The Scientific Case Against Covid Vaccination

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The virus resulted from the confluence of two evils.

1. Ecoloons and global warming freaks wanted to depopulate the planet. Predicted by Voltaire in the 18th century: Those who can make you believe absurdities can make you commit atrocities.

2. The Chicoms wanted a bioweapon to weaken all other countries on the planet and then go on to world domination – fullfilling their vision of tianxia.
Introducing the evil ones:

Bill Gates in a talk in 2010 spoke of controlling the world’s population by using a vaccine which he described as “something I love”. Are the covid vaccines Bill Gates’ love object?

Fauci the ecoloon who sent Gain of Function research off to China. In late 2020 he said ‘COVID-19 should force us to begin to think in earnest and collectively about living in more thoughtful and creative harmony with nature.’

Ralph Baric at the University of North Carolina, Chapel Hill developed the gene-splicing technology allowing the design and construction of designer viruses. This technology was transferred to the Chicoms.
Peter Daszak of EcoHealth Alliance

Fauci transferred ‘gain of function’ research to China after it was banned in the US and used EcoHealth to hide that.

Daszak wrote a two page paper in 2018 entitled ‘The Artist as Serial Killer’. Well he did talk the US Government into funding research that he knew would kill a large number of American citizens.

Daszak used a scowling Skull Goddess as a decorative backdrop in 2012. It seems that his self-image is as a bringer of death.

Anyone using the skull motif self-identifies as a baddie.
The origin of covid is no mystery.
- An EcoHealth research proposal outlined what they were doing
The Chicoms want to kill people too.
- Everyone else on the planet
- A match made in heaven with the humanity-hating global warmers

Nothing is forbidden.
Designing the Ideal Bioweapon

1. If a virus kills too many too quickly, it is easily recognised and contained.
2. HIV was ideal in its effects in that disease progression occurred long after the virus left the body.
3. But HIV has a low transmission.
4. Better to have an airborne virus with a rapid spread rate.
5. Sars and Mers were likely earlier attempts but ran too hot – deaths made the spread obvious.
6. Covid is hard to detect except for the cytokine storm.
7. Both the virus and the vaccines are bioweapons.
8. The percentage of the population that are ‘long-haulers’ will rise with time, overwhelming the health system.
Covid Virus Modes of Action

1. Pulmonary macrophage activation syndrome with uncontrolled inflammation
2. Complement-mediated endothelialitis together with a procoagulant state with a thrombotic microangiopathy
3. Platelet activation with the release of serotonin and the activation and degranulation of mast cells contributes to the hyper-inflammatory state
4. Auto-antibodies have been demonstrated in a large number of hospitalized patients which adds to the end-organ damage and pro-thrombotic state.
5. The spike protein binds to 13 receptors, not just the ACE2 receptor.
6. From a heart perspective: increased risk of incident cardiovascular disease spanning several categories including cerebrovascular disorders, dysrhythmias, ischemic and non-ischemic heart disease, pericarditis, myocarditis, heart failure, and thromboembolic disease.
The Chicoms threw everything at it.

This particular coronavirus seems to have been engineered to contain a superantigen. Measles has one, ebola has one.

An antigen is a molecule or structure on the outside of a pathogen which triggers an immune response. Antigen is short for 'antibody generator'.

A superantigen causes excessive activation of the immune system. It causes polyclonal T cell activation and massive cytokine release.

Compared to a normal antigen-induced T-cell response where 0.0001-0.001% of the body's T-cells are activated, superantigens are capable of activating up to 20% of the body's T-cells.

The cytokine storm is responsible for most of the short term deaths from covid.

With reinfections the long term death rate is likely to approach 100%.
We will be seeing more headlines like this:

**IU School of Medicine discovers ties between COVID-19 and bone loss**

The researchers used mice to perform this study and found that mice infected with COVID-19 saw around 25% loss of their bone mass within just two weeks.

They also found a 63% increase in osteoclasts, the cells that cause bone to break down.

Interestingly, these findings were observed even in mice with only mild symptoms of the virus and those that were asymptomatic.

Focusing heavily on SARS-CoV-2 came after several studies revealed that those dying from the coronavirus had high numbers of megakaryocytes, the cells in the bone marrow responsible for making platelets, built up in different organs.

From a friend in the US: “People we know who are vaxed are seeing surgeons for 'back, knee, elbow, hip' issues now. Most were vaxed in late winter/spring.

Will sit down and see if there's a correlation (even more) with people who had covid and also vaxd.”
Each infection with Covid takes us three years closer to the grave

A recent French paper found that each bout of Covid ages us biologically by an average of three years. We also lose three IQ points per infection.

With a long stay in the dementia ward on the way there.
Most people with Covid are unaware of the damage they are accumulating.

This patient didn’t know he had Covid until an MRI showed ground glass opacity in his foot.
Sometimes Covid attacks one muscle.

Avoid macroglossia by avoiding the virus.
Clinical stages of Covid

Time course of Immune response
The Covid vaccines work by:

1. Binding to the ACE-2 receptor
2. Entering the cell.
3. Causing the cell to make copies of the spike protein.
4. The cell dies and the spike protein copies are released into the bloodstream.
5. The immune system recognises the spike proteins as foreign and makes memory T cells against them.
6. The Chicom vaccine uses traditional whole dead virions but is also ineffective.
The vaccines appear to be killing more people than they are saving. From the UK:

Why would the vaccinated settle down to a higher death rate than the unvaccinated?
This **paper** from 2012 provides a clue:

**Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus**

*Conclusions:* These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.

Was there any caution with the Covid vaccines? No.

The cause is likely to be Antibody Dependent Enhancement (ADE).
The vaccine is the bioweapon.

The spike protein is a pathogen. The populace will get the spike going and coming - brain damage, endothelial damage, mitochondrial damage, fertility damage.

The spike was spliced onto a coronavirus that most weren't exposed to before. So the coronavirus causes acute problems in the most vulnerable. But spike protein sequences being made into a vaccine appears to be the end game of this exercise.

Nobody wants to say that the vaccine itself is the bioweapon – make foreign countries self-dose with the debilitating spike protein.
What did the FDA know and when did they know it?

They knew plenty – from their evaluation of the trial results.

### FDA Safety Surveillance of COVID-19 Vaccines:
**DRAFT Working list of possible adverse event outcomes**

***Subject to change***

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome in Children
- Vaccine enhanced disease
Myocarditis in the UK

Pericarditis in the UK

Incidence of these things has doubled in a few months.
Preferentially hitting young men on the second dose. We know this now so why continue?
But the dead are many.

The death rate from the Covid vaccines would have stopped any other rollout dead.

But the paradigm has switched to profit maximisation, not protection of the public.
The vaccines are an immunological Potemkin village.

Israel data - effectiveness starts dropping straight after injection.

So why bother? Natural immunity, from having been infected, is also overrated. It lasts twice as long as the vaccine – next to nothing.
The Chicoms have chosen eradication of the virus.

The Chicom national hockey team arrives in Sweden. After all, the Chicoms designed the virus’ special features.
The Chicoms have chosen health over tourism.

Guangzhou International Health Station

Chinese, and all others, returning to China will have to spend two to three weeks in places like this first. In quiet contemplation of what the Chicoms have wrought.
Lenin’s question: What is to be done?

The international immunological community has come to the conclusion that:

- We know that we can’t live with this virus.
- We know the vaccines aren’t enough.

Which leaves eradication as the remaining option. The Indian state of Uttar Pradesh shows the way and that it can be done. Uttar Pradesh has 240 million people living in an area the size of Victoria. Each family is sold an anti-virus kit for $2.65 containing ivermectin, vitamin D and zinc. Another Indian state, Kerala, has banned ivermectin and has chosen vaccination to control the virus. The results speak for themselves:

<table>
<thead>
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<th>State</th>
<th>Population million</th>
<th>Deaths per day</th>
<th>Deaths per million</th>
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<td>Uttar Pradesh</td>
<td>240</td>
<td>3</td>
<td>0.01</td>
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<tr>
<td>Kerala</td>
<td>35</td>
<td>150</td>
<td>4.29</td>
</tr>
</tbody>
</table>
India – one big petri dish of covid experimentation
Covid fatality heat map

Kerala – run by a commie, many covid deaths
Interspecies Armamentarium for Protection from Death or Debility by Covid or Vaccine

Horse paste

Injectable/Oral

Tablets from India 12 mg

Cattle drench
Ivermectin binds to the spike protein and disables it.

If vaccination is forced upon you, take ivermectin six hours ahead of time. With some fat for the higher absorption.
The Five Components for a Disease-free Existance

Ivermectin
Binds to the spike protein and to the ACE2 receptor, anti-inflammatory. Very cheap – a kilo costing US$200 provides 12 mg per day for a month for 2,800 people.

Vitamin D₃
Strong antiviral effect – this paper suggests a theoretical point of zero mortality at approximately 50 ng/ml D₃.

Quercetin
Quercetin’s role is as a zinc ionophore – forcing zinc into the cellular cytoplasm. It also clears senescent cells damaged by the spike protein.

Zinc
Zinc has a strong anti-viral effect.

Vitamin C
The anti-oxidant effect of vitamin C protects against cellular damage.
It is hard to overdose on ivermectin

Ivermectin may be the best all-rounder molecule in existence – antiviral, anticancer, anti-worm, anti-insect. Combined with a therapeutic window you could drive a truck through.

It is so good that this paper from 2013 identified an ‘Ivermectin Deficiency Syndrome’.
Last Three Books

THE Anticancer Garden in Australia

DAVID ARCHIBALD

AMERICAN GRIPNEN
The Solution to the F-35 Nightmare

TWILIGHT OF ABUNDANCE
Why Life in the 21st Century Will Be Nasty, Brutish, and Short

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