



# COVINFO'S Ten Problems with the Vaccine Mandates

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<sup>1</sup> Authorized publication

## OVERVIEW

I will present a brief overview of each issue and then provide scientific data below for support.

Some of what is discussed are potential issues and some of the evidence is gathered using small study sizes. This means that some of these issues are only associated with the vaccines and have not been concretely causally linked with the vaccines yet. However, we are in the beginning of the scientific process of discovery and are unfortunately being pressed to take the vaccines immediately. We must therefore make decisions based on what little data is available to us. Given the seriousness of the decision to be vaccinated with an experimental medical intervention, we must not ignore any signals, as they may mean the difference between life and death. Small signals may also indicate important areas of further study. We must take a Gestalt view and consider all the signals together, for only by putting all the evidence together can we hope to achieve a clearer understanding of what may be going on.

**The purpose of this document is NOT to discourage people from getting the vaccine.** I think that if you are in a risk group, you may want to take it to reduce your risk from the virus. Or if you personally want to get the vaccine, that's your personal choice. **The purpose of this document is to provide scientific information on certain issues surrounding the vaccines given that many places are mandating the vaccines.** I believe it is important to provide this information because our institutions have a duty to obtain informed consent from individuals who are deciding for or against any medical intervention. This duty appears to me to have been abandoned by our institutions in regards to the Covid19 vaccines and so I am morally compelled to do my small part in helping to inform people so that if they choose to get the vaccine, they are informed. Another reason for this document is to show that it is not irrational for people to be resistant to taking this mandated novel medical intervention. Right now, in many circles, the people who do not want to take the vaccines

are being called selfish, irrational, and stupid, among other much more unpleasant things. Some vaccine resistant people may be all of these things, but many are not, they have rational reasons for avoiding the shot and I hope to present their concerns here with scientific support.

All of the following information is subject to change as research over time teaches us the truth and nothing contained within should be considered legal or medical advice. **None of this should be taken to imply that the virus does not exist or is not dangerous.** It is a really nasty disease; I have had it and I would not advise anyone to subject themselves to it. None of this should be taken to imply that I am saying that no one should take the vaccines.

I actually do believe some groups of people may get a benefit from taking them. It's a personal choice that you should discuss with your doctor. **Please seek a doctor or lawyer before acting on any information contained within this document.** This is all my opinion based on my personal interpretation of the available scientific data. If you disagree with me and have countervailing evidence, please provide links to actual scientific journals. I will be happy to read them. If you link me Wikipedia or WebMD, do not be surprised if I do not respond. If you see any mistakes, please let me know. I will update my information once a week and will make retractions if you place my interpretation in doubt. I am not interested in being right, only in being truthful.

**I am not interested in being right, only in being truthful.**

-Covid1999

## FIRST A BRIEF EXPLANATION OF HOW THE NEW COVID19 VACCINES ARE SUPPOSED TO WORK

There are two types of vaccines, the Moderna/ Pfizer (MP) and the Johnson & Johnson/AstraZeneca (J&JAZ).

Both types use the same core principles to elicit an immune response. The MP type use a lipid nanoparticle and mRNA, whereas the J&JAZ type use an adenovirus and DNA. With the J&JAZ they took an existing virus, removed its normal genetic material, and replaced it with a strand of modified DNA. They pump your body full of these adenovirus particles which infect your cells with the modified DNA. This DNA travels from the cytoplasm of your cell into the nucleus of your cell, which houses the rest of your cell's DNA.

The modified DNA is then unzipped and produces a strand of mRNA. This messenger RNA strands carry a message, like a work order. They tell your cell what to build and where to put it. The mRNA strand leaves the nucleus and is read by the ribosomes which translate the work order. It tells them to construct spike proteins and to anchor them on the membrane of the cell.

Once those spike proteins are on the outside of your cells, your body's immune cells, the macrophages, come along and encounter them. They identify the spike proteins as foreign matter and kill your spike protein expressing cells. They gobble up and analyze the pieces of your newly killed cells and may call in other macrophages and dendritic cells for back up.

Once the dendritic cells arrive, they will also gobble up the spike expressing cells, believing them to be foreign invaders. They too will analyze the pieces of your spike expressing cells and take them to where the T-cells and B-cells are stored. They show the parts of the dead cells to these T- and B-cells, which will create antibodies that will attach to those parts.

They're not supposed to create antibodies for your own parts, just for the S-protein. This way, when Covid enters your body for real, the immune system

already has antibodies to the spike protein and your body can move quickly to both identify and combat the virus.

The Moderna and Pfizer vaccines work in much the same way, except there are fewer steps. The MP vaccines use lipid nanoparticles that are little bubbles of fat with a strand of mRNA in them. Once these nanoparticles are injected into the body, they get gobbled up by your cells and the nanoparticles release the mRNA strands into the cytoplasm of your cell.

Your ribosomes then read the mRNA, just the same as with the J&JAZ vaccine and get to work producing spike proteins to display on the membrane of your cell. The rest is identical.

*(This is a very simplistic explanation of a very complex process; some steps have been skipped over and some processes have been simplified for the sake of brevity, but the general gist of the process is accurate).*

## 1. THE DANGERS OF THE SPIKE PROTEIN

The spike protein of the virus—that is also being utilized in the vaccines—is damaging to our cells through 3 mechanisms.

- The first is that when the spike protein binds to the ACE2 receptor it causes the ACE2 to send signals to the mitochondria within the cell which destroys the mitochondria, eventually killing the cell.
- The second is that when the spike protein binds to our ACE2 receptors it causes the ACE2 to send signals to other cells which increases the amount of pro-inflammatory agents in the blood. This inflammation damages the tissues.
- The third way is that when the spike protein binds to the ACE2 of the platelets in our blood, it causes them to clot.

Now, the vaccine manufacturers did take steps to make the vaccine spike proteins safer. The virus spike protein has two parts an S1 subunit and an S2



subunit. The S1 is the part that connects to the ACE2, and the S2 is the part that opens up like a knife stabbing the membrane and facilitates fusion between the membrane of the cell and the envelope of the virus.

With the vaccines, they modified the S2 subunit so that it could not open up and jab into the cell membranes even if it connects with any ACE2 receptors. They thought this would make the spike protein safe, but this assumption is false and if they had taken the time to do more research before rushing to production, they would have found that out.

It may seem like the jabby bit is what damages the cells, but actually the major damage is caused by the S1 connecting to the ACE2 receptor. Just the S1 subunit, by itself without the S2, causes the ACE2 receptor to start the cell signaling processes that cause the mitochondrial damage, the pro-inflammatory response, and the blood clots.

**OK, but Covinfo, the spike proteins are supposed to be anchored to the membranes of our cells, so how can they do all this damage if they remain planted on the outside of our cells?** The spikes are supposed to stay anchored to our cell membranes, and on paper that should be what happens, but in practice they do not seem to remain anchored.

There is evidence that in some people the spikes get dislodged and can end up circulating in our system. Once they are in circulation, they are free to connect with the ACE2 receptors on our hearts, lungs, brains, etc., and are free to cause the aforementioned inflammation, blood clots, and cell death. Another issue is that the spikes can cause damage without ever being dislodged. The biodistribution data for Pfizer shows that a significant amount of lipid nanoparticles do make their way throughout the body. Another study shows that even when the vaccine is given in the muscle, some of it may seep into the vascular system.

When the vaccine seeps into the bloodstream, the adenovirus/nanoparticles will encounter the walls of your veins. They will then transfect the DNA/mRNA into the endothelial cells that line the veins. These cells are supposed to be silky smooth

to allow for efficient blood flow. Once the mRNA is read and the spike proteins are displayed on the surface of our endothelial cell membranes, those tubes will no longer be smooth. They'll have tiny little spike proteins sticking out of them. In big veins this will have little to no effect because the spikes are so incredibly tiny. But in the capillary networks where the tubes narrow considerably and the blood flow slows way down, these spikes will connect with the platelets in the blood. That can cause the blood clotting described in the studies that follow.

**So, blood clots can occur even if the spikes themselves never get dislodged from the cell membranes.** This may lead to millions of tiny blood clots in the capillaries, which will likely do little harm if they occur in non-critical locations or if they can be cleared out quickly enough (it takes 3 to 6 months to clear a blood clot). But if these clots occur in critical junctions or if constant boosters ensure that our bodies have ever larger numbers of clots to remove, then our bodies may be overwhelmed and suffer serious harm.

Does this mean that no one should take the vaccine? No. If you're in a risk group you may wish to take the risk of the spike vs taking the risk of the virus. All I am saying is that, given this risk, no one should be forcing others to take it. They should decide for themselves.

**The spikes are supposed to stay anchored to our cell membranes, and on paper that should be what happens, but in practice they do not seem to remain anchored.**

### Links

How the virus uses the spike protein to enter human cells:

<https://www.nature.com/articles/d41586-021-02039-y>

Journal article with evidence that the spike protein by itself can damage cells by binding to ACE2,

causing the cells mitochondria to lose their shape and break apart:

<https://www.ahajournals.org/doi/10.1161/CIRCRES.AHA.121.318902>

Article on how the Covid19 spike protein binds to the ACE2 receptor of our platelets to cause blood clots:

<https://jhoonline.biomedcentral.com/articles/10.1186/s13045-020-00954-7>

Article explaining that blood clots from the spike protein interacting with our platelets are associated with both COVID-19 infection and vaccination:

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003648>

Article explains that just the S1 subunit of the spike protein can cause platelets to clot:

<https://www.medrxiv.org/content/10.1101/2021.03.05.21252960v1>

Article with evidence that spike proteins do end up circulating in the blood, when they're not supposed to, they're supposed to be anchored on the cell membranes:

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab465/6279075>

More evidence that spike proteins do not stay on the cell membranes but end up circulating in the blood. This study aims to explain the blood clots caused by the J&J and AstraZeneca adenovector vaccines, they claim that the DNA isn't properly spliced and the spike proteins end up in the blood causing thrombosis when the spikes attach to the ACE2 receptors of the endothelial cells:

<https://www.researchsquare.com/article/rs-558954/v1>

Article on how the spike protein can cause neurodegeneration:

<https://www.sciencedirect.com/science/article/pii/S0006291X2100499X?via%3Dihub>

Article on how the Covid19 spike protein crosses the blood-brain barrier:

<https://www.sciencedirect.com/science/article/pii/S096999612030406X?via%3Dihub>

Japanese article on how the Pfizer vax is associated with brain hemorrhaging:

<https://joppp.biomedcentral.com/articles/10.1186/s40545-021-00326-7>

Article on how AstraZeneca is associated with blood clots in the brain:

<https://www.nejm.org/doi/full/10.1056/NEJMoa2104840>

Article on how the spike protein in vaccines can cause cell damage via cell signaling:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827936/>

Article that when the spike protein binds to the ACE2 receptor it causes the release of soluble IL-6R which acts as a transcellular signal which causes inflammation (see the first paper for evidence that the spike causes the release of IL-6R and see the second paper for an explanation of how soluble IL-6R causes pro-inflammatory transcellular signaling: <https://pubmed.ncbi.nlm.nih.gov/33284859/> And <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3491447/>

Another article that Spike protein from Covid or the vaccine causes inflammation through cell signaling, this time there is evidence that the spike protein causes senescence (premature aging) signals in the cell which attracts leukocytes that cause inflammation of the cell:

<https://journals.asm.org/doi/10.1128/JVI.00794-21>

Spike protein by itself causes cell damage by eliciting a pro-inflammatory response:

<https://www.nature.com/articles/s41375-021-01332-z>

Vaccine causes heart inflammation if it seeps into the veins. They could help prevent this to some extent by following the standard practice of aspirating the needle (pulling back to see if they're injecting to a vein). But they're not following standard procedure:

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab707/6353927>

Pfizer animal testing document that was obtained by Dr. Byram Bridle through a FOI request to the Japanese government which shows the biodistribution of the lipid-nano particles throughout the bodies and organs of the test subjects. This is evidence that the lipid

nanoparticles do not stay in the injection site, but instead travel all throughout the body (go to pg 16/23 for the charts showing biodistribution over the course of 48hrs). Important note, these tests were conducted using the lipid nanoparticles, but those nanoparticles did not contain any mRNA strands: <https://files.catbox.moe/0vwcmj.pdf>

**Addendum to the previous link.** This blog post provides easy to understand information (with pictures) on the make-up of the lipid nanoparticles used in the Covid19 vaccines. It shows that the pharmaceutical companies could have designed them to have targeting ligands on the outside, so that the nanoparticles would only transfect the muscle cells. But instead, the vax was designed with PEG polymers on the outside, so that the immune system would not be able to pick them up and put them in the trash. The PEG is what Byram Bridle says is the reason the vaccine travels throughout the body and since it does not have targeting ligands, it can transfect any type of cell. This is terrible design choice since now any seepage could lead to mRNA transfection into the brain, heart, or other vital organs:

<https://www.cas.org/resource/blog/understanding-nanotechnology-Covid-19-vaccines>

Article explaining how they stabilized the S-protein in the vaccines to stop it from opening up. Unfortunately, it still leaves the S1 subunit intact and unchanged, which is what binds to the ACE2 and initiates the cell signaling:

<https://cen.acs.org/pharmaceuticals/vaccines/tiny-tweak-behind-COVID-19/98/i38>

**Objection:** But Covinfo, many of these studies use the spike from the virus and not the one from the vaccine. The vax spike has been modified and is not the same. Therefore, none of these findings can be applied to the spike from the vaccine.

**Response:** Yes, many studies talk about the virus spike, but some do specifically talk about the vaccine spike. And yes, the vax spike has been modified. However, we can still apply the findings from the studies about the virus spike to the vaccine spike.

**For your immune system to make the exact antibodies that will fit perfectly onto the virus S1, it needs to see a perfect copy of those parts. If the vax manufacturers try to change the vax S1, the vaccine will become ineffective.** It will make antibodies, but those antibodies won't fit onto the virus spike.

First, we have to understand a little about how the ACE2 and the different parts of the spike protein function. The original function of the ACE2 receptor is to just hold angiotensin while the TMPRSS2 cuts it to produce angiotensin 2. Hence the name, angiotensin converting enzyme 2, ACE2. The ACE2 is like a glorified clamp with a clever on the side. Hold and cut, that's all it's supposed to do.

The spike of the virus has two parts, the S1 and the S2 subunits. The S1 is the tip end of the spike, the S2 is the shaft. When the virus attaches to the ACE2, the S1 subunit is the part that connects to the ACE2. When the S1 connects to the ACE2, it triggers the TMPRSS2 to make a cut. This cut slices the spike protein, cutting off the S1 subunit and allowing the S2 to spring open, like a foldout knife.

The S2 has a fusion protein on the tip which beings the process of fusing the membrane of your cell and the envelope of the virus. The nucleocapsid of the virus is pulled in and viral replication begins inside your cell.

**OK Covinfo, but what about the S1 and the ACE2? What happens to them?** The studies I linked above show that after making contact with the ACE2 receptor, the S1 messes with the function of the ACE2 receptor. The S1 subunit repurposes (changes) the function of the ACE2 so that it starts to send signals to parts of the cell it's on and send signals to

other cells. **This cell signaling is what leads to the tissue damage from the spike.** Not physical contact with the spike itself. This is true regardless of whether the S2 is even involved. The studies I linked show that just the S1 subunit by itself can repurpose the ACE2 receptor and cause cell signaling.

**OK Covinfo, but you're still just talking about the spike from the virus, right? And we know that the spike protein in the vaccine is different. So, what about the vax spike?** Well, on the vaccine spike, they made modifications that would make it so that the S2 could not spring open. Even if the TMPRSS2 tries to cut the spike, the S2 will not open up and it won't start fusing with the cell membrane. Great, but remember the S2 is not what does the damage to our cells. It doesn't even matter that the S2 is unable to open up or start fusion, because there is no virus for the vaccine S2 subunit to pull into the cell.

With the vaccine spike, it's just the spike by itself, no virus. **So, who even cares whether it opens up or not?** The studies I have linked show that what damages our cells is the cell signaling caused by the ACE2 being repurposed by the S1 subunit.

Well, they didn't make any modifications to the S1 subunit in the vaccine, it is exactly the same. So, since we know that the S1 is where the cytotoxicity comes from and because we know that the virus S1 and the vax S1 are identical, we can apply the findings from the virus spike studies to the vax spike. Add to this that we also have the studies which reference the actual spikes from the vaccines, we have our confirmation.

**Now, I think more studies must be done to prove safety one way or the other.** This is not 100% conclusive and you should not take it as such. But this creates at least some doubt and stands as a good reason to be cautious until more information can come to light.

Also, it's important to note that they cannot simply or easily make modifications to the S1 subunit in the vax spike because they need the areas on the vax S1 to be the exact same as the virus S1. Why? Because this is the part of the spike that your body makes antibodies for.

**For your immune system to make the exact antibodies that will fit perfectly onto the virus S1, it needs to see a perfect copy of those parts.** If the vax manufacturers try to change the vax S1, the vaccine will become ineffective. It will make antibodies, but those antibodies won't fit onto the virus spike.

So, the vax manufacturers seem to be stuck in a catch-22 and will end up continuing to use this inferior and deadly design, probably because they have no liability and don't care about people's well-being (more on that as follows).

**You definitely should try to bolster your immune system so that it can crush the virus quickly, so you don't have to endure massive exposure to spike.**

**Objection:** But Covinfo, what these studies show is that the spike is bad right? And the virus has lots and lots of spike. So, really what these studies show is that the virus is very bad and you should avoid it at all costs. Well, the vaccine will help you avoid getting sick with the virus. So, if spike is so bad, you should take the vaccine to avoid it.

**Response:** You're damn right the virus is bad. You absolutely should avoid it. You certainly should take reasonable measures to protect yourself from it. You definitely should try to bolster your immune system so that it can crush the virus quickly, so you don't have to endure massive exposure to spike.

But the fact that the virus is bad does not mean that you must use a medical intervention that is going to introduce even a little spike into your system. This is a false dichotomy. It is a fallacy to think that this choice is binary. It's not - "take the vaccine with a little spike or get the virus with a lot of spike". There are a multitude of biotech companies all working on early treatments for Covid that involve no spike. In fact, Merck has made a deal with the US govt for



their drug molnupiravir which should provide protection without using spike.

**But Covinfo, that drug is untested just like the vaccine, so you're just being a huge hypocrite.** Yes, that drug is just as well (un)tested as the vaccines but there is no spike involved. If I personally had to choose between two untested treatments, I'd choose the one without the risk of spike. Although it may have problems of its own, we'll have to evaluate it separately. The point though is this, there are more than two choices, that's all.

Scientists are also working to repurpose old drugs to see if they will be effective against Covid. More on these treatments below. So, there are alternative treatments that involve putting zero spike in your body. People are not being irrational if they choose to seek out a third path.

Furthermore, people have a right to seek out this third path. They have a right to try the currently available treatments and they have a right to wait until such treatments are developed and become available. People should not be mandated with only one option when it comes to their own bodily health.

Right now, governments around the world are giving people only one option, take the shot with the spike or else. Forcing people into this binary position is morally wrong when there are alternatives. **No spike is necessary.**

**Objection:** But Covinfo, I'm a "lab scientist" and I say blood clots don't happen in the capillaries. Look at this WebMD link. It talks very generally about blood clots and doesn't mention any blood clots occurring in the capillaries, therefore there are no clinically significant blood clots in the capillaries. Which means there is no need to worry about blood clots in the capillaries from the vaccines. Be better.

**Response:** Yes, blood clots can occur in the capillaries. Yes, they are clinically significant. Yes, I really do get people claiming to be lab scientists telling me you can't get blood clots in the capillaries. Yes, they do keep stalking all my posts, copying/pasting the same crap, while demanding I

respond to them. Yes, they really do cite things like WebMD and have the balls to tell me to "Be Better".

**people... have a right to try the currently available treatments and they have a right to wait until such treatments are developed and become available.**

Blood clots in the capillaries can cause a condition called Thrombotic Thrombocytopenia Purpura. This condition is the result of the small pathways in the body being blocked by blood clots. This condition can be fatal or lead to seriously harmful health problems. Because the capillaries supply oxygen to parts of the body, these blockages can cause cells to die and can cause strokes. Usually, TTP is the result of a genetic disorder, but it can be induced by things like pregnancy, diseases, medical interventions like chemo, or hormone treatment, etc. It may be that soon enough they will have to add experimental vaccines to that list too. So, yes, this is a very serious problem and not something you can easily dismiss.

Here is a short primer on TTP for all those lab scientists who seriously believe that you can't have blood clots in the capillaries:

<https://www.nhlbi.nih.gov/health-topics/thrombotic-thrombocytopenic-purpura>

## 2. The Emergence of Immune Escape Variants

Vaccine enhanced immune escape occurs when a poorly designed or weak vaccine helps create new variants.

This happens in the exact same way as antibiotic resistance and regular old evolution through environmental adaptation. In the case of evolution, if you want to make an organism stronger, you put it under evolutionarily unfavorable conditions. This way you kill all the weak examples of the organism

and leave just the strong ones. If you want heat resistant bacteria, put a petri dish full of bacteria under moderately high heat to kill 99% of the bacteria. Save the 1% that were able to survive, allow them to grow, and repeat the process over and over again hundreds of times while turning up the heat a little each time. Do this until you have a population of bacteria that are all extremely heat resistant.

Obviously, this process will not work if you blast the bacteria with maximum heat and kill off all the bacteria, you must turn up the heat only until just the most resistant bacteria survive. (And yes, I know that extremophile bacteria that are heat resistant are very rare. I am not trying to make a point about bacteria, you pedantic nerds. This is just an example to illustrate the idea of basic evolutionary processes).

**The same process occurs with antibiotic resistance.**

When you only take half your meds, you kill 99% of the bacteria and leave only the 1% that were more resistant to the drugs. Before these resistant bacteria were a small and inconsequential part of the overall population of bacteria but since you've changed the conditions of their environment you've given them an advantage. You've killed off all the normal bacteria that the mutant variants had to compete with, so now the antibiotic resistant bacteria are the only strain left.

Most of the subsequent bacteria that come from these survivors will inherit the antibiotic resistance of this group. So, they surge in population to take over your body and now the antibiotics don't work very well to combat them. You are screwed. Before these resistant bacteria were just a small and inconsequential part of the population, but because you created an unfavorable condition in their environment, you made them the dominant strain in your body.

If you had taken all your meds, you would have created an overwhelming change to their environment which would have killed them all, just like the bacteria if you blast them with fire. But because you merely made the conditions unfavorable, instead of overwhelming, some of the bacteria survived and adapted.

**These same principles can apply to viruses and poorly designed vaccines.**

A good vaccine elicits an overwhelming immune response, creating an environment for the virus which it cannot survive in at all. It leads to the utter destruction of the virus. If you produce a vaccine that elicits a weak immune response, you are creating a merely unfavorable environment for the virus. If your immune response does not produce enough antibodies to overwhelm the virus, then many virus particles will get away. These are sneaky bastards.

The particles that do not get away will be the ones that are easily neutralized by even a weak immune response. But the sneaky ones that are left will be the kind that need a much stronger immune response to overwhelm them. They will be the particles that have mutated their S-protein so that the antibodies do not attach very well or they will be the kind that require high numbers of antibodies to attach onto them to have a sufficient neutralizing effect.

So, again, by having a weak immune response you'll kill the weak 99% and leave the 1% mutant virus particles that are not hindered by the vaccine's antibodies. Whereas before these mutant particles were only a tiny part of the population and would have been unlikely to gain significantly in numbers, now the environment is in their favor. So, these mutant virus particles surge in number because they no longer have to compete with the other virus particles and your body's defenses do not work against them. They are now highly likely to transmit on to the next person, whereas before they would likely not have been able to leave the host in which the mutation occurred.

**The current Covid vaccines are good at creating variants for three reasons:**

- First, some vaccine manufacturers require two shots and now also boosters because the first shot produces a very weak immune response.
- Second, the vaccines are very leaky. Even after you have gotten a full immune response from both shots, you can still get and transmit the virus onto others. Well, which virus particles are likely to get passed on by a fully vaccinated person? Clearly, they will be those virus

particles that have the ability to multiply quickly while avoiding the antibodies produced by the vaccines. This will create very virulent and antibody resistant variants. Watch for these variants in the news as time goes on, we're already seeing things like Delta, Lambda, Epsilon, etc. If I am correct, when we implement periodic boosters, the variants will start to come at faster and faster rates, and over time data scientists will start to see temporal correlations between the implementation of mass boosters and the emergence of new strains.

- Third, the vaccines do seem to help reduce the severity of the disease when people are infected (although this may change as new variants emerge). This is a good thing, and this is a good reason for many people to seriously consider getting the vaccines. Especially if you are in a vulnerable group.

**OK Covinfo, but if this is a good thing, why would this be a concern?** Well, because of the leakiness of the vaccines we just spoke about. If you have very low symptoms but you can still get and transmit the virus, then you won't even realize that you're sick and you'll be spreading the virus to even more people as an asymptomatic carrier.

So, these vaccines will only increase transmission by creating more and more asymptomatic carriers (although this may not be a bad thing, if everyone in the world gets the virus and everyone is asymptomatic, then there's really no need to care about Covid anymore. But this is an unrealistic idealization that is unlikely to occur, some people will still get sick and die or suffer long haul Covid).

One additional point to address here is the claim that the unvaccinated are causing the emergence of new vaccine resistant variants. Let me be clear, the unvaccinated absolutely do have the ability to facilitate the creation of new variants. This is what we saw with the Alpha, Beta, Gamma, and most recently the Delta in India. They all came from unvaccinated populations. **However, it requires a statistically enormous number of people to get the virus and pass it on before they could produce a new variant by chance.**

This is because a mutant virus particle will only make up a tiny portion of the virus population inside a person's body. Therefore, it is highly unlikely that this particular particle will be able to spread to a new person and completely take over their body enough to spread and become its own strain. Likely it would be coughed out along with millions of other particles that it would have to compete with.

Whereas, in the vaccinated, their weak immune response specifically selects for the mutant variants that can evade antibodies to the S-protein. It is highly likely that if a vaccinated person coughs out virus particles, the particles they pass on to the next person will be the particles that have the ability to escape from the immune response elicited by the vaccines.

An analogy to saying that the unvaccinated are creating new variants would be if you did an experiment with 500 room temperature petri dishes filled with bacteria and 500 heated petri dishes filled with bacteria. Suppose you found a heat resistant variant in a bunch of the petri dishes, but you didn't know which dish the heat resistant strain originally came from. It would be ridiculous to think that the heat resistant strain of bacteria came from one of the room temperature petri dishes. It would be possible, sure, but completely evolutionarily improbable that the heat resistant strain had suddenly appeared in a room temperature petri dish. There would be no evolutionary explanation for it to become a dominant strain in a room temperature environment.

If someone could supply this reason, I would be interested to hear it. If not, then logically, statistically, and evolutionarily, we should conclude that it must have come from the heated petri dishes. This is a very basic and obvious conclusion, but the media and government bureaucrats in lab coats are trying to tell you that the absurd thing is true.

They're trying to say that the unvaccinated (the room temperature petri dishes) are where the vaccine resistant strains are coming from. How exactly is a virus supposed to evolve the ability to evade a vaccine inside the body of a person who

didn't take the vaccine? Why would those exact particles get selected for? It's illogical, improbable and flies in the face of years of basic evolutionary theory.

Does this mean we should end all use of these vaccines? I actually don't know. I imagine that as long as we don't give them to large numbers of people, the amplifying effects on the evolution of the virus will be manageable. But I really can't say for sure. I just see this as a problem, I don't have a concrete opinion on policy.

### Links

Geert Vanden Bossche is a virologist who has been sounding the alarm on this issue, you can visit his website or see a full collection of his videos down below: <https://www.geertvandenbossche.org/>

Fauci himself stated that the goal of the vaccines was never to prevent transmission but to reduce symptoms. So, they knew these were going to be leaky vaccines:

[https://finance.yahoo.com/amhtml/news/fauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html&ved=2ahUKEwj96P-c89\\_yAhUsQjABHW2CBe4QFnoECAQQAQ&usg=AOvVaw0iaUBNtLQ93Wxw7ASEvcoz&ampcf=1](https://finance.yahoo.com/amhtml/news/fauci-vaccines-will-only-prevent-symptoms-not-block-the-virus-195051568.html&ved=2ahUKEwj96P-c89_yAhUsQjABHW2CBe4QFnoECAQQAQ&usg=AOvVaw0iaUBNtLQ93Wxw7ASEvcoz&ampcf=1)

Evidence of cov2 immune escape:

<https://science.sciencemag.org/content/early/2021/06/30/science.abi7994>

Article from 2015 that explains how imperfect vaccination (like the Pfizer and Moderna that require at least two shots to be effective because they elicit an imperfect immune response with just one shot) can create immune escape variants:

<https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.1002198>

Article from 2021 explains that unless vaccination is done quickly, there will be a high probability of escape mutants. Well, the current vaccine rollouts are very slow, taking months. It seems it would have been better to wait until there was enough juice for most people and then shoot everyone up at once (although I must admit, I still don't think most people would take it, so I actually think this problem is unavoidable with these rushed vaccines):

<https://www.nature.com/articles/s41598-021-95025-3>

CDC warns COVID-19 may be a few mutations away from evading vaccines. Well, obviously the virus isn't mutating to avoid the vaccines because of unvaccinated people, it's mutating to avoid the vaccines because the vaccinated are putting evolutionary pressure on the virus:

<https://nypost.com/2021/07/27/cdc-Covid-19-may-be-a-few-mutations-away-from-evading-vaccines/>

Study shows there is evidence that antibody resistant variants are emerging in the highly vaccinated in the San Francisco area. These antibody resistant variants are not just magically being produced by the unvaccinated/uninfected who don't have antibodies. These variants are evolving to adapt to the bodies of the vaccinated/previously infected who have antibodies:

<https://www.medrxiv.org/content/10.1101/2021.08.19.21262139v1>

## 3. THE POTENTIAL FOR ANTIBODY DEPENDENT ENHANCEMENT

There is a potential for ADE, antibody dependent enhancement.

This is when the virus mutates so that the antibodies no longer neutralize the virus, but the antibodies still try to attach to it. This can actually help the virus get into your immune cells because when the virus is covered with antibodies it will draw macrophages to the virus that will try to eat it. However, when your macrophages come to eat the virus particle that they think has been neutralized, the virus gets inside them and starts replicating because the antibodies actually didn't neutralize the virus.

Your own antibodies act like a kind of Trojan Horse, helping the virus get in. Another way that ADE can happen is your own antibodies connect to the receptors of your cells and actually help the virus get in directly. ADE was a huge problem with the Dengue vaccine. More importantly, we saw ADE occurring with the previous attempts at the SARS-



COV1 vaccine. So, it is something that we know can happen with viruses in general and can happen specifically with the SARS family of viruses. This means we need to exercise extreme caution and do a lot of testing to make sure this isn't a future possibility with the SARS-COV2 vaccines. Clearly with these rushed vaccines we haven't eliminated this possibility. And with the virus mutating constantly, ADE may pop up with a future variant. As far as we can tell, ADE has not manifested in the general population yet. But there is evidence that a few more mutations will allow the Delta 4+ strain to develop ADE. Even the mainstream news has covered this topic, it is a serious concern.

We must stay vigilant and keep an eye out for this signal. The signal will manifest as people with high antibody levels being more likely to get sicker and to die. I fear that ADE may affect both the vaccinated and the previously infected, I have no opinion on what it may do to those who are unvaxxed/uninfected. If we do see a signal for ADE, I believe it would be advisable to personally make the choice to lockdown and start social distancing again, etc.

I am not against these measures in times of crises and ADE would be a time of crisis. I just think it's something you should decide to do for yourself. If ADE occurs, people should do anything they can to avoid the virus because your immune system won't stop it anymore. I think this should be a personal choice that we each have to make for ourselves.

### Links

Journal article from 2005 shows evidence that sars-cov1 vaccine, that also focused on the spike protein, caused ADE when subjects were challenged with different strain:

<https://www.nature.com/articles/news050110-3#ref-CR1>

Article explaining how ADE works in Sar-cov1:

<https://www.nature.com/articles/s41586-020-2538-8>

Article explaining the potential for ADE in Covid19:

<https://www.nature.com/articles/s41586-020-2538-8>

Another article that speculates on the potential for ADE in Covid19:

<https://pubmed.ncbi.nlm.nih.gov/32920233/>

Article explaining the potential risks of ADE in Sar-cov2:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943455/>

Article from 2021 explains that there is evidence that Covid19 is able to kill macrophages by using antibody dependent mechanisms:

<https://www.biorxiv.org/content/10.1101/2021.02.22.432407v1>

Paper explains that the delta variant is extremely close to developing the ADE, only a few mutations will allow it to use our own antibodies to enter our cells:

<https://www.biorxiv.org/content/10.1101/2021.08.22.457114v1>

## 4. THE POTENTIAL FOR AUTOIMMUNE DISORDERS

There is a potential for an autoimmune response caused by the vaccines.

The vaccines that were developed for Sars-Cov-1 used the spike protein, just like the vaccines for Sars-Cov-2. Unfortunately, the old vaccines caused the animals they were tested on to develop serious autoimmune disorders and caused severe organ damage. There is a question about whether these new vaccines, which also focus on the spike protein, will also cause autoimmune disorders. Since both the old vaccines and the new vaccines utilize the spike protein to elicit an immune response, there is a danger that the new vaccines will have the same issues. There is a huge assumption being made by many vaccine proponents that because these mRNA vaccines are new technology, that they will not have any of the old problems. This is a completely unwarranted and terrible assumption. We're using the same foreign protein to elicit an immune response. The new tech is just the vector, it is just how the spike protein is delivered to your body. Before it was on the outside of an inactivated virus, now it's being produced by your own body and put

on the membranes of your own cells to entice your immune cells to attack your own cells because they think it's foreign matter. Prima facie, these newly designed vaccines seem like they will make autoimmune disorders more likely, not less. It happened before, so we need to have it proven to us through careful long-term study that these problems will not repeat themselves.

The issue is that autoimmune disorders take a long time to develop and to be detectable. It may take years before doctors and scientists can link the sudden rise in certain kinds of autoimmune disorders with these particular vaccines. Usually, in a vaccine trial you closely monitor your trial group for years and years. This allows you to identify the signals. With the current program of injecting millions of people, there will be no clear way to link causation to the vaccines and an increase in autoimmune disorders may just fly under the radar. We may not know the truth for a very long time, until the full trials are complete. Another concern is that these new vaccines make your own cells express a bunch of foreign proteins on their membranes. This causes them to present as foreign entities to trick your immune system into launching a response. Your immune system comes over and starts killing your own cells, gobbles the parts up, and presents the parts of your own cells to your immune system so it can build antibodies. Never before in the history of mankind have we deployed a medical intervention that causes your own cells to present as foreign entities to be killed by your immune system so you can build antibodies. We have no idea if there will be long term consequences for teaching your immune system to treat its own cells as foreign invaders. We will have to wait and see whether this will lead to autoimmune disorders. This means that caution, at the very least, is justified and rational. If the long-term studies can show that there is little to no danger of autoimmune disorder from taking these vaccines, then that will give people more of a reason to take the shot. But until that time, they have every right to wait and see. They should not be mandated to take a treatment which may cause them long-term harm.

Journal article from 2004 on autoimmune disorders from Sars-cov1 vaccine that also focused on the spike protein: <https://www.cidrap.umn.edu/news-perspective/2004/12/sars-vaccine-linked-liver-damage-ferret-study>

Journal article from 2005 on autoimmune disorders from Sars-cov1 vaccine that also focused on the spike protein:  
<https://pubmed.ncbi.nlm.nih.gov/15755610/>

Journal article from 2012 on autoimmune disorders from Sars-cov1 vaccine that also focused on the spike protein:  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421>

Journal article from 2020 on autoimmune disorders from Sars-cov vaccine:  
<https://jvi.asm.org/content/78/22/12672.abstract>

Journal article from 2020 explains why immune disorders happen with Covid vax, because human and Covid19 proteins are similar:  
<https://www.sciencedirect.com/science/article/pii/S2589909020300186>

**Objection:** But Covinfo, these studies are all old and they're from studying SARS-COV1. But we have this new thing called SARS-COV2, so these studies don't apply to the new virus.

**Response:** You're right, this is evidence pertaining mostly to the Sars-cov1 virus/vaccine. That's why I was careful to write that there is a "potential" for these problems. It is rational to be cautious about taking any vaccine for a virus family that is known to cause autoimmune disorders when you use a vaccine to combat them. Both vaccines also use the S-protein. For some reason, presenting your immune system with the S-protein of the SARS-COV1 virus caused autoimmune disorders in the test subjects. Will presenting your body with the S-protein of the SARS-COV2 also cause autoimmune disorders? We don't know. These papers give us some reason to think it might be possible. Does any of this evidence mean that the sars-cov2 vaccines will 100% cause autoimmune disorders? No. I never said that. I said there is a potential for autoimmune disorders based on our past experience and that it

will take a long time to discover whether this potential is realized by these new vaccines or not. This potential danger, by itself, is bad enough that caution is rational. And it is not right for someone to force you to take a shot when the potential for serious harm has not been demonstrably eliminated.

**But Covinfo, we've been jabbing people for a while now and no autoimmune disorders seem to be appearing. So, we know the potential has not been realized.** We need to do long-term studies on these issues. Mass vaccinations began in January 2021 and didn't pick up in numbers until mid-2021. We have no animal studies that use the mRNA, we only have animal studies that used the lipid nanoparticles without the mRNA in them. The real value of animal studies comes from the simple fact that we can kill the poor creatures and microscope their innards. We can see exactly what the vaccines did to their bodies, and we can rule out other causes of any damage we perceive. We can't do that with people. We are inconvenienced with the need to wait until they die of natural causes. And even then we must contend with confounding variables because, you know, they died of something, maybe cancer or a car crash, etc.

So, when you slice them up, you don't know whether the damage to their tissues came from a vaccine induced autoimmune disorder or rampant cancer. We're going to need years of watching and waiting and doing autopsies that are specifically looking for this type of shit before we can confirm or rule out the existence of these potential autoimmune disorders from the vaccines.

Unfortunately, there is little to no monitoring of the "test subjects" aka half the population who have taken the shots. Millions of people are being jabbed and then just being let go with no monitoring or follow up. Not that monitoring would be possible with a study size this large. The sample size is so large, that it is hard to imagine whether we will ever know the actual negative impact of these vaccines. It's not possible to follow each person and analyze their medical history to see if they would have developed an autoimmune disorder without the vaccine or whether the vaccine played a causal role in some obscure health complication, etc.

If autoimmune disorders do emerge, how will we even prove that the vaccines caused them? The vaccine manufacturers will say it must have been something else that is the cause and it's just a correlation.

### **Millions of people are being jabbed and then just being let go with no monitoring or follow up**

For years, everyone knew that cigarettes caused cancer, it was obvious. But legally, no one could prove it and the tobacco companies fought against it. They had plenty of doctors and experts on their side. The problem was that no one could prove that any one particular case of cancer was causally related to the act of cigarette smoking. The cigarette companies would always point to other potential factors for the cancer, and these confounding variables raised a reasonable doubt.

The world may once again have to deal with exactly this type of problem in the future because of these vaccines. Only after years of comparing the autoimmune rates of the vaccinated against the rates of the unvaccinated will we ever even establish a correlation, forget even trying to establish causation.

Therefore, caution is rational until they can provide us with the data that it won't trigger autoimmune disorders before we take the shot. It is not our responsibility to scour the data trying to establish causation after the fact. **Prove to me that it's safe before I take it.** I am not morally obligated to let you shoot me up with this stuff and then wait around while you figure out whether it's destroying my insides.

**Objection:** But Covinfo, you imply in your post that because you're teaching your immune system to kill its own cells, and this may lead to an autoimmune disorder. Well, we know that the body kills its own cells all the time for all kinds of reasons. That doesn't cause autoimmune disorders, it's a natural part of the body's rejuvenation process. You're obviously just ignorant about the basic processes of the body and if you actually knew how things worked, you'd know that what you're proposing isn't even feasible. There's not going to be any autoimmune disorders from your own body killing its own cells because of the vaccine, so stop with all the fearmongering already.

**Response:** Yes, your body engages in killing its own cells when they get old or inefficient. This is a process known as autophagy. If you do intermittent fasting, you may have heard of autophagy. Your body has special cells which engage in the process of autophagy. These cells are called Lysosomes. When your cells get infected or when they get old, your Lysosomes come and kill those cells. Now, clearly Lysosomes are dangerous, they're designed to kill your own cells. You can't just have them wandering around willy-nilly, killing whatever they want. They need to be dormant until activated and they need to have very specific targets. Think of them like the Suicide Squad, they're a bunch of bad asses but you can't trust the bastards.

There are many different types of Lysosomes for different jobs and they're just waiting for the right signal to unleash them so they can start their work. For example, some lysosomal cells only activate in the presence of cell senescence signals (signs of old age), you can increase these signals by fasting, this will lead to your body cleaning house of all your old inefficient cells (or so the gym bros say). This type of lysosomal action has little to do with the immune system, and the process of activation is very different.

This type of autophagy is what objectors are probably thinking about when they talk about the body killing its own cells all the time. These types of lysosomal processes are not likely to result in autoimmune disorders because they don't really

involve your immune cells. But there are immune related Lysosomes too.

Your T-cells are actually a type of Lysosome. But they work very differently to other lysosomal cells in your body. The T-cells are designed to kill cells that are infected with a particular virus, and they are designed to pair up with B-cells which make antibodies specific to that virus. T-cells hang out in the Thymus (hence T-cell) and need to be activated by your Dendritic cells. Your Dendritic cells gobble up parts of the virus, travel to your Thymus, and present the proteins that were on the outside of the virus to your T-cells (this is a simplified explanation).

Your T-cells have things called T-cell receptors on their outsides. These things are really fascinating. The receptors for each individual T-cell have a completely random and unique shape. Your Dendritic cell doesn't just tell any old T-cell what virus it needs to go kill. The Dendritic cell needs to go and find the right T-cell that already has the receptors which by pure chance perfectly match with the proteins of the virus its presenting.

It's like trying to find the foot that perfectly fits Cinderella's shoe. If your dendritic cell can't find a match, oh boy, you are screwed. This is also one of the reasons why it takes your body a while to develop and launch an immune response to an infection and this is why normal vaccines can be a good thing - they train your body before the infection, so your dendritic cell isn't desperately trying to find Mr. Right while the virus wreaks havoc on your body.

Anyways, once the Dendritic cell finds a T-cell that perfectly matches the protein from the virus, it activates that T-cell. The activated T-cell then goes and finds a B-cell that matches with itself. The Ts and Bs both clone themselves a bunch of times and off they go to war. The T-cells killing the infected cells and the B-cells building and releasing antibodies to hamper the virus.



**OK, Covinfo enough crap about the immune system, how does any of this answer the question of autoimmune potential from the vaccines? You're just writing a bunch of random shit so that it's harder to read it all and respond to your points, aren't you?**

No, I am not you fucking morons, this is complicated shit. If I write too much you complain that I'm Gish Galloping and if I write too little you say I didn't explain properly and don't know what I am talking about. Just shut up and read it.

**OK, Covinfo, so how can the vaccines lead to autoimmune problems?** Well, your T-cell receptor shapes are completely random, remember. So, obviously they could randomly take the shape of your body's own proteins. If that's the case, then the T-cells can activate against your own cells, and that would be devastating. But luckily evolution has provided us with safeguards.

The issue of self-matching T-cells is mitigated because during the process of T-cell creation, the T-cells that can match with your own proteins are supposed to be weeded out and destroyed. That way you won't have any T-cells that can match with the proteins of your own cells. Great.

So, no problem, right? No, unfortunately, many of us have disorders where we do produce T-cells which can match with our own proteins. These types of T-cells are typically found to play an active role in numerous kinds of autoimmune disorders and the cause seems to be genetic flaws in the make-up of the T-cells.

**OK, Covinfo, but that's not the only safeguard, right?** No, there are more safeguards. The self-matching T-cells can exist in your body but unless a Dendritic cell activates them, they'll just be dormant, chillin in your Thymus, remember. They would need to be activated by one of your dendritic cells displaying your own proteins to the T-cells. Luckily for us, Dendritic cells will try not to display our own proteins to the T-cells in the Thymus. Great. So, no problem, right?

No, unfortunately, sometimes Dendritic cells will display the proteins of the host to the T-cells. Shit doesn't always work right, you know - of microbes

**The danger exists because these vaccines act in a way that weakens the safeguards that are supposed to prevent autoimmune reactions from being possible.**

and men. The dendritic cells are not always that smart, if they pick something up, they don't always know whether it's foreign or native protein and they can end up displaying it to your T-cells.

**OK, Covinfo, but there are more safeguards, right?** Yes, Dendritic cells don't just vacuum up everything they see. The dendritic cells are supposed to be picky eaters, they specifically target foreign material. So, they're extremely unlikely to ever pick up your own cell matter in the first place and therefore they're very unlikely to ever present your own proteins to the T-cells.

Well, unfortunately, that's exactly what these new vaccines will cause them to do. The vaccines are going to cause your cells to present as foreign invaders. This will trigger your Dendritic cells to vacuum up all the parts of your own cells along with the spike, thinking that these are all parts of some weirdly familiar looking foreign invader.

Now, if you're unlucky, the dendritic cells are going to present your own parts to your T-cells. And if your T-cells went through some bad quality assurance, then you might just have a Cinderella that can fit your own shoe. Which is to say that your T-cells might just match with your own proteins.

And just like that your T-cells will go off to war against your own cells. Boom, you just got yourself an autoimmune disorder that you likely wouldn't have had without using this type of vaccine. The danger of an autoimmune disorder from these vaccines does not come from the vaccine directly changing your immune cells (as far as we know); the danger exists because these vaccines act in a way that weakens the safeguards that are supposed to prevent autoimmune reactions from being possible.

So, if you're already susceptible to autoimmune disorders, then you may be at greater risk of having a flair up of an existing immune disorder. Or you may be at risk of developing a new autoimmune disorder that wouldn't have manifested without the vax because your Dendritic cells wouldn't be gobbling up parts of your own cells thinking they're foreign particles.

Now, this is an incredibly complex problem that I have tried to explain simply and concisely. I hope I have shown that this issue cannot be dismissed without further study or without evidence that the vaccines do not increase this type of autoimmune susceptibility. It is not irrational to want to see more data on these issues, before deciding to take the shot. Especially, if you have an existing autoimmune disorder or if you are at a high risk because a close blood relative has an autoimmune disorder. You should have the right to decide for yourself whether this is a risk worth taking to obtain whatever protection the vaccines might offer you. Given the potential risks, you should not be mandated to take this stuff by a third party.

## Links

What Lysosomes are and how they work:

<https://bscb.org/learning-resources/softcell-e-learning/lysosome/>

How your T-cells are involved in autoimmune problems:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7757640/>

What Dendritic cells are and how they work:

<https://www.immunology.org/public-information/bitesized-immunology/cells/dendritic-cells>

How your Dendritic cells are involved in autoimmune problems:

<https://www.ncbi.nlm.nih.gov/pmc/article/PMC4160805/>

## 5. THE NARROW DESIGN FOCUS OF THE VACCINES

The mRNA vaccines are narrowly focused on just the spike protein when they could have been designed to target more proteins.

The SARS-COV2 virus has 4 main proteins. There are 3 on its outside and 1 on the inside. The S-protein, the M-protein, and the E-protein, are all on the outside, while the N-protein is on the inside. When you get a natural infection, your body will likely produce antibodies for all or most of these proteins (depending on the function of your own unique immune system, recall the Cinderella and the shoe analogy used above).

We knew from studying Sars-Cov-1 that antibodies to the S-protein and the M-protein are both neutralizing. In fact, they used exactly this knowledge when they rushed to design the current vaccines. They needed it done quick, so they just assumed that the antibodies for SARS-COV2 are just as neutralizing as for SARS-COV1 (see how the manufacturers can make wild assumptions about SARS1 being similar to SARS2 and act on these assumptions, but if I use a study about SARS1 to even speculate about SARS2, "well, that doesn't apply").

So, anyways, they could have used the S-protein or the M-protein to make vaccines. In fact, we might say that utilizing the M-protein would have been better because may have avoided the potential for some of the autoimmune disorders related to the SARS1 vaccines. But they chose not to use the M-protein, they instead focused only on the S-protein which had previously been linked with autoimmune disorders.

Alternatively, they could have designed the vaccines that used two proteins instead of just the one. They could have had your cells express both the S-protein and the M-protein. This would have made the vaccines much more effective and less leaky since any mutated virus particles would need to mutate both the S-protein and the M-protein to avoid the antibodies. It would have greatly increased the

chances of creating an overwhelming environment that would catch any and all mutant particles.

Since the current vaccines are narrowly focused on just the S-protein, the virus only has to mutate the one protein. It is exponentially harder for an organism to mutate two beneficial traits simultaneously while retaining previous function vs just mutating one beneficial trait while maintaining function. So, these vaccines are of a much worse design than they could have been. They cannot handle even the minor mutation of the virus and moreover it should have been obvious that the vaccines would not be able to handle these mutations.

Well, we are seeing the results of these mediocre medications in the data coming from highly vaccinated countries. The efficacy of the shots falls after a few months and now they're requiring that you get a booster shot every 8 months, no wait, 6 months, no wait, 5 months. It'll be 2 months soon enough because there's new data emerging that the antibodies peak at around 3 months.

We could have known about the lack of efficacy if the vaccine manufacturers hadn't destroyed the control groups by purposefully unblinding everyone and giving people who were in the control group the option to take the real shot. Well, based on the shoddy data, in March of 2021 the CDC director told us they knew these vaccines were safe and effective, right? The bureaucrats told us we were attacking science if we questioned the efficacy, right? **Well, they were wrong, they had no data proving that the vaccines would retain their efficacy.**

So here we are, and in August 2021 the same CDC director tells us, well, the vaccines not as effective as we thought. So, they didn't know anything because the vaccines are not as effective as they said they would be. Which means one of two things must be true: either they knew they weren't effective, and they lied, or they didn't know what they were talking about. Either way, it is not irrational to mistrust the judgement or intent of these people.

It is reasonable to wait until more data is available before acting. It is likely that since these vaccines

are not effective, a newer version of Covid19 vaccines, which does not have the same efficacy pitfalls as the "beta test" versions of the vaccines, may be developed and become available in the near future.

It is not irrational to wait until they work out these bugs and take the good shot. If one becomes available that doesn't have these (and other) problems, then perhaps they should consider it. Also, we do not know whether the newer more efficient type of vaccine will even be compatible with the old ones that people have already taken. Right now, you can mix and match. But what if you can't mix and match the inevitable new vax and the old one? You'd be stuck taking a needle in the arm, getting pumped full of spike every few months. While the people who were cautious get to take their one shot and be done.

For these reasons, it is not irrational for people to wait for the inevitably likely better version of the treatment. In the meantime, they can take social distancing measures to protect themselves from the virus.

**But Covinfo, the manufacturers wouldn't create a new vaccine like that which is incompatible with the previous product.** Well, you should go visit an apple store, then come talk.

## Links

Article explains how vaccine manufacturers have used relative risk reduction to determine that vaccine efficacy is ~90+%, however they should have used absolute risk reduction which would tell us that the vaccines will only reduce total Covid cases by ~1%:

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext)

Addendum to the above information. This video from 2013 explains the difference between relative and absolute risk reduction in a very simple way: [https://www.youtube.com/watch?v=7K30MGvOs5s&ab\\_channel=TerryShaneyfelt](https://www.youtube.com/watch?v=7K30MGvOs5s&ab_channel=TerryShaneyfelt)

Article from 2005 explains that antibodies to the S-protein and the M-protein are effective in neutralizing the sars-cov1 virus. However, the sars-cov2 vaccines only target the S-protein. This is

evidence that the vaccine manufacturers could have chosen to make a superior mRNA vax that produced two types of antibodies, but chose to focus narrowly on just the S-protein:

<https://pubmed.ncbi.nlm.nih.gov/16544518/>

Antibodies from Covid 19 vaccines start to drop within 6 months, get ready for endless boosters:

<https://www.nature.com/articles/s41586-021-03777-9>

Another study confirms that protection against infection wanes within a few months with Covid19 vaccines:

<https://www.medrxiv.org/content/10.1101/2021.08.25.21262584v1>

A different study finds that antibodies from the Covid19 vaccine start to drop after 3 months:

<https://www.tandfonline.com/doi/full/10.1080/2221751.2021.1953403>

Iceland Covid data shows majority of Covid cases are fully vaccinated: <https://www.Covid.is/data>

UK data for August 2021 shows 183,000 unvaccinated cases, and 73,000 vaccinated cases. So, there are a significant number of breakthrough cases. (I had previously written that the data shows the vaccine halves your chance of getting the virus but doubles your chances of dying if you caught it. After conference with [u/antspantsrants](#) I have been convinced that I made a mistake. There is a massive age disparity in the cases between the vaxxed and the unvaxxed. Massive numbers of young unvaxxed are getting Covid and not dying, this created the illusion of a higher death rate for the vaxxed getting Covid. We determined that the data actual says that if you're old, the vaccine does significantly increase your chances of surviving the disease. So, this is one of those times when the data does support getting the vaccine if you're in a vulnerable group and you have been informed of risk and do consent):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1012644/Technical\\_Briefing\\_21.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012644/Technical_Briefing_21.pdf)

Pfizer intentionally destroyed the control groups in their trials for the Covid vaccine, which means we'll never know how effective the vaccine actually is:

<https://www.npr.org/sections/health->

[shots/2021/02/19/969143015/long-term-studies-of-Covid-19-vaccines-hurt-by-placebo-recipients-getting-immuni](https://www.npr.org/sections/health-shots/2021/02/19/969143015/long-term-studies-of-Covid-19-vaccines-hurt-by-placebo-recipients-getting-immuni)

Moderna has never been able to get a drug or vaccine approved by the FDA, they were chosen by Trump because the CEO said they could get their experimental gene therapy vaccine made in the fastest time, no animal trials were done:

<https://www.cnn.com/2020/05/01/us/coronavirus-moderna-vaccine-invs/index.html>

Moderna CEO Stephane Bancel explains that they designed the vaccine in just two days:

<https://globalnews.ca/news/7492076/moderna-coronavirus-vaccine-technology-how-it-works/>

[CDC director admits there's no data that a third booster will provide better protection, only hope. So, you must continue to take this experimental treatment because they have hope it works. Science has morphed into a religion for these people, with them as the prophets just making stuff up:](#)  
[https://www.youtube.com/watch?v=hhgl1IFPMXQ&ab\\_channel=TODAY](https://www.youtube.com/watch?v=hhgl1IFPMXQ&ab_channel=TODAY)

Even CNN agrees the rushed vaccine is a stupid idea (but only while Trump was president):

<https://edition.cnn.com/2020/09/01/health/eua-coronavirus-vaccine-history/index.html>

Vaccinated healthcare workers who experienced a vaccine failure still had huge viral loads:

[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3897733](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733)

CDC finally admit that vaxxed people are still shedding high levels of virus when they get infected and therefore must wear masks again:

<https://www.cnn.com/2021/07/27/cdc-to-reverse-indoor-mask-policy-to-recommend-them-for-fully-vaccinated-people-in-Covid-hot-spots.html>

Vaxxed people are spreading the delta variant:

<https://thehill.com/changing-america/well-being/longevity/561994-top-health-expert-says-vaccinated-people-are-spreading>

Higher COVID Rate Found In Counties With Higher Vaccination Rate:

<https://sacramento.cbslocal.com/video/5827277-higher-Covid-rate-found-in-counties-with-higher-vaccination-rate/>



Double vaxxed politicians getting and spreading Covid: <https://nypost.com/2021/07/20/sixth-texas-dem-tests-positive-for-Covid-after-fleeing-state-to-block-gop-voting-bill/>

Double vaxxed hospital workers getting Covid: <https://www.nytimes.com/live/2021/07/31/world/Covid-delta-variant-vaccine?type=stylIn-live-updates&label=coronavirus%20updates&index=0#Covid-san-francisco-hospital-delta>

Lisa Shaw died of vaccine caused brain hemorrhage: <https://www.theguardian.com/media/2021/aug/26/bbc-presenter-lisa-shaw-died-of-astrazeneca-Covid-vaccine-complications-coroner-finds>

Jesse Jackson and his wife both hospitalized after getting Covid, even though they were vaxxed in January 2021: <https://www.nbcnews.com/news/us-news/jesse-jackson-wife-jacqueline-hospitalized-Covid-19-n1277392>

Piers Morgan gets Covid after double jab: <https://news.yahoo.com/amhtml/piers-morgan-Covid-positive-162254643.html>

Obama super spreader: <https://www.dailymail.co.uk/news/article-9891873/63-people-Marthas-Vineyard-tested-positive-Covid-Obamas-60th-birthday-bash.html>

In the UK, the Health Minister stated that 60% of the people admitted to the hospital for Covid19 are double vaxxed, after some concerns were raised, the Health Minister later corrected himself to say it is 40% instead:

<https://www.reuters.com/business/healthcare-pharmaceuticals/60-people-being-admitted-uk-hospitals-had-two-Covid-jabs-adviser-2021-07-19/>

Thousands of vaccine failures in Massachusetts: <https://www.bostonherald.com/2021/07/13/massachusetts-breakthrough-coronavirus-cases-71-fully-vaccinated-people-have-died-268-hospitalizations/amp/>

CDC admits that 74% of positive cases in Barnstable County Massachusetts were fully vaxxed: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s\\_cid=mm7031e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w)

Vaccine failures resulting in hundreds of hospitalizations in Illinois, who knows how many

**The efficacy of the shots falls after a few months and now they're requiring that you get a booster shot every 8 months, no wait, 6 months, no wait, 5 months.**

thousands of vaccine failures were required to reach this many hospitalizations in Illinois: <https://www.nbcchicago.com/news/coronavirus/159-dead-593-hospitalized-in-illinois-breakthrough-Covid-cases/2560611/>

CDC started pursuing asymmetric reporting of Covid cases in May 2021, they will not investigate mild cases of Covid in vaccinated individuals. This creates the narrative that this is a pandemic of the unvaxxed: <https://www.cdc.gov/vaccines/Covid-19/health-departments/breakthrough-cases.html> And

<https://www.nytimes.com/2021/05/25/health/cdc-coronavirus-infections-vaccine.html>

Bloomberg reports that CDC stopped tracking vaccine failures just as the delta variant was emerging:

<https://www.bloomberg.com/news/articles/2021-07-30/cdc-scaled-back-hunt-for-breakthrough-cases-just-as-the-delta-variant-grew>

Evidence mounts that people with breakthrough infections can spread Delta easily:

<https://www.nationalgeographic.com/science/article/evidence-mounts-that-people-with-breakthrough-infections-can-spread-delta-easily>

**Objection:** But Covinfo, the pharmaceutical companies had to destroy the control groups because the vaccines are so effective, it would be immoral for them not to give them to everyone.

**Response:** This is not how science is done. The participants of those studies chose to participate with the understanding that they had a 50/50 chance of getting the juice. They did this for the benefit of all mankind. They're heroes for putting

themselves at risk so that humanity can gain knowledge about the efficacy of these treatments. The researchers didn't know how effective the vaccines were during the tests. That was the entire point of doing the tests. So, they were not justified on logical or moral grounds to destroy the control groups.

**This thing is bigger than the lives of those people.** We all needed to know the true efficacy of those vaccines. It would have helped to reduce a lot of vaccine resistance if we had that data. Not to mention, we would have found out that the vaccine efficacy wanes after a few months. If you're so concerned about saving lives using the vaccines, how many lives will the vaccine resistance cost? It could have been avoided if the researchers had continued to do good science, instead they eroded the trust of the public and have no data to back themselves up with. What a complete fuck up.

**Objection:** But Covinfo, the control groups would have been destroyed anyway because there's no way to stop people from going out and getting the actual shot once it became available. People are selfish. They would go out and take the shot. That way they'd know for sure they were protected and not have to rely on 50/50 chance.

**Response:** Maybe some people would act selfishly in their own self-interest and go get an actual shot to guarantee they were protected. But the participants of the study agreed not to do that. Any participants who go out and take the vaccine to guarantee they got the real juice are doing something morally wrong.

The danger of study participants not following the rules exists in almost all medical studies that use people. We trust participants not to lie to the researchers. Of course, one way to prevent the control group from being able to go get the vaccines before the trials are over is to, oh I don't know, maybe not make the vaccines widely available to the public before the tests are even complete and we know the shots are safe and effective.

Even if the researchers couldn't prevent the participants from getting the vaccine, the morally

right action in this case is not to unblind everyone and the data. **Two wrongs don't make a right.** Just because those asshole participants might do something wrong that doesn't mean you join them in their bad action.

**Ivermectin won the Nobel prize for saving humans from blindness; it's a human medication.**

## 6. THERE ARE ALTERNATIVE TREATMENTS TO BOTH PREVENT AND TREAT COVID

There are alternative treatments that are effective against Covid19 but they are being suppressed.

Why? Because the vaccines are not approved by the FDA but instead, they are emergency use authorized only. The emergency use authorization (EUA) can only be granted if "there are no adequate, approved, and available alternatives".

Well, a growing body of scientific research is showing that both Ivermectin and Fluvoxamine (among other drugs) are adequate alternatives for early treatment of Covid19, and both of these drugs have been FDA approved for years. **Which means they went through years of actual testing.**

Unfortunately, these are old drugs and that means they are now off patent, and no one can make any money off of them.

So, for the vaccines to continue to receive their EUA, the existence of these treatments must be suppressed. We have seen a huge amount of censorship of doctors who have been speaking out about these drugs and a recent media campaign has tried to paint them as an animal only medication.

**Ivermectin is a drug that we have used for decades in people to prevent river blindness,** Ivermectin won the inventor the Nobel prize, it's been on the WHO's list of essential medications for years, 4

billion doses have been taken worldwide, there was evidence that it had profound anti-viral properties even before Covid19.

With Covid, the studies are showing that it can bind to the spike protein of the virus, and it can help reduce inflammation caused by the virus. It is a promising treatment with a long history of safety.

**Fluvoxamine is an OCD medication that also has a long history of use.** Studies have found that it can act to reduce inflammation in the brain and that it can act on the Sigma-1 receptors of our cells to prevent the virus from replicating. This is another promising drug for the treatment of Covid19. As long as alternative treatments exist, it is completely immoral for anyone to try and force you to take an experimental treatment. You have the right to try the medication that we know is safe for human consumption, as long as you do it under doctor supervision.

## Ivermectin

Emergency use authorization for the vaccines cannot be granted if there are effective alternative approved treatments for Covid19. So, if the pharmaceutical industry is going to make any money off Covid, they must suppress the existence of any existing off patent drugs that may be effective in treating or preventing Covid:  
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

**Objection:** But Covinfo, Ivermectin is horse dewormer. Are you saying we should eat horse paste?

**Response:** I do not think people should be taking any of these drugs without the express guidance of a medical physician. I especially do not think that people should be eating the horse paste version of Ivermectin. Medications are not just made up of the active ingredients. A pill usually contains a medication in micrograms or milligrams, but the pill itself weighs much more than that. So, what the hell is the rest of the stuff in the pill? Those are called excipients and they're supposed to be non-active substances that house the active ingredient of the

medication. The excipients in human medication go through quality assurance to human standards. This is not going to be the case for the horse paste. So, it is not advised to take that shit.

That aside, I will say that it is a dishonest characterization of Ivermectin to say it is only a horse dewormer. Yes, it is used to deworm horses, but it's also used to deworm humans to cure fucking blindness and more importantly it shows promise in being able to deCovid humans too. Ivermectin won the Nobel prize for saving humans from blindness; it's a human medication.

Medications can have more than one use and can have use in both humans and animals. When detractors use these types of responses: "oh, its horse dewormer bro", they're only showing you how dishonest or stupid they are. Try to treat them with the kindness they seem incapable of showing towards you. Remember that we're all a little dishonest and stupid at times. Gently correct them and point them to the facts and history of these drugs. Most trolls will not listen or change their minds, but the bystander who overhears the mockery and your calm reasoned response may have their mind pointed toward the truth.

**Objection:** But Covinfo, you say that the FDA approval means nothing, yet here you're touting FDA approved meds. Aren't you just a disgusting hypocrite who just accepts FDA approval as a badge of honor when it's for the medical treatment you like but it's completely worthless when it's for the vaccines that you don't like?

**Response:** I might be disgusting (I got pretty fat during lockdown) but not a hypocrite. I don't care that some drug has a rubber stamp. What is important is that medical interventions go through all the proper testing in order to receive that rubber stamp. The rubber stamp itself has no intrinsic value. See, the FDA used to give out the stamp of approval only to those drugs that had met their high standards and long-term testing requirements. The high standards and long-term testing requirements have value.

The stamp is a mere representation of those things. The Covid vaccines received approval before they even finished trials, so forget about any standards

or any long-term data, they didn't even bother with animal trials. The stamp on them is as worthless as the FDA's reputation from henceforth.

I want to see the long-term data on a drug before I take it, I want to see what people say about it online, what the known side effects are, and which manufacturers and dosages are considered by physicians and patients to be the most efficacious and which present with the least side effects. I can find all those things for Ivermectin, I can find no long-term studies on the Covid vaccines, and I can find video after video after video of the most horrific and heartbreaking side effects to the vaccines.

## Links

Know your rights, you have a Right to Try off-label or experimental medications (remind them if your doctor is reluctant to prescribe you Ivermectin or Fluvoxamine): <https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/right-try>

Some history on Ivermectin use in humans: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043740/>

Meta-analysis on the efficacy of Ivermectin in treating Covid19: [https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin\\_for\\_Prevention\\_and\\_Treatment\\_of.98040.aspx](https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx)

A double-blind, randomized placebo-controlled trial shows that Ivermectin is able to significantly reduce viral load within 6 days for most people: <https://www.medrxiv.org/content/10.1101/2021.05.31.21258081v1>

More evidence that Ivermectin treatment leads to much faster recovery from Covid19: <https://onlinelibrary.wiley.com/doi/10.1002/jmv.26880>

A study reveals that a five-day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness: <https://pubmed.ncbi.nlm.nih.gov/33278625/>

Ivermectin stops replication of Covid: <https://www.sciencedirect.com/science/article/pii/S0166354220302011>

Ivermectin has anti-viral properties: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3888155/>

Ivermectin has anti-viral properties against Covid: <https://www.nature.com/articles/s41429-020-0336-z>

Scientists have known about the antiviral properties of Ivermectin for years before Covid: <https://www.nature.com/articles/ja201711>

Ivermectin binds to Covid19 proteins to block the virus: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996102/>

**Bret Weinstein has requested the data set of this study to confirm its veracity. Until he can confirm that the evidence is verified, I would like to caution you all to take the results of this study with a larger grain of salt than usual.** Evidence that Ivermectin can be effective as a prophylaxis, Argentinian frontline healthcare workers were given Ivermectin as a preventative and zero got sick with Covid, whereas 58.2% of the control group who did not take Ivermectin got Covid: <https://www.buongiornosuedtirol.it/wp-content/uploads/2021/04/Nota-Journal-of-Biomedical-Research-Safety-and-Efficacy-Iota-Carrageenan-and-Ivermectin.pdf>

Study showing that use of Ivermectin can reduce viral load and hospitalizations: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8226630/>

Ivermectin safe to give 12mg per day for 5 days: <https://www.ijidonline.com/article/S1201-9712%2820%2932506-6/fulltext>

Ivermectin safely administered 60mg per day for 6 months: <https://www.tandfonline.com/doi/full/10.1080/10428194.2020.1786559>

FLCCC Alliance I-MASK+ Protocol for Prevention & Early Outpatient Treatment Protocol for COVID-19:



<https://Covid19criticalcare.com/Covid-19-protocols/i-mask-plus-protocol/>

FLCCC Alliance I-MASS Protocol for Prevention & At Home Treatment Mass Distribution for COVID-19:

<https://Covid19criticalcare.com/Covid-19-protocols/i-mass-protocol/>

FLCCC Alliance MATH+ Protocol for Hospital Treatment for COVID-19, for use by professionals:

<https://Covid19criticalcare.com/Covid-19-protocols/math-plus-protocol/>

FLCCC Alliance iRecover Protocol for treatment of Long Haul Covid-19:

<https://Covid19criticalcare.com/Covid-19-protocols/i-recover-protocol/>

FLCCC Alliance list of Ivermectin friendly physicians:

<https://Covid19criticalcare.com/ivermectin-in-Covid-19/how-to-get-ivermectin/>

## Fluvoxamine

**Objection:** But Covinfo, Fluvoxamine is an SSRI, how can that help with Covid, a pulmonary disease? This is clearly a bullshit drug.

**Response:** I honestly had the same reaction when I first heard about Fluvoxamine. But you know, drugs act on all kinds of parts of the body. This one just happens to act very strongly on the brain. That doesn't mean Fluvoxamine doesn't do other stuff to your body in other places. It seems to work in reducing Covid symptoms and it seems to be helping sick people recover faster. We understand that it blocks viral replication by binding to the Sigma-1 receptor inside your cells. People who get sick with Covid have the right to try these treatments. They should be allowed to do so under the strict supervision and guidance of their physicians.

## Links

Fluvoxamine helps in Covid treatment:

<https://pubmed.ncbi.nlm.nih.gov/33180097/>

Covid leads to long term inflammation, useful for long haul Covid19 treatment:

<https://pubmed.ncbi.nlm.nih.gov/33391730/>

**We've known for decades that once you are infected with a virus or disease, your body creates a robust immune response, including memory T-cells and B-cells.**

Fluvoxamine has anti-inflammatory properties that can help treat Covid:

<https://www.frontiersin.org/articles/10.3389/fphar.2021.652688/full>

Fluvoxamine targets sigma-1 to stop Covid replication:

<https://pubmed.ncbi.nlm.nih.gov/33403480/>

## 7. THEY ARE TRYING TO JAB EVERYONE, EVEN PEOPLE WHO DON'T NEED IT

We've known for decades that once you are infected with a virus or disease, your body creates a robust immune response, including memory T-cells and B-cells.

These cells stick around so that you can quickly respond to a new infection. However, this fact is being completely ignored by vaccine pushers. They want a needle in every arm, even in the arms of those who do not need it, like the Covid recovered.

**But Covinfo, Covid is new and different, and perhaps immunity from infection wanes after a time.** I think this assumption was actually very prudent in the beginning of the pandemic. But now we have lots of evidence that the Covid recovered have a near zero chance of getting sick again. Your body takes a few weeks and months to build up its antibodies after an infection. During this time your body is susceptible to a second infection. Most of the time when a second infection takes place in a Covid recovered patient, it occurs during this time of antibody build-up.

There is no reason to force every Covid recovered patient to take an invasive experimental medical intervention, especially after that initial 3-month period when they have built up a sufficient immune response. If you still think that the miniscule chance that their immune system has failed makes them a danger, then why are the Covid recovered not simply asked for proof of antibodies? If they can prove they have antibodies, then there's no need for a shot. They're already immune.

The entire point of the vaccine is to induce the body to produce antibodies, well the virus has already done the inducement in these people. The reason why they are not being asked for proof of immunity instead of proof of vaccination is because the bureaucrats don't actually care if you have antibodies. It's just about getting a needle in the arm.

The vaccinated, without knowing whether they have antibodies or not, can walk around freely, touching vegetables, sharing drinks, and attending classes, but a Covid recovered patient with proof of antibodies is considered a biohazard. In what possible world is an assumption of immunity a better proof of safety than proof of actual immunity? We are truly living in clown world. This is obviously backass wards and it is evidence that vax pushers don't actually care about immunity.

The reason why the bureaucrats are doing this, I do not know but I can take a guess. I personally think it is a combination of money and optics. They have friends who stand to make a lot of money in the biotech industry for each shot they deliver, and the bureaucrats look like they're actually doing something by mandating everyone get the shot.

I leave it up to you to speculate on the reasons for a shot in every arm for yourself. But it doesn't make any sense to me, and I make a point of not going along with things that don't make sense.

### Links

No benefit from vaccination for previously infected individuals:

<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2>

## If they can prove they have antibodies, then there's no need for a shot.

Covid19 infection produces long lasting immunity:  
<https://www.nature.com/articles/s41586-021-03647-4>

Second article that Covid19 infection produces lifelong immunity:  
<https://www.nature.com/articles/d41586-021-01442-9>

More evidence that Covid19 infection produces long term immunity:  
<https://www.medrxiv.org/content/10.1101/2021.04.19.21255739v1>

Study with 800,000 participants shows that the vaccinated are 13 times more likely to be infected than people previously infected. So, why are Covid recovered patients treated like they're a danger when the vaccinated are more likely to be infected?:  
<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

Study of 600,000 Covid recovered patients finds less than 1% reinfection rate over 10 months and an almost 0% risk in the first 7 months:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8209951/pdf/RMV-9999-e2260.pdf>

## 8. THERE ARE SERIOUS ADVERSE REACTIONS TO THE VACCINES

There is a growing amount of data that people are having severe reactions to the vaccines.

It gets little to no coverage in the press, in some cases people who talk about their reactions on social media are being censored and called anti-vaxxers (see the censorship of [reddit.com/r/vaccinelonghaulers](https://www.reddit.com/r/vaccinelonghaulers)). I mean, how asinine to call someone who took the jab an anti-vaxxer, how cruel to censor these people who took a shot because they wanted to keep themselves

and others safe. They thought they were doing the right thing and now they're being tossed aside. Others who have shown their symptoms on social media have been called fakers. I am sure some are faking for money/attention, but I doubt it's many of them given the social consequences for lying. Anyone caught lying about this shit, oh boy, cancel culture doesn't even come close to what I think should happen to those people. But there are myriad credible stories out there and the number is growing daily. Some senators have done press conferences with these vaccine-harmed people so they can tell their stories. Some doctors have spoken out on behalf of their suffering patients, although many doctors are being censored and threatened with losing their licenses. Some internet platforms are still allowing people to tell their stories. But many communities are being deleted or shutdown. I would link you to them, but look at that, poof, they're gone now.

I remember when journalists, data scientists, and doctors were sounding the alarm on Covid in January 2020, while all the expert bureaucrats and big shot scientists were saying "no, no, everything is fine, it's just the flu bro, go hug a Chinese person, or what are you a racist". What if those insightful people had been censored then? Think how much more damage this pandemic would have caused.

Perhaps if people had listened to them earlier this whole thing could have been avoided. But it is human nature not to catastrophize. And it is a useful trait for 99.99% of the time. But when disaster strikes, it's the outliers who make it. Well, here we are nearly 2 years since disaster struck and we haven't yet learned to spot the outliers yet - the people who were ahead of the curve then are being ignored now.

Many of the same people who alerted us to the imminent danger of Covid are once again sounding the alarm, but this time on the vaccines. We were lucky then that they were not censored. We are lucky now that there are publicly accessible government databases which contain reports of people who have had adverse reactions to the vaccines. These systems were put in place in the 90's to act as an early warning system and to give transparency to the public after previous botched

vaccine rollouts, like the 1976 swine flu vaccine debacle.

You can go and read these reports of adverse reactions to the vaccines for yourself. There are websites that download the reports and present them to the public in a very readable manner (the government website from the 90's is not very good). There are concerns that these reports are being made in error or by bad actors. However, research has been done into these systems and it was found that 86% of the adverse reactions had seemingly no other cause or explanation aside from the Covid vaccine.

In the past, if a vaccine hit 50 deaths or a few hundred adverse reactions on these reporting systems, they would shut down the vaccination program. As of writing this, for the Covid vaccines the deaths in the US are above 10,000 and the serious adverse reactions are well into the hundreds of thousands. Yet they just keep rolling with the shots and are even forcibly mandating them or else.

**People should be allowed to make their own minds up**, given that there is an obvious risk of things like myocarditis and blood clots. It is morally wrong for you to try and force a medical treatment on them, they can decide what is best for themselves.

**...the companies that manufacture it, the medical professionals who push it, and the governments that mandate it are completely cleared from all legal liability.**

### Links

Analysis on the VAERS death data shows that in 86% of reports the vaccine cannot be ruled out as a causal factor in the death of the patient:

<https://www.researchgate.net/publication/352837543> [Analysis of COVID-19 vaccine death reports from the Vaccine Adv](#)

### [erse Events Reporting System VAERS Database I nterim Results and Analysis](#)

Addendum to the above link. OpenVAERS is a site that allows you to easily read VAERS reports and breaks down the numbers. The reports seem to be a lot of people who have comorbidities or are old, but there are also some really eye-opening cases where young people experience horrible side effects. Read for yourself and make up your own mind about what the vax is doing to your fellow Americans: <https://www.openvaers.com/openvaers>

**At the same time that the CDC stopped tracking Covid in the vaccinated,** OSHA removed the requirement for employers to report vaccine side effects from vaccines they are mandating for their employees. OSHA says they do not want to increase vaccine hesitancy by publishing side effects. They are admitting that they want to hide the true risk from people. How can you have informed consent?: <https://www.natlawreview.com/article/osha-revokes-guidance-recordability-Covid-19-vaccine-reactions>

## 9. THERE IS NO LIABILITY FOR VACCINE PRODUCERS

With all the risk of taking the shot and with the government forcing you to take it, you would assume they will look after you if you're harmed by the shot.

However, the companies that manufacture it, the medical professionals who push it, and the governments that mandate it are completely cleared from all legal liability. If they are so confident that the vaccines are safe and effective, then why don't they stand by the quality of their products? They should offer to compensate anyone who is harmed by the vaccines.

If the vaccines are as safe as they say they are, then there will be very few payouts, right? But that's not what they're doing. The manufacturers are not standing by their product. They won't take responsibility. They want you to take all the risk while they reap billions in profits or else you're a selfish person. **No. You are not a selfish person.**

They are being selfish by forcing you to take a drug for which they will take no responsibility and from which they are massively profiting. What could be more selfish than that?

Protecting their profits from the costs of your adverse reactions, that is what is selfish. Not your concern for your own bodily integrity. No one should be forced to take a drug when there is no way for them to seek compensation for damages.

Furthermore, it's not as if these pharmaceutical companies are known for their honesty. They're literal criminals who have been convicted time and time again of the worst ethical conduct. They've allowed children to die in their pursuit of profit.

**Why do we even allow these companies to continue their existence?** If there was justice, they would have been completely liquidated to pay for their crimes. And these crimes were committed when they could be held liable. With these EUA products they have complete immunity. What reason do they have to put out a quality product or care about your health? We are supposed to blindly trust these criminals who have no incentive to do what is right? No, sir.

If people claim you're being selfish, remind them who the really selfish parties are: the criminals who do not take responsibility for their own productions. Put the responsibility on them, not on us. **Ask them: Who will take care of you if your body and mind are broken? Who will take responsibility for your welfare or your kid's welfare? Who will restore your lost quality of life?** Since no one is obligated to help you, you have no obligation to put yourself at risk.

**If people claim you're being selfish, remind them who the really selfish parties are: the criminals who do not take responsibility for their own productions.**



**Objection:** But Covinfo, the vaccines are being regulated by the FDA. Big pharma is evil yes, but we can trust the FDA.

**Response:** No, we can't. The FDA is an inept and corrupt institution. Its members are known to leave for jobs in the pharmaceutical industry after they help approve the company's latest drugs. Many of the FDA approved medications end up having massive problems which are only discovered years down the line, after destroying the lives of the people who unwittingly consume them. The FDA are in bed with the criminals. This was all widely understood and accepted before Covid. Somehow, we've all forgotten it since then. Amnesia seems to be the most common symptom of the Covid pandemic, and you don't even need to catch the cough to have it.

## Links

One third of new FDA approved meds had safety problems, the system is broken:

<https://www.npr.org/sections/health-shots/2017/05/09/527575055/one-third-of-new-drugs-had-safety-problems-after-fda-approval>

A second source confirming that one third of new FDA approved meds had safety problems:

<https://www.cnn.com/2017/05/09/health/fda-approval-drug-events-study/index.html>

Companies often hire FDA staffers who managed their successful drug reviews:

<https://www.sciencemag.org/news/2018/07/fda-s-revolving-door-companies-often-hire-agency-staffers-who-managed-their-successful>

A Look At How The Revolving Door Spins From FDA To Industry: <https://www.npr.org/sections/health-shots/2016/09/28/495694559/a-look-at-how-the-revolving-door-spins-from-fda-to-industry?t=1629729078880>

For Big Pharma, the revolving door keeps spinning: <https://thehill.com/blogs/congress-blog/politics/452654-for-big-pharma-the-revolving-door-keeps-spinning>

Look at all the FDA approved drugs that were later pulled from the market for having horrific side effects: <https://prescriptiondrugs.procon.org/fda->

[approved-prescription-drugs-later-pulled-from-the-market/](#)

The FDA approved a drug that the entire panel of experts said they should not. These people are so corrupt that even politicians are like, hold up that ain't right:

**It is extremely risky to inoculate the entire population if we don't know what the long-term effects may be.**

<https://www.reuters.com/world/us/congress-requests-documents-fda-approval-biogens-alzheimers-drug-stat-news-2021-09-02/>

You can't sue vaccine producers:

<https://www.cnn.com/2020/12/16/Covid-vaccine-side-effects-compensation-lawsuit.html>

Even the blood sucking lawyers are saying they won't take your case if you want to sue the vaccine manufacturers for a vaccine injury, they're completely protected:

<https://www.reuters.com/legal/government/black-hole-Covid-vaccine-injury-claims-2021-06-29/>

The courts are not helping people who have been injured by the vaccines: <https://archive.ph/mS04M>

Don't let them tell you that you are dumb for being resistant to take the vaccines. People with PhDs are also plenty resistant, they know medical history and understand that it's not prudent to rush a medical treatment:

<https://www.upmc.com/media/news/072621-king-mejia-vaccine-hesitancy>

Pfizer are criminals who plead guilty to misinforming the public about side effects to their drugs and bribing doctors. They paid 2.3 billion in fines: <https://www.reuters.com/article/us-pfizer-settlement-idUSTRE5813XB20090902>

"In the Army I was expected to protect people at all costs," Kopchinski said in a statement. "At Pfizer I was expected to increase profits at all costs, even when sales meant endangering lives.":

<https://www.reuters.com/article/us-pfizer-whistleblower-idUSN021592920090903>

Pfizer are so evil that they caused the deaths of children by using incorrect dosages of the control drugs to make their own experimental drug look better:

<https://www.theguardian.com/world/2011/aug/11/pfizer-nigeria-meningitis-drug-compensation>

Nigeria sues Pfizer for \$7bn over 'illegal' tests on children:

<https://www.theguardian.com/world/2007/jun/05/health.healthandwellbeing1>

US Supreme Court rejects Pfizer Nigeria lawsuit appeal: <https://www.bbc.com/news/10454982>

Pfizer in \$486 million settlement of Celebrex, Bextra litigation: <https://www.reuters.com/article/us-pfizer-lawsuit-idUSKCN10D1D8>

Pfizer settles foreign bribery case with U.S. government: <https://www.reuters.com/article/us-pfizer-settlement-idUSBRE8760WM20120807>

J&J are criminals who knew for decades that they had asbestos in their baby powder, but did nothing. Had to pay 4.69 billion in fines: <https://www.reuters.com/investigates/special-report/johnsonandjohnson-cancer/>

And of course, J&J is trying to use shady tactics to avoid paying those fines for their baby powder: <https://finance.yahoo.com/news/exclusive-j-j-exploring-putting-191612383.html>

Pfizer makes billions in revenue and profit: [www.nytimes.com/2021/05/04/business/pfizer-Covid-vaccine-profits.amp.html](http://www.nytimes.com/2021/05/04/business/pfizer-Covid-vaccine-profits.amp.html)

Pfizer makes even more money because of boosters: <https://www.reuters.com/business/healthcare-pharmaceuticals/pfizer-raises-estimates-2021-sales-Covid-19-vaccine-335-bln-2021-07-28/>

Vax companies making billions: <https://www.theguardian.com/business/2021/mar/06/from-pfizer-to-moderna-whos-making-billions-from-Covid-vaccines>

## 10. THERE IS POTENTIAL FOR LONG TERM UNKNOWN SIDE EFFECTS

*Medical interventions are guilty until proven innocent.*

They are not innocent until proven guilty. Pharmaceutical companies must prove the innocence of their medications and procedures through long-term testing before they are suitable for public consumption. This is standard practice for good science and has been for decades. Doctors, bureaucrats, and the public seem to have forgotten this fact when they mandate a new technology to be injected into us without long term testing to prove the innocence of the treatment. Amnesia, I am telling you.

The vaccine may have completely unknown and serious side effects that manifest in a majority of the people only in the long term. So, the vax may appear to be safe in the short term, but in the long run it causes severe harm or even death. It is extremely risky to inoculate the entire population if we don't know what the long-term effects may be. It is especially risky to vax our critical workers with an experimental drug about which we know nothing in the long run. If it turns out that within say 2 years of taking it, the vaccine causes the debilitation of half the people who took it and we forced all our healthcare professionals to take it, then our countries might lose most of their healthcare expertise. This would devastate our society's ability to treat the sick and cause massive death and suffering. Same goes for the military. If we vax all our fighters, and the vax turns out to greatly physically or mentally weaken most of the people who took it, there goes our ability to defend ourselves. We won't be able to fight off any aggressors and we will lose years of military experience as we will have to re-train a whole new set of recruits without the insight of seasoned military leaders. If most of the laborers are vaxxed and the vax causes bodily weakness that only manifests after a few years, then they won't be able to go to work and our production falls to zero. Without domestic production, we would have to rely on foreign imports, but without production the economy would also grind to a halt so the nation

would have no money to pay for these imports. This would probably be a death stroke for whatever nation was victim to it. So, force vaccinating critical workers, or even a large portion of the menial labor force, is a massive national security risk. We also have no way of calculating how large a risk this is since we know nothing at all about the long-term effects of inoculation with this type of technology. This could utterly destroy any highly vaxxed nations. This outcome would be so bad (total collapse of a society's infrastructure) that only a massive amount of safety data could justify inoculating the entire population with any treatment. But we just don't have that safety data for these experimental medical interventions right now, and we probably will not have the data for decades to come. By then, it will be too late to do anything about it. You can fry an egg, but you can't unfry it. Just the same, you won't be able to unvax the population, there's no way to get the vax out of the body once it's in. An acceptable compromise may be to limit vaccination to the old and vulnerable at-risk populations and not to vax everyone. Instead, for the young and health we might seek alternative preventative treatments so as to not put all our eggs in one basket. This issue worries me deeply since there must be risk responsive people at high levels of government who must understand and be sensitive to this type of national security risk. Yet, these people are either being completely ignored, or they are allowing the government to proceed with the risky mass vaccination programs anyway.

**Objection:** But Covinfo, the vaccines have no long term side effects. Look the CDC said so.

**Response:** Well, then why are we even having this conversation? You've just revealed to me that the CDC has a time machine which they used to go decades into the future to confirm that the vaccines do not have any long term side effects. It takes 10 to 15 years to vet a vaccine, so the time machine must be able to go at least that far. Can it deal with temporal paradoxes? Why don't we just take this time machine into the far far future and bring back the cure for everything. Everyone can just take that. Then Covid and all the other diseases will just be over. While we're there let's also grab a copy of Half

Life 3 and a copy of the completed Song of Ice and Fire saga too (just kidding, he's going to die before he finishes it).

**Objection:** But Covinfo, the virus itself is a huge national security risk. We don't know the long-term consequences of that either. So, it's rational for us to vaccinate against it.

**Response:** I agree that the virus is a grave existential threat and should be treated with the utmost caution and respect. I am simply asking that we also treat the vaccines with same caution and respect. We don't know what either of these things will do to our bodies long term. It is rational to avoid both of them. Also, there is a big difference between accidentally getting Covid and suffering the consequences and taking a shot that was marketed to help you but which actually destroys you. There's something worse about shooting yourself in the foot through sheer recklessness and stupidity which is intolerable to me compared with getting a virus over which you had no control. In one case, you did yourself dirty, in the other case, it was nature's chaotic will, such as it is. People should be allowed to choose for themselves, it should not be mandated.

But Covinfo, that's not correct. You see, the vaccine can help stop you from getting Covid, so it actually helps to end the existential threat of the virus. It would be nice were this true. The vaccines seem to reduce symptoms in the short term, yes. But as I have shown in the vaccine enhanced immune escape and efficacy sections of this document, the vaccines do not stop you from getting or transmitting the virus to others. We do know that they will exert evolutionary pressure on the virus. So, the vaccines will likely produce more and more virulent strains that get better and better at evading the human immune system. So, the vaccines will not really eliminate the existential threat of the virus, they will only delay our suffering until they likely cause the emergence of something much worse. What that is? We don't know either.

**Conclusion** Separately, these 10 issues would be a concern. But put together, they are incredibly alarming. People should not be mandated to take

these shots. To me, something feels very wrong here with these mandates. You too may have already felt it in your gut or in the back of your mind while reading this. You are not being irrational. That gut feeling of something being wrong is instinct. It is the product of millions of years of evolution. A gift from our ancient ancestors who also saw something that was wrong in their environment and had this weird bad feeling. They acted on that gut feeling and it saved them. Having lived through the danger, they were able to survive long enough to pass on that instinctual feeling to their off-spring from generation to generation. Now, after millions of years of direct lineage, from our ratling ancestors right on down to your own parents, that instinctual feeling finds its way to you. If you feel what I feel, that something is very wrong here, I implore you: Do not ignore it.

I hope the above information has been useful/interesting. I plan to update the data and do future drops if people find this information valuable. Nothing in this post should be taken as legal or medical advice, please consult with your doctor or lawyer before acting on any of the information contained here.

Knowledge is power, so please forward this or any of the information contained within it if you feel that it would make a valuable contribution to another person's knowledge. I would appreciate feedback on my mistakes, so please advise people to send their comments directly to me.

## Links

Learn from the past, the Thalidomide tragedy occurred because doctors pushed an unsafe drug:  
<https://helix.northwestern.edu/article/thalidomide-tragedy-lessons-drug-safety-and-regulation>

Learn from the past, the Tuskegee experiments:  
<https://www.cdc.gov/tuskegee/timeline.htm>

Remember that throughout history doctors have often silenced those they disagreed with. Look at what they did to Semmelweis, the doctor who told them they could save patients by just washing their hands:  
[https://en.m.wikipedia.org/wiki/Ignaz\\_Semmelweis](https://en.m.wikipedia.org/wiki/Ignaz_Semmelweis)

Remember that people will blindly follow the orders of people in white lab coats, even to the point of killing their fellow human beings. Resist. Do not blindly follow the instructions of the bureaucrats in lab coats:

[https://en.m.wikipedia.org/wiki/Milgram\\_experiment](https://en.m.wikipedia.org/wiki/Milgram_experiment)

Learn from the rushed swine flu vaccine:

<https://www.smithsonianmag.com/smart-news/long-shadow-1976-swine-flu-vaccine-fiasco-180961994/>

History repeats itself, this video covers the failures of the 1976 swine flu vaccine:

<https://youtu.be/W1CyMXURgGc>

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Remember: You  
are not alone.



## SUPPLEMENTAL VIDEOS

### Dr. Malone is the inventor of the mRNA vaccine technology and has been very outspoken about its current use.

Censored video with the inventor of mRNA vaccine technology **Dr. Robert Malone** (split into 3 parts, unfortunately it can only be found on bit shoot due to youtube censorship):

Part 1:

<https://www.bitchute.com/video/xkEElw1YYC3X/>

Part 2:

<https://www.bitchute.com/video/a31keVJOeBO6/>

Part 3:

<https://www.bitchute.com/video/8VVc9X38H4ey/>

**Dr. Robert Malone** talking about the lack of data surrounding the vaccines and how he's being scrubbed from history on things like Wikipedia now that he's come out against using mRNA vax:

<https://odysee.com/@QuantumRhinoQ:c/The-mRNA-Insider---The-HighWire-with-Del-Bigtrees:b>

Addendum to above video on Dr. Malone being scrubbed from history. See this page for the words removed from the Wikipedia page of mRNA vaccines in red and the words added in green:  
<https://en.m.wikipedia.org/wiki/Special:MobileDiff/1030331671>

**Dr. Malone** talks about evidence of ADE from vaccination:

<https://www.bitchute.com/video/5SNQdy2Pu7rb/>

**Dr. Malone** speaks about vaccine efficacy:

<https://youtu.be/9E2UkhCWosg>

### Plenty of other doctors are speaking up, as well

A podcast with **Dr. Malone** and with **Dr. Paul Cottrell**, one of the few people who warned about Covid19 in Jan 2020:

<https://youtu.be/QxYi51YsDhw>

**Bret Weinstein** with **Dr. Geert Vanden Bossche** on potential for immune escape variants:

<https://youtu.be/BNyAovuUxro> Or

<https://www.bitchute.com/video/rmUPOVWuL86w/>

**Dr. Geert Vanden Bossche** has a series of videos where he lays out in great detail the evolutionary argument for why vaccination during a pandemic will lead to highly contagious escape mutants:

<https://youtu.be/eQ300RMbAxAk>

<https://youtu.be/7gOBoapt3DE>

<https://youtu.be/XC23IPm6aE4>

<https://youtu.be/gLQwblQ-lZs>

<https://youtu.be/w3xq4cEHT0s>

<https://youtu.be/vGBDET0PAJA>

**Dr. Bret Weinstein** with **Dr. Kory** on Ivermectin (unfortunately it can only be found on bit shoot due to youtube censorship):

<https://www.bitchute.com/video/qHjNQIynVb5O/>

**Benjamin Boyce** and guest **Alexandros Marinos** talk about trying to falsify the claims in Bret Weinstein's podcasts: [https://youtu.be/Nq\\_2GJfxkTQ](https://youtu.be/Nq_2GJfxkTQ)

Interview with **Dr. Byram Bridle** on censorship of his discovery that the vax travels throughout the body: <https://youtu.be/3S6hMhCohAQ>

**Dr. Byram Bridle** continues to speak out on censorship: <https://youtu.be/tnlFPjerQxU>

**Canadian doctors** speaking out about censorship: <https://www.bitchute.com/video/NGTmdKRmNM2O/>

Canadian **Dr. Francis Christian** speaks out about getting fired for asking for informed consent before vaccinating children:

<https://youtu.be/sUfpSh00Bmc>

**Joe Rogan** podcast with **Dr. Kory** and **Dr. Weinstein** on Ivermectin censorship:

[https://open.spotify.com/episode/7uVXKgE6eLJKMXkETwcv0D?si=9nVtctf7SDq9rMePiN-slg&utm\\_source=copy-link&dl\\_branch=1](https://open.spotify.com/episode/7uVXKgE6eLJKMXkETwcv0D?si=9nVtctf7SDq9rMePiN-slg&utm_source=copy-link&dl_branch=1)

Vax trial participants speak out about their adverse reactions being ignored:

<https://youtu.be/6mxqC9SiRh8>

**Jimmy Dore**, liberal comedian, speaks out about his vaccine side effects:

[https://youtu.be/UiLGSVH\\_UPA](https://youtu.be/UiLGSVH_UPA)

**Eric Clapton**, musician, speaks about his vaccine side effects: <https://youtu.be/EO80NBSJGC0>

**Dr. Charles Hoffe** speaks about potential damage from Covid vaccines and his experience treating Moderna patients:

<https://www.bitchute.com/video/TOWKArSb6b0M/>

**Dr. McCullough** issues warning on vaccine safety: <https://www.bitchute.com/video/XcORGIZgSV2O/>

Interview with **Dr. McCullough** on how the illogical government response makes him believe they wanted to make things worse so they could use the situation to push vaccines to acquire more power and control (honestly the video makes him sound like a bit of a nut, but the world has gone so nutty in the past few years that maybe the one-eyed man is king and the guy is extremely well credentialed and he makes sense, so I think the video is worth a listen):

<https://www.bitchute.com/video/dJDlOQUDBiLA/>

**Dr. McCullough** speaks about the vaccines:

<https://rumble.com/vjy61w-covid-19-and-vaccine-truths-with-dr-peter-mccullough.html>

Another interview with **Dr. McCullough**:

<https://rumble.com/vk8cpw-top-american-doctor->

[covid-shots-are-obsolete-dangerous-must-be-shut-down.html](https://youtu.be/8DOOZpGA_VI)

**Dr. Dan Stock** speaks about vaccine efficacy and covid lockdown measures:

<https://v.redd.it/u0lo3if7t9g71>

**Dr. Christina Parks** gives testimony about how the covid vaccines do not prevent transmission and should not be mandated given the reprehensible history of the medical establishment:

[https://youtu.be/8DOOZpGA\\_VI](https://youtu.be/8DOOZpGA_VI)

**Dr. Sucharit Bhakdi** on Covid19 immunity:

<https://odysee.com/@OracleFilms:1/Dr.-Sucharit-Bhakdi-Oracle-Films-Message-HD:1?r=EPs4aBK5AuJKCNxG9kGHS96ytPAvbb>

Jim Jordan breaks down Fauci's emails indicating that Fauci knew the virus was engineered to have gain of function in the Wuhan lab and covered it up: <https://youtu.be/q3F2ZJGipiE>

Experts testify that the virus was clearly engineered in the lab: <https://youtu.be/ovU4e8Cfreg>

*Addendum to the above link.* Rare genome sequencing almost certainly proves Covid WAS deliberately made in a Chinese lab before it leaked to the world:

<https://www.dailymail.co.uk/news/article-9658851/Genome-sequencing-certainly-proves-COVID-deliberately-lab-experts-claim.html>

## CONNECT

### About the Author

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Discord: <https://discord.gg/RSjgAjaK>

Gab: <https://gab.com/g/nonewnormal>

MeWe: <https://mewe.com/join/nonewnormalofficial>

Telegram: <https://t.me/TheOfficialNoNewNormal>

#### Some humor, because shit we need it

Experimental oil: <https://youtu.be/0OC3yQP6MsQ>

Almost pizza from 8 years ago: <https://youtu.be/KLHRjaUBb3o>