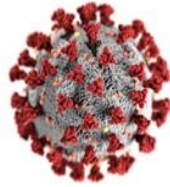


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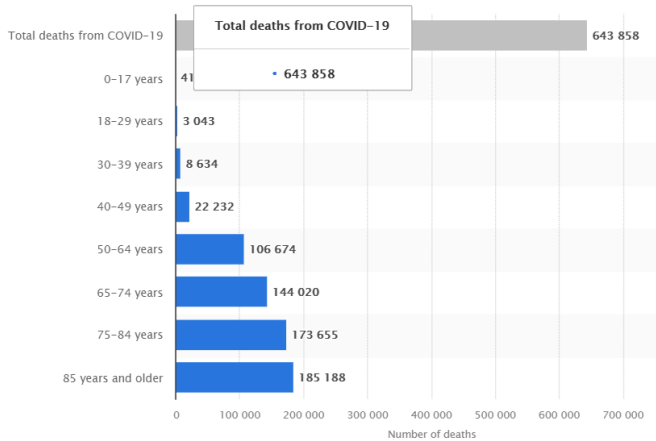
VOLUME: 17 PUBLICATION DATE: 09/15/2021

SPECIAL EDITION – THE VACCINATION OF CHILDREN

I am not a physician, nor am I an epidemiologist. However, in my 40+ years as a dentist, disease prevention, and safety in the public sector was something that was at the forefront of my operating procedures day in, and day out. The graph below, brings into question the need for schools to mandate the need to vaccinate, or wear masks. If you are a parent or aunt, uncle or grandparent, feel free to share this with friends and family.

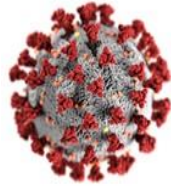
Age Related Covid Deaths

(As of 9/8/2021)



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THE ESSENCE OF THIS PUBLICATION

There were two recent events that have motivated me to publish another edition of The Covid Planet. One is the fact that the [Los Angeles Public Schools](#) are mandating child Covid vaccination, and the second was the ostriches on [Facebook](#), who choose to bury their head in the sand about the pandemic



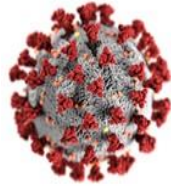
and how to treat it. The line I've highlighted just didn't sit well with me. **411 – I provide this information for educational purposes**

I have included internal links

to enable you to scan articles that might interest you. Just click on Control & the blue link in the paragraph. To return to where you were, hit Control and the nearest link that reads "return to where I was reading".

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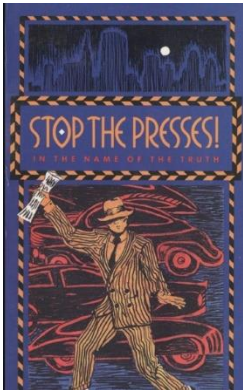
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Apart from the deaths, there is a co-morbidity of the vaccine with adolescents. It effects the [heart and lungs of youngsters](#). The statistics show that 80% fully recover after proper hospitalization and treatment. But what about the other 20%? Is your child athletic? Will this hamper a high school career or lead to other complications later in life? Only time will tell. [Adverse events](#) are not being reported by physicians to the extent they are being reported in Europe. [Physicians are losing their livelihoods](#) for having the wrong opinion.

I have taken my two doses of the Moderna vaccine, and plan to take the booster eight months after my last dose. If you think that it doesn't matter which booster you take, I would research that. My cousin in Israel (which is months ahead of the US in terms of the numbers inoculated and the percent of the population that has gotten their jabs) tells me that the vast majority of hospitalizations are of the un-inoculated, and that the [booster](#) has had tremendous effect on the health of the nation.

Finally, we need to talk about immunity and severity of symptoms. Research has shown that those with [natural immunity to Covid](#) specifically, having had Covid is a lasting immunity – but for how long is unsure. Again, only time will tell. Perhaps antibody titres should be run before jabs or boosters? There is a very low incidence of morbidity (death) in the young.

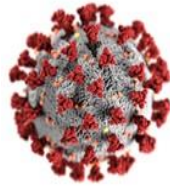
Our parents used to hold [Pox Parties](#), to convey natural immunity before a vaccine was developed. Since Los Angeles has taken the bold step to make all their students the test group, one might consider not being the first, nor the last to take the step of having their child jabbed. I'm glad I have no children in the LA schools! I wouldn't know what to do. I'm glad I don't have to make that decision, and don't envy those that have to.....or their grandparents.



This News Just Crossed My Desk and the prospects are more frightening than I imagined when I started writing this edition: [Pfizer's COVID vaccine for kids ages 5 to 11](#) could be **available by the end of October**, with the FDA expected to make its decision within 3 weeks of the company's submission for [emergency](#) use authorization. What testing was done? What morons volunteered their children for this? **911 - What's the damned emergency????**

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There is [an irony in all this](#), and the people who were once anti-vax and are now pro-vax. To keep my message short, I am putting this together for those with short attention spans, with links to learn more. It is not my intent to render an opinion, only to provide impetus for some people to absorb more.

[Two of the top vaccination experts at the FDA have resigned](#) because they felt that the current government was rushing the vaccine to children without adequate testing. Remember that the process for verifying the safety of these vaccines has been expedited to the pandemic, and all vaccines were granted [emergency use](#) permission.

They also felt that the entire Booster Campaign was something that required further research.

See the story in an un-opinionated matter, on [YouTube](#).

[The uninformed don't realize that the mRNA vaccines are not made the same way as all previous vaccines](#). The fact remains the future effects are uncertain compared with all other vaccines. In fact, there have been more deaths from these vaccines compared with all other vaccinations given over the previous 13+ years.

A few months back, I had written a widely acclaimed essay on the difference between

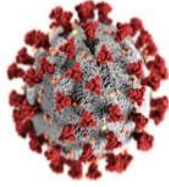
1. a newsman or politician saying, "That has been debunked," to dismiss a question that went where they didn't want the conversation to go, and
2. Anyone else who says that has not been scientifically shown. [LINK to Debunked vs Disproven](#)

Are you aware that the British have banned the use of Covid vaccines in children? [Read more](#)

There is an index of all [Newsletters](#) on the final pages of this document. You can request an entire volume from there.

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Los Angeles Public Schools Mandate Vaccination.

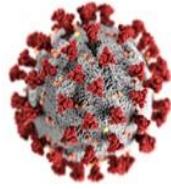
All children 12 and older in Los Angeles public schools must be fully vaccinated against COVID-19 by January to enter campus under an order approved Thursday by the Board of Education, the first such mandate among the nation's largest school systems and a decision that triggered immediate pushback.

The requirement cements the standing of the L.A. Unified School District as an early adopter of COVID-19 school safety measures that are wide-reaching and aggressive. The nation's second-largest school system has moved faster and more comprehensively than most others in testing all students and employees for coronavirus infection every week, requiring masks indoors and outdoors and ordering employees to get vaccinated.

L.A. schools Interim Supt. Megan K. Reilly said the student mandate was the next logical step to keep children, staff and community members safer from a COVID-19 pandemic that still poses significant risks.

L.A. Unified is not waiting for full vaccine approval for those 12 to 15 — although that approval by the FDA is widely expected in the coming weeks. [Read the full article here.](#) [Return to where I was Reading](#)

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How Ironic?

10 years ago, if you would have asked Republicans who was behind all the anti-vaccination movement, that would have been an easy answer, it would have been the liberal moms.

The fact that school districts which are a branch of the state department of education, and our elected officials, our writing rules, goes totally against the Constitution. The President's mask and vaccination mandates as doled out by the CDC (rental amnesty), and OSHA (vaccination for school children and businesses over 100 people) are all violations of the Constitution.

This is a nation of laws the foundation for which is the Constitution which grants us many unalienable rights. Those cannot be amended without a referendum on a state-by-state basis with 2/3 of the states ratifying, to add an amendment to the Constitution.

If you're a fan of DJT you might want to read how he parroted this a lot stronger than I ever could have. [Click here.](#)

Did you know that while federal employees are mandated to take vaccines (as well as all workers in firms employing more than 100 people), members of Congress, the Federal Court System and their employees are not? Do as I say, Not as I do is their motto. [Read more.](#)
[Return to where I was reading](#)

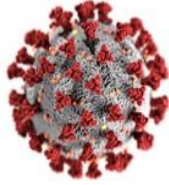
Masking

Reports of local school districts mandating full time masks, even when students are outside running track shows just how far out of touch people are with the way this can affect children. A search on Google once again shows total bias. Using Bing here are some of the problems with forcing masks on children. [Read more.](#)

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Facebook document:

I'm vaccinated and, no, I don't know what's in it - neither this vaccine, the ones I had as a child, nor in the Big Mac, or in hot dogs, or in other treatments...whether it's for cancer, AIDS, the one for polyarthritis, or vaccines for infants or children. I trust my doctor when he says it's needed. I also don't know what's in Ibuprofen, Tylenol, or other meds, it just cures my headaches & my pains ... I don't know what's in the ink for tattoos, vaping, or every ingredient in my soap or shampoo or even deodorants. I don't know the long-term effect of cell phone use or whether or not that restaurant I just ate at REALLY used clean foods and washed their hands.

In short ...

There's a lot of things I don't know and never will...

I just know one thing: life is short, very short, and I still want to do something other than just going to work every day or staying locked in my home. I still want to travel and hug people without fear and find a little feeling of life "before".

As a child and as an adult I've been vaccinated for mumps, measles, rubella, polio, chicken pox, and quite a few others; my parents and I trusted the science and never had to suffer through or transmit any of said diseases ... just saying.

I'm vaccinated, not to please the government but:

- * To not die from Covid-19.
- * To NOT clutter a hospital bed if I get sick.
- * To hug my loved ones
- * To Not have to do PCR or antigenic tests to go out dancing, go to a restaurant, go on holidays and many more things to come ...
- * To live my life.
- * To have my kids/grandkids go back to school and play sports.
- * For Covid-19 to be an old memory.
- * To protect us.

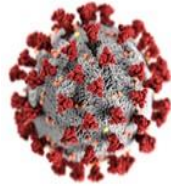
Text copied, you can too.

PLEASE GET VACCINATED!!

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Top FDA Vaccine Experts Resign

Marion Gruber, director of the FDA's Office of Vaccines Research & Review, and deputy director Phil Krause are set to leave the agency this fall, with sources [telling Politico](#) that the two officials were at odds with the FDA's top vaccine official, Peter Marks, and were discontented over the roles of the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices in decisions that they believed should be handled by the FDA.

According to trade publication [Endpoints](#), the officials felt they were sidelined on major decisions, that the administration's plan for boosters was jumping the gun, and that Marks should have pushed for the FDA to have more autonomy on the matter. [Read More](#)

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About Boosters

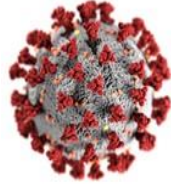
The FDA could take multiple approaches to OK'ing the boosters, former agency officials say. It could first grant a full approval to Pfizer or Moderna and then issue an emergency use authorization for a booster dose, for instance. Or it could delay granting full approval and ultimately grant it later for two doses and a booster.

Read more [here](#).

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Changes in the Way This Vaccine has been Approved

Throughout history, the process took eight years. Testing was far more extensive. All rules and regulations have been thrown out Reading list:

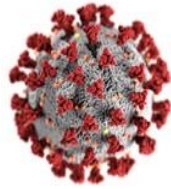
<https://www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation>

[How long does it take to bring a vaccine to market? – Maxi Health \(wordpress.com\)](#)

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Doctors Losing Their Licenses for Disagreeing with the Thought Police

As reported previously, Simone Gold, MD, LLD lost her job as an emergency room doc over her theories [Dr. Simone Loses Her Job After Promoting Hydroxychloroquine - San Francisco News \(thesfnews.com\)](https://thesfnews.com)

A Madison, Wisconsin pharmacist lost his license by taking anti-vax measures [Wis. pharmacist accused of ruining vaccines has license suspended - New York Daily News \(nydailynews.com\)](https://nydailynews.com)

[Top Tennessee health official says she was fired after efforts to get teens vaccinated \(nbcnews.com\)](https://nbcnews.com)

[CENSORED: Pro-vaccine doctor Francis Christian, over Covid-19 vaccine safety concerns | Sharyl Attkisson](#)

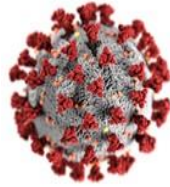
[Arizona Doctor Fired for COVID-19 Posts Says Doctors Need Protection \(businessinsider.com\)](https://businessinsider.com)

See more - [physicians fired for covid information - Bing](#)

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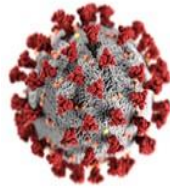
The Difference Between mRNA Vaccines and Traditional Vaccines

How Vaccines Work - From Volume 2 - early 2021

<p>Messenger RNA (MRNA) vaccines as manufactured by Moderna or Pfizer.</p> <p>Note - =====> In the US, reactions to mercury preservatives in vaccines have often been explained-away as allergic. To be updated once more information is found.</p>	<p>Mass manufactured very rapidly. Induces human cells to make a protein that looks like the surface texture of Corona Virus. If exposed to the actual virus, the body with make antibodies to the virus.</p> <p>Editor's note 12/9/2020: unexplained allergic reactions in Britain, on day one of vaccination.</p>	<p>Relies on CDC panel recommendations.</p> <p>On the Mayo Clinic Q&A podcast, Dr. Gregory Poland, an infectious diseases expert and head of Mayo Clinic's Vaccine Research Group, gives an update on vaccine approval and discusses logistics COVID-19 vaccine distribution.</p>	<p>The CDC has come out with a full recommendation of the Pfizer and Moderna vaccines. I am not sure why there is no disclaimer about the fact that this is a new way to inoculate. However, there is this from the CDC website: <i>"It's also not yet known whether the Pfizer and Moderna vaccines protect people from infection entirely, or just from symptoms.</i> That means vaccinated people might still be able to get infected and pass the virus on, although it would likely be at a much lower rate</p>
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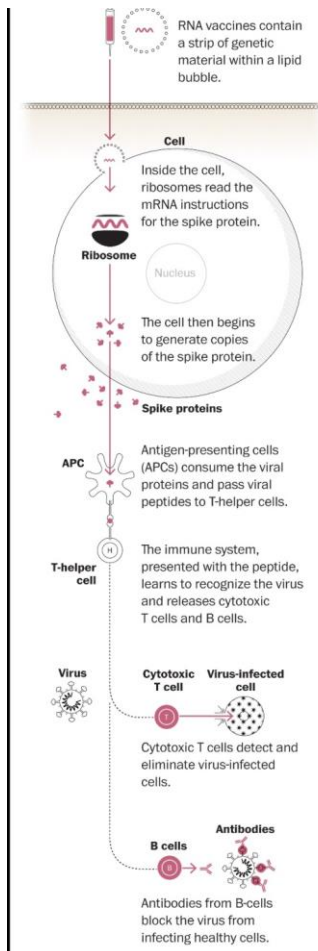
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<p>Hybrid vaccine, (HVax) and manufactured by Astra Zeneca</p>	<p>Uses harmless form of a chimpanzee common-cold adenovirus to deliver the coronavirus spike protein into the body. The spike protein prompts the immune system to produce antibodies against it, preparing the body to attack the SARS-CoV-2 virus if it later infects the body.</p>	<p>There are some vaccines the Food and Drug Administration licenses as effective and safe, but they are not needed. The risk for the disease prevented by these vaccines is too low to justify their use. Editor's note: I guess they're talking about things like Hep B for newborns and Gardasil for boys? Do your own research.</p> <p>Alternatives are considered, as well. Again, the Advisory Committee on Immunization Practices does not recommend some vaccines found to be effective and safe by the FDA. In these cases, it is because an alternative to the vaccine is a better choice.</p>	<p>The CDC states in the above, RNA vaccines are a NEW sort of vaccine. Here: This fact sheet provides information about mRNA vaccines generally and about COVID-19 vaccines that use this new technology specifically. As everyone knows, operation Warp Speed rushed this to market. I am not a big fan of untested vaccination modalities.</p>
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How did Operation Warp Speed Come About?

There was an urgency globally, since this was a pandemic affecting many areas of the globe, and the US and US Big Pharma brought amazing progress to the pursuit of a vaccine. A faster way to produce the vaccine was using the technology from Moderna, which involved the use of genetic modification, something that has not been tested over any length of time.

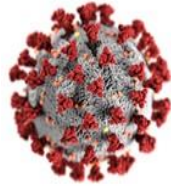
Yes, they did clinical trials, but they did not do clinical trials on [children](#), or people with a [history of allergy](#). Here are a few links to that information:

There are those forces which oppose this sort of genetic technology, preferring not to modify one's genetic messaging and using the tried and true process of using inactivated virus to create immunity. One of the more outspoken opponents of this process is RFK's son. This is a link to an [eye-opening conversation](#).

Another question you might want to ask, is why, will all the vaccines being brought to market was this PUSH towards being the first to sign up. Courageous? You decide.

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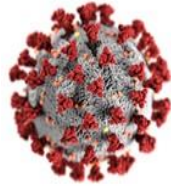
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How Many Have Died From COVID Vaccines?

- Each year, more than 165 million Americans get the flu shot. There were 85 reported deaths following influenza vaccination in 2017; 119 deaths in 2018; and 203 deaths in 2019
- Between mid-December 2020 and April 23, 2021, at which point between 95 million and 100 million Americans had received their COVID-19 shots, there were 3,544 reported deaths following COVID vaccination, or about 30 per day
- **In just four months, the COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 — a period of 15.5 years**
- As of April 23, 2021, VAERS had also received **12,618** reports of serious adverse events. In total, 118,902 adverse event reports had been filed
- In the European Union, the EudraVigilance system had as of April 17, 2021, received **330,218** injury reports after vaccination with one of the four available COVID vaccines,



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Why is there such a Major Difference between Adverse Events in Europe vs. US? Doctors in the US are loathe to tie the events to the injection

Personal opinion: Having spoken with several MDs in the US, they can't commit for fear of retribution on the part of hospitals, state boards, etc. Here are but a few examples:

As reported previously, Simone Gold, MD, LLD lost her job as an emergency room doc over her theories [Dr. Simone Loses Her Job After Promoting Hydroxychloroquine - San Francisco News \(thesfnews.com\)](https://www.thesfnews.com/news/2020/04/28/simone-gold-loses-job/)

A Madison, Wisconsin pharmacist lost his license by taking anti-vax measures [Wis. pharmacist accused of ruining vaccines has license suspended - New York Daily News \(nydailynews.com\)](https://www.nydailynews.com/health/wisconsin-pharmacist-accused-ruining-vaccines-license-suspended-article.html)

[Top Tennessee health official says she was fired after efforts to get teens vaccinated \(nbcnews.com\)](https://www.nbcnews.com/health/tennessee-health-official-fired-efforts-get-teens-vaccinated-article.html)

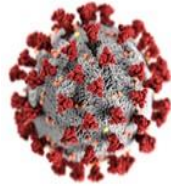
[CENSORED: Pro-vaccine doctor Francis Christian, over Covid-19 vaccine safety concerns | Sharyl Attkisson](https://www.sharylattkisson.com/2020/04/28/censored-pro-vaccine-doctor-francis-christian-over-covid-19-vaccine-safety-concerns/)

[Arizona Doctor Fired for COVID-19 Posts Says Doctors Need Protection \(businessinsider.com\)](https://www.businessinsider.com/2020/04/28/arizona-doctor-fired-for-covid-19-posts-says-doctors-need-protection/)

See more - [physicians fired for covid information - Bing](https://www.bing.com/search?q=physicians+fired+for+covid+information&FORM=RSQB)

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Adverse Event Reporting

<https://vaers.hhs.gov/index.html>

[Latest CDC VAERS Data Show Reported Injuries Surpass 400,000 Following COVID Vaccines – The Burning Platform](#)

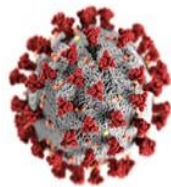
Nowhere on the Vaers website could I find current numbers, but I did find this.

[***What adverse events should healthcare providers report to VAERS after COVID-19 vaccination?***](#)

Healthcare providers are **required** to report to VAERS the following adverse events (AE) after COVID-19 vaccination [under Emergency Use Authorization (EUA)], and other adverse events if later revised by CDC:

- Vaccine administration errors, whether or not associated with an adverse event (AE)
- Serious AEs regardless of causality. Serious AEs per FDA are defined as:
 1. Death;
 2. A life-threatening AE;
 3. Inpatient hospitalization or prolongation of existing hospitalization;

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4. A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
 5. A congenital anomaly/birth defect;
 6. An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.
- Cases of Multisystem Inflammatory Syndrome
 - Cases of COVID-19 that result in hospitalization or death

Healthcare providers are encouraged to report to VAERS any additional clinically significant AEs following vaccination, even if they are not sure if vaccination caused the event.

Also report any additional select AEs and/or any revised safety reporting requirements per FDA's conditions of authorized use of vaccine(s) throughout the duration of any COVID-19 Vaccine being authorized under an Emergency Use Authorization (EUA).

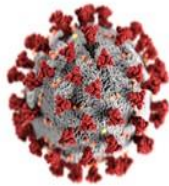
US vs England [read more](#)

mayo clinic children: [COVID-19 vaccines for kids: What you need to know - Mayo Clinic](#)

adverse reactions to the vaccine [Suspected adverse reactions to COVID-19 vaccination and the safety of substances of human origin \(europa.eu\)](#)

Numbers of adverse reports. [CDC Caught Deleting 6,000 COVID Vaccine Deaths From VAERS Website, Report Says : US : Christianity Daily](#)

12000 dead 1.2 million adverse reactions in Europe [12,184 DEAD 1,196,190 Injuries: European Database of Adverse Drug Reactions for COVID-19 "Vaccines" | The Most Revolutionary Act \(wordpress.com\)](#) [Return to where I was reading](#)



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As of July 11 –

In the U.S, [321.2 million](#) COVID vaccine doses had been administered as of June 25. This [includes](#): 132 million doses of [Moderna's](#) vaccine, 177 million doses of [Pfizer](#) and 12 million doses of the [Johnson & Johnson](#) (J&J) COVID vaccine.

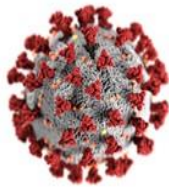
Of the 6,985 deaths reported as of June 25, [22% occurred](#) within 48 hours of vaccination, [15% occurred](#) within 24 hours and [38% occurred](#) in people who became ill within 48 hours of being vaccinated.

This week's data for 12- to 17-year-olds show:

- [12,674](#) total adverse events, including [720 rated as serious](#) and [13 reported deaths](#) among 12- to 17-year-olds. Two of the nine deaths were suicides. The most recent reported deaths include a 16-year-old girl (VAERS I.D. [1420630](#)) who died four weeks after her second dose of Pfizer, a 17-year-old girl (VAERS I.D. [1420762](#)) who experienced cardiac arrest six days after receiving a Pfizer vaccine, a 16-year-old boy (VAERS I.D. [1426828](#)) who died four days after receiving a Pfizer vaccine and a [13-year-old boy](#) (VAERS I.D. [1406840](#)) who died two days after receiving a Pfizer vaccine. Other deaths include three 15-year-olds (VAERS I.D. [1187918](#), [1382906](#) and [1242573](#)) and two 16-year-olds (VAERS I.D. [1225942](#) and [1386841](#)) and one 17-year-old (VAERS I.D. [1199455](#)).
- [1,792 reports](#) of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to [Pfizer's vaccine](#), 1.2% to [Moderna](#) and 0.2% (or four cases) to [J&J](#).

[300 reports](#) of myocarditis and pericarditis (heart inflammation) with [296](#) attributed to Pfizer's COVID vaccine. [52 reports](#) of blood

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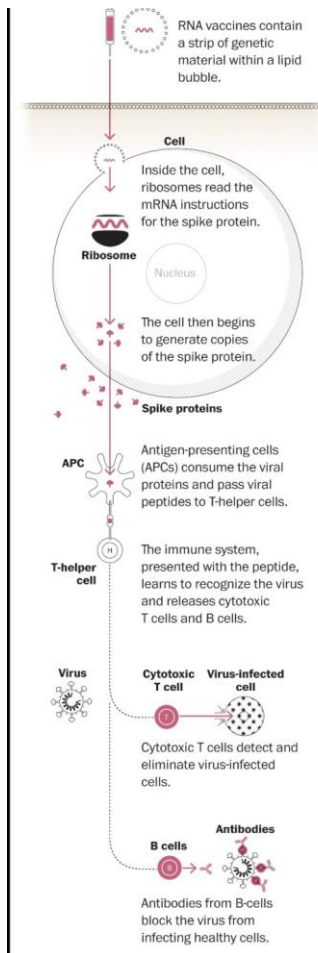
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clotting disorders, [51 attributed to Pfizer](#) and [1 attributed to Moderna](#).
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Heart Problems in Youth Following Second Covid Shots

A rare but serious inflammation of the heart, reported in adolescents and young adults after receiving a COVID-19 vaccine manufactured by Pfizer-BioNTech or Moderna. The CDC is continuing to monitor VAERS and the VSD for cases of myocarditis, which may be occurring more often in males rather than females; more frequently after the second dose rather than the first dose of either the Pfizer-BioNTech or Moderna vaccine; and with symptoms typically appearing within 3 days of the dose of vaccine. [Read More Here](#).
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How did Operation Warp Speed Come About?

There was an urgency globally, since this was a pandemic affecting many areas of the globe, and the US and US Big Pharma brought amazing progress to the pursuit of a vaccine. A faster way to produce the vaccine was using the technology from Moderna, which involved the use of genetic modification, something that has not been tested over any length of time.

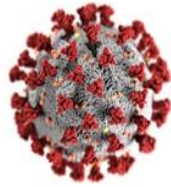
Yes, they did clinical trials, but they did not do clinical trials on [children](#), or people with a [history of allergy](#). Here are a few links to that information:

There are those forces which oppose this sort of genetic technology, preferring not to modify one's genetic messaging and using the tried-and-true process of using inactivated virus to create immunity. One of the more outspoken opponents of this process is RFK's son. This is a link to an [eye-opening conversation](#).

Another question you might want to ask, is why, will all the vaccines being brought to market was this PUSH towards being the first to sign up. Courageous? You decide.

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Survival of the Fittest?

Over the past several months, a series of [studies](#) has found that some people mount an extraordinarily powerful immune response against SARS-CoV-2, the coronavirus that causes the disease COVID-19. Their bodies produce very high levels of antibodies, but they also make antibodies with great flexibility — likely capable of fighting off the coronavirus variants circulating in the world but also likely effective against variants that may emerge in the future.

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IF YOU MADE IT THIS FAR, YOU ARE TO BE APPLAUDED – PLEASE EMAIL ME YOUR RESPONSES.

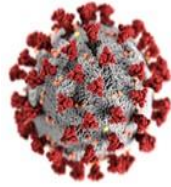
COMPLEMENTS OF FREQUENT CONTRIBUTOR, DR. BILL DOMB

I'VE PULLED OUT THE MORE IMPORTANT SEGMENTS, BUT IT WOULD BE VERY WORTHWHILE TO LOOK AT THE ENTIRE ARTICLE

From Geert vanden Bossche

HI= herd immunity

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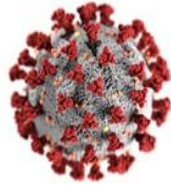
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As a result, one might erroneously assume that pandemic is over when the first wave ends with a steep decline in morbidity and mortality rates. That happens when someone doesn't understand that herd immunity (HI) cannot be achieved if the number of vulnerable people who recovered from the disease and acquired robust immunity is too small. That is why - after the first wave - the virus launches a new attack. This results in an additional part of the population (i.e., younger age groups) contracting the disease. Survivors of that 2nd attack will build life-long protective immunity too and, thereby, further contribute to building herd immunity. The mechanism that allows the virus to proceed with its offensive, step-by-step strategy is sophisticated, as repeatedly explained in previous contributions of mine. Several waves can take place before the resulting immunological capacity of the population will suffice to establish full-fledged HI and hence, to control viral transmission.

Influences from human intervention will interfere with those caused by the evolutionary dynamics of a *natural* pandemic. Infection prevention measures may, for example, have a beneficial short-time effect in that they diminish viral transmission and, therefore, reduce morbidity rates in vulnerable people (i.e., primarily in the elderly). In the longer run, however, they may lead to insufficient training of innate immune mechanisms, which would primarily become manifest in those who primarily rely on innate immunity as a first line of immune defense (i.e., children). Likewise, mass vaccination campaigns may have a beneficial short-time effect in that they reduce viral spread and protect vulnerable people from disease (e.g., elderly people and those with underlying disease), but will eventually drive the propagation of more infectious variants. Dominant circulation of the latter will lead to a resurgence of viral infectious pressure, thereby eroding the innate immune defense of the

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unvaccinated (i.e., mostly younger age groups including children) and thus making them more susceptible to contracting Covid-19 disease. This already explains why mass vaccination campaigns conducted in the middle of a pandemic will only cause Sars-CoV-2 to engender more disease and claim more human lives. Because of this mass vaccination program, waves of morbidity will continue for much longer, as more (recovery from) disease cases will be required to compensate for the erosion of the population's innate immunity and, therefore, to make up for the latter's deficient contribution to HI.

...

THE issue: A vaccine that only prevents hospitalizations and severe Covid-19 disease is not good enough to be used to combat a pandemic.... Using these criteria as an indicator of the level of control over the pandemic will inevitably lead to a further escalation of this morbidity and mortality rates. **There should be no doubt that non-transmission-blocking vaccines (i.e., so-called 'leaky' or 'imperfect' vaccines) can never ever control a pandemic, even though they may temporarily protect against disease.**

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...

Given the globally increasing immune pressure and concomitant infectious viral pressure, genomic epidemiologists have no doubt that this pandemic roller coaster will not stop before it takes us over the cliff into the abyss of *complete viral resistance to anti-spike (S) antibodies*. ... Due to increasing resistance to neutralizing anti-S antibodies (Abs), these countries are now even beginning to shift from a primarily beneficial (i.e., less susceptible to

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severe disease) to a primarily detrimental effect (more susceptible to severe disease) in the vaccinated as compared to the unvaccinated (<https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201>).

poor binding affinity of anti-RBD (receptor-binding domain) Abs to Sars-CoV-2 S protein as a result of mutations in the N-terminal domain (NTD) could tip the scale in favor of infection-enhancing Abs and thereby make vaccinees prone to suffering Ab-dependent enhancement (ADE) of Covid-19 disease (1) (Liu et al., 2021; Yahi N et al., 2021).

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...

n countries which dramatically scaled up their mass vaccination campaigns in the midst of a spectacular surge of cases. The subsequently observed decline of morbidity and mortality rates is often attributed to the 'success' of the aggressive mass vaccination campaign (e.g., in UK, Israel and, more recently, in India where a steep decline in cases occurred in Jan-Feb 2021 and May-June 2021, respectively). However, many elements argue against the conclusion that mass vaccination triggered the rapid and dramatic decrease in cases. First, these mass vaccination campaigns were flanked by stringent infection-prevention measures, even including lockdowns (e.g., UK, Israel) and have, more recently, been shown to not prevent transmission of highly infectious variants (such as the Delta variant). Secondly, it is well known that natural immunity in its own right can abrogate a surge in cases during a natural pandemic and result in a steep decline of viral infectivity rates.

...

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Mass vaccination can only contribute to a decline in cases to the extent that it diminishes viral transmission and, hence, the likelihood for young and healthy people to become re-exposed to Sars-CoV-2 shortly after their previous infection, i.e. at a point in time where they become susceptible to the disease because of temporary suppression of their innate oligospecific Abs (Vanden Bossche, August 2021).

...

the beneficial effect of mass vaccination on viral transmission is only of short duration as universal vaccination campaigns provide more infectious immune escape variants with a competitive advantage and eventually enable them to reproduce more effectively.

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India... unambiguous proof that the steep decline in cases was primarily caused by immune defense mechanisms that were not based on protection from disease (as provided by Covid-19 vaccines) but on protection from infection and transmission (2) (as provided by natural immunity). ... the impact of innate and naturally acquired Abs on reducing viral transmission may have been confounded by widespread use of Ivermectin.

...

mass vaccination campaigns are not responsible for the abrupt decline of cases observed after a prominent surge but that this effect is primarily due to the sterilizing effect of both acquired and innate antiviral immunity.

...

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Conclusively, mass vaccination campaigns during a pandemic of highly infectious variants fail to control viral transmission. Instead of contributing to building HI, they dramatically delay natural establishment of HI (Vanden Bossche, August 2021). This is why *the ongoing universal vaccination campaigns are absolutely detrimental to public and global health.*

...

Politicians... Their simplistic reasoning make them conclude that vaccinating the unvaccinated (i.e., younger age groups and children) is going to solve the problem, whereas each and every independent (!) knowledgeable expert understands that this is only going to further raise the population-level immune pressure on viral infectiousness and, therefore, promote the adaptation of additional mutations that will eventually enable full neutralization escape of circulating, highly infectious variants (Vanden Bossche, June 2021).

...

One of the most renown vaccinologists on this planet, a true icon in the field of vaccinology. He was courageous enough to share that I was right and that *these vaccines would basically only breed new variants but that it would not be worth going against the current because people would not listen.*

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...

Initially, people were told that *'the more you vaccinate, the more you will prevent mutants from being generated and the less more infectious variants*

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will spread'. This mantra proved miserably wrong as not only viral spread has increased in a number of countries despite very high vaccine coverage rates but it has now also become clear that the vaccinated spread the virus as much as the unvaccinated do

Furthermore, the travel and meeting restrictions that come with the Covid-19 crisis have made it very difficult to align and organize our science-based defense against the irrational and offensive mass vaccination campaigns.

[a great reason to consider attending upcoming meetings!]

...

The wake-up shock is unlikely to occur before the percentage of Covid-19 disease and death in vaccinees largely exceeds that observed in the unvaccinated group in at least several of the 'model' countries (let's hope that by then we will still have an unvaccinated *control group*).

...

I've decided to convert all of this negative energy and influences into fine-tuning and further developing a more rational and scientifically 'healthy' approach to educating our immune system on how to fight a diversified spectrum of highly infectious Sars-CoV-2 variants and, more generally, on how to enable its preparedness to future pandemics

As HI is no longer considered within reach (in fact, it should never have been!), there is no longer a clear-cut goal for conducting the mass vaccination program.

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From a purely public health perspective, the negative consequences of the ongoing mass vaccination campaigns can be summarized as follows:

- 1. Instead of forcing the virus into *endemicity*, mass vaccination campaigns will force more infectious viral variants into *adaptation to the viral environment* (i.e., the hostile population's immune defense). This is to say that these campaigns will eventually drive dominant propagation of super variants that are not only highly infectious but that also increasingly resist vaccine-induced neutralizing Abs and could even be more virulent**
- 2. Erosion of innate immune defense in the non-vaccinated (due to high infectious pressure exerted by enhanced circulation of more infectious variants)**
- 3. Erosion of naturally acquired immunity (due to increasing viral resistance to neutralizing S-specific Abs)**
- 4. 2) and 3) combined prevent herd immunity from being established**

Given all of these detrimental consequences, the question arises as to how on earth will we protect the human population from Covid-19 disease when the vaccines themselves will no longer be able to do so?

The answer is simple: Via herd immunity!

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...

- Early treatment of people showing first sign and symptoms will result in enhanced rates of recovery from disease and, therefore, raise the number of people who develop life-long protective immunity against the viral variant they got infected with as well as against a diversified spectrum of other, more infectious circulating variants. Enhanced recovery rates will, therefore, contribute to building HI. This particularly applies when a large percentage of the population becomes highly susceptible to**

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Covid-19 disease. Starting multidrug treatment at an early enough stage of the disease may, however, become much more challenging when dealing with ADE.

- **Mass antiviral treatment with whatever drug that effectively reduces viral infectious pressure. This will prevent innate Abs in previously asymptomatically infected individuals from being suppressed by short-lived, S-specific Abs and thus, enable the healthy, unvaccinated part of the population to deal with all Sars-CoV-2 variants. Such mass antiviral campaigns may need to include pets and live-stock (6) and be combined lockdown rules for as long as titers of these short-lived Abs are measurable (i.e., 6-8 weeks). In addition, healthy unvaccinated individuals are likely to contribute to further reducing viral infectious pressure as has recently been observed in the UK shortly after it opened up its society and economy following a period of lockdown rules (7). The higher the fraction of the unvaccinated population, the more 'more infectious' immune escape variants face competition from circulating less infectious variants (8) and the more dominant circulation of more infectious variants can be attenuated.**
- **As Sars-CoV-2 is notorious for causing high viral shedding in the upper respiratory tract at an early stage of infection and has a high proportion of transmission even in pre-symptomatic and asymptomatic individuals (9), the above measures are unlikely to succeed in sufficiently reducing transmission among healthy individuals. Asymptomatic Sars-CoV-2 transmission may become problematic in that it could result in regular outbreaks, especially in areas with higher population density (e.g., in cities) or at times where people have close physical contact (e.g., when they live more indoors during winter or at mass gatherings). A *durable* control of the pandemic will, therefore, ultimately require an immune intervention that is able to prevent infection in all age groups that are naturally susceptible to Covid-19 disease (10) (those are likely to include some age groups < 65 years due to the high level of innate immune suppression exerted by highly infectious circulating variants). As long as such an immune intervention is not available, antiviral chemoprophylaxis may need to be repeated at regular intervals. However, antiviral chemoprophylaxis should not be considered a long-term strategy**

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since overuse of any antiviral compound could potentially promote viral resistance to it. It will, therefore, be critical to closely monitor viral infection rates and restart antiviral chemoprophylaxis as soon as a new surge in cases is about to start.

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adds his thoughts about a vaccine to stimulate natural killer cells

...

Early, multidrug therapy has now been extensively described in the literature as being very successful in preventing severe disease and hospitalization (McCullough P, et al., 2020). Of course, physical exercise, getting enough rest, healthy nutrition and lifestyle, as well as dietary supplements (e.g., zinc, vitamin B and D) may help counter suppression of innate Abs by vaccinal anti-S Abs and, thereby, reduce the risk of contracting severe Covid-19 disease (Af Geijerstam A et al., 2021; Sallis R et al., 2021; Samad N et al., 2021; Shakoor H et al., 2021; Teshome A et al. 2021).

...

Early treatment is, of course, also indicated for the unvaccinated who develop early symptoms of Covid-19 disease. However, as will follow from the section below, the main challenge for them is to preserve the functional capacity of their innate Abs which – in contrast with the situation for vaccinees – are not suppressed by long-lived S-specific Abs that bind with much higher affinity to spike protein.

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...

In case one is *not* vaccinated, it will be critical to continue avoiding exposure to high infectious pressure. This is to say that one should adhere to stringent protective measures, especially when attending indoor gatherings, particularly in spaces that are not well ventilated.

It would, therefore, be of tremendous help if a reliable finger prick self-test became commercially available in order for unvaccinated individuals to be able to measure their anti-S Abs such as to assess their susceptibility to disease.

...

Last, to all those who're still convinced the official narrative about the beneficial effect of mass vaccination is correct, I'd like to suggest they solve the following 5 important questions as food for further thoughts:

- 1. Why does a pandemic all of a sudden cause disease in younger age groups whereas those were protected from disease during previous waves?**
- 2. Why would asymptotically infected people mount anti-S Abs when the virus gets already eliminated by the time these Abs start to peak?**
- 3. Why did the UK see a substantial decline in cases during the 2 weeks that followed the end of their lockdown rules (i.e., between July 20th and August 3rd)?**
- 4. Molecular epidemiologists have provided compelling evidence of growing selective S-directed immune pressure exerted by the population. How can this be explained given that full-fledged innate or naturally acquired immunity do not promote natural selection or dominance of more infectious variants (as also illustrated by the Influenza pandemic of 1918!)?**
- 5. How could mass vaccination even contribute to controlling transmissibility of highly infectious Sars-CoV-2 variants?**

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...

shedding and transmission of new, more infectious variants by vaccinated as compared to non-vaccinated people is no longer measured by public health authorities as it is officially considered irrelevant and a waste of resources

Because Covid-19 is a zoonotic disease, there can be no doubt that Sars-CoV-2 variants could use pets and even live-stock as a natural host and as a reservoir for re-entering the human species in a spillover event.

...

Unvaccinated healthy people do not exert selective immune pressure and will, therefore, not provide more infectious immune escape variants with a competitive advantage

...

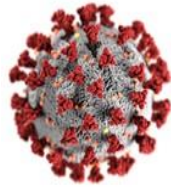
Follow-up boosters with updated S-based vaccines will place more and more pressure on viral infectiousness and hence, drive dominance off immune escape variants with a higher level of infectiousness

see also his table at the end of the piece:

<https://www.geertvandenbossche.org/post/the-last-post>

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DEBUNKING vs DISPROVING –

They are pretty much synonymous- debunk is less formal "they debunked the myth that the earth is round", disprove is more formal "nobody can disprove Einstein's theorem" That quote, direct from a websearch "debunking vs disproving", is extremely apt, if you ponder the use of the word **myth** they're citing.

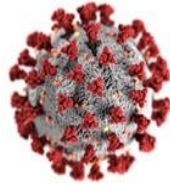
The word debunking has been used the past several years to acknowledge a theory. It has not been disproven. The media dismisses issue by stating "that has been debunked", and moves on to the next topic. No debate. It's already been debunked. But where was the investigation to disprove it?

And so, we come to the latest news story of the Wisconsin pharmacist who willfully defrosted, and caused to spoil, a load of Moderna vaccine because he was concerned about the utilization of an RNA modifying vaccine. The media once again used the expression "that has been debunked."

Think about how at this early point, anyone can state that there aren't lasting, long-term effects from it? Where is the research to prove lifetime safety? How long must such a study run before that? The AstraZeneca vaccine, which is now approved in the British Isles is a *traditional* sort of vaccine, harvested from test animals, and then inactivated prior to injection. [Return to where I was reading](#)

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In the case of [Operation Warp Speed](#), Phase Times have been shortened. [Peel back the truth](#).(*) This is but one quote from Drew Weissman, MD, PhD. An early mRNA researcher of the University of Pennsylvania: “and the side effects were not trivial.” He went on to express the importance of keeping tabs on the “expressed immunogen” and on any [auto-reactive antibodies](#). Sort of like what’s going on with [antibody/antigen](#) responses in humans who’ve had Juvederm, Restalyn, and other non-human substances implanted in their bodies. What else don’t we know it won’t react to? (*) this link may ask you to subscribe, and it’s a good place to get daily headlines – I just said I was a pain control doctor, and got in, and then you can edit from a list of their options what you want to get from them. For example, this quote this morning “The day before Pfizer’s vaccine was administered at healthcare facilities across the country, Simone Gold, MD, JD, who founded the group, spoke in front of the CDC headquarters in Atlanta to warn on potential safety hazards. “The first point that we want to bring out is the fact that [this is an experimental vaccine](#), and not a vaccine at this point,” Gold said .



“There’s no There, There.” Watch out! TRUTH? The confluence of the scientist and skeptic demands scientific proof, not dogma and Pravda.

See the back page for links to Debunked vs Disproven news items.

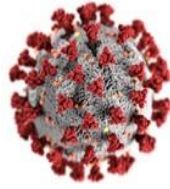
Pravda – it’s a Russian newspaper. Do your research!

The **Pravda** was the Russian newspaper established 1912. It started off as a daily newspaper, but it eventually became the means for propaganda under the name of the Bolsheviks

Commented [SM1]: The **Pravda** was the Russian newspaper established 1912. It started off as a daily newspaper, but it eventually became the means for propaganda under the name of the Bolsheviks

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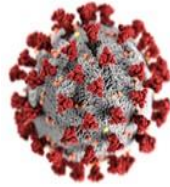
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12/28	2	Shape changing virus, vaccination decisions, Herd Immunity, how these vaccines work, Where are the major outbreaks today?	mailto:smarkus.dmd@gmail.com?subject=Please send volume 2
1/1/2021	3	2020 in review, parody songs, data mining, Level 4 – do not travel internationally – these states are 4x worse than the worst of nations	mailto:smarkus.dmd@gmail.com?subject=Please send volume 3
1/9	4	Social Distancing,	mailto:smarkus.dmd@gmail.com?subject=please send volume 4
1/15	5	Difference between debunking vs disproving, Wisconsin Pharmacist arrested, Ivermectin, Speak UP!!	mailto:smarkus.dmd@gmail.com?subject=Please send volume 5
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1/31	7	Vaccination and side effects, Comparing US, Mexico, Israel efforts, Pre and post-vax FAQ's	mailto:smarkus.dmd@gmail.com?subject=please send volume 7
2/7	8	Effectiveness of the Vaccine, and Incompetence at the CDC, Virus mutations, Ivermectin and HCQ	mailto:smarkus.dmd@gmail.com?subject=please send volume 8
2/14	9	Jumbo edition including "Do as I Say, Not as I do," The Whistleblower from Wuhan, Liability exclusions for Genetic Engineering, Vaccination or Experimental Biologic Agent	mailto:smarkus.dmd@gmail.com?subject=please send volume 9
2/21	10	MYOB editorial – friends asking about your vaccination history; Pioneers getting arrows in their backs; Concern with genetic modification and ADE – antibody dependent enhancement.	mailto:SMARKUS.DMD@GMAIL.COM?subject=please send volume 10

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2/28	11	Ozone combatting Wuhan Virus; Israeli advances in treatment of Sars-CoV-19 patients (get it straight, this is not Covid which was just a convenient name for not blaming the Chinese); J & J vaccine gets approval.	mailto:smarkus.dmd@gmail.com?subject=Please send me Volume 11
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3/29	15	College students as lab rats; The Chinese have continually lied to us; Vaping as the way covid was introduced into the world; Obesity and Covid; Covid and your Waistline	mailto:smarkus.dmd@gmail.com?subject=Please send Volume 15
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