

World's Most Influential Medical Journal Questions Pandemic Policy and Safety of COVID Injections

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In an April 13 2022 editorial in the New England Journal of Medicine (NEJM) “[Covid-19 Boosters — Where from Here?](#)” Dr. Paul Offit MD starts with the obligatory praise for mRNA Covid-19 vaccines, but then abruptly switches to a very serious note of alarm about the continued use of boosters.

NEJM has been at the nexus of positive Covid-19 publishing. Its editorial board has the advantage of reviewing a broad sweep of Covid studies. The fact that they decided to publish a blunt warning is highly significant. The message for governments, medical professionals, and medical media commentators and explainers cannot be ignored or underestimated.

EDITORIAL

Covid-19 Boosters — Where from Here?

Paul A. Offit, M.D.

[Metrics](#)

April 28, 2022

N Engl J Med 2022; 386:1661-1662

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Screenshot from [NEJM](#)

The editorial raises a number of questions:

“Unfortunately, studies did not stratify patients according to whether they had coexisting conditions. Therefore, it was unclear who among the younger age groups

most benefited from an additional dose.”

In summary, boosters are not very useful for younger people who are healthy. This doesn't sound very serious, but the NEJM went on to discuss the implications.

The continued universal use of boosters, in a misguided attempt to eliminate Covid, '*will limit the ability of booster dosing to lessen transmission.*'

The consequence, NEJM warned, are problems whose full extent and eventual outcomes are unknown:

“Boosters are not risk-free, we need to clarify which groups most benefit. For example, boys and men between 16 and 29 years of age are at increased risk for myocarditis caused by mRNA vaccines.”

“And all age groups are at risk for the theoretical problem of an “original antigenic sin” — a decreased ability to respond to a new immunogen because the immune system has locked onto the original immunogen....This potential problem could limit our ability to respond to a new variant.”

Original antigenic sin refers to the known possibility of ADE—antibody dependent enhancement of an illness. In essence, the immune system antibodies produced as a result of vaccination can in combination with new variants enhance the capacity of Covid to cause serious illness. This possibility arises because of the innate capacity of the Covid virus to adapt when faced with a highly vaccinated population—a known viral evolutionary pathway.

The editorial concluded with a message for governments:

“...educate the public about the limits of mucosal [mRNA Covid] vaccines. Otherwise, a zero-tolerance strategy for mild or asymptomatic infection, which can be implemented only with frequent booster doses, will continue to mislead the public about what Covid-19 vaccines can and cannot do.”

Facing reality is proving hard for our government

Is an editorial in a foreign medical journal cause for alarm? Yes, when it is the NEJM, the most conservative of medical journals, known for its unflinching support of modern medical orthodoxy.

Our worst enemy is complaisance and inaction. This was exemplified for me by a reply from an MP this week who says:

“I do get some comfort from the fact that smallpox and polio vaccines, do appear long term to benefit humans, and from my general reading there is hope and belief that the COVID vaccine will do the same....the vast majority of scientists involved provide me reassurance that the vaccine is safe and that the alternative of not vaccinating is simply not an option.”

In other words, he says there is no alternative except to *carry on boosting*, precisely the problem that the NEJM was warning against, which is leading down a road to a very uncertain and possibly very dangerous future.

As I travelled south towards Wellington yesterday, I passed kilometres of stationary cars going north stalled by a couple of traffic lights in Otaki. The \$3.5 billion spent on the transmission gully motorway has delivered no improved travel time because the planners were perhaps not thinking far enough ahead and carried on regardless (and btw for the motorway enthusiasts after Otaki comes Levin, so should bypasses be the first priority?).

Do we carry on vaccinating against polio and smallpox every few months?—NO we do not. This one fact should have been sufficient to alert our MP that something is different about mRNA technology. Who are the medical experts advising our MPs, watering down the published Covid medical research results to the point of banality? Is our \$64 billion spent on Covid so far well spent?

Calling a medical emergency in New Zealand

We know that both mRNA vaccination and Covid infection carry as yet unquantified long term risks of heart disease. Are we ramping up our capacity to treat heart disease? Apparently not. A correspondent in Palmerston North writes that she has been referred to a heart specialist by her GP, but the specialist replies he is too overwhelmed with cases to see her and refers her back to her GP. When is this Covid buck passing going to stop?

Heart disease is the number one killer in New Zealand. The apologia being trotted out by the media that *myopericarditis following vaccination will turn out to be mild in the longer term* without actual supporting research, does not amount to a credible medical policy.

We keep hearing anecdotal reports of our hospitals overwhelmed with cardiac cases. Are the reports real? The government is not publishing data, so we are left in the dark. Is the government failing to look or are they deliberately concealing information?

The situation is similar in the UK, information about alarming rises in cardiac cases is too hot to handle, so is it being covered up? Some data is coming out from individual hospitals. The NHS trust in the small UK seaside resort of Blackpool responded to a freedom of information request last week. Their cases of heart failure are up 400% on historical averages. Yes, 400%.

Who can turn the ship around?

We all have relatives or friends still insisting that *our hospitals are full of the unvaccinated*, that *no one who is vaccinated has ever died*, that *the unvaccinated are endangering everyone*, that *international studies prove the vaccine works perfectly*, and so on... All of which are remote from reality, yet without honest government and media messaging, polite rebuttals with references to actual data are met with outright denial and condemnation.

Only the government and mainstream media are in a position to convey the sober NEJM assessment of boosters to the public. Otherwise the public will remain stuck with boosters or bust misinformation. Continuing to publish misleading information about hospital statistics or myths that only mRNA vaccination of 100% of the population will stop the pandemic (as Stuff did this week) will only make it harder to institute reliable policies.

[Mark Steyn of GB news called out the UK government](#) Thursday this week with official UK statistics showing that boosted individuals are twice as likely to suffer infection, hospitalisation, and death compared to the unvaccinated, partially vaccinated and doubly vaccinated lumped together. This raises the possibility that Antibody Dependent

Enhancement is already taking hold.

We are heading in that direction too, possibly just a few weeks behind, New Zealand statistics highlight increasing vulnerability of the boosted as each week goes by. This point is reinforced by increasing reports of multiple reinfections among vaccinated populations.

Time to call a medical emergency

This is a call for an energetic, robust and focused response to an evolving medical situation. A preparedness to consider and entertain views that were dismissed as unthinkable a few weeks ago.

Don't trust my word, trust the New England Journal of Medicine which has sounded the alarm because our situation may be about to get much worse if the government continues to do and say as it has been so far.

Please forward this message to those in need of this officially sanctioned warning.

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