

The Biggest Mistake We've Ever Made

2021-04-10 17:13:39 by Southern

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It is yet to be determined how bad this might get, but it could get very, very bad.

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This risk is real and its universal with all the Covid "vaccines" currently being produced and in trials in the US. Worse, we relied on the RNA and protein data directly from China without independent validation via Koch's postulate and our own isolation and purification of the virus itself. Today, as you read this, that isolation, purification and confirmation via Koch's postulate in the United States has not been done.

If you choose to accept that risk because, in your sole opinion, the risk is higher if you get The Coof than from taking this sort of vaccine, have at it. It is my considered opinion that for virtually everyone under the age of 60, and almost without exception anyone under the age of 25 or 30 that's a very bad bet with the odds spread being nearly 100:1 against you.

Remember, if this bet is lost there is no hiding if you took any of these vaccines. ADE-initiated harm is extremely likely to kill; in trials when it has shown up it has been nearly 100% fatal to the animals under test. This, by the way, is why I consider coercion by any person toward anyone to force them to take such a shot to be justification for a "Hannibal" style response out of said victim or (if they expire) their family members.

But I want to focus today on a very important distinction between the three common EUA'd vaccines today and a couple that may show up later this year (NOT AstraZeneca's; that's the same basic technology as J&J.) The J&J (viral vector) and two mRNA vaccines are all parlor tricks and IMHO extraordinarily dangerous.

While mRNA and viral vector vaccines use different techniques they all suffer from the same fatal flaw; they trick your body into producing the spike protein by infecting your cells. The literature on these vaccines states that the injection into your arm causes your arm muscle to produce these proteins. This is a lie by omission; your muscle tissue of course is vascularized, that is, it is very highly perfused with blood flow and thus anything injected into a muscle inevitably circulates in volume through your entire body. Said "instructions" are thus inevitably taken up by cells throughout your body until the dose is exhausted. The instructions delivered cannot replicate but their distribution into your body is not limited to the muscle of your arm and implying that is flat-out bull****.

The problem is that when the tricked cells produce the spike protein and thus your immune system identifies them as "defective and dangerous" it now attacks the cells. This raises the potential for a serious or even permanent autoimmune problem; autoimmune disorders arise when your immune system goes haywire, declares your own body's cells harmful and attacks them. Exactly why that happens is poorly understood but hijacking one's own body cells intentionally to produce a protein that you intend to be identified as dangerous and thus provoke an antibody response, on the basics of biology, appears to be criminally stupid.

In addition the potential for serious direct damage in very bad places exists because, as noted, there is no way to confine the injection to the muscle tissue. This is almost-certainly why there is a history of blood clotting disorders and similar showing up in some persons who get these vaccines given that the virus itself, when it kills, almost always does so via thrombosis (clotting); if the epithelium of the blood vessels winds up getting some of these instructions it is not at all difficult to understand how that can produce clotting right there when the cells becomes infested and the body reacts to it. To be clear: That can kill you outright or do permanent harm, especially if it occurs in cardiovascular blood vessels.

The other vaccines under trial right now in the US use a more-traditional approach. They instead grow the spike protein in something else; typically in an animal of some sort via a virus that can reproduce in said animal host. That component is then isolated, mixed with an adjuvant (a drug that promotes immune sensitivity) and directly injected.

Notice the difference: Your body cells are not hijacked to produce anything; instead the desired antigen is directly introduced into the body. This is basically the same

process used to make many other vaccines including the seasonal injection for influenza.

Those vaccines still can and do produce severe trouble in certain people but it is usually the adjuvant that is actually responsible because those adjuvants are typically required in order to get a sufficient immune system reaction. However, the specific risk of hijacking your cellular metabolism which cannot be localized to your arm muscle is absent.

Note that potential "attack vector" for a foreign adversary still exists because as with the other vaccines they are still only using the spike protein and not the rest of the virus, so the potential to target a bioweapon at someone who has that unique, never seen in nature antibody pattern remains. Until and unless a whole, killed virus vaccine reaches the United States there is no way around that risk if you accept a Covid vaccine. How large that risk is remains a complete unknown; you can bet our adversaries are attempting to come up with such a virus, but whether they will succeed cannot be determined; we will find out only if they do succeed and vaccinated people start dying in large numbers.

In addition note that historically the reason whole, killed virus is not used for coronaviruses is that animal trials have repeatedly produced evasion by natural mutation and ADE. It is for this reason that everyone has focused on using "only part" of the viral protein complex. It may well prove up over time that exactly zero of these vaccines are safe for this reason; we do not know because we did not do the work. You are the cat or ferret in the coronavirus vaccine trial, basically -- and in previous attempts they all died.

Finally let's talk about absolute risk. During the trials only 1% of the control group got the virus. That is while they like to tout "95% effective" that's wildly dishonest since the base risk during the trial period for an unvaccinated person to get the virus was only 1%. Therefore the maximum absolute risk reduction possible was one percent. This is, of course, never discussed.

But in terms of relative risk these later-to-the-party offerings are very likely to be much less dangerous. I would not be surprised at all to see that they have the same sort of serious side effect profile as the flu vaccine since they are basically the

same technology.

In other words in the fullness of time I fully expect it to be proved that speed will have killed, and while for seriously-morbid older people the risk of using these "first" formulas" may well have been worth it this is almost-certainly not true for those under the age of 60 or thereabouts and, with extremely rare exceptions, basically never a good bet for those under 30.</blockquote>

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