sterilizing' immunity they provide would not only protect people who would 'naturally' become asymptomatically infected (but, unfortunately, only enjoy natural protection for as long as they keep their innate immune system well-trained through moderate but regular pathogen exposure) but also subjects who would 'naturally' develop (severe) symptoms or even succumb to the disease.

In conclusion, **fostering the development of NK cell-based vaccines should become a public health priority.** As will become obvious from the manuscript, NK-cell based hold great promise for stopping this pandemic at its source while also ensuring future preparedness to emerging pandemic threats at large.

Immediate cancellation of all ongoing Covid-19 mass vaccination campaigns should now become THE most acute health emergency of international concern.

Executive summary

The manuscript, which is in now in the process of being finalized, should shed some light on how the virus and especially its interaction with the host immune system determines the natural course (i.e., without human intervention) of a Coronavirus (CoV) pandemic. The interplay between host immune defense and viral immune escape determines the course of a natural CoV pandemic (including a natural Covid-19 pandemic).

In the clinic, viral immune escape is known to occur when the neutralizing capacity of serum antibodies (Abs) does not suffice to fully eliminate highly mutable viruses (e.g., CoV) for lack of their concentration or affinity. In a CoV pandemic setting, seroconversion occurs against a background of high infectious pressure and is, therefore, prone to promote viral immune escape.

The first wave of disease 1 (and mortality) primarily affects elderly people (or otherwise immunocompromised subjects). Selective (i.e., adaptive) immune escape is expected to cause this wave to transition into a more severe, second wave in younger age groups. **Subsequently, non-selective (i.e., innate) as well as selective immune escape operated by increasingly infectious viral variants will trigger a third wave**. The latter would primarily affect subjects who recovered

from disease they contracted during the first wave as their seroneutralising Abs do no longer properly match the new circulating viral variants. This third wave of disease (and mortality) would come to an end when those who recovered from the disease will have mounted new functional Abs against these immune escape variants. As seroconversion in this population will now occur much faster (due to recall of cross-reactive T helper memory cells) and as the majority of the young and middle-aged population will either be seronegative or have seroconverted already by the time the third wave starts to expand, chances are slim for the virus to escape the host's Ab response. Asymptomatic 2, seronegative individuals (i.e., the vast majority of young and middle-aged people) may spread virus upon (re-)infection and hence, constitute a relevant source of viral transmission. However, CoV infection in these asymptomatic carriers is abrogated after a short period of viral shedding. Viral clearance in these subjects is likely to occur through activation of NK cells. The latter are capable of recognizing CoV-associated, antigen (Ag)-nonspecific patterns on the surface of CoV-infected epithelial target cells. As killing by NK cells is, therefore, not Ag-specific and as seroconversion

1. For the purpose of the manuscript, 'disease' refers to severe Covid-19 disease with involvement of lower respiratory airways
2. For the purpose of the manuscript, 'asymptomatic' infection refers to CoV infection which does not cause clinically relevant symptoms or only causes a mild level of disease (i.e., only involving upper respiratory airways) in asymptomatically infected subjects is only short-lived, viral immune escape does not normally occur. Consequently, new, more infectious, variants are unlikely to emerge from this population as long as viral infectiousness does not dramatically increase.

At the point of 'no immune escape', the pandemic will be under control and merge into an endemic infection. However, as long as the point of 'no immune escape' isn't reached, any additional immune selection pressure, for example as a result of suboptimal concentration or affinity of Ag-specific (e.g., spike protein-specific) Abs, will allow the virus to rapidly unfold more infectious, immune escape variants. Additional immune selection pressure, especially when exerted during the second wave of a CoV pandemic, is likely to precipitate and amplify viral immune escape. This might even cause the second and third wave to merge into a single huge wave of mortality and disease that affects all layers of the population (possibly, with the exception of small children).

Especially mass vaccination campaigns, particularly when conducted in the midst of a pandemic, are prone to exerting enormous immune pressure on circulating virus strains. This is because the vaccine is used in an increasingly infectious context (as escape variants are more infectious). Mass vaccination campaigns will accelerate the emergence of even more infectious immune escape variants. This because the number of vaccine recipients who seroconvert within a given time period will dramatically increase . In addition, Ag-specific, high affinity Abs induced by any of the current vaccines will outcompete natural, broadly protective mucosal IgM antibodies as the latter only bind with low affinity to the receptor-binding domain of CoV (RBD). This will particularly affect natural resistance of younger age groups which - thanks to a welltrained innate immune system- resisted disease during the first wave. The new circulating CoV variants may now even be able to escape the host's CoV variant-nonspecific line of immune defense at the mucosal portal of entry. These age groups may, therefore, become more susceptible to symptomatic infection and shedding caused by more infectious variants.

But mass vaccination campaigns will also have severe consequences for those who got vaccinated first (mostly the elderly or people with underlying disease or those who are otherwise immunocompromised). In the highly likely event that mass vaccination will soon result in antiviral resistance (see below), these people will have no single bit of immunity left to rely upon. In contrast to the infectious circulating virus, current vaccines do either not contain any critical killer cell motif or fail to activate dedicated killer cells. It goes, therefore, without saying that vaccine-induced immune responses will inevitably result in a dramatic enhancement of morbidity and mortality rates in all of the human population (except for small children?).

Alike naturally infected subjects, vaccine recipients need time to mount a full-fledged Ag-specific Ab response. Further to all of the above, low exposure to circulating CoV strains (e.g., due to stringent containment measures) will increasingly weaken innate mucosal immunity for lack of training. Again, this is particularly relevant for those who - thanks to their sufficient and adequate innate immune defense – got away with asymptomatic infection during the first wave. Stringent and widespread infection prevention measures are now increasingly compromising their innate immunity and rendering them more susceptible to symptomatic infection. Especially the younger age groups may, therefore, end up with relatively higher morbidity and mortality rates, even regardless of the emergence of more infectious viral variants. This is to say that broadly implemented infection prevention measures will only amplify the already detrimental consequences of ongoing mass vaccination campaigns. It is reasonable to assume that the combination of non-selective and selective immune escape will cause morbidity and mortality rates in younger age groups to explode.

The more Covid-19 vaccination campaigns in the young and middle-age groups will be delayed (i.e., relative to their initiation in the elderly), the more they will enhance morbidity and mortality rates in this group: By the time mass vaccination campaigns are about to start in the young and middle-aged groups, a substantial number of these people will already have

been infected with Covid-19. Enhanced rates of infection by highly infectiousness viral variants significantly has now increased the likelihood for them to become re-infected while being in the process of seroconverting. So, by the time vaccinations will be initiated, viral immune escape in this group may already be fueling a vicious circle of enhanced viral infectiousness resulting in more seroconversion and hence, more immune escape. Mass vaccination campaigns in this group will only dramatically deteriorate the situation as they will lead to a fast and massive increase in the number of asymptomatic subjects that are in the process of seroconverting against a highly infectious background. and, therefore, prone to promoting viral immune escape. As there is naturally no reason for them to isolate, there will be plenty of opportunity for the highly infectious circulating strains to replicate in the presence of suboptimal Ab titers and, therefore, to escape the host's immune control.

Hence, the more vaccination campaigns in this group get delayed, the more selection of even more infectious viral variants will be expedited. The ensuing exponential increase in viral immune escape rates will ultimately enable viral variants to even break through vaccine- mediated protection in the vaccinated elderly. As their Abs increasingly mismatch the ever more infectious emerging variants, they will no longer manage to control viral replication and shedding and rapidly allow for massive viral immune escape. Because seroprotective Abs primarily confer protection through targeting Covid-19's RBD, the virus will now increasingly select mutations in this particular part of the spike protein as those most readily enable the virus to escape vaccine-induced Abs. This will inevitably precipitate resistance to the vaccine. As a result of mass vaccination, people who got the vaccine first will suddenly no longer be protected and, despite vaccination, fall prey to a wave of catastrophic morbidity and mortality.

There can, therefore, be no doubt that current vaccination strategies are rendering the impact of mass vaccination campaigns even more catastrophic and only adding to the magnitude of a pending global health disaster. However, mass vaccination also harms individual health as vaccine-induced variant-specific Abs will outcompete natural variant-nonspecific mucosal Abs for binding to CoV variants and thereby deprive individuals from their broadly protective natural (life)line of immune defense.

As large scale vaccination campaigns combined with the sustained implementation of several containment measures will only expedite the occurrence of viral escape mutations, the illusory hope that current Covid-19 vaccines could generate herd immunity should once and for all be thrown overboard. Along the same line of reasoning, it is not unthinkable that Covid-19 will, once again, cross species barriers. One can definitely not rule out that with growing immune- mediated selection of virus variants, Covid-19 is ultimately going to be able to jump to other animal species, especially industrial livestock (e.g., intensive pig and poultry farms with high stocking density) as i) these species are already known to host several different Coronaviruses and ii) variability/ mutations in the very same spike protein, and particularly in the RBD, are known to be responsible for shifts in host tropism/ susceptibility. Similar to the situation with influenza virus, these animal species could then constitute a reservoir for SARSCOVID-2 virus. Depending on the prevalence of circulating animal CoVs in those farms (and hence, the level of trained immunity), those animals could now serve as asymptomatic carriers, thereby constituting a serious threat to humans.

Conclusion:
The combination of mass vaccination and infection prevention measures is a recipe for a global health disaster. Following the science, one has to conclude that all age groups (possibly with the exception of small children) will be heavily affected and subject to rates of morbidity and mortality that raise much faster and much higher than those expected to occur during the natural course of a CoV pandemic. This will particularly apply if the sequence of mass vaccinations following the first infectious wave parallels that of natural infection (i.e., immunocompromised people and elderly first, followed by the younger age groups).

No one, for that matter, should be granted a right to implement large-scale pharmaceutic and non-pharmaceutic immune interventions, especially not during a viral pandemic, and certainly not without an in-depth understanding of the immune pathogenesis of a viral pandemic. When one follows the science, and nothing but the science, it becomes extremely difficult to not label ongoing mass vaccination campaigns as a crime, not only to public health but also to individual health.
To substantiate the reasoning above, the manuscript will first explain how components of the innate immune system can protect against Covid-19 and render infections asymptomatic. It will then go on to explain in more detail why and how, in an immunologically Covid-19-naïve population, selective (i.e., adaptive) immune escape shifts the first wave of disease and death from the elderly (and immunocompromised) subjects to those who at the outset of the pandemic got away with asymptomatic infection (i.e., the younger and middle-aged population segment). Similarly, it will be explained how viral immune escape in the asymptomatically infected population finally shifts back the burst of morbidity and mortality to the elderly, and how the population eventually controls the pandemic by controlling viral immune escape. This will already illustrate the critical importance of desiccating the changing contribution of innate and adaptive immunity to the population's overall immune defense against a viral pandemic. Understanding these dynamics helps to comprehend the sophisticated

course of a natural CoV pandemic, how it eventually merges into an endemic infection and why human intervention has a highly detrimental impact on the refined interplay between the virus and its host. In regard of the latter, the devastating global health impact of ongoing mass vaccination campaigns and accompanying stringent and widespread containment measures will be explained in more detail as the global and individual health consequences could simply be unbearable for many years to come.

After the introductory section on innate immune defense mechanisms relevant to Covid-19, other relevant topics will be addressed in form of questions and answers. Last, a section will be dedicated to the scientific rationale for using NK cell-based vaccines that could provide sterilizing immunity and hence, wipe out Covid-19 and related variants all together.

The natural course of a CoV pandemic is controlled by the population's innate and adaptive immunity and dramatically aggravated by antibody-based vaccines when used in mass vaccination campaigns conducted in the course of the pandemic and flanked by stringent containment measures.

NAC:
Natural asymptomatic carrier : for the purpose of this manuscript, NAC is defined as a subject disposing upon a level of innate immunity high enough to resist disease

nonNAC:
For the purpose of this manuscript, nonNAC is defined as a subject who is not endowed with a level of innate immunity high enough to be able to resist disease when exposed to infectious virus during the first wave"

Author: G. Vanden Bossche, DVM, PhD; 26 February 2021
March 9, 2021 --"'Geert Vanden Bossche PhD and his warning to the world against 'Immune Escape"'.
March 10, 2021 Vaccines Summit Ohio 2021 keynote presentation, entitled "Why should current Covid-19 vaccines not be used for mass vaccination during a pandemic?"
March 13, 2021 -The science behind the catastrophic consequences of thoughtless human intervention in the Covid-19 pandemic
March 19, three top-scientists passed comment on his claim, namely Dr Byram Bridle (Viral Immunologist), Dr Knut Wittkowski (Epidemiologis) and Dr Mike
Yeadon (Former Vice President and Chief Science Officer for Pfizer)