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The Vaccine: Experimental Times Two

By Huck Davenport

If you don't think vaccines are one of the great achievements of Western Civilization, just take a walk through a 19th-century cemetery and witness the reality of the human condition before them. However, the COVID vaccine is not a traditional vaccine. It is, instead, a huge experiment that can have major negative consequences and that our institutions are nevertheless trying to make mandatory.

In the pre-ethicist days of 1796, Edwin Jenner inoculated 8-year-old James Phipps with cowpox on his hunch that milkmaids seldom suffered the scourge of smallpox that had plagued man since antiquity. Later he inoculated the boy with actual smallpox, and his hunch was vindicated. From then on, vaccinations have been a godsend, although not without some notable exceptions including the Cutter Incident, where 200,000 children received the live poliovirus. Unfortunately, the new mRNA vaccines may prove another notable exception.

It's not that mRNA vaccines are inherently bad. They're not. In fact, they are an extraordinary achievement in molecular biology. However, if not for mass censorship, it would be stunningly clear that the COVID vaccines have been causing an unacceptable level of adverse reactions, especially for a virus with a death rate of only .5%.

There's a reason why new vaccine approval usually takes a decade or more. The immune system is complicated, highly variable between individuals, and in delicate balance. Immunocompromised individuals can succumb to any microbe, but equally devastating is an overactive immune system that can cause autoimmune diseases, including deadly Guillain-Barré Syndrome which the FDA just quietly posted to their website is associated with the Janssen vaccine. It should be no surprise that vaccines can engender adverse reactions as they alter that delicate balance by design.

That's why rigorous testing is essential for any vaccine, and even then, every individual must weigh the risks versus benefits, just as they would for any approved medical treatment. But the COVID vaccines are not approved, and there are specific laws governing unapproved vaccines, requiring:

> Appropriate conditions designed to ensure … individuals ... are informed
>
> (II) ... benefits and risks of such use ...
>
> (III) **option to accept or refuse administration of the product**, of the "consequences," if any, of refusing ...

The argument that the law sanctions mandated "consequences" for refusal is meritless. An option to refuse is no such option if the "consequence" requires the sacrifice of your firstborn. Whenever a statute has seemingly conflicting language, courts are required to "interpret in a way that makes them compatible, not contradictory." Here, the "consequences" must be read to be the medical "consequences" from not taking the experimental treatment, not arbitrary "consequences" that public or private actors impose that undermine your right to refuse.

Fauci has been busy **not** informing Americans of their options. Instead, he states "there should be more" vaccine mandates and anyone objecting is "dangerous and extreme." And while the world is reporting stunning benefits from ivermectin -- "Ivermectin obliterates 97 percent of Delhi cases" -- any mention of it in America is branded misinformation.

Jen Psaki, who knows nothing of federal law or the First Amendment, admits the government is conspiring with social media to censor speech: "we're flagging problematic posts for Facebook that spread disinformation" and the "White House has proposed robust enforcement strategies." They're doing a pretty good job because Satoshi Omura, Nobel Prize winner for his work on Ivermectin, was censored from YouTube for daring to discuss his work.

What's worse is that these vaccines are not just experimental; mRNA vaccines are a radical departure from traditional vaccines. Any vaccine rushed to market with Emergency Use Authorization would be called experimental; the COVID vaccines truly need a more alarming designation, say, "super" experimental?

The mechanisms of an ordinary vaccine are relatively simple. A virus is attenuated so it can no longer cause disease but your immune system still mounts a response. Upon injection, the body's professional antigen-presenting cells (APCs) engulf the attenuated virus, chew it up, and present fragments (antigens) on the MHCII-complex on the cell membrane. No ordinary tissue is involved, just the APCs. When your body's helper T-cells recognize the antigen, a complex cascade of immune interactions activates B-cells to make neutralizing antibodies highly specific to the antigen. Some of both the B and T-cells convert to memory cells, so the next time the same virus is encountered, the response can be much stronger and quicker.

In contrast, there is nothing simple about the "super" experimental mRNA vaccines. Instead of an attenuated virus, the new vaccines wrap mRNA-1273 (a modified version of the virus's own genetic instructions for manufacturing spike protein, the protein responsible for viral entry into the cell) with phospholipids, which self-assemble into a nanoparticle (mRNA-LNP) with the ability to enter the cell. Importantly, the mRNA-LNP is designed to preferentially target APCs. Once inside, the mRNA uses the cells' own machinery to manufacture spike protein. The APC chews up the spike protein and presents it just like before. What could go wrong?

Targeting mRNA-LNP to APCs is in its infancy. Most of the testing has been done in vitro, but studies have found little correlation with in vivo results. An in vivo study showed this targeting to be only 66% effective, so a full third of the mRNA-LNP is winding up in ordinary tissue. The consequences are very significant as the immune response in an ordinary cell is completely different from an APC.

When an ordinary cell is infected, it similarly translates the mRNA into spike protein, chops it up, but displays it on the MHCI-complex. MHCI, unlike MHCII, binds and activates cytotoxic T-cells (T_C) which release chemicals to destroy the cell. Additionally, the antigen on the MHCI binds to antibodies, circulating after the first shot, which triggers the complement system to destabilize the cell membrane until osmotic pressure causes it to burst. The result is thousands of spike proteins manufactured inside spill out free to invade other cells. Once inside, the cell will do the same, chop it up, present it, and await T_C and complement-induced death — more tissue damage.

Studies have shown that the spike protein itself has neurotoxic effects outside of the cell as well as causing clotting in the bloodstream. Using the spike protein for the antigen is what one researcher calls the "big mistake." There is evidence the spike protein not only crosses the blood-brain barrier but is also preferentially absorbed by ACE2 expressive tissue including the heart, kidneys, ovaries, and arteries.

In a traditional vaccine, the dose is the dose but, here, the dose is dependent on highly variable cellular uptake of the mRNA-LNP, translation mechanisms from mRNA to protein, and the lifetime of the mRNA-LNP. Ordinary mRNA has a half-life of only a few minutes in the cell, and in that time the mRNA can make 10 to 100 spike proteins. But mRNA-1273 has been significantly modified to persist in the body 8-10 hours and have a 10-

fold increase in translatability. Depending upon the individual, the dose of manufactured spike protein can be enormous.

It should be no wonder CDC's VAERS site reports over 1000 cases of myocarditis, 600 miscarriages, 15,000 allergic reactions, and 5,000 deaths. What is a wonder is why the government is illegally colluding with Big Tech to suppress any word of this from getting out.

These problems are not insurmountable and will no doubt be improved. A change as simple as modifying the mRNA to express only a portion of the spike protein could dramatically reduce adverse reactions. Yet, even now, for older age groups where the disease is far more lethal, they still offer benefits that can outweigh the risks.

However, for healthy children and young adults, as well as the COVID recovered, where there is nearly no risk of death and only a minuscule chance of hospitalization, promoting these "super" experimental and potentially deadly vaccines in their current form is profoundly ill-advised.

Huck Davenport is a pseudonym.

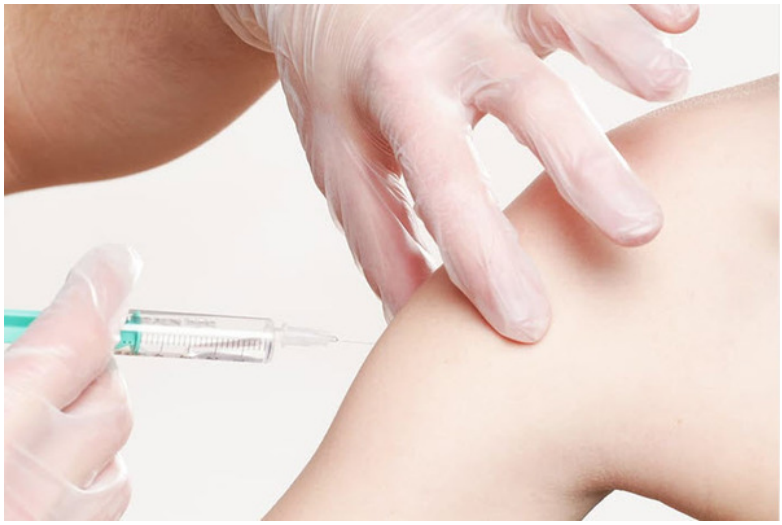

***IMAGE:** Vaccination. Pxfuel.*

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