Story at-a-glance

Believe it or not, we're now at the point where even mainstream media are reporting that COVID-19 is more prevalent among the boosted, compared to those who quit after the initial series. That doesn't mean that sanity is returning; it's just interesting that they're not able to ignore it completely, even though their efforts to rationalize it teeter on the verge of lunacy. June 6, 2022, CBS News reported:[1]

> *"As COVID-19 cases began to accelerate again this spring, federal data suggests the rate of breakthrough COVID infections in April was worse in boosted Americans compared to unboosted Americans ...*

> *Meanwhile, federal officials are also preparing for key decisions on future COVID-19 vaccine shots ... In the short term, CDC Director Dr. Rochelle Walensky recently told reporters that her agency was in talks with the Food and Drug Administration about extending the option for second boosters to more adults."*

If Walensky's logic makes your brain feel like it's been beat with a meat mallet, you're not alone. It's so beyond irrational as to be inexplicable. If boosters make you more prone to infection, is giving boosters to more people really the

prudent answer?

Three Doses Makes You More Infection-Prone Than Two

Overall, data from the Centers for Disease Control and Prevention's new COVID dashboard[2] show boosted Americans are catching COVID at nearly twice the rate of the unboosted — a statistic John Moore, professor of microbiology and immunology at Weill Cornell Medical College, attributes to the boosted feeling "more protected than they actually are," and therefore taking fewer precautions.[3]

Considering we know that masks, social distancing and lockdowns don't work to prevent infection spread, Moore's explanation is flimsy at best. It's far more reasonable to conclude that the COVID injections are the problem.

According to the CDC, the unvaccinated still account for a majority of positive COVID tests, at a rate of 188.2 per 100,000 as of April 23, 2022. Those with a primary series plus one or two booster shots are catching the infection at a rate of 119.94 per 100,000, while those with the primary series clock in at a rate of 56.44 per 100,000.

Of course, CBS is careful to note that "The new data do not mean booster shots are somehow increasing the risk" of

COVID, but rather that "the shift underscores the growing complexity of measuring vaccine effectiveness at this stage of the pandemic."[4]

CBS also misleadingly claims that while the boosted have more than double the rate of infections of the unboosted, it's still "but a fraction of the levels among unvaccinated Americans." However, 120 (rounded up from 119.94) is hardly "but a fraction" of 188. At 64% of the unvaccinated rate, using the term "a fraction of" seems like an intentional attempt to downplay just how common COVID is getting among the boosted.

COVID Jab Also Causes Repeat Reinfections

In related news, Pfizer's pediatric trial reveals the shots raise rather than lower the risk of reinfection (meaning catching COVID more than once).

In his Substack article,[5] "Finally Proven: Pfizer Vaccine Causes COVID Reinfection, Disables Natural Immunity," Igor Chudov — a businessman and mathematician[6] — points to the black-and-white data on page 38 of the documentation[7] submitted to the FDA for its COVID jab Emergency Use Authorization request for use in children 6 months through 4 years of age. Here's a screen shot with Chudov's markings and notes:

In all, 12 of the children in Pfizer's trial were diagnosed with COVID twice within the follow-up period, which ranged from one to four months. Of those, 11 had received two or three jabs; only one child in the placebo (unvaccinated) group got COVID twice.

> *"So, what caused vaccinated children to develop a disproportionate amount of repeat infections? The vaccine, of course. It's a randomized controlled trial, after all,"* Chudov writes.[8]

> *"Thanks to Pfizer, we finally know that COVID reinfections are real and that their vaccine causes them by disabling natural immunity. A little caveat is that Pfizer made the trial purposely complicated (because it is a resuscitated FAILED trial where they added one more booster dose and more kids).*

> *Pfizer vaccinated the control group. This complication somewhat affects the 6-23-month age category, but still shows obvious vaccine failure. The 2-4-year-old group is much less complicated: all reinfections happened in the vaccinated participants, five of six were from the first-vaccinated group.*

> *'All of these participants received 3 doses of assigned study intervention, except for one participant ... who received two doses.' We have a smoking gun that*

> *reinfections are vaccine driven."*

This post-jab reinfection anomaly has also been stressed by Dr. Clare Craig, a diagnostic pathologist,[9] who reviewed some of the most damning data from Pfizer's pediatric trial in a recent video (below).

Moderna Data Also Show Repeated Infections Are Likely

Data from Moderna's trial also suggest the shot makes adults more prone to repeat infections, thanks to an inhibited antibody response. A preprint study[10,11] posted on medRxiv April 19, 2022, found adult participants in Moderna's trial who got the real injection, and later got a breakthrough infection, did not generate antibodies against the nucleocapsid — a key component of the virus — as frequently as did those in the placebo arm.

Placebo recipients produced anti-nucleocapsid antibodies twice as often as those who got the Moderna shot, and their anti-nucleocapsid response was larger regardless of the viral load. As a result of their inhibited antibody response, those who got the jab may be more prone to repeated COVID infections.

These findings are further corroborated by data from the U.K. Health Security Agency. It publishes weekly COVID-19

vaccine surveillance data, including anti-nucleocapsid antibody levels. The report[12,13] for Week 13, issued March 31, 2022, shows that COVID-jabbed individuals with breakthrough infections indeed have lower levels of these antibodies.

Pfizer's Data Do Not Support Use in Children

Another crucial piece of information that Craig highlights in her video is that of the 4,526 children enrolled in the trial, a whopping 3,000 dropped out. Pfizer does not explain this highly suspicious anomaly. Oftentimes, trial participants will drop out when side effects are too severe for them to continue.

Drug companies will also sometimes exclude participants who develop side effects they'd rather not divulge. This is one of those nasty loopholes that can skew results. Here, we don't know why two-thirds of the participants were eliminated, and "on that basis alone, this trial should be deemed null and void," Craig says. Pfizer's pediatric trial data also show that:

• Six of the children, aged 2 to 4 years, in the vaccinated group were diagnosed with "severe COVID," compared to just one in the placebo group. So, the likelihood the shot is causing severe COVID is higher than the likelihood that it's

preventing it.

• The only child who required hospitalization for COVID was also in the "vaccinated" group.

• In the three weeks following the first dose, 34 of the children in the vaccinated group and 13 of the unvaccinated children were diagnosed with COVID. That means the children's risk of developing symptoms of COVID within the first three weeks of the first dose actually increased by 30%. These data were ignored.

Between doses two and three, there was an eight-week gap, and the vaccinated arm again experienced higher rates of COVID. This too was ignored. After the third dose, incidence of COVID was again raised in the vaccine group, and this was ignored as well.

In the end, they only counted three cases of COVID in the vaccine arm and seven cases in the placebo group. They literally ignored 97% of all the COVID cases that occurred during the trial to conclude that the shots were "effective" in preventing COVID.

More Evidence of Vaccine Failure

There's really no shortage of evidence indicating the COVID shots are a complete failure and should be stopped

immediately. One example I haven't reviewed in previous articles is the difference between Portugal and Bulgaria.

In his article, Chudov[14] presents the following graph from Our World in Data, which shows the rate of new COVID cases in these two countries. The vaccination rate in Portugal is 95%, whereas Bulgaria's is 30%. Guess which country has the higher COVID case rate? The graph speaks for itself.

In mid-June 2022, The Times of Israel also reported[15] a sudden 70% spike in seriously ill COVID patients from one week to the next. According to Reuters' COVID data tracker,[16] Israel has administered enough doses to vaccinate 100.4% of its population with two doses, so it has one of the highest vaccine uptake rates in the world.

> *Despite a significant increase in antibodies after the fourth vaccine, this protection is only partially effective against the Omicron strain, which is relatively resistant to the vaccine. ~ Professor Gili Regev-Yochay*

In mid-January 2022, Israel reported[17] a fourth dose (second booster) was "only partially effective" against

Omicron. Lead researcher, professor Gili Regev-Yochay, told reporters, "Despite a significant increase in antibodies after the fourth vaccine, this protection is only partially effective against the Omicron strain, which is relatively resistant to the vaccine."

The latest spikes in both Israel and Portugal are being blamed on a new variant mutated from Omicron, referred to as BA.5.[18] According to The Times of Israel,[19] coronavirus czar Dr. Salman Zarka said "the new variant BA.5 is quickly gaining traction and is more resistant to vaccines than previous strains." So, what's Israel's answer? More shots to encourage "herd immunity" and more mask wearing.

Natural Immunity Versus the COVID Jab

An analysis of the Omicron wave in Qatar is also illustrative of vaccine failure. June 21, 2022, The Epoch Times reported[20] on the study,[21] published the week before in the New England Journal of Medicine. In summary:

- People with previous infection (natural immunity) and no COVID jab had 50.2% immunity against symptomatic BA.1 infection (a subvariant of Omicron) for at least 324 days. Against the BA.2 variant, natural immunity was 46.1%
- People with no previous infection (no natural immunity) who got two doses of the Pfizer shot had immunity

against BA.1 infection ranging from −16.4% on the low end to 5.4% on the high end on day 268 after the last dose. The average was -4.9%. Against the BA.2 variant, immunity was -1.1% on average. Most entered the negative ranges around the six-month mark

- The effectiveness of three doses and no previous infection against BA.1 was 59.6%, which persisted for at least 42 days (the extent of the follow-up). Against BA.2, immunity topped out at 52.2%

Though the authors' conclusion was that there were "No discernable differences in protection" between vaccination and natural immunity, ask yourself which you would rather have: 50% immunity for at least 10 months, or 50% immunity for about six months followed by an increased risk of infection (negative protection) thereafter?

Clearly, if your goal is to avoid infection, you would avoid anything that will — immediately or in the future — raise your risk. Yet, in the upside-down world we now find us in, the answer continues to be: "Get another shot."

As discussed in "FDA and Pfizer Knew COVID Shot Caused Immunosuppression," Pfizer's trial data also reveal they've not ruled out the risk of antibody-dependent enhancement, and vaccine-associated enhanced disease (VAED) is listed[22] as an "Important Potential Risk." (ADE and VAED are two terms that basically refer to the same thing — worsened

disease post-injection.)

So, not only are you at increased risk of COVID infection, and repeated reinfections, if you get the jab — especially if you get boosted — but you may also experience more severe illness, which is the opposite of what anyone would want. U.K. government data show that, compared to the unvaccinated, those who have received two doses are:[23]

- Up to three times more likely to be diagnosed with COVID-19
- Twice more likely to be hospitalized with COVID-19
- Three times more likely to die of COVID-19

Final Thoughts

In closing, it's clear there are no long-term benefits to the COVID jabs, only risk. How much more data do we need before our health agencies snap to and start protecting public health?

I don't have an answer to that question, seeing how nothing works the way it's supposed to anymore. Our health agencies have been captured by the drug industry and have basically gone rogue. They ignore even the most basic rules and ethics nowadays.

Something will clearly need to be done about that, but until

then, the best advice I have is to take control of your own health and make decisions based on actual data rather than corporate press releases.

If you've already taken one or more COVID jabs and now regret it, first, the most important step you can take is to not take any more shots. Next, if you suspect your health may have been impacted, check out the Frontline COVID-19 Critical Care Alliance's (FLCCC) post-vaccine treatment protocol, I-RECOVER,[24] which you can download from covid19criticalcare.com in several different languages.