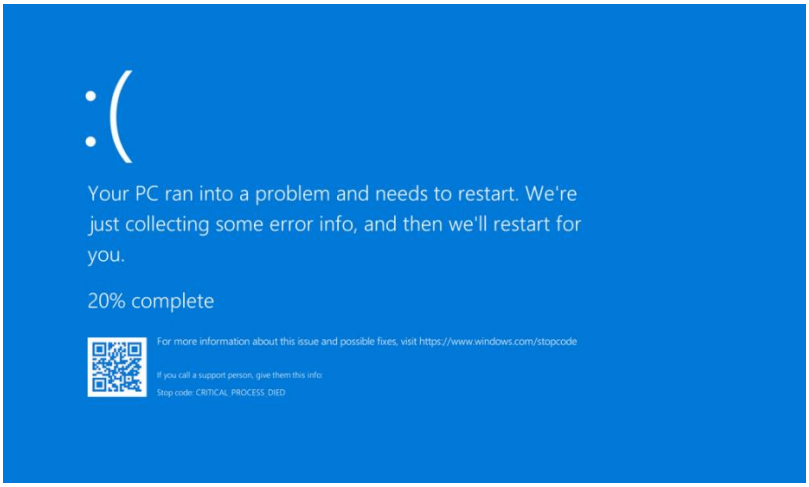
GEE… WHAT COULD POSSIBLY GO WRONG

"*There are known knowns, things we know that we know; and there are known unknowns, things that we know we don't know. But there are also unknown unknowns, things we do not know we don't know.*" — Donald Rumsfeld, February 12, 2002, U.S. Department of Defense news briefing.

The Microsoft Blue Screen of Death

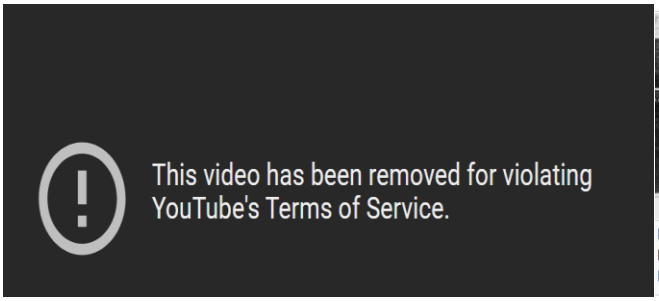


Let's now turn to Lytton, British Columbia MD Dr. Charles Hoffe, and his experience with giving the vaccine to his patients here see also here for later interview, after the BC government removed him from hospital duties after just asking simple questions). He details at length the results he has seen, but then asks some more pressing questions.

a.) Autoimmune disorders can take months, or even years, to manifest. He outlines a number he has already seen, many serious, and many deaths. Care to be a volunteer in the Phase IV (no this is NOT FDA approved) trials? All of his patients have neurological injuries, and there is no place to report this.
b.) As noted elsewhere, he agrees that this is not a vaccine, but gene therapy.
c.) Why are they testing this first on the elderly and the First Nations? Not sure where the "red lives matter" folks are, but I guess the same place the BLM folks are for the Planned Parenthood abortuaries, which, by one report, has fully 70% of its clinics in or within walking distance of minority communities (don't worry... the BLM and Antifa rubes will NEVER show up there; they are either too gullible or too bought off, like Patrice Collors, BLM founder who just bought a million plus tidy little mansion in ultra-rich, mostly white Topanga Canyon, CA).
d.) Inducing antibodies to the coronavirus spike protein: there are twenty types of tissues in our bodies that have spike proteins: this shot could trigger an autoimmune response against some part of your own body (!!) Thus, for example, all these pregnant women having miscarriages (whose risk for Covid approaches ZERO) may well be due to them having antibodies to their placenta,

in that the placenta has spike proteins. That is, they "are now vaccinated against all future pregnancies" per Dr Hoffe, and may have *permanent* infertility by having a vaccine against the placenta. (Unfortunately, I suppose, Planned Parenthood will have to find a new gig). There is also an increased risk of having an autistic child.

Then, there is the *inventor of the mRNA vaccine core technology itself,* Dr. Robert Malone. Per an admittedly long (3 hour) interview on Dark Horse Podcast here, or here, in a broadcast entitled Inventor of mRNA Technology: Vaccine Causes Lipid Nanoparticles to Accumulate in 'High Concentrations' in Ovaries (of course, unknown is whether these nanoparticles will accumulate in the "ovaries" of men who *call themselves* women… but we'll leave that for the wokesters to figure out), he – as have so many others – details how the COVID vaccine lipid nanoparticles — which tell the body to produce the spike protein — leave the injection site and accumulate in organs and tissues. A PDF for this discussion can be found here, but to summarize, the podcast host Bret Weinstein, Ph.D., an evolutionary biologist, interviews Dr. Robert Malone, the inventor of the mRNA and DNA vaccine core platform technology, and Steve Kirsch, an entrepreneur who has been researching adverse reactions to COVID-19 gene therapies. This was on YouTube briefly, but on June 21st at 3 :30 PM, attempting to view it there – no surprise – the ever-PC techno-fascists at YouTube had banned it shortly after it was posted. Yes, those lidless, never blinking eyes of the Orwellian panopticon probably had that flagged for deletion within nanoseconds of posting, so see the other links here for the video. As in the USSR, Lysenkoism (the corruption of science by politics) rides again with the fake news.




Lysenko speaking at the Kremlin in 1935. Behind him are (left to right) Stanislav Kosior, Anastas Mikoyan, Andrei Andreev and Joseph Stalin.

Malone opens by discussing the lack of transparency about side effects, the censoring of discussion and the subsequent lack of informed consent that this brings. Malone just published the article, "Should You Get Vaccinated?" where he discusses, along with Kirsch, how and why he has changed his mind about the COVID-19 "vaccines," after he got both doses of the Moderna shot, along with his three daughters. See article here or here, submitted under Kirsch's name. As written here, "Many months ago Malone warned the U.S. Food and Drug Administration that the spike protein — which the COVID-19 "vaccines" instruct your cells to make — could be dangerous. The FDA dismissed his concerns, saying they did not believe the spike protein was biologically active. Besides, the vaccine makers specifically designed the injections so that the spike protein would stick and not float about freely. Well, they were wrong on both accounts. It's since been well-established that, indeed, the **SARS-CoV-2 spike protein** gets free, and that it is biologically active and causes severe problems. It is responsible

for the most severe effects seen in COVID-19, such as bleeding disorders, blood clots throughout the body and heart problems."

To boil down the three hours further, the free SARS-CoV-2 spike protein in the shot is not only biologically active — contrary to initial assumptions — but it also causes the exact same severe problems seen in the Covid symptoms themselves (which makes sense, since it is our body's reaction to the virus, not the virus itself that causes the problems, and here the vaccine is simply replicating that same causation), such as bleeding disorders, blood clots throughout the body and heart problems. But, as they say in the late night TV ads, "Wait! There's more!" Pfizer's own biodistribution data show it accumulates in women's ovaries, and data suggests the miscarriage rate among women who get the COVID "vaccine" within the first 20 weeks of pregnancy is 82% (more on that below). In men, Israeli data show males 16 - 24 who have been vaccinated have 25 times the rate of myocarditis (heart inflammation) than normal. Additionally, many young people are actually dying as a result of this myocarditis, per the Annals of Internal Medicine. The spike protein is a toxin that causes cardiovascular and neurological damage. Once in your blood circulation, the spike protein binds to platelet receptors and the cells that line your blood vessels. When that happens, it can cause platelets to clump together, resulting in blood clots, and/or cause abnormal bleeding.

How much of this has been told to shot recipients, such as those given the shot Friday nights at pubs, bars and night spots by, e.g., the National Guard? Or even the regular Joe going in to a CVS? Remember, without full disclosure of the vaccine's risk, you cannot, ipso fact, have informed consent. Since the Fourth Estate is not doing its job, Malone, Kirsch, and this note, will. Per Kirsch/Malone:

> *"I recently learned that these vaccines have likely killed over 25,800 Americans (which I confirmed 3 different ways) and disabled at least 1,000,000 more. And we're only halfway to the finish line. We need to PAUSE these vaccines NOW before more people are killed. Based on what I now know about the miniscule vaccine benefits (approximately a 0.3% reduction in absolute risk), side effects (including death), current COVID rates, and the success rate of early treatment protocols, the answer I would give today to anyone asking me for advice as to whether to take any of the current vaccines would be, 'Just say NO.'*
>
> *The current vaccines are particularly contraindicated if you have already been infected with COVID or are under age 20. For these people, I would say 'NO! NO! NO!' In this article, I will explain what I have learned since I was vaccinated that totally changed my mind. You will learn how these vaccines work and the shortcuts that led to the mistakes that were made. You will understand why there are so many side effects and why these are so varied and why they usually happen within 30 days of vaccination. You will understand why kids are having heart issues (for which there is no treatment), and temporarily losing their sight, and ability to talk. You will understand why as many as 3% may be severely disabled by the vaccine."*

Quoting Malone at length, due to its importance:

> *"By way of background, please understand that I am a vaccine specialist and advocate, as well as the original inventor of the mRNA vaccine (and DNA vaccine) core platform technology. But I also have extensive training in bioethics from the University of Maryland, Walter Reed Army Institute of Research, and Harvard Medical School, and advanced clinical development and regulatory affairs are core competencies for me… Why is it necessary to suppress discussion and full disclosure of information concerning mRNA reactogenicity and safety risks? Let's analyze the vaccine-related adverse event data rigorously. Is there information or patterns that can be found, such as the recent finding of the cardiomyopathy signals, or the latent virus reactivation signals? We should be enlisting the best biostatistics and machine learning experts to examine these data, and the results should — no must — be made available to the public promptly. Please follow along and take a moment to examine the underlying bioethics of this situation with me … The suppression of information, discussion, and outright censorship concerning these current COVID vaccines which are based on gene therapy technologies cast a bad light on the entire vaccine enterprise. It is my opinion that the adult public can handle information and open discussion. Furthermore, we must fully disclose any and all risks associated with these experimental research products. In this context, the adult public are basically research subjects that are not being required to sign informed consent due to EUA waiver. But that does not mean that they do not deserve the full disclosure of risks that one would normally require in an informed consent document for a clinical trial. And now some national authorities are calling on the deployment of EUA vaccines to adolescents and the young, which by definition are not able to directly provide informed consent to participate in clinical research — written or otherwise. The key point here is that what is being done by suppressing open disclosure and debate concerning the profile of adverse events associated with these vaccines violates fundamental bioethical principles for clinical research. This goes back to the Geneva convention and the* Helsinki declaration (Note: This refers to the World Medical *Association's ETHICAL PRINCIPLES FOR MEDICAL RESEARCH INVOLVING HUMAN SUBJECTS)*
> - There must be informed consent for experimentation on human subjects."

This begs the question on articles such as this, Atmospheric Viricides Deployed Into Public Air Spaces And Public Schools: Is This "EPA Approved" Air Safe?, where the *public* air is being doused with viricides, but hey! Anything is permissible to "keep us safe," right?

And using the church, shown below, and playing the fear card, is as old as the hills. Here is Herman Goering himself (then it was WWII now it is the "war" on Covid. Same diff.

*"Why of course the people don't want war. Why should some poor slob (*Schlampe*) on a farm want to risk his life in a war when the best he can get out of it is to come back to his farm in one piece? Naturally the common people don't want war: neither in Russia, nor in England, nor for that matter in Germany. That is understood. But after all it is the leaders of a country who determine the policy and it is always a simple matter to drag the people along, whether it is a democracy or fascist dictatorship, or a parliament or a communist dictatorship. Voice or no voice,* ***the people can always be brought to the bidding of the leaders. That is easy. All you have to do is tell them they are being attacked…. It works the same in any country."***

Canadian immunologist and vaccine researcher Byram Bridle, Ph.D., who is generally pro-vaccine, also unearthed previously unseen research from a Japanese regulatory agency through a freedom of information act request. The study was a biodistribution study done by Pfizer, which also showed that the mRNA in the vaccine does not stay in and around the vaccination site but is widely distributed in the body, as is the spike protein. See here for source.

Pfizer's biodistribution data itself shows it accumulates in women's ovaries, with data suggesting the miscarriage rate among women within the first 20 weeks of pregnancy is 82%. The normal rate is 10%, so this is no minor uptick. Kirsch writes: *"It is baffling that the CDC says the vaccine is safe for pregnant women when it is so clear that this is not the case. For example, one our family friends is a victim of this. She miscarried at 25 weeks … She had her first shot 7 weeks ago, and her second shot 4 weeks ago. The baby had severe bleeding of the brain and other disfigurements. Her gynecologist had never seen anything like that before in her life. They called in a specialist who said it was probably a genetic defect (because everyone buys into the narrative that the vaccine is safe it is always ruled out as a possible cause). No VAERS report. No CDC report. Yet the doctors I've talked to say that it is over 99% certain it was the vaccine. The family doesn't want an autopsy for fear that their daughter will find out it was the vaccine. This is a perfect example of how these horrible side effects just never get reported anywhere."*

Kirsch also adds that the rate of death from COVID-19 shots exceeds that of more than 70 vaccines combined over the past 30 years, and it's about 500 times deadlier than the seasonal flu vaccine, which historically has been the most hazardous.

Malone notes that, due to the Emergency Use Authorization (EUA) that governs these COVID shots, the FDA opted not to require stringent post-vaccination data collection and evaluation, even though they had the latitude to do so. Question: Why did they opt for such lax data capture, because without it, there's no way of evaluating the safety of these products. You cannot identify the danger signals if you don't have a process for capturing effects data and evaluating all of it. *"The whole logic of EUA is you're basically substituting real-time capture of key information for prospective capture of key information,"* Malone explains. *"But to do that, you've got to get the information and it has to be rigorous."*

If we had HAD to release the vaccine due to unprecedented health emergency and there were no other options, it might be worth taking the risk, but WHY force it on kids for whom the seasonal flu is 3 – 4 more lethal?? And might this be why authorities suppressed hydroxychloroquine and ivermectin, they even though they are extremely safe when used in the appropriate doses and have been shown to work really well in many dozens of studies. Kirsch cites this in his article:

"Repurposed drugs [such as hydroxychloroquine and ivermectin] are safer and more effective than the current vaccines. In general, early treatment with an effective protocol reduces your risk of dying by more than 100X so instead of 600,000 deaths, we'd have fewer than 6,000 deaths. NOTE: The vaccine has already killed over 6,000 people and that's from the vaccine alone (and doesn't count any breakthrough deaths)."

In Malone's TrialSiteNews May 30, 2021 article, he emphasized the critical nature of informed consent. Of course, when the Googles, Twitters and Facebooks of the world suppress this, informed consent simply cannot be given. As Mercola says, "Informed consent isn't just a nice idea or an ideal. It is the law, both nationally and internationally. The current vaccine push also violates bioethical principles in general."

Of course, conducting these experiments with no proper informed consent also violates the Nuremberg Code which spells out research ethics principles for human experimentation. This code was set up after World War II to make sure the horrors of Nazi Germany medical atrocities were never repeated… yet here we are again. In the US, this is also covered under U.S. Code of Federal Regulations 45 CFR 46 (subpart A). The Belmont report describes informed consent as follows:

"Respect for persons requires that subjects, to the degree that they are capable, be given the opportunity to choose what shall or shall not happen to them. This opportunity is provided when adequate standards for informed consent are satisfied. While the importance of informed consent is unquestioned, controversy prevails over the nature and possibility of an informed

consent. Nonetheless, there is widespread agreement that the consent process can be analyzed as containing three elements: information, comprehension and voluntariness."

To this, Malone adds – again, quoting at length due to the importance - from his May 30th article cited above:

> *"… as these vaccines are not yet market authorized (licensed), coercion of human subjects to participate in medical experimentation is specifically forbidden. Therefore, public health policies which meet generally accepted criteria for coercion to participate in clinical research are forbidden. For example, if I were to propose a clinical trial involving children and entice participation by giving out ice cream to those willing to participate, any institutional human subjects safety board (IRB) in the United States would reject that protocol. If I were to propose a clinical research protocol wherein the population of a geographic region would lose personal liberties unless 70% of the population participated in my study, once again, that protocol would be rejected by any US IRB based on coercion of subject participation. No coercion to participate in the study is allowed.*
>
> *In human subject clinical research, in most countries of the world this is considered a bright line that cannot be crossed. So, now we are told to waive that requirement without even so much as open public discussion being allowed? In conclusion, I hope that you will join me; stop to take a moment and consider for yourself what is going on. The logic seems clear to me.*
>
> *1)An unlicensed medical product deployed under emergency use authorization (EUA) remains an experimental product under clinical research development.*
>
> *2)EUA authorized by national authorities basically grants a short-term right to administer the research product to human subjects without written informed consent.*
>
> *3)The Geneva Convention, the Helsinki declaration, and the entire structure which supports ethical human subjects research requires that research subjects be fully informed of risks and must consent to participation without coercion."*

You can read more about Malone and the Kirsch's article, "Should You Get Vaccinated? here if the links above do not work: https://trialsitenews.com/should-you-get-vaccinated/

Elsewhere in Canada, April 30th, 2021 the College of Physicians and Surgeons of Ontario told any doctors who dissented – much like those in the Soviet Union who dissented against Lysenkoism were "vanished" or became "non-persons" – to shut up. Here is their exact statement. Yet, courageous Canadian doctors have spoken out at the risk of losing their

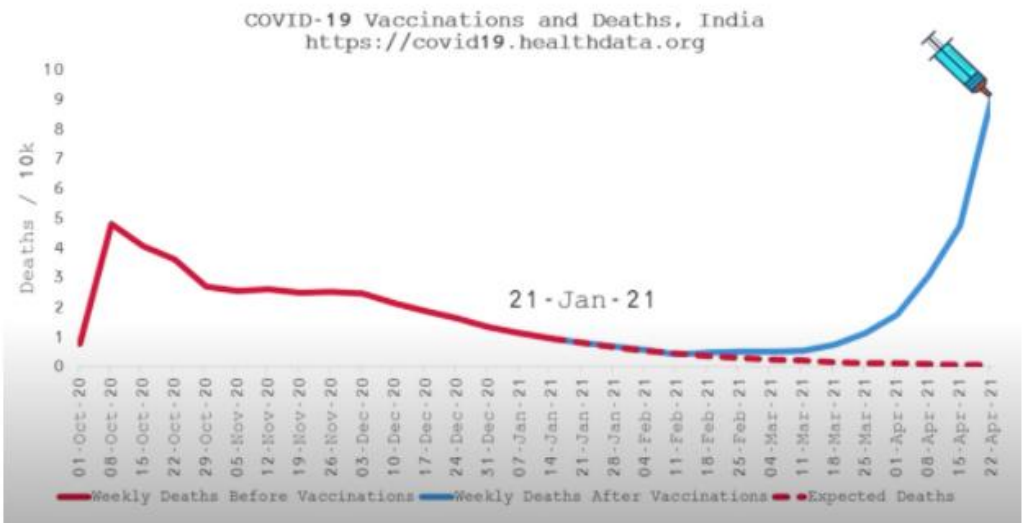
careers. In response to the CPSO's order Canadian Physicians for Science and Truth has submitted Declaration of Canadian Physicians for Science and Truth, signed by over 4,700 physicians and concerned citizens as of mid-May, 2021 (and growing daily). The issue? Ethan Yang at Natural Blaze tells us the problems are with the CPSO:

1. Denial of the Scientific Method itself:
2. Violation of our Pledge to use Evidence-Based Medicine for our patients:
3. Violation of Duty of Informed Consent

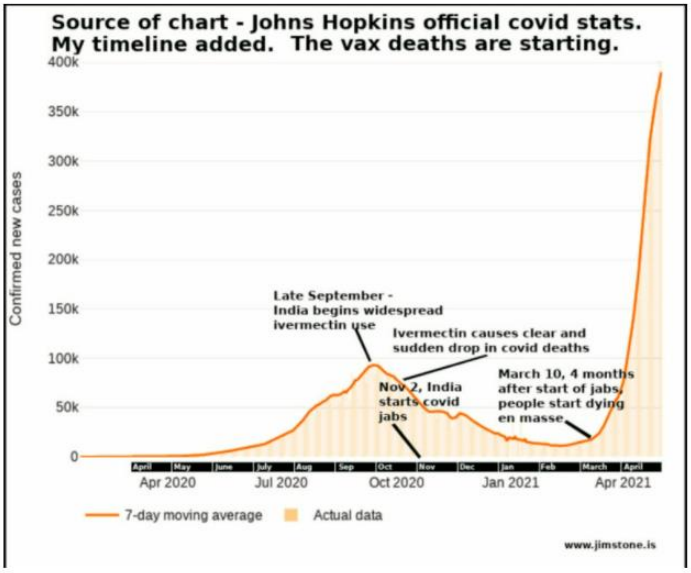
Further details found on the Declaration's website. And other provinces are just as bad. The *Toronto Star* writes, "Doctors in British Columbia are being warned they could face investigation or penalties from their regulatory body if they contradict public health orders or guidance about COVID-19. The warning is contained in a joint statement from the College of Physicians and Surgeons of B.C. and the First Nations Health Authority." And my old home province of Alberta Jason Kenney premier has imprisoned two pastors for daring to speak out (here, re. masks and religious freedom, even invading the church of one, a refugee from communist Poland Artur Pawlowski, during an actual church service in violation of the Canadian Charter of Rights and Sec. 176 Canadian Criminal Code on religious services, which states: *"Everyone who willfully disturbs or interrupts an assemblage of persons met for religious worship… is guilty of an offense punishable on summary conviction."* RSC 1985 CC-46.

As noted elsewhere in this paper, the spike protein your body is making with the shot does *not* make the same spike protein as SARS-Cov-2, but one that is genetically modified… *making it far more destructive*, if Judy Mikovits, PhD (who, when you search, will be smeared to the hilt)is right in this interview: "*So, you just injected the envelope of HIV … a syncytin gammaretrovirus envelope, and a SARS S2 receptor binding domain. That's not a vaccine. It is the disease-causing agent. It's a bioweapon. So now your cells are all producing that bioweapon and you're going to take out the innate immunity, NK [natural killer] cells and dendritic cells … You're going to disrupt your white blood cells, your immune response. You're going to turn on an anti-inflammatory cytokine signature in every cell of your body. It exhausts your NK cells' ability to determine infected cells. It's the nightmare we predicted."*

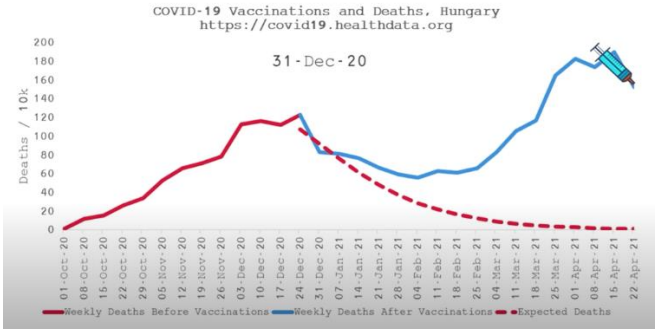
Buth the truth is, every country was trending downward as 2020 drew to a close and the world headed towards herd immunity… until the "vaccines" rolled out. Using heavily vaccinated India as an example, here's the not-so-salubrious result of the shot, cited from TheTruthAboutVaccines.co:

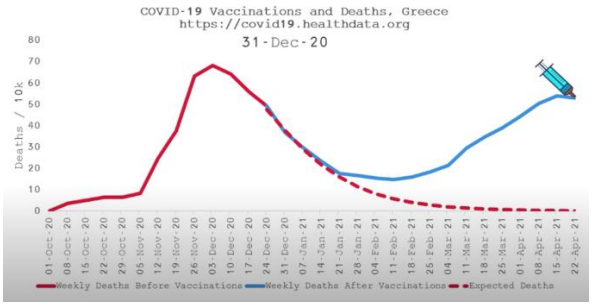


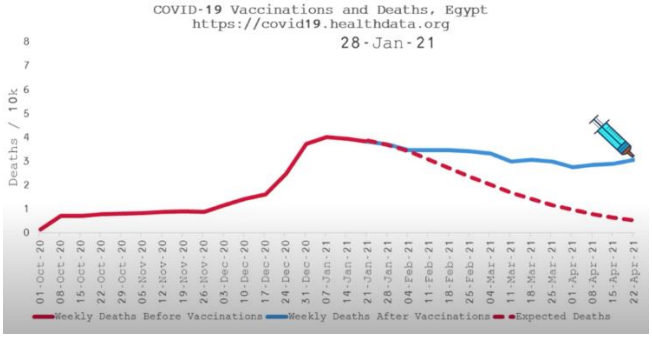
And here is the graph for March, 2021 after India stopped using Ivermectin and the death toll from the Covid shots started:

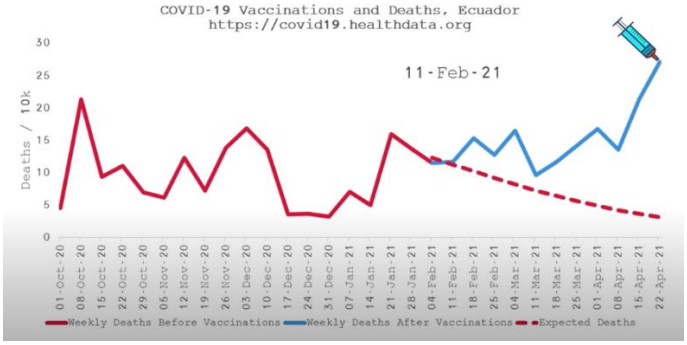


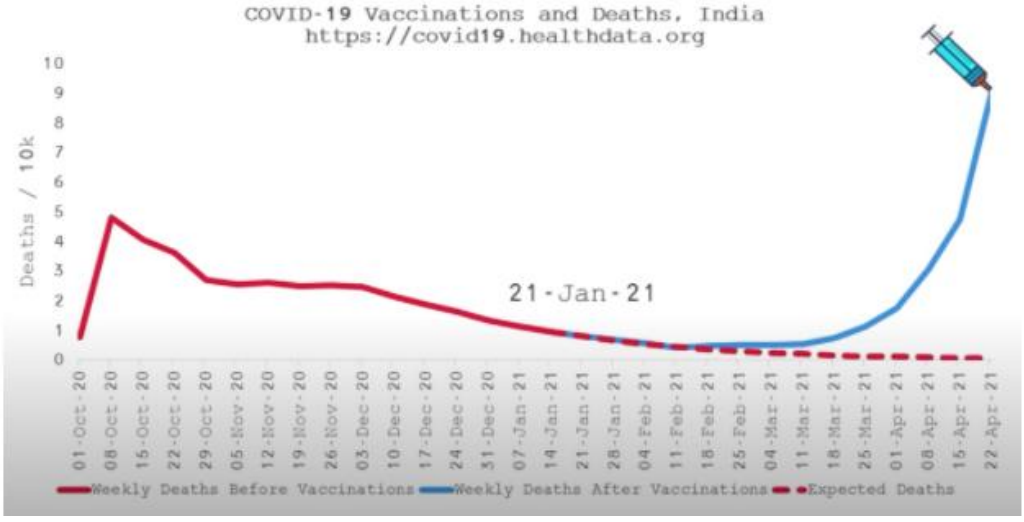
TheTruthAboutVaccines.com has a full list of countries here, but representative sample below. You will note that Haiti is missing in the list at the link – that is because Haiti never had masks, never had lockdowns… and never had any major outbreak. Funny thing, that….











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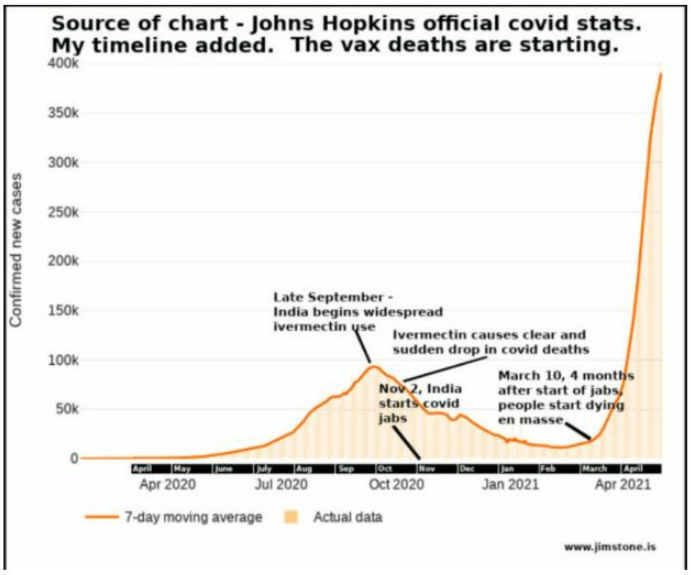
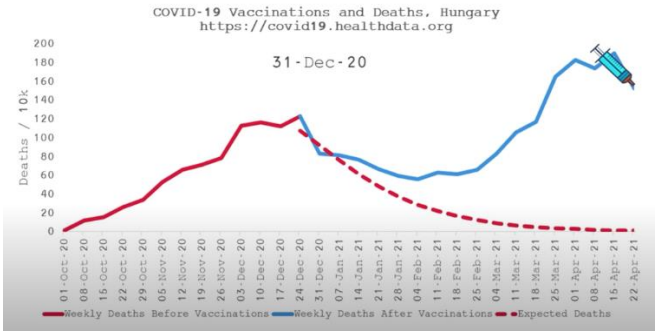
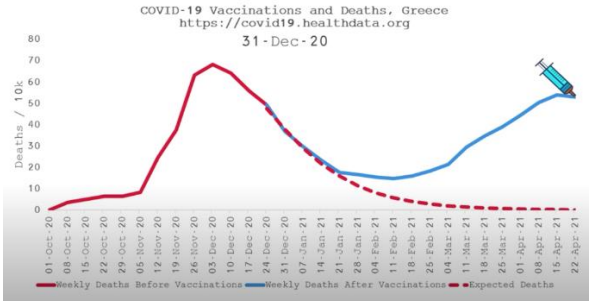

Source of chart - Johns Hopkins official covid stats.
My timeline added. The vax deaths are starting.
Confirmed new cases
400k
350k
300k
250k
200k
150k
100k
50k
0
Late September - India begins widespread ivermectin use
Ivermectin causes clear and sudden drop in covid deaths
Nov 2, India starts covid jabs
March 10, 4 months after start of jabs, people start dying en masse
Apr 2020
Jul 2020
Oct 2020
Jan 2021
Apr 2021
7-day moving average
Actual data
www.jimstone.is


COVID-19 Vaccinations and Deaths, Hungary
https://covid19.healthdata.org
31-Dec-20
Deaths / 10k
Weekly Deaths Before Vaccinations
Weekly Deaths After Vaccinations
Expected Deaths


COVID-19 Vaccinations and Deaths, Greece
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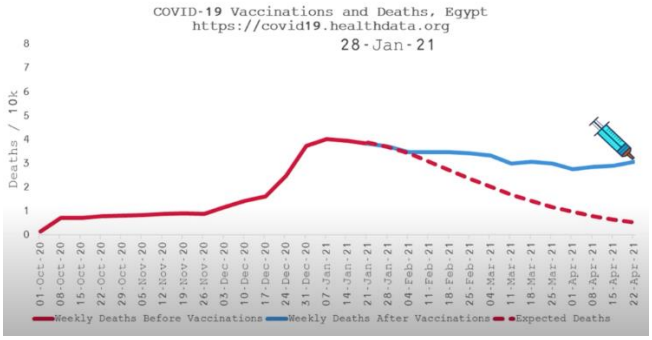
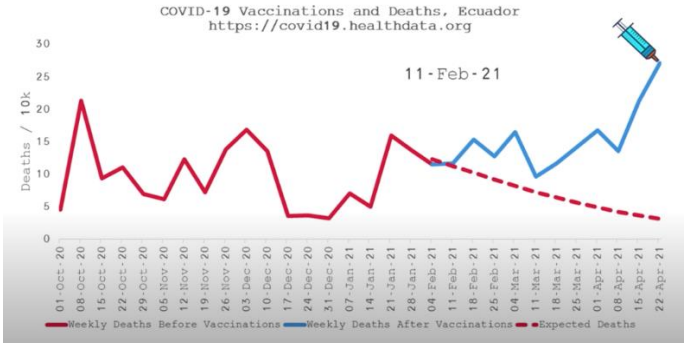

COVID-19 Vaccinations and Deaths, Egypt
https://covid19.healthdata.org
28-Jan-21
Deaths / 10k
Weekly Deaths Before Vaccinations
Weekly Deaths After Vaccinations
Expected Deaths


COVID-19 Vaccinations and Deaths, Ecuador
https://covid19.healthdata.org
11-Feb-21
Deaths / 10k
Weekly Deaths Before Vaccinations
Weekly Deaths After Vaccinations
Expected Deaths

In fact, a recent Cleveland Clinic study found people who had tested positive for SARS-CoV-2 at least 42 days prior to vaccination reaped no additional benefit from the jabs anyway – see their site here, or a report at MedRXIV here.

But let's say you still want to get the shot after reading all this, ConsumerLab has list for how to go about it in each state, but along with caveats for those having had: shingles, cancer, heart conditions or pulmonary disease, genetic heart conditions, use of blood thinners, history of immune thrombocytopenia (ITP), chronic fatigue syndrome, autoimmune conditions (such as rheumatoid arthritis or lupus erythematosus) or taking immunosuppressants (including corticosteroids such as prednisone), chronic inflammatory diseases (e.g., inflammatory bowel disease such as Crohn's disease or ulcerative colitis), liver disease or transplant, kidney disease (including those on dialysis) or transplant, psoriasis, eczema, multiple sclerosis (MS), mast cell activation syndrome (MCAS), a compromised immune system (including use of immunosuppressants such as corticosteroids), Parkinson's disease, peripheral neuropathy, migraine, allergies or a history of allergic reactions, a history of Guillain-Barré syndrome or Bell's palsy, dermal (skin) fillers (including those placed recently or years ago), osteoporosis, very frail elderly, before or after surgery, pregnancy, or breast-feeding.

However, recall that the following treatments listed below – which don't permanently alter your genetic makeup – are also reported by many to work, as reported by Activist Post – and which adds "the point here is not to provide new treatment information but to question why a treatment strategy has been entirely dropped from the narrative. The Canadian source writes, "*To me, the forgetting of those remedies is so total that it really suggests that it is the result of electronic mind control. Ditto for all the other bizarre behaviour of the various leaders and players in the many current events.*"

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COVID-19 REMEDIES WHICH HAVE BEEN REPORTED AS WORKING:

(This is a simple list - reader should do their own research where validation is needed.)

- hydroxychloroquine ... opens cell walls so zinc can enter
- + azythromycin ... inhibits bacteria which transport the virus
- + zinc ... zinc, key ingredient, enters cells and inhibits virus replication

  Note: Studies claiming HCQ doesn't work omitted the ZINC.
  Note: Some doctors report that supplement QUERCETIN may function similar to HCQ (assists zinc entering cells)

- ivermectin
- + doxycycline
- + zinc ... zinc, key ingredient, enters cells and inhibits virus replication

- budesonide ... common asthma drug "Pulmicort"
- + antibiotic ... inhibits bacteria which transport the virus

- quercetin ... common supplement
- injectable vitamin C ... injection increases efficacy
- vitamin D ... exposing skin to sun effective

- stem cell therapy ... stops COVID and repairs lung damage as well

This information has been broadcast on different national and international radio stations throughout the duration of the COVID crisis. Some commentators are medical professionals, others are reporters quoting official sources.

Some GENERAL anti-viral HERBAL medications which have an excellent track record against cold and flu viruses, and are available without a prescription:

- Progressive Vitamin C Complex, 600 mg ..... NPN 80033875
- Natural Factors Vitamin D3, 1000 IU ..... NPN 80004328
- Natural Factors Zinc Citrate, 50 mg ..... NPN 80005123
- Allimax Stabilized Allicin (garlic, 180 mg) ..... NPN 80022062
- Natural Factors Olive Leaf, 500 mg ..... NPN 80031890
- NAHS Oregamax (oregano), 297 mg ..... NPN 80042883
  (North American Herb & Spice)
- Melatonin has been recommended to "safely quiet the immune system" which may reduce the risk or impact of a potentially lethal cytokine storm

-- "NPN" means "Natural Product Number" which is the Canadian permit number for each natural product

But, let's go from the big guns to the Schwerer Gustav of the issue (the Schwerer Gustav used by the Nazis, was the largest-calibre rifled weapon ever used in combat and, in terms of overall weight, the heaviest mobile artillery piece ever built, and fired the heaviest shells of any

artillery piece ever) , famed vaccine developer Geert van den Bossche, who articulates another problem – that of the vaccinated becoming a human petri dish and thus creating super virus mutations, and then shedding them to others as asymptomatic carriers, here. His credentials? NO anti-vaxer, he was: former head of the Vaccine Development Office at the German Centre for Infection Research, a director at Novartis for Vaccines & Diagnostics, Senior Prog Office for Bill Gates Global Health Vaccine Discovery, a programme manager for GAVI, the Global Alliance for Vaccines & Immunization, and was also a major researcher for Ebola, among other things It would seem to me that if anyone had the slightest interest in their own health, the health of their children, the health of their neighbours, if anyone had a shred of intellectual honesty or curiosity, they might want read about a real possible disaster that could, if Bossche is right, be a unmitigated worldwide disaster. But let me not put words is Dr. van den Bosche's mouth. Here is the open letter to the WHO Bossche put out early March, 2021, discussing immune escape and viral shedding. Mike Adams does a good summary of Bossche here, noting that we may soon see a massive second wave, not of the current relatively benign Covid strain, but another super-strain actually created by the "vaccine" itself (think of antibiotics being the mechanism whereby we have now created even worse antibiotic resistant strains of bacteria like C. Diff, vancomycin resistant enterococcus (VRE) or MRSA. This new Covid strain, caused by the Covid "vaccines," will now also kill *young* people as well, and these deaths will be in *addition* to the ADE – antibody dependent enhancement - hyperinflammatory reaction to subsequent Covid-like exposures (e.g., Covid 24, Covid 19.2 or similar) which Dr. Sherri Tenpenny describes elsewhere in this paper. Bossche, in his own words, says "*One could only think of very few other strategies to achieve the same level of efficiency in turning a relatively harmless virus into a bioweapon of mass destruction.*"

This antibody dependent enhancement issue is not just a fringe concern. Nature Microbiology, at this link (also found at PubMed) discusses the same issue. Natural Blaze reported something similar here : "*It is well known among the vaccine science community that vaccines cause variants, just as they did with Bordetella pertussis, a bacterium blamed for whooping cough, which adapted itself to survive the vaccine. In other words, the vaccine ended up diminishing vaccine effectiveness by creating a stronger bacterium. According to the authors of the 2013 New England Journal of Medicine study, "adaptation of B. pertussis to vaccine selection pressure. In fact, vaccines reduce the body's innate immune system, your natural defense system.*"

Here's how Bossche, who is *100% pro-vaccine in general*, by the way, thinks it will play out – but as you read, just remember the principle of *immune escape*. In sum, and leaning heavily on Mike Adams of Natural News, you have people not showing symptoms, and then you vaccinate the population (some not exposed yet, some asymptomatic). This will trigger adaptive pressure

(or evolution) within the virus within those that don't die of the virus. Normally, one's immune response will kill off *all* of the virus, the "regular" Covid, as well as any of the virus that has mutated – your immune system sees both the mutated and non-mutated equally, and kills them both off (unless, of course, you actually die; but then you are not passing the virus on, either, if you are dead!). And here's the rub: the Covid "vaccine" *only* attacks the strain for which it was developed, while the mutant, super-strain viruses can continue to replicate and be shed for others to contract. Many of these will be no more lethal than the current "flavour" of Covid, but what if one is a "Charles Manson super killer" strain? And because the vaccine is being given population wide, it may well accelerate the spreading of the super deadly virus. This will be that Bosschian second wave we could well be presented with, perhaps as early as next winter. This is in contrast to the virus spreading naturally throughout a population with NO vaccine, causing it to become less lethal. Why less lethal? Because in the wild, a virus is only successful if it does NOT kill the host. Highwire's Del Bigtree explains it here, which includes using a great analogy of a football offense and defense.

Again, recall that Bossche thinks the vaccine *does* work as intended, does create antibodies against this specific form of the virus, and he is in general a big-time vaccine supporter. However, giving the Covid shot across large populations will create super-strains, probably in the fall/winter when Vit D levels drop. Worse, those dying will likely be those who were vaccinated, as the unvaccinated are more resilient against not only a given virus, but also other infections stimulate the immune system against other viruses. In contrast, the vaccine immune response is weaker. This is illustrated by children who naturally get measles vs. those who get vaccinated, and can actually get measles again. The strongest responses are always the natural ones. (As an aside, in early 2020, Russian scientist Dr. Alexey Polonikov published a paper proposing glutathione plays a crucial role in the ability to respond to a COVID-19 infection. See Glutathione Deficiency May Be Associated With COVID Severity.")

In sum, as cited by Natural Health 365, Bossche thinks "there are several "highly infectious" mutated versions of SARS-CoV-2 circulating throughout the world. Examples include B.1.1.7, which emerged from England, and B.1.351, which emerged from South Africa. The scientist continues, the problem is that with an active outbreak, variants can evolve so quickly that they may be able to evade a so-called "COVID vaccine," rendering it less effective. Plus, Dr. Bossche argues, *antibodies produced by a COVID vaccine are at risk of out-competing and effectively blocking a person's innate immune system from working against all future COVID variants. Dr. Bossche projects that this could effectively end the ability of a person's body to fight off any future infection indefinitely (*You might want to re-read that sentence again!!) "*I think we are very close to vaccine resistance right now,"* he states plainly.

The above has been verified by Nature magazine. To wit: "*a study published this month in Nature, a team of researchers used blood samples from people inoculated with the Moderna or Pfizer vaccine to assess the ability of antibodies to neutralize variants B.1.351 and B.1.1.7, both of which are now circulating in the United States. Their investigation reveals that vaccine-derived antibodies are less effective at neutralizing the B.1.1.7 variant by 2-fold and less*

effective at neutralizing the B.1.351 variant by up to 8.5-fold. In a press release published by Science Daily, the study's lead author warns that "if the rampant spread of the virus continues and more critical mutations accumulate, then we may be condemned to chasing after the evolving SARS-CoV-2 continually, as we have long done for influenza virus," and that the emergence of these variants stand to "threaten the protective efficacy of current vaccines." Curiously, the lead author uses his research findings to justify expediting the massive vaccine rollout to an even greater degree and claims that vaccinating as many people as quickly as possible with this experimental drug is necessary to stop the development of additional viral mutations. He doesn't tell us how, if we miss even 1% of the people, or if his programme isn't all completed, say, within one week, how we won't be getting variants coming out anyway!

One concern with Bossche's paper is that he appears to think the resolution to the above is yet *more* vaccines, as IceAgeFarmer says here, in an important critique of Bossche; even more, part of Bosshe's paper says that the virus – in setting up a possible future narrative - might cross into pigs and chickens, which will in then necessitate the wiping out animal (cows, pigs, chickens) farming – exactly what the faux global warming/Agenda 21/2030 folks want. IceageFarmer thinks Bossche may be being disingenuous; in that his *ultimate goal* might actually be *another vaccine* – here, targeting NK cells. I.e., replace the current vaccine - where people will asymptomatic and shedding mutated coronaviruses, with yet another - different vaccine. The concern is this: after selective mutation creates a superstrain, per Bossche (in his words, "*It will have a very tough time … and a lot of these microorganisms will die. But if you cannot really kill them all, if you cannot prevent, completely, the infection and if there are still some microorganisms that can replicate despite this huge pressure* (viz., this vaccination programme), *they will start to select mutations that enable them to survive" and thus become more infectious*. *This in its own right would not be a disaster … because … viruses can only replicate and multiply in living cells."* As it is an enveloped cell, it cannot survive long in the environment. However, during a pandemic, when the virus is virtually everywhere, it's not difficult for it to find a living host in order to replicate.

Another problem with Bossche: investigative journalist Rosemary Frei, who as a M.S from Univ. of Calgary in molecular biology form the Faculty of Medicine and worked with big pharma media-relations giant FleishmanHillard in 1994, things this may be another gambit from the left, stating "*"It's another step in the decades-long erasure of the fact that our sophisticated and highly effective (cell mediated) immune systems work well and don't need any assistance from the biomedical/pharmaceutical industry." In sum, we need to keep our immune system trained.*

Per Frei: As the innate immune system cannot remember the pathogens it encountered (innate immunity has no so-called 'immunological memory'), we can only continue to rely on it provided we keep it 'trained' well enough. Training is achieved by regular exposure to a myriad of environmental agents, including pathogens. However, as we age, we will increasingly face situations where our innate immunity (often called 'the first line of immune defense') is not strong enough to halt the pathogen at the portal of entry (mostly mucosal barriers like respiratory or intestinal epithelia). When this happens, the immune system has to rely on more specialized effectors of our immune system (i.e., antigen-specific Abs [antibodies] and T cells) to

fight the pathogen." COVID-19 vaccines are meant to induce highly specific antibodies that target SARS-CoV-2. However, as in the case of antibiotic resistance, it's essential that these antibodies are able to eliminate all of the virus. If not, a worsened outcome could result, including the immune escape that Bossche is warning of. Particularly concerning are those that have only had the first of two shots, leaving them with a suboptimal response. In this regard, Bossche writes "*The combination of viral infection on a background of suboptimal Ab maturity and concentration enables the virus to select mutations allowing it to escape the immune pressure. The selection of those mutations preferably occurs in the S protein as this is the viral protein that is responsible for viral infectiousness. As the selected mutations endow the virus with increased infectious capacity, it now becomes much easier for the virus to cause severe disease in infected subjects."* Ugolini News March 16, 2021 summarizes "people who have had asymptomatic COVID-19 infections may experience a short-lived rise in S (spike)-specific antibodies, which suppresses the innate immune response, which could have disastrous effects, including for children." In fact in May, 2021, the CDC was investigating heart inflammation in adolescents who received the Covid shot, that's how bad it was. See article on America's Frontline Doctors filing a motion in court on same children's health being impacted here.

But returning to Bossche, if he is correct, he states: *"This is to say that with an increasing rate of infection in the population, the number of subjects who get infected while experiencing a momentary increase in S-specific Abs will steadily increase. Consequently, the number of subjects who get infected while experiencing a momentary decrease in their innate immunity will increase. As a result, a steadily increasing number of subjects will become more susceptible to getting severe disease instead of showing only mild symptoms (i.e., limited to the upper respiratory tract) or no symptoms at all. During a pandemic, especially youngsters will be affected by this evolution as their natural Abs are not yet largely suppressed by a panoply of 'acquired', antigen-specific Abs."*

Worse, *lockdowns* have meant that people have not had regular exposure to a variety of pathogens, which is necessary to keep the innate immune system in top working condition; Bossche also says that mass vaccination of the elderly against COVID-19 will dramatically increase morbidity and mortality rates in younger populations because, as the elderly become protected, the virus will seek out younger people to survive. A fuller summary of Bossche's concerns is at Mercola here.

But returning to Frei, she does not agree with the "Escape of the Mutants" concept, stating. "*Remember, for example, that yearly flu mass vaccination hasn't caused influenza to spiral out of control and decimate the global population… Vanden Bossche downplays the effectiveness of the antibodies our bodies naturally produce as part of the second-line ('adaptive') part of the immune system that also has served us extremely well for millennia." But the giant red flag for Frei is that;" "It's not very logical to believe that the only solution to the theoretical possibility of immune escape, as espoused by someone who's got a long and strong focus on vaccination as opposed to other ways to improve health, is yet more mass vaccination.*

… I do agree that we should stop the use of the current vaccines. But we also we need to stop production and use of antivirals and antibodies and all other parts of the Covid-industrial complex. Covid has an extremely high survival rate. So why develop yet another expensive, invasive and experimental solution to a problem that barely exists, if it does at all? "When combined with the contents of his open letter, it's impossible to believe that he's in fact an insider who's now turned against his very high-powered comrades [including the drug industry and vaccine proponents] … It's more likely that he's their accomplice."

Finally, another personal medical doctor friend (who wishes to remain confidential due to the Woke crowd cancelling anybody and everybody they can get their hateful hands on), wrote this summary of Bossche: "*This shot is designed to elicit an antibody response to the spike protein (S protein) of a Coronavirus (most Coronaviruses have this spike protein); the concern is that this will compete with the body's innate immune system and could override it. She questions, however, that if the Moderna's and Pfizer's "vaccines" actually work as advertised, - i.e., the messenger RNA does not get translated (by the body) into the spike protein. In this case, no spike protein will be produced and thus no specific immune response to that protein will occur. To her, that is the best-case scenario, because if those "vaccines" are successful at making the body produce the spike protein, then mankind could be in some deep doo doo, assuming Bossche is correct in that the "vaccinated" person's innate immune system would be outcompeted (i.e., overridden by this "vaccination" specific immunity). The issue here is that we all have IgM antibodies that protect us; they are nonspecific, we are born with them. But we are not born with IgG (this type of antibody is produced when we are exposed to certain specific antigens, such as the spike protein)."* If the "vaccines" work as purported, she writes *"my prayer is that one's innate immune system is stronger than the specific immune response*."

Another issue. In this 12 minute video, Sayer Ji, founder of GreenMed Info, explains how *the immunized could actually be the ones hurting the non-immunized,* explaining the epigenetic mechanism whereby exosomes communicate nucleic acids to one another – including viral nucleic acids. These are part of a family called extracellular vesicles, which include micro-vesicles, and which in turn can carry antigens - such as the ones in the mRNA vaccine – between cells in the body *and* between individuals. In other words, it's not just the vaccinated shedding virus particles, but the unvaccinated get tagged with synthetic nucleosides tied to mRNA, which then causes cells to express novel GMO proteins like the famed spiked protein. In sum, microvesicle shedding could infect others. Even the Pfizer study, reviews this exosome transmission of the virus (see their Environmental or Occupational Exposure section, pages 67 – 69) Odysee.com has a number of videos on this – see Spiro Skouras report here; other sites on the topic are here, or this link here which discusses massive women's period issues, including a report by the Chicago Tribune on abnormal female periods, as well as the destruction by the vaccine of women's uteruses, including tumors… or should say "men who have a uterus?"). See also Unvaccinated Women Claim Unusual Menstrual Cycles & Miscarriages After Being Near Recently Vaccinated Individuals Also see long-ish SGT report here on the topic of vaccinated hurting the unvaccinated. In fact, the Bulletin of the Atomic Scientists on 9/18/2020 has an article on the topic: Scientists are working on vaccines that spread like a disease. Gee… what could possibly go wrong

The truth is, the more time that goes on, the more people and major organizations that "raise a yellow flag," such as the independent medical research company known as Evidence-Based Medicine Consultancy, Ltd., which sent an "urgent" letter to Chief Executive Dr. June Raine of UK's Medicines and Healthcare products Regulatory Agency (MHRA) regarding the agency's so-called Yellow Card system. This team of independent UK researchers called on UK government to ramp up investigations of COVID injection safety. See here for summary. In this urgent letter to MHRA regarding the agency's so-called Yellow Card system Dr. Lawrie and associates make the claim that the MHRA has "more than enough evidence" via the Yellow Card monitoring system to declare these experimental injections as "unsafe for use in humans" and "[T]he morbidity and mortality associated with the COVID-19 vaccines are unprecedented," adding the salient point that drug monitoring data "are known to be substantially under-reported." And some questions they want answered:

1. How many people have died within 28 days of [injection]?
2. How many people have been hospitalized within 28 days of [injection]?
3. How many people have been disabled by the [injection]?

We'll discuss all this more in depth in the next….