

Covid Injections

Our family's health decisions are not as reductionist as “*is it scary enough to reject? No? Then take it.*” Rather, our medical decisions are based on careful weighing of both the risks and benefits, as best we're able based on the currently-available information – and determining whether the benefits outweigh the risks significantly enough to intervene in the natural course of things.

With that in mind, facts such as the following have played a role in our decision regarding the Covid injection(s):

- The injection is not a treatment to be administered to those who are already sick, but a substance to be injected into the healthy.
- There are enough politics involved to create some confusion around what information is legitimate and trustworthy. That in itself makes it difficult to trust certain recommendations. With that said, the information below can be reasonably considered reliable or at least “minimum standard.”
- There are means of mitigating the risks, other than vaccines. That is, the “vaccines or nothing” approach is a false dichotomy.
- The statistical risk of serious illness or death if one contracts Covid is quite low, particularly for those under 60. The risk is even lower for those who are well-nourished and not obese. And these numbers are percentages of those with Covid — a percentage of a percentage of the population.
- Although we don't know for sure to what extent the numbers are inflated, we have reason to believe the death statistics are inflated. (Santa Clara, CA, for instance, just confirmed this fact by reassessing its statistics and adjusting them down by 22%.)
- Experts believe a significant percentage of the population already had some degree of immunity to Covid as a consequence of exposure to previous coronaviruses.
- Evidence indicates that natural Covid infection produces immunity which seems to be equal to or superior to artificially-induced immunity.
- “Herd immunity” doesn't rely on the number of people vaccinated, but the number of people immune.
- It's difficult to even know how effective the injections even are in practice, since “experts” are routinely misrepresenting numbers.
- We lack information on how long natural immunity will last. And we lack information on how long artificially-induced immunity will last.
- Historically, natural immunity to things is longer-lasting than vaccine-induced.
- The injections, by design, induce a narrower, less complex and complete immune response than a natural infection.
- We lack information on the long-term effects of Covid...and we lack information on the long-term effects of the injections.
- Natural immunity may or may not protect against all future variants. Artificially-induced immunity may or may not protect against all future variants.
- The injections are based on a technology never before used in humans, so we can't even make any educated guesses about long-term impact based on previous experience with similar products (because there are no similar products).
- The injections rely on untested assumptions, like that the instructions it gives just STOP after a couple of days, 100% of the time. (*Reasonable assumption? Perhaps. But not a tested one.*)
- Previous vaccines attempted against similar coronaviruses created pathogenic priming, which increased the risk upon later exposure. (The test animals died.)
- The injections instruct the body's own cells to produce the spike protein.
- Pushing the body to attack something produced by its own cells raises serious questions about the risk for autoimmunity.
- The spike protein, in itself, is what is responsible for much of the havoc Covid can wreak on vital

organs, by binding to ACE2 receptors. This spike protein has been demonstrated to cause the same types of damage even in the absence of any other parts of the virus.

- The spike protein also targets NRP-1 receptors which, in addition to other things, are essential for normal fertility.
- The spike protein in the injections is genetically modified in a manner that makes it more stable.
- In some viral variants, researchers have found that this exact type of stability makes the virus more infectious because it increases the amount of spike protein that remains in circulation rather than breaking down.
- The mRNA in the injections is genetically modified in a manner that is consistent with that which is 100x as effective at producing proteins — suggesting that it likely produces much more spike protein in response to an equivalent amount of mRNA from a natural infection.
- Tens of thousands of reports raise the distinct possibility that the spike protein (or something else as a consequence of the injection) is being transmitted from person to person — a concern that isn't being taken seriously or investigated to rule it out through evidence for safety reasons, despite the fact that...
- These injections are not yet FDA-approved; they're used under an Emergency Use Authorization, which has a lower standard of evidence, with the expectation that they'll use exactly this kind of post-market surveillance and reporting to uncover any previously-unrecognized issues.
- The injections use artificial lipids to encapsulate the mRNA. No one has (as far as I'm aware), studied these lipids to rule out the possibility that the body will take up this lipid in place of naturally-occurring lipids and lose cellular functionality as a consequence.
- According to the manufacturers' own numbers, the absolute risk reduction is only 1.2% (Moderna) or 0.8% (Pfizer).
- There are known lies, corruption, and conflicts of interest between and among major parties like Fauci, NIH/NAIAD, Moderna, Pfizer, Daszak, the Wuhan lab, etc., which demonstrate them to be untrustworthy sources.

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