Time to dial back the universal vaccine mania

2021-04-10 15:47:41 by Southern

John M. Contino

Dr. Sherri Tenpenny is an American osteopathic physician who is making some disturbing claims about the dangers to human health from the new vaccines being produced by companies such as Pfizer, Moderna, and AstraZenica — dangers she predicts will manifest themselves over the next three to six months or so.

These mRNA vaccines contain instructions for building antibodies to the spike protein that has been identified on the surface of the COVID virus. On her website, vaxterr.com, Dr. Tenpenny explains how there are two primary types of white blood cells called macrophages: type 1 (M1) kills the pathogen cells, and type 2 (M2) cleans up dead cells and promotes healing. She maintains that the antibodies produced by the vaccines increase the production of M1 cells, but they also degrade or kill off the M2 healing cells, which will result in the "destruction" of our lungs and the disruption of our immune systems.

Dr. Tenpenny cites a 2019 study from the Journal of Clinical Investigation conducted to test the possible effects of vaccine-induced spike proteins on the immune system. Twelve macaque monkeys were given two injections: all twelve were injected with a "modified vaccinia virus" (SARS-CoV); six of them were injected with a spike protein vaccine, and the other six were given a control vaccine made without the spike-producing antigen. The twelve monkeys were then sacrificed between 9 and 21 weeks after the injections. Dr. Tenpenny presents a summary of those findings on that same webpage:

We present evidence of a detrimental role of the anti-S-IgG (anti-spike protein antibody) and acute lung injury during a SARS-CoV infection.

Vaccine-induced, spike-specific antibodies resulted in severe acute lung injury in SARS-CoV infected Chinese macaques

Anti-S-IgG antibody failed to prevent SARS-CoV lower respiratory tract infection (pneumonia) and amplify (increase) M1 macrophage infiltration and accumulation in the lungs.

Anti-S-IgG causes severe acute lung injury (ALI) when the lungs become re-infected and/or re-exposed to coronaviruses by removing the inflammation-resolving work of the M2 macrophages.

Animals who died of SARS-CoV infection had an accumulation of pro-inflammatory M1 macrophages and an absence of wound-healing M2 macrophages in their lungs.

Histological examination [the lung tissue of the sacrificed animals] in 6 of the vaccinated macaques revealed acute diffuse alveolar damage (DAD) with various degrees of severity. Most of the macaques in the control group given the non-spike protein vaccine showed only minor to moderate lung inflammation. (Note: alveoli are the tiny air sacs in the lungs that oxygenate the blood.)

Without the presence of the anti-S-IgG antibodies, M2 macrophages began healing the lungs within two days of infection.

It is not clear if or how the vaccine given to those monkeys in 2019 may differ from the recently developed vaccines currently being distributed throughout the world, nor is it clear if the virus injected into those animals is identical to the COVID-19 virus. It's the nature of experimental vaccines not to know if there are long-term adverse effects. Did the pharma companies conduct similar animal studies during the development of these new vaccines? If the results of that 2019 experiment carry over to humans, then vaccinated individuals may suffer serious lung damage if they contract the virus a few weeks or months after having been vaccinated.

The pharma companies assert that the antibody production is temporary — for at least three months — but it's not known for sure. Dr. Tenpenny maintains that this antibody production doesn't stop, that it's an "on switch" without an "off button." Again, it's too soon to know.

So far, the adverse reactions to these vaccines are worse than those of flu vaccines, and some, mostly older people, have died within days of having been vaccinated. Promising new antivirals are being tested, and repurposed drugs such as ivermectin and hydroxychloroquine, as well as cortical steroids, are proving to be effective treatments worldwide. This is to say we know a lot more about this virus now than we did one year ago.

Despite the fact that for the most part, this disease thankfully spares children and has a survival rate of 99.7% for people under 80, the inertia of universal mask-wearing and distancing (with the attendant damage to the economy and the human psyche) has set in with no end in sight. There has been a dramatic decrease in the number of cases since the end of December, yet governments the world over are making noises about requiring vaccine "passports" in order to board a plane, visit another country, or even hop on a bus.

It's time we let some dust settle and dial back this perpetual emergency mindset that has us rushing to vaccinate 300 million people as soon as possible.

American Thinker
http://www.southernwolf.net//modules.php?name=News&file=article&sid=4405