

Beware the Vaccine for Covid-19 !

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“We cannot solve our problems with the same thinking we used when we created them.”

Albert Einstein

There seems to be a strong presumption that the ultimate answer to the Covid-19 pandemic is a vaccine. People are made to believe that a magical vaccine is in the offing and the world will be saved from the pandemic. Bill Gates and Big Pharma push hard to hasten vaccine development. The WHO and most governments easily agree. Rapid clinical trials have started and several companies are in the race to put their candidate products on the market. The mainstream media is all hype and bombards the public with glowing pro-vaccine messages, conditioning them to accept vaccination with no questions asked.

Yet, historical and scientific evidence clearly show that vaccines are not the saviours that they are purported to be. Many of the mass vaccination campaigns in the past resulted in disastrous results. For example, in the Philippines, prior to U.S. takeover in 1905, case mortality from smallpox was estimated to be 10%. In 1918-1919 with over 95 percent of the population vaccinated, the worst epidemic in the Philippines' history occurred resulting in a case mortality of 65 percent. Dr. V. de Jesus, Director of Health at that time, stated that the smallpox epidemic resulted in 60,855 deaths. In Japan, after compulsory vaccination was mandated, there were 171,611 smallpox cases with 47,919 deaths recorded between 1889 and 1908, a case mortality of 30 percent, exceeding the smallpox death rate of the pre-vaccination period. In England and Wales, between 1934 and 1961, not one death from natural smallpox infection was recorded, and yet during this same period, 115 children under 5 years of age died as a result of the smallpox vaccination. The situation was just as bad in the USA where 300 children died from the complications of smallpox vaccine from 1948 to 1969. Yet during that same period there was not one reported case of smallpox in the country (1).

Similar disastrous results also happened with the polio vaccine. The majority of polio cases actually do not cause symptoms in those who are infected. Symptoms occur in only approximately 5 percent of infections (2) with a case fatality rate of only about 0.4%. Even during the peak epidemics, poliovirus infection resulting in long-term paralysis, was a low-incidence disease that was falsely represented as a rampant and violent paralytic disease by fund raising advertising campaigns to fast track development and approval and release of the Salk vaccine with Rockefeller as the key supporter (3). The hasty approval led to the infamous “Cutter disaster”, the poliomyelitis epidemic that was initiated by the use of the Salk vaccine produced by Cutter vaccine company. In the end, at least 220,000 people were infected with live polio virus contained in the Cutter vaccine; 70,000 developed muscle weakness, 164 were severely paralyzed, 10 were killed. Seventy five percent of Cutter's victims were paralyzed for the rest of their lives (4). When national immunization campaigns were initiated in the 1950s, the number of reported cases of polio following mass inoculations with the killed-virus vaccine was significantly greater than before mass inoculations and may have more than doubled in the U.S. as a whole (5).

Over the years, several scientists and concerned medical doctors and professionals have questioned the efficacy of several vaccines and have warned repeatedly on the significant risks associated with

vaccination (6,7,8,9). Despite the fact that vaccines do stimulate the production of specific antibodies, vaccines may in fact be destroying the coordinated and total immune system response to an infection, contrary to what has been claimed that vaccines strengthen the immune system. Several studies have shown the adverse effects of various types of vaccines on the immune system of vaccinated individuals and clinical studies have shown an increase in the incidence of serious illnesses following vaccination. Many of these illnesses may manifest only much later and by then, the vaccine may not even be suspected as a causative factor (10,11,12,13,14).

More distressing is the fact that authorities often knew about the significant adverse effects of vaccines but instead of correcting their flawed assessment of vaccine safety, they manipulate results to conform to their predetermined conclusion of safety. An illustrative example is what happened at the US CDC (US Center for Disease Control) Simpsonwood Conference, where a study by Verstraeten and colleagues that looked at the potential associations between neurodevelopmental disorders (NDDs) and thimerosal among children born from 1992 to 1999 was discussed. Thimerosal appeared to be responsible for a dramatic increase in neurological disorders among children, such as speech delays, attention-deficit disorder, hyperactivity and autism. But instead of taking immediate steps to alert the public and rid the vaccine supply of thimerosal, the CDC opted to cover up the damaging data.(15) A congressional committee hearing later concluded, among others, that:

- 1."Manufacturers of vaccines and thimerosal, have never conducted adequate testing on the safety of thimerosal. The FDA has never required manufacturers to conduct adequate safety testing on thimerosal and ethylmercury compounds."
- 2."A growing number of scientists and researchers believe that a relationship between the increase in neurodevelopmental disorders of autism, attention deficit hyperactive disorder, and speech or language delay, and the increased use of thimerosal in vaccines is plausible and deserves more scrutiny."
- 3."The FDA and the CDC failed in their duty to be vigilant as new vaccines containing thimerosal were approved and added to the immunization schedule.(16)

The Dengvaxia vaccine fiasco in the Philippines also illustrates the danger of rushing a vaccine and allowing corporate interests driven by market forces to address people's health needs. Despite the obvious lack of scientific and commonsensical justification and despite the warnings of potential adverse effects articulated by many independent scientists, the manufacturer pushed hard for the approval and use of their product. Together with their cohorts in government, medical associations and the WHO, they promoted the vaccine based on premature claims of efficacy and safety from their own flawed studies. As a result, many of the vaccinated suffered or died after a botched mass vaccination program.(17) The vaccine was eventually withdrawn but the damage have already been done. According to the Chief Pathologist of the Public Attorney's Office, 153 of those vaccinated with Dengvaxia had died as of February 18, 2020 (18).

Another example of corporate misconduct in vaccine clinical trial is that involving vaccine manufacturers who used phony placebos to conceal a wide range of health risks associated with HPV (Human Papilloma Virus) vaccines. A peer-reviewed report in 2017 unveiled evidence of numerous adverse events, including life-threatening injuries, permanent disabilities, hospitalizations and deaths, reported after vaccination with bivalent, quadrivalent or nine-valent HPV vaccines. Instead of using genuine inert placebos and comparing health impacts over observation periods required for most new drug approvals, two of the biggest vaccine manufacturers spiked their placebos with a neurotoxic aluminum adjuvant and cut observation periods. The company scientists routinely dismissed, minimized or concealed those injuries using statistical gimmicks and invalid comparisons designed to

diminish their relative significance. Equally disturbing is that some regulatory agencies are complicit in covering up increased incidence of adverse effects in post-marketing surveillance studies.(19, 20)

Safety have never been satisfactorily demonstrated for practically all vaccines routinely given today using the gold standard research methodology, a double-blind, randomized, placebo controlled clinical trial study. Current safety assessments under the corporate dominated status quo are grossly inadequate and oftentimes erroneous. In fact, it can be argued that most clinical trials undertaken in support of approved vaccines are violative of the ethical principles for medical research involving human subjects as stipulated in the World Medical Association Declaration of Helsinki(21). In the United States, there is not a single vaccine routinely injected into American babies between 6 months and 18 months of life that was licensed based on a clinical trial which included a placebo-control group (22). The same situation is most likely true for the Philippines and many other countries who follow the vaccination schedule recommended by the US CDC and WHO.

The truth about the hazards of vaccination seems to have been buried in the past. The bitter lessons of history fall by the wayside in the mad rush to develop a new vaccine, this time for the Covid-19 virus. Barely a few months after the presumed discovery of the new virus, clinical trials have already started (23), too fast for comfort. Vaccine development normally takes about 2 years before the vaccine can be ready for testing in humans and another 8 years before clinical trials can be completed. Despite the rigorous requirements, numerous problems still arise regarding safety and efficacy. During the 2002-2003 SARS outbreak, it took about 20 months before a vaccine was made ready for human testing in clinical trials. Some researchers, including many of the experts who gathered at a WHO meeting to review testing procedures at that time said it was too fast. Still in question was the best animal to use to test the safety and efficacy of a SARS vaccine since without a good animal test, human trials could be dangerous. In particular, some vaccine developers were worried that the vaccine might actually “enhance” the pathogenicity of the virus, or make it more aggressive possibly due to antibody-dependent enhancement (ADE), as what happened with previous studies on test vaccines in animals. If that should happen in a major human trial, these scientists warned, the outcome could be disastrous. (24,25,26,27) There are many plausible biological mechanisms for potential adverse effects due to vaccination. Triggering an antibody dependent enhancement or similar mechanism is just one. Synergistic harmful effects, especially to the immune system, due to concomitant exposure to other vaccines is another. Exposure to other environmental hazards (pesticides, air pollutants, 5G radiation, ionizing radiation, etc.) resulting to synergistic adverse effects is also another plausible mechanism that may result in acute or long-term injury, including death. Another concern is that vaccine production methods involving genetic engineering technology and cell cultures that are often contaminated carry uncertain but potentially serious hazards. The inherent danger of injecting microbial protein fragments, contaminants, DNA and other foreign materials into the human body is well documented in the scientific literature. All vaccines contain such hazardous foreign fragments and materials. Quite recently, a team of scientists found significant amounts of organic and inorganic contaminants debris in 44 types of vaccines, including micro- and nano-sized particulate matter composed of inorganic chemicals, metals and combination elements not previously known and which are neither biocompatible nor biodegradable (28). More importantly, social determinants resulting to poor nutrition, overcrowding, poor sanitation and hygiene, unsafe working conditions, emotional stress, among others, can make vaccines more hazardous than they already are. All these hazards surrounding vaccination should not be ignored. All the potential adverse effects of a Covid-19 vaccine cannot possibly be detected adequately by limited clinical trials.

The reductionist thinking behind the vaccination dogma is woefully outmoded. It is more than a century old, coincident with the equally outmoded reductionist germ theory of disease. At that time,

there was barely an understanding of the infinitely complex nature and behaviour of the immune system, interrelationships of humans, microbes and environment, social determinants and other factors that are too numerous to mention. There was no realization that viruses and other microbes are largely friends and have been playing a significant role in the evolution and survival of all life forms in our entire ecosystem (29,30). Microbes and their elements are in fact essential components of the human biological entity and perform critical physiologic functions that maintain homeostasis and a robust immune system (31,32). Rather than cultivating harmony and co-existence, the power elite institutions and their agents have declared these microbes as mortal enemies that deserve to be eliminated. The prevailing medical paradigm failed to recognize that illness is in fact a disruption of the harmony between humans and their physical, chemical, biological, spiritual and social environment (33). Thus, the distorted, corporate-controlled medical science have pushed for mass vaccinations with the aim of total elimination of target microbes.

Authorities have consistently covered-up the truth about the adverse effects of vaccination and have greatly exaggerated potential benefits. Independent scientists and physicians who question the official narrative about vaccines are immediately vilified and persecuted. Victims of vaccination are denied recognition and justice. Pharmaceutical companies and their cohorts are made unaccountable and continue to profit from the sales of harmful vaccines. The industry dominated research agenda deliberately avoids looking at the true picture of vaccine efficacy and safety by avoiding studies of such nature that would really test the safety and efficacy of the entire immunization schedule. This glaring gap in the body of scientific research on vaccines also underscores the importance of truly independent research which has long been neglected by governments and international bodies such as the World Health Organization (WHO). The question of safety, however, should be foremost in the minds of program implementors, policy makers and those who influence them, including international organizations. It is unacceptable on both ethical and scientific grounds to rush a potentially dangerous invasive intervention on the population no matter how good the intentions are.

We must take a more rational, holistic and participatory approach in addressing the Covid-19 pandemic. A knee-jerk, reductionist, autocratic and vested-interest laden solution does not serve people's health and only aggravate the dire situation. It is essential that the true origin and characteristics of the Covid-19 virus be studied well. Official explanations of the origin of Covid-19 and existing modalities on how to manage it are fundamentally flawed. Preventive measures to forestall future pandemics are based largely on flawed assumptions. Benefits are magnified while risks are trivialized. In the assessment of risks, the precautionary principle should be the norm. Resources spent on community-based, public health participatory approaches in pandemic control are more rational and much less dangerous than haphazard lockdowns and expensive vaccination programs. Comprehensive measures to effectively address social inequity, poverty and poor diet, the main factors that compromise the immune system and make people susceptible to severe Covid-19 disease must be earnestly pursued. Environmental toxins, pharmaceuticals and other factors that also compromise the immune system and the capacity of the people to withstand the infection must also be addressed. Alternative medicine approaches, including expanded research in the management of cases must also be seriously considered.

The real cause of the Covid-19 pandemic is human folly. This is the inevitable consequence of the dominance of a neoliberal, national security state doctrine with a military-industrial complex pushing for perpetual war and corporate globalization that has devastated entire ecosystems, distorted medical science and disempowered communities. What is called for is discernment, rationality, courage and empowerment. The real solution is for the people to unite and muster the courage to confront cognitive dissonance and attain emancipative consonance. For health professionals, acclaimed heroes as they are

in valiantly trying to save people drowning down the pandemic river, they must start looking upriver and find out who is throwing those unfortunate people into the pandemic river in the first place.

“If a problem we encounter today already happened in the past, we must think carefully about what really happened in the past and go beyond what we were made to believe. Only when we truly understand the problem can we come up with the correct solution to the problem at hand.”

RFQ

Not just for COVID19, but
for all virus types and future
pandemics...



We can eliminate all viral
infections non-invasively
with just one device!

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