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Acceptable Reasons for Vaccine Hesitance w/ 50 Published Medical Journal Sources [all credit to covinfo1999]

[repost without crosspost to avoid NNN quarantine for non-reddit users. absolutely fantastic information worth scouring through to better understand our current crisis. all credit to /u/covinfo1999 and please post here additionally from now on as I'm sure this sub will appreciate your hard work!]

Covinfo Data Dump:-

The current Covid19 vaccines have several problems. I would say that there are 9 main areas of interest:

- the spike protein appears to be cytotoxic.
- the emergence of immune escape variants.
- the potential for antibody dependent enhancement.
- the potential for autoimmune disorders.
- the narrow design focus of the vaccines.
- the fact that alternative treatments are available to both prevent and treat covid.
- they are trying to jab everyone, even people who have recovered from covid and do not need the jab.
- there are a growing number of severe reactions to the vaccines but this fact gets very little coverage in the press and sometimes it even gets outright censorship.
- the potential for long term unknown side effects and the potential impact of this on national security.

I will present a brief overview of each issue and then provide scientific data below for support (except for 9. which is more a discussion based on a logical assessment of future risk).

1. 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 spike protein more safe. The 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 subnit so that it could not open up and jab into the cell membranes 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, 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.

Studies on the spike protein:-

How the virus uses the spike protein to enter human cells: https://www.nature.com/articles/d41586-021-02039-y

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 (lending credence to the hypothesis that the spike proteins are crossing the blood brain barrier in some people): https://joppp.biomedcentral.com/articles/10.1186/s40545-021-00326-7
Article on how AstraZeneca is associated with blood clots in the brain (lending more credence to the hypothesis that the spike proteins are crossing the blood brain barrier in some people): https://www.nejm.org/doi/full/10.1056/NEJMoa2104840
Article on how the Covid19 spike protein binds to the ACE2 receptor of our platelets to cause bloodclots: 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
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/CIRCRESAHA.121.318902
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 extracellular 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-inflamatory extracellular 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

Biodistribution data:-

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 injecton site, but instead travel all throughout the body (go to pg 16/23 for the charts showing biodistribution over the course of 48hrs): https://files.catbox.moe/0vwcmj.pdf
Addendum to the above 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 will 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: https://www.cas.org/resource/blog/understanding-nanotechnology-covid-19-vaccines

2. 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. 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 just leave the strong ones. If you want to create heat resistant bacteria, put a petri dish full of the bacteria under moderately high heat that kills 99% of the bacteria. Save the 1% that were able to survive the heat, allow them to grow, and repeat the process over and over again while turning up the heat just a little each time. Do this until you have a population of bacteria that are all extremely heat resistant. The same process occurs with antibiotic resistance. When you only take half your meds, you kill 99% of the bacteria and you leave only the 1% that were slightly more resistant to the drugs and now they flourish. Before they were a small part of the population but you changed the conditions of their environment so that they have the advantage. You've killed all the normal bacteria that the mutant variants had to compete with so that now the antibiotic resistant bacteria are the alpha strain that have unlimited resources and so surge in population to take over your body. Well, the same thing happens with viruses and vaccines.

If you produce a vaccine that elicits a weak immune response, you are creating an unfavorable environment for the virus. This will kill the weak 99%, and leave those 1% of mutant virus particles that are not as hindered by the antibodies produced by the vaccine. Whereas before these mutants were only a tiny part of the population and would have been unlikely to transmit on to the next person. Now these mutant virus particles surge in number because they no longer have to compete with the other virus particles and your bodies defenses do not work. They are now highly likely to transmit on to the next person, whereas before they would not have been able to leave the host in which the mutation occured. In terms of creating variants, the current covid vaccines are very bad 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, Eplsion, etc.

As we implement boosters, they will start to come at faster and faster rates, and over time data scientists will start to see timed 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). 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 have the ability to facilitate the creation of new variants. However, it would require a statistically enormous number of people to get the virus before they could produce a new variant by chance. This is because a mutant virus particle will only make up a small 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. Whereas, in the vaccinated, their weak immune response specifically selects for the mutant variants. It is highly likely that

if a vaccinated person passes on the virus to another person, the particles they pass on will be those that have the ability to escape from the immune response elicited by the vaccines. An analogy would be if you did an experiment with 500 room temperature petri dishes filled with bacteria and 500 heated petri dishes with bacteria, then found a heat resistant variant but didn't know which dish it came from. It would be absurd to think that the heat resistant strain of bacteria came from the room temperature petri dishes. It would possible, sure, but completely improbable that the heat resistant strain had suddenly appeared in a room temp petri dish. There would be no reason for it to become a dominant strain in that environment. Logically, statistically, and evolutionarily, 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.

Vaccine Enhanced Immune Escape:-

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

3. 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. 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. This was a huge problem with the Dengue vaccine and we need to do a lot of testing to make sure this isn't a possibility. Clearly with these rushed vaccines we haven't eliminated this possibility and with the virus mutating, ADE may pop up with a later variant. We must stay vigilant and keep an eye out for this signal. It will manifest as people with high antibody levels being more likely to get sick and die.

Antibody Dependent Enhancement:-

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 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

4. There is a potential for an autoimmune response from the vaccines. The vaccines that were developed for Sars-Cov-1 used the spike protein, just like the vaccines for Sars-Cov-2. Unfortunately, those vaccines caused the animals to develop serious autoimmune disorders and they ended up causing severe organ damage. There is a question about whether these new vaccines, which also focus on the spike protein, will also cause autoimmune disorders. The problem is that autoimmune disorders take time to develop and to show up. It may also take a long time before doctors and scientists can link the sudden rise in autoimmune disorders with these 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 for a very long time or never. Another concern is that because of the way the mRNA

vaccines work, they cause your own cells to present as foreign entities. Your immune system comes over and starts killing your own cells. This has never been done before in human history. We have no idea if there will be long term consequences for this and whether this will lead to autoimmune disorders.
Research results of past vaccines for sars-cov1 that used the spike protein:-
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 (can't figure out if they're talking about cov1 or 2): 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
5. The mRNA vaccines are narrowly focused on just the spike protein when they could have been designed to target more proteins. The Covid19 coronavirus 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 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). 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 that knowledge when they designed the current vaccines. So, they could have tried to make vaccines that utilize the M-protein to avoid the potential for autoimmune disorders discussed above. But they didn't, they instead focused only on the S-protein. They could have designed the vaccines so that they present 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 have to have mutated both the S-protein and the M-protein to avoid the antibodies. Whereas, the current vaccines are narrowly focused on just the S-protein, meaning that the virus only has to mutate the one protein. It is exponentially harder for an organism to mutate two beneficial traits vs just mutating one beneficial trait. So, these vaccines are worse than they could have been.

Vaccine efficacy:-

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
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
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 vaccines start to drop within 6 months, get ready for endless
boosters: https://www.nature.com/articles/s41586-021-03777-9
6. 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 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. Unfortunately, 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.

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

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

A double-blind, randomized placebo-controlled trial shows that Ivermectin is able to cure covid 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

An NIH 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-

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

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

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

Fluvoxamine:-

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/

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. 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. We might say, well covid is new and different, and perhaps immunity wanes after a time. This assumption was 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. Most of the time the second infection takes place during this time frame. There is no reason to force every covid recovered patient to take an experimental drug, especially after that initial 3 month period after they have build 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 these people not asked for proof of

antibodies. It's because they don't actually care if you have antibodies. The vaccinated, without knowing whether they have antibodies or not, can walk around free, but a covid recovered patient, with proof of antibodies is still considered a danger. It's ass backwards and it is evidence that vax pushers don't actually care about immunity. It is just about getting a needle into every arm. The reason why they are doing this, I do not know I leave it up to you, but it doesn't make sense and I make a point of not going along with things that don't make sense.

Studies on covid recovered:-

No benefit from vaccination of previously infected individuals: https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v2

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

Second article that covid19 infection produces life long 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 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 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 (I mean, how asinine to call someone who took the jab an anti-vaxxer) or fakers (I am sure some are faking for money/attention, but I highly doubt it's many of them given the social consequences for lying). Some senators have done press conferences with these people so they can tell their stories. 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 a sort of 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 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 more than 80% of the adverse reactions had seemingly no other cause or explaination aside from the vaccine. In the past, if a vaccine hit 50 deaths or a few hundred adverse reactions on these reporting systems, they would shutdown the vaccination program. As of writing this, for the covid vaccines the deaths are into the thousands and the serious adverse reactions are into the hundreds of thousands. Yet they just keep rolling with the shots and now are even forcibly manadating the shot.

VAERS:-

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_Adverse_Events_Reporting_System_VAERS_Database_Interim_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

9. Criminals are innocent until proven guilty, but medical drugs are not like criminals, medical drugs are guilty until proven innocent. Pharmaceutical companies must prove the innocence of their medications through long term testing. 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 drug. 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 innoculate 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 term. If it turns out that within 2 years of taking it, the vaccine causes the debilitation of a large portion of the people who took it and we had forced all our healthcare professionals to take it, then our countries will lose a large portion of their healthcare professionals. 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 will lose years of military experience as we will have to re-train a whole new set of recruits without the previous military leaders. If most of the laborers are vaxxed and the vax causes bodily weakness, 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 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 the percentage of risk is since we know nothing at all about the long term effects of innoculation 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 innoculating the entire population with any treatment. But we just don't have that safety data for these experimental drugs right now, and will probably not have it 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. The solution is to only vax the old and vulnerable at risk populations and not vax everyone. 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.

Separately, these 9 issues would be a concern. But put together, they are incredibly alarming. To me, something feels very wrong here. You too may have already felt it in your gut or in the back of your mind or when reading this. That feeling that something is wrong is instinct, it is the product of millions of years of evolution. A gift from our ancestors who also saw something that was wrong in their environment and had this weird bad feeling. They acted on it and it saved them. So they were able to pass on that instinct to their off-spring from generation to generation. Now, after millions of years, it finds its way to you. If you feel what I feel, that something is very wrong here, I implore you:

Do not ignore it.