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Bombshell: Pandemic Lessons About Safety Risks of Covid and Non-COVID Vaccines. “Fictitious Herd Immunity”?

Part 1

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During the final weeks of 2020, hundreds of millions of people worldwide eagerly awaited the opportunity to be vaccinated against the SARS-2 virus. They were given assurance that these vaccines were highly effective for preventing infection and were perfectly safe. Since the new and novel mRNA vaccines are built upon a completely new genetic-based technological platform than older conventional vaccines, they were easily sold to the public as uniquely innovative and more safe. Moreover we were told they are 95 percent effective. They would also prevent transmission, so we were told, and this would ultimately bring an end to the pandemic. Life would return to normal. Across the medical establishment and media airwaves these new vaccines heralded a miracle of medical science in record-setting time.

It didn’t require much time after the vaccines’ rollout that signs appeared that their promises were at best wishful thinking. In October 2022, Pfizer’s Chief Executive for Developing Markets testified before a European Parliament special committee on Covid-19 and admitted the vaccine had never been tested for the prevention of viral transmission.

This was shock to many and directly contradicted everything people were being told. Furthermore reports of serious and life-threatening vaccine-induced injuries and deaths increased exponentially.

Now almost 2 years after the Pfizer and Moderna mRNA therapies were launched, tens of thousands of physicians and clinicians, professors of prestigious medical schools and researchers worldwide are stepping forward to demand an immediate halt to Covid-19 vaccination, particularly for young adults and children. Several national health ministries, including Denmark and Sweden, have stopped vaccinating adolescents and children

altogether.

In Israel, health authorities are voicing their concerns. Opinions in the *Israel National News* reported that Pfizer had used the nation as a staging ground for rolling out its Covid-19 vaccine, the first country to have done so. In effect and without consent, former Israeli President Netanyahu recruited up to seven million citizens to unwittingly participate in a grand experiment.

Israeli citizens were deprived of sufficient information about Pfizer's vaccine to make a personal risk-benefit analysis. "What they [Israeli citizens] are being asked to inject is not a vaccine defined by the CDC as a product that stimulates a person's immune system to produce immunity to a specific disease," writes Jerusalem Health Wellness counselor Ilana Rachel Daniel in an oped, "rather it is an experimental and novel technology…. It is in fact a medical device, a physical device that comes in a molecular sized package."

Today, Pfizer, Moderna and Anthony Fauci at the National Institutes for Allergies and infectious Disease (NIAID) have walked back many of their earlier claims about the benefits of Covid vaccines. They made it abundantly clear that these vaccines are not intended to stop transmission but only to prevent serious illness and death. But even that is highly questionable after taking into account the high rates of SAARS-2 infections among the vaccinated.

In the US, as of the first week of August 2022, the US' and European Union's vaccine injury reporting systems cumulatively recorded 76,880 deaths and 6.1 million injuries serious enough to require special medical assistance or hospitalization.

US figures (29,800 deaths and 1.4 million injuries) are only those recorded in the CDC's Vaccine Adverse Events Reporting System (VAERS). VAERS data is available for public access; however, the system does not include adverse events reported in the separate Data Link reporting system, a privately controlled database that is regarded as more thorough.

For decades before the advent of the novel mRNA gene therapy injections, the mainstream medical and scientific communities have promulgated an unassailable decree that vaccines are safe and effective, whether administered individually or in combination. For more cautious medical professionals there remains an unchallenged belief that vaccines are effective but not always safe. Vaccine-injured children and adults are simply regarded as exceptionally rare cases who unpredictably suffered unfortunate consequences.

Even many parents with two children developing neurological complications after vaccination will continue to follow the recommended vaccine schedule with unwavering blind faith in their physicians and the nation's medical authorities.

Any medical physician, scientist, nurse, public health advocate, politician, or journalist who

questions the myth of vaccine safety and efficacy is often immediately attacked, ridiculed, and designated a conspirator. The pro-vaccine propaganda machine recruits articulate doctors and university professors, who often sit on federal vaccine oversight boards and committees, to engage in ad hominem personal attacks against vaccine dissenters.

Today the situation is different. During the Covid-19 pandemic the number of medical professionals speaking out against the mRNA vaccines, as well as the adenovirus vector vaccines developed by Astra Zeneca and Johnson & Johnson, has grown exponentially. No longer are those who question vaccine efficacy and safety lone individual voices. Today medical doctors are organizing themselves. Before the pandemic it would have been unheard of that physicians and professors from prestigious medical schools would organize and convene conferences and seminars to present their scientific findings and research to discredit the official pandemic and vaccine narratives.

The question before us is: if the captains and generals of our national health system, their medical advisors and pharmaceutical executives who approve and advocate for compulsory vaccination could get the evaluation of the Covd-19 vaccines so wrong, is there any reason to not assume they have been equally incorrect about the efficacy and safety for all conventional vaccines? What if all of these individuals and their institutions and publications, and their shadow lobbying foundations and think tanks, are wrong? What if the vaccine paradigm itself is gravely flawed? What if vaccines have never been satisfactorily confirmed to be safe and effective? Did the CDC and vaccine manufacturers always know about vaccines' shortcomings, yet intentionally ignored them? After several decades of studying the scientific literature regarding vaccines, following the money trails, and interviewing many dozens of toxicologists, immunologists, research physicians, pediatricians, and medical journalists, the vaccine paradigm can now be accurately deconstructed with reliable independent science.

Herd Immunity

At the start of the Covid-19 vaccine rollout, Americans were given assurances by the medical authorities that massive vaccination compliance was crucial to reach herd immunity. We were told that vaccination was absolutely necessary to protect us from the unvaccinated. It was citizens' patriotic and moral duty to get vaccinated in order to protect the most vulnerable and the immune deficient from serious SARS-2 infections. If enough of the population gets vaccinated, we were told we would reach herd immunity and bring an end to the pandemic. But is there any strong evidence to give credibility to this viewpoint?

A foundational truth across all scientific research is replication of laboratory experiments and clinical trials with the results being the same as the original findings. On a monthly basis, even with very high vaccination rates, the target for reaching hypothetical herd immunity continues to change. Even if compliance increases, vaccine-induced immunity and efficacy wanes; hence there is a constant need to administer frequent shots or boosters. For example, the influenza vaccine is known to be useless for conferring long-term immunity. Annually, flu vaccines must be specially formulated. Developing seasonal flu shots is based upon hypothetical calculations to predict which strains might appear that year. In the past, these predictions have been seriously flawed and have often failed to lessen infection rates.

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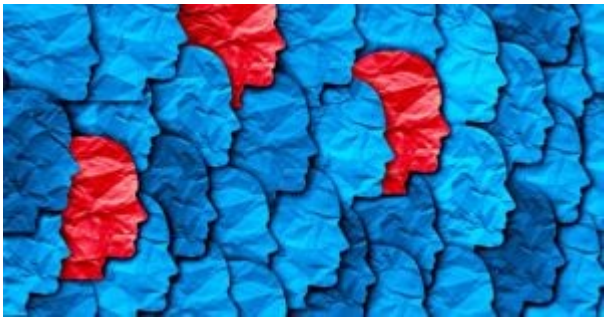

Dr. Fauci was confronted with the question of why the vaccination herd immunity threshold for SARS-2 was changing. Fauci was unable to provide a scientifically sound reply because there isn't one.

What Fauci and other advocates of the vaccine herd immunity theory categorically ignore is the role of natural immunity within the population. They also leave out the unknown percent of people who already have very robust immune systems, live a healthy lifestyle and do not have any medical conditions that might seriously compromise their health if they were to catch an infectious disease. Healthy individuals may certainly contract an infectious virus or bacteria; however they are more likely to be asymptomatic and will benefit by strengthening natural immunity. There is now many studies providing evidence that unvaccinated individuals who have been infected by SARS-2 have longer lasting immunity than that provided by the vaccines.

In the promulgation of herd immunity, neither of the above populations were considered to ascertain a more effective and vigorous preventative strategy to reduce the severity of and successfully treat SARS-2 infections. To the contrary those advocating for the importance of natural immunity were ridiculed and silenced.

The question is why is there such disdain towards anyone who questions the official narrative, even with facts warranting discussion. One problem is that the edifice upon which our modern vaccination regime is built relies on the hypothesis of herd immunity. Absent a belief in the plausibility of herd immunity, there is no sound basis to enforce vaccination mandates. Modern herd immunity theory is largely a dishonest marketing stunt. It follows the old adage of garbage in, garbage out. In order for a vaccine to be truly effective, it must be able to prove that vaccinated persons are unable to transmit a pathogen. A fully vaccinated person may still harbor a pathogen, may be asymptomatic, and still infect others.

For many years, scientists who espouse the vaccine herd immunity argument have claimed that approximately 95% of the population must be vaccinated in order to protect the smaller percentage who are not immunized; by following such a stratagem infectious diseases will eventually be eradicated. But for this theory to have any viability, vaccines must be perfectly effective and provide long-term immunity. None are. Nor should vaccine induced immunity have a termination date; yet no vaccine has been proven with any certainty to confer life-long immunity.

As we have observed during the start of the Covid-19 vaccination campaigns, the NIAID's 95% compliance target was a fabricated number. Other percentages touted were as low as 70 percent. This is a fundamental problem for calculating herd immunity thresholds for other vaccines. Such thresholds are based upon algorithmic computer modeling, which never accurately imitates real life scenarios. The Israeli authors in the recent book *Turtles*

All the Way Down: Vaccine Science and Myth – a voluminous and heavily cited critique of the CDC's childhood vaccination schedule – notes that the discrepancy in calculations to determine herd immunity thresholds can diverge as much as 40 percent. This is the case for the measles and diphtheria shots. For rubella, there is a 30 percent discrepancy range. These degrees of inaccuracy alone raise serious doubts about the biological legitimacy of herd immunity.

Periodic and localized measles outbreaks have frequently fueled vaccine hysteria. We can take the measles-mumps-rubella (MMR) vaccine as an example that shatters the credibility of herd immunity. For the measles vaccine, according to a CDC study, the population at any given time may have less than 70% immunity. This is despite the fact that at one time MMR compliance in the US reached 98 percent. One of the most opportunistic incidences of a measles outbreak took place at Boston University a month after a campus blood drive. As a result, health officials had access to a large selection of students' blood samples, both infected and measles-free. Laboratory analysis found that eight out of nine students who contracted measles were vaccinated.

China offers another example, which is believed to have the highest vaccination compliance rate in the world. The measles vaccine is mandatory on the Chinese mainland. So, why were there over 700 measles outbreaks in a three-year period between 2009 and 2012 when 99 percent of Chinese were vaccinated for measles? Clearly, the vaccine is incapable of reaching fictitious herd immunity.

Another medical discovery that debunks the MMR herd immunity theory is that live virus vaccines shed; this means that a vaccine's viral component can be transmitted and infect persons that a vaccinated person comes into contact with. Perhaps the best-documented case occurred in New York City in 2011 when an adult woman received two MMR shots and subsequently infected four others in her workplace. Two of those infected were also immunized with two MMR doses. All cases involved in the incident were confirmed by laboratory testing and government health officials concluded that the outbreak was due to a failure in the MMR vaccine. In other words, the vaccine infected others. It may also be noted that it is not uncommon in out-patient cancer clinics to provide instructions for persons who are severely immunocompromised to avoid contact with persons who have been recently vaccinated. This is especially true for live viral vaccines.

If a vaccinated person can infect others then this would present a working hypothesis and rationale to argue against vaccination mandates. Vaccine fear porn promotes the idea that an unvaccinated child poses a danger to everyone he or she comes into contact with, especially other children and the elderly who are immunocompromised with serious illnesses such as cancer or an autoimmune disease. Yet this is an untruth. Attorney Kevin Barry calls this propaganda strategy "effective brainwashing." The facts are quite the opposite. With respect to the MMR and other live virus vaccines, it is the vaccinated person who equally poses a threat to immuno-compromised individuals.

The rollout of the Covid-19 vaccines has taught us another lesson. During the less than two years since their Emergency Use Authorization, we have witnessed a rapid emergence of new SARS-2 coronavirus strains. There is also growing evidence that those fully vaccinated may be most susceptible for being infected by new strains they were not vaccinated against. The reason behind this is inconclusive. Some medical experts and physicians are posing the question as to whether vaccination might be contributing to the emergence of these new polymorphic variants.

There are examples of new vaccine-related variants likely associated with over-vaccination. Outbreaks of whooping cough have risen. State and local health authorities investigating and gathering statistics on pertussis outbreaks discovered the highest numbers of infected persons among the vaccinated. For example, Mississippi, with the highest vaccination rate in the country, had a significant increase in whooping cough cases, with 91 percent of those infected being fully vaccinated. Across the nation, the most highly infected are those who have received three or more pertussis shots and boosters.

Australian researchers at the government's National Center for Immunization and Research of Vaccine Preventable Diseases found that the pertussis vaccine's effectiveness was waning far more rapidly than expected, even among vaccinated 3 year olds. Moreover, in 2014, a study confirmed that individuals vaccinated against pertussis can be infectious carriers of the Bordetella bacterium and can likely infect others who either do not respond immunologically to the vaccine or who are unvaccinated. A conclusion is that pertussis vaccinated individuals may now be endangering the health of the unvaccinated and vaccinated alike.

While health officials launched a media campaign to blame unvaccinated individuals for upsurges in pertussis outbreaks, the CDC publicly announced the contrary. Dr. Anne Schuchat from the CDC stated,

> "We know there are places around the country where there are large numbers of people who aren't vaccinated. However, we don't think those exemptors are driving this current wave. We think it is a bad thing that people aren't getting vaccinated or exempting, but we cannot blame this wave on that phenomenon."

The current DPT vaccines do not protect against the new and more virulent strains of B. pertussis. The first identification of a new virulent strain was made in Australia. Shortly thereafter outbreaks appeared in southern California. Subsequently, Australian immunologists suggested that the emergence of a new vaccine-resistant B. pertussis variant may be due to over vaccination. Similar to what the world has witnessed with antibiotic resistant organisms, due to the overuse and abuse of antibiotic medications, this might also be occurring with viruses targeted by vaccines. If new pathogenic strains are arising due to over vaccination campaigns, this destroys the possibility of reaching herd immunity through vaccination.

Finally, aside from these contradictory findings that discredit herd immunity, infectious disease outbreaks are financial boons for drug makers. Following the Disneyland measles outbreak, *Bloomberg Business News* reported that Merck's quarterly MMR sales increased by 24 percent, proving that fear mongering is a highly profitable enterprise.

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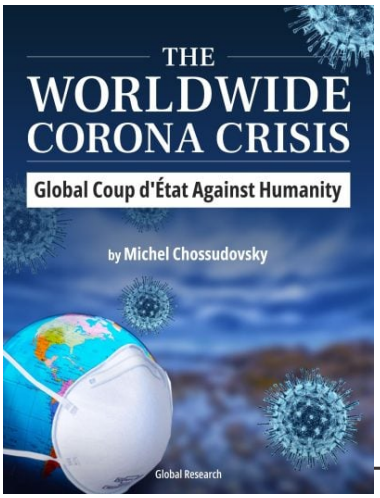

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