
Covid-19 - the INSANE plan to jab the entire global population with defective Covid-19 'leaky vaccines'

Elizabeth Hart <elizmhart@gmail.com>
To: Elizabeth Hart <elizmhart@gmail.com>

Thu, May 19, 2022 at 11:11 AM

Geert Vanden Bossche is challenging the global Covid-19 jab experiment, saying: "Decision makers, in WHO, will be held responsible, accountable and liable for the dramatic consequence that this biological experiment on human beings could possibly entail." See his website: [Voice For Science and Solidarity](#).

Geert Vanden Bossche is a doctor of veterinary medicine, and has a PhD in virology from the University of Hohenheim, Germany. He has experience in the vaccine industry, including with GSK Biologicals, Novartis Vaccines and Solvay Biologicals, and has worked with the Bill & Melinda Gates Foundation and GAVI on the Ebola response. He is currently a biotech/vaccine consultant, while also conducting his own research on Natural Killer cell-based vaccines, [see more in his bio](#).

I'm currently corresponding with Geert Vanden Bossche, and in one of his responses to me he said: **"Stupidity and arrogance will prevail as long as we don't enforce (by law!) DEBATE mandates instead of vaccine mandates...."**

This is what has been sorely lacking throughout the Covid-19 fiasco...DEBATE!

But it's not just about the Covid-19 'leaky vaccines'... Debate has been shut down on the lucrative vaccine industry for years, with people who question vaccine products being tagged as 'anti-vaxxers', and ridiculed and marginalised, thereby shutting down transparency and accountability for international vaccination policy, an area which is awash with conflicts of interest, and curiously dominated for years by the Bill & Melinda Gates Foundation, see for example: [Bill and Melinda Gates pledge \\$10 billion in Call for Decade of Vaccines](#).

Geert Vanden Bossche is now being labelled as an 'anti-vaxxer' by the scientific establishment/Church of Vaccination, see for example: [The Doomsday Prophecy of Dr. Geert Vanden Bossche](#), and [Fact-checking Geert Vanden Bossche. Cashing in on Covid Misinformation](#), which also includes a link to commentary by Zubin Damania (aka [ZDoggMD](#)) see [Why this guy is dead wrong about Covid vaccines: Bossche debunked](#).

Is Geert Vanden Bossche "dead wrong about Covid vaccines"? Certainly he is making very dire predictions - **we urgently need to talk about this**. See for example [his recent interview with Del Bigtree](#) on the Highwire. Del Bigtree is an over the top character no doubt sneered at by the science community, but he has provided a public platform for Geert Vanden Bossche's arguments. Also see this recent document by Geert Vanden Bossche: [The immunological rationale against C-19 vaccination of children](#), plus [other info on his website](#).

This isn't just about the possibly deleterious consequences of the Covid jabs in relation to Covid-19, but also about the potentially damaging effects of the repeated Covid injections on health generally - we have little idea of the long-term cumulative effects of these fast-tracked experimental injections.

Personally, my own position is very simple: There should not have been a global mass population 'vaccine' response to 'Covid-19'. Millions, billions of people are being injected with who knows what, supposedly to protect from a disease it was known from the beginning wasn't a serious threat to most people. In Australia, one of the most Covid-jabbed countries in the world, it's likely that millions of people have been pressured, coerced and manipulated to submit to the defective Covid-19 'leaky vaccines' under mandates, trashing 'valid voluntary consent'. This is what is going on, it's the biggest crime in history and we have to track this back now...how did this happen? We need to talk about this...

Please see below my email thread with Geert Vanden Bossche, starting from the bottom of the thread with me raising the Marek's disease in chickens' angle, which brought the concept of 'leaky vaccines' to the fore when the study was published in 2015. I have Geert's permission to share his responses. A variety of people are copied on the email, including Robert Malone and Peter McCullough, and people associated with the Great Barrington Declaration and others.

Geert's latest response to me on this thread is the basis of his recent post on his substack, see: [Q&A #13: Why do Public Health authorities continue to promote C-19 vaccination of children?](#)

Like Geert, I'm also questioning Covid-19 mRNA injections for children, see [my email to Nigel Crawford](#), the chair of the Australian Technical Advisory Group on Immunisation (ATAGI), and [my email to Karen Price](#), the President of

the Royal Australian College of General Practitioners (RACGP). **So far I've received no response from either of these people. This is par for the course in Australia, where the scientific and medical establishment has contempt for the community, and refuses to be accountable.**

Again, heed Geert Vanden Bossche's warning: "Stupidity and arrogance will prevail as long as we don't enforce (by law!) DEBATE mandates instead of vaccine mandates...."

We must fight for open and transparent debate in our rapidly disintegrating liberal democracies.

We urgently need to openly debate the grossly disproportionate and ill-targeted international Covid-19 response. We must track this back now...how did this happen?

Please see my email thread with Geert Vanden Bossche below. The email discussion below also includes two of my published *BMJ (British Medical Journal)* rapid responses, i.e. **Is it ethical to vaccinate children to protect the elderly?** and **Liberal democracies being turned upside down to 'protect health services'.**

Elizabeth Hart
Independent researcher investigating the gross over-use of vaccine products and conflicts of interest in vaccination policy
vaccinationispolitical.net

----- Forwarded message -----

From: **Geert Vanden Bossche**
Date: Sun, May 15, 2022 at 5:44 PM

Subject: RE: Covid-19 - and the INSANE plan to jab the entire global population with defective jabs

To: Elizabeth Hart <elizmhart@gmail.com>

Cc: Emma McArthur, Gus Dagleish, Jayanta Bhattacharya, Jessica Rose, Jonathan Engler, Martin Kulldorff, Philip McMillan, Marc Girardot, Nick Hudson, Patrick Layton, Paul Elias Alexander, Peter A. McCullough, Robert Malone, Roger Hodkinson, Karol Sikora, Sunetra Gupta

Hi Elizabeth,

The single biggest issue is that 'they' are concentrating on hospitalizations, not on transmission.

The more you turn the bug into a highly infectious pathogen (Delta, Omicron), the higher the likelihood you start to see hospitalizations in children too.

As the vaccines still largely protect against severe disease/ hospitalizations, 'they' think it's a good idea to get the kids jabbed too.

What these guys don't understand is that the C-19 vaccines, which do no longer induce neutralizing Abs (because of Omicron), are in fact preventing severe disease by virtue of non-neutralizing Abs (see my manuscript). The non-neutralizing Abs prevent *trans* infection in distant organs (including the lung) and thereby put high immune pressure on the virus' virulence. Of course, they have no clue that together with the infection-enhancing effect of these Abs at the upper respiratory tract, this evolution is now only expediting the breeding of variants that are not only highly infectious but also more virulent. *This is to say that the vaccines will soon no longer protect against severe disease. That's where they can forget about keeping hospitalizations low.*

Public Health folks should, of course, always focus on keeping hospitalizations low and avoiding a crash of our health system. However, what these dummies need to learn is that you have to achieve this by curbing the chain of transmission! The vaccines can't do this (that at least they've learned) but natural immunity can (that's the lesson they haven't learned yet). Suppressing natural immunity (by vaccines) during a pandemic paralyzes the sterilizing immune capacity of the population and, therefore, prevents herd immunity and promotes viral immune escape.

It will take time (and, unfortunately, many human lives) before they'll understand....it's only when hospitalizations in highly vaccinated countries will soon explode that they'll at least understand thatit's time to hide...

Best

G

From: Elizabeth Hart <elizmhart@gmail.com>
Sent: Sunday, May 15, 2022 5:20 AM
To: Geert Vanden Bossche
Cc: Emma McArthur, Gus Dalgleish, Jayanta Bhattacharya, Jessica Rose, Jonathan Engler, Martin Kulldorff, Philip McMillan, Marc Girardot, Nick Hudson, Patrick Layton, Paul Elias Alexander, Peter A. McCullough, Robert Malone, Roger Hodkinson, Karol Sikora, Sunetra Gupta

Subject: Re: Covid-19 - and the INSANE plan to jab the entire global population with defective jabs

I'm no 'expert' Geert...but it's my very strong opinion that it's **INSANE** to be jabbing babies, children...or most people for that matter...with rubbish and potentially dangerous Covid or flu jabs.

In regard to children, it's **unbelievable** what is happening... Just looking at Covid, we have a situation where Covid-19 'leaky vaccines' have been rushed out into the community, two shots, across most age groups - **WHY?!?!?!** **How did this happen? It was known from the beginning that Covid-19 wasn't a problem for most people - so how on earth did we end up with this crazy plan to jab the entire global population over and over again, regardless of individual risk with the virus?!?!**

Now we find two jabs 'don't work'...so have another one...and another one...every few months! In Australia, the Morrison government has '**secured 280 millions doses**' for our population of 26 million... This is an experiment in progress, **as health minister Greg Hunt has admitted: "The world is engaged in the largest clinical trial, the largest global vaccination trial ever..."** - without 'valid voluntary consent'!

So knowing that the defective Covid-19 'leaky vaccines' don't prevent infection nor transmission, and purportedly provide very dubious 'protection' of very limited duration...**HOW ON EARTH COULD THESE JABS BE PRESSED UPON BABIES, CHILDREN, AND YOUNG PEOPLE AND OTHERS?????** **What is the Australian Technical Advisory Group on Immunisation (ATAGI) playing at in risking the naturally effective immune response of millions of people with these defective, experimental jabs?!**

Most people weren't ever at risk of hospitalisation or death with infection with SARS-CoV-2, i.e. they weren't at serious risk of Covid-19, but now all and sundry have been pressured, coerced and manipulated to submit to the dodgy jabs, without 'valid voluntary consent', i.e. in direct contravention of the requirement for 'valid consent' as stipulated in ***The Australian Immunisation Handbook***.

And here we are, more than two years into this debacle, and millions of Australians have been **mandated** to submit to these defective jabs, i.e. No Jab, No Job; No Jab, No Restaurant; No Jab, No participation in civil society...No Jab, No Life... Forcing people to be compliant, and punishing those critical thinking people who refused to comply by ostracising them. This is what Australia has descended to...

Is Australia the most Covid-jabbed country in the world, under mandates? Wow, just think about that... So much for our 'liberal democracy', with millions of people subject to coercive medical interventions - and the majority of doctors and nurses have gone along with it! Just 'following orders'...

It's incredible...the scientific establishment and medical profession are in this ginormous international scandal up to their necks...

How is this to be tackled? In Australia, 'the regulator', the TGA, is complicit. ATAGI is complicit. The Pharmaceutical Benefits Advisory Committee (PBAC) approval process, such as it was, has gone AWOL. The 'regulator' of healthcare practitioners, AHPRA, is rotten. The doctors and nurses' 'professional' organisations have been appalling - e.g. the RACGP, RACP, and the AMA. The 'health/medical' officers are unelected/unaccountable tyrants. The politicians are

traitors to the people. The mainstream media is biased and conflicted, e.g. particularly [the Murdoch media/News Corp Australia](#), which is associated with [vaccine development](#) via its corporate partnership with the Murdoch Children's Research Institute, including Covid-19 vaccination with the Doherty Institute, i.e. [VAX4COVID](#).

How to respond to this appalling mess? More people are going to have to come out and step up to the plate, if the scientific establishment/medical profession is to salvage any honour from this disaster.

In regard to jabbing children, one of the reasons is to supposedly protect others...you know...with rubbish injections which don't prevent infection nor transmission... The effective natural immune response of children, young people...most people...is being sacrificed to supposedly protect others, e.g. the elderly. *Unbelievable...* Talk about crimes against humanity!

Please see below my *BMJ* rapid response published on 5 August [2020](#) - note in particular the reference to Peter Openshaw, Imperial College London, and one of the members of NERVTAG, and the plan to jab children to protect the elderly because "A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease..." and this "may mean immunising others around them, such as children":

Is it ethical to vaccinate children to protect the elderly?

Dear Editor

In his rapid response, Dr Anand says "Are drugs, including vaccines and blood products, monitored conscientiously by the good doctors? I believe not."^[1]

I also have my doubts in regards to doctors conscientiously monitoring the growing number of vaccine products being pressed upon the community.

There are many vaccine products on the burgeoning vaccination schedule for children, including annual flu vaccination, and now fast-tracked coronavirus vaccination is looming.

Do any doctors wonder about the extraordinary number of vaccinations and revaccinations given to children nowadays? We have no idea of the long-term cumulative effects of this ever-increasing vaccine load.

I was astonished recently to read in The Guardian that children in the UK are given the nasal spray flu vaccine to protect their grandparents, even though children do not often get severe flu.^[2]

This was acknowledged by Professor Peter Openshaw, from Imperial College London, one of the members of the UK's Sage scientific advisory sub-group Nervtag, during a House of Lords science and technology committee meeting in June to discuss COVID-19 vaccine development.

And now there are plans afoot to vaccinate children against SARS-CoV-2/COVID-19 to protect the elderly.

According to The Guardian article "A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease..." and this "may mean immunising others around them, such as children".

It's been reported that most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild and severe COVID-19 disease in children is rare. (See comment published in *The Lancet Child & Adolescent Health*^[3])

How can it be ethical to vaccinate mass populations of children against SARS-CoV-2 to protect the elderly if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?

How can it be ethical to vaccinate mass populations of children against flu if children do not often get severe flu?

Vaccinations are medical interventions which have risks. It seems to me unethical to vaccinate someone against a disease which is not a significant threat to them to protect others, e.g. the elderly. This is a particularly serious matter to consider in countries which have coercive vaccination policies, e.g. Australia and the United States.

And now Reuters reports "AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine hopeful by most of the countries with which it has struck supply agreements..."

According to Reuters, Ruud Dobber, a member of Astra's senior executive team, said "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects".[4]

So AstraZeneca has been granted protection from future product liability, and children around the world will be left with the risk of side effects in order to supposedly protect the elderly.

In my opinion this is not ethical.

What do doctors think about this, about vaccinating children with flu vaccines and future coronavirus vaccines to supposedly protect the elderly?

This is not to negate the risks of flu and SARS-CoV-2 for the elderly, but efforts should be concentrated on finding medications to help them directly, children's right to their own natural defences should not be sacrificed in this regard.

Can Fiona Godlee and Rapid Recommendations editors please urgently consider this matter?

References:

1. on Fiona Godlee. We can change practice - can we also change culture? *BMJ* 2019;364:l108
2. Covid-19 vaccine may not work for at risk older people, say scientists. *The Guardian*, 24 June 2020.
3. The immune system of children: the key to understanding SARS-CoV-2 susceptibility? [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext)
4. AstraZeneca to be exempted from coronavirus vaccine liability claims in most countries. *Reuters*, 30 July 2020.

Competing interests: No competing interests

05 August 2020

Elizabeth M Hart

Independent citizen investigating the over-use of vaccine products and conflicts of interest in vaccination policy

Adelaide, Australia

Elizabeth

On Fri, May 13, 2022 at 11:58 PM geert vanden bossche wrote:

Sorry for typos

Made corrections below

geert

From: Geert Vanden Bossche

Sent: Friday, May 13, 2022 4:12 PM

To: Elizabeth Hart <elizmhart@gmail.com>

Cc: Emma McArthur, Gus Dalgleish, Jayanta Bhattacharya, Jessica Rose, Jonathan Engler, Martin Kulldorff, Philip McMillan, Marc Girardot, Nick Hudson, Patrick Layton, Paul Elias Alexander, Peter A. McCullough, Robert Malone, Roger Hodkinson, Karol Sikora, Sunetra Gupta

Subject: RE: Covid-19 / Mareks / H5N1 H5N2

It's a shame that some dare to voice such strong opinions while not even understanding any of the complex science behind.

They may start educating themselves using ~~with~~ the document attached...

If that doesn't suffice, we'll invite them for a debate.

Stupidity and arrogance will prevail as long as we don't enforce (by law!) DEBATE mandates instead of vaccine mandates....

Best

G

From: Elizabeth Hart <elizmhart@gmail.com>

Sent: Friday, May 13, 2022 12:39 PM

To: geert vanden bossche

Cc: Emma McArthur, Gus Dalgleish, Jayanta Bhattacharya, Jessica Rose, Jonathan Engler, Martin Kulldorff, Philip McMillan, Marc Girardot, Nick Hudson, Patrick Layton, Paul Elias Alexander, Peter A. McCullough, Robert Malone, Roger Hodkinson, Karol Sikora, Sunetra Gupta

Subject: Re: Covid-19 / Mareks / H5N1 H5N2

Honestly, I just want to go BALLISTIC!!!

There's so much to react to, it's never-ending...

Consider for example this report on Channel 7 News (Adelaide) this evening, I've transcribed it from Facebook:

https://fb.watch/cZQQ2_zzXd/

Gertie Spurling, Ch 7

There's hope Australia's young children could be protected against Covid as early as this winter. The Therapeutic Goods Administration is currently looking at whether to approve a quarter dose of the Moderna vaccine for children aged between six months and six years.

In the US approval could be granted as early as next month.

The announcement comes as SA Health officials here voice their concerns about lagging second dose and booster vaccination rates in children.

Dr Emily Kirkpatrick, SA Health

It is certainly a concern that we're seeing in children, that we're not seeing the uptake of the vaccination, particularly in kids who've already had a Covid-19 infection, perhaps during the summer school holidays. Our message really is, it's important to still get vaccinated, even if you've had a previous Covid-19 infection.

Gertie Spurling, Ch 7

Covid cases are expected to swell this winter, and for the first time will collide with a genuine flu season. Of the thousands of cases reported nationally, people aged between 10 to 24 years, and children under 10 have been hardest hit. But it's the under fives that doctors are most concerned about.

Dr Rod Pearce, General Practitioner

Flu is a nasty disease, can be a fatal disease in children. We've got two/three year olds that have never seen influenza, so their immune system, unless they've been vaccinated, is going to see influenza for the first time.

Gertie Spurling, Ch 7

GPs are urging parents not to delay booking their kids in for a jab. Flu vaccines are free for children under five.

So here we have Covid and flu jab advertising on the Channel 7 News.

And the never-ending presumption that people/children aren't 'protected' unless they're 'vaccinated', so much to unpack here.

But here's a key point - about the general practitioner, Rod Pearce, shown in the segment. It's not disclosed that Pearce is the chairman of the Immunisation Coalition, a vaccine promoting organisation which is funded by vaccine providers Pfizer, moderna, Biocelect (Novavax), GlaxoSmithKline, Seqirus/CSL, Sanofi, and MSD (aka Merck), i.e. organisations that are pushing Covid and flu jabs! Google is also a sponsor/supporter.

<https://www.immunisationcoalition.org.au/about-us/>

This sort of reporting/advertising is happening frequently, with members of the Immunisation Coalition flourishing their professional credentials as authority to push the jabs, but not disclosing conflicts of interest, i.e. associations with the vaccine industry.

This whole situation is so rotten...

Elizabeth

On Fri, 13 May 2022 at 4:28 pm, Elizabeth Hart <elizmhart@gmail.com> wrote:

Geert, re my email to you which questioned:

If the virus only caused asymptomatic to mild or moderate infection in the vast majority of the unvaccinated population, and wasn't likely to allow for sustained transmission, and was likely to come to an end within 6-12 months...

WHY WAS A PLAN TO JAB THE ENTIRE GLOBAL POPULATION...OVER AND OVER AGAIN...INITIATED?!?!?!

Thanks for your reply to me which you've agreed I can share, i.e.:

Before reaching that sound equilibrium where the virus becomes endemic (txs to herd immunity), this pandemic would of course have come with a price to pay: a few waves of morbidity with , however, a very low percentage of severe disease and death (in >80y and people with co-morbidities). The vast majority of infections would have gone asymptomatic or mild. This is in sharp contrast to MERS and SARS and that is probably what caused panic at WHO and made them declare this pandemic a health emergency of international concern. However, they should have realized very rapidly that SC-2 was a disease of immunologically vulnerable people only and that should always have known that mass vaccination during a pandemic with vaccines that cannot curb transmission always inevitably leads to expansion of more infectious immune escape variants...Even the virulence of the virus has now come under immune pressure and the likely consequences of that evolution will by far outnumber the case fatalities we would have seen without mass vaccination. This certainly applies when one protects the vulnerable (only until herd immunity is reached in the population) and provides access to early outpatient treatment!

Geert, it's very interesting to think about your reply in light of what has and is occurring with the grossly disproportionate and ill-targeted global Covid-19 response, and what might happen in future.

How did this disastrous Covid-19 response happen, particularly the *INSANE* plan to jab the entire global population? This must be tracked back now, who is responsible for this debacle? Why has it been allowed to continue, largely unchecked? Why are there no effective checks and balances? Why has 'regulation' proved to be such a gross failure, and indeed is now dangerous in facilitating defective Covid jabs, including under mandates?

In regard to the political damage done to our society, here's my *BMJ* rapid response, published on 18 December 2020:

Liberal democracies being turned upside down to 'protect health services'

Dear Editor

Healthy people are being compelled to wear masks, to be tested with questionable PCR testing, and to be quarantined on the basis of questionable 'positive' tests. In South Australia and elsewhere, people are expected to have their every move tracked by QR codes in case of 'outbreaks'. People of all ages are now potentially at risk of mandatory coronavirus vaccination, possibly every year or even more often, with fast-tracked coronavirus vaccine products, for a virus which isn't a threat to most people, certainly not to those under 70 years. [1]

And all this is supposedly to protect health services, such as the NHS in the UK, which apparently are not fit for purpose, and not equipped to respond to need, e.g. respiratory illnesses which emerge every year, particularly in the elderly. If all the money and resources that are currently being spent on questionable testing[2] and the more than 200 coronavirus vaccine candidates[3], were instead spent on finding effective treatments and preventatives for the vulnerable, how much better off might we be?

To put things in perspective, consider that over the past eleven months, globally 1.64 million deaths have been attributed to COVID-19.[4] These 1.64 million deaths must be seen in context with the 56 million deaths expected in the world annually.[5]

There has been a disproportionate and ill-targeted response to SARS-CoV-2, a response which has created dramatic upheaval throughout the world. Deaths and 'case' numbers attributed to COVID-19 have been used to impose serious restrictions on people's right to free movement and association, resulting in massive damage to the economy and social interaction. There must be independent and objective critical analysis of the global statistics being used to impose draconian restrictions.

Our 'liberal democracies' are being turned upside down by the current response to SARS-CoV-2, with civil liberties being trashed, and police forces being unleashed on those who dare to protest publicly. This is the most shocking political experience of my lifetime, at the hands of 'our own governments'.

Academics from various disciplines, e.g. via advisory groups such as SAGE, have influenced politicians, who appear to have yielded completely to these people, and imposed onerous ongoing restrictions on the community. But who are these academics? I asked this question in my BMJ rapid response: Who are the members of SAGE? There must be transparency and accountability for coronavirus policy.[6]

At last The BMJ is eliciting some information, for instance we're finding out about conflicts of interest of SAGE members which were previously not disclosed.[7] There is much to consider here, not just about SAGE, but also about other groups, there's a vast network which is influencing coronavirus policy.

This is an extremely serious political situation - the quest must continue for transparency and accountability for the disproportionate and ill-targeted SARS-CoV-2 response.

References:

1. See deaths by registered age group. Deaths registered weekly in England and Wales, provisional: week ending 4 December 2020. Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/deaths-registered-weekly-4-december-2020>...
2. Elizabeth Hart BMJ rapid response: Coronavirus mass testing - a gross waste of money and resources: <https://www.bmjjournals.org/content/371/bmjm4460/rr-2>
3. Peter McIntyre et al. COVID-19 vaccines - are we there yet? Australian Prescriber, 17 December 2020: <https://www.nps.org.au/australian-prescriber/articles/covid-19-vaccines-...>
4. Number of novel coronavirus (COVID-19) deaths worldwide as of December 16, 2020, by country. Statista: <https://www.statista.com/statistics/1093256/novel-coronavirus-2019ncov-deaths/>...
5. Worldometers: <https://www.worldometers.info/> accessed 18 December 2020.

6. Elizabeth Hart BMJ rapid response: Who are the members of SAGE? There must be transparency and accountability for coronavirus policy: <https://www.bmj.com/content/371/bmj.m4235/rr-1>
7. See: Rebecca Coombes. Covid-19: SAGE members' interests published by government 10 months into pandemic: <https://www.bmj.com/content/371/bmj.m4911> and Paul D Thacker. Conflicts of interest among the UK government's covid-19 advisers: <https://www.bmj.com/content/371/bmj.m4716>

Competing interests: No competing interests

18 December 2020

Elizabeth M Hart

Independent person investigating the over-use of vaccine products and conflicts of interest in vaccination policy

Adelaide, Australia

Elizabeth

On Thu, May 12, 2022 at 2:44 PM Elizabeth Hart <elizmhart@gmail.com> wrote:

Thanks very much for your response Geert.

You say: "**we started out with a virus that caused asymptomatic to mild or moderate infection in the vast majority of the unvaccinated population**".

So this means it wasn't a serious problem for most people? It was something their own immune system could have responded to effectively?

You also say: "**asymptomatic to mild or moderate infection in the vast majority of the unvaccinated population...does not normally allow for sustained transmission**". And "**that's how and why previous natural pandemics came to an end within 6-12 months**".

?!?!?!?!?!?!?

If the virus only caused asymptomatic to mild or moderate infection in the vast majority of the unvaccinated population, and wasn't likely to allow for sustained transmission, and was likely to come to an end within 6-12 months...

WHY WAS A PLAN TO JAB THE ENTIRE GLOBAL POPULATION...OVER AND OVER AGAIN...INITIATED?!?!?!?

Elizabeth

On Mon, May 9, 2022 at 6:15 PM geert vanden bossche wrote:

Dear Elizabeth,

I understand. People **erroneously** use the Marek example as a model of how symptomatic vaccine could lead to a catastrophic scenario.

It's important to understand that the Marek example does not apply to the current situation at all!!

As pointed out correctly, vaccination against Marek still allows for infectious spread of a viral strain **that – in its own right - is otherwise too lethal to persist**. Vaccination, therefore, protects vaccinated chicken from getting lethal disease, whereas it does not protect the unvaccinated chicken; that's pretty straightforward. The effect is immediate; it's not triggered by population-level immune pressure driving rapid evolution of the virus.

The situation we're experiencing right now is totally different: we started out with a virus that caused asymptomatic to mild or moderate infection in the vast majority of the unvaccinated population and, therefore, does not normally allow for sustained transmission (that's how and why previous *natural* pandemics came to an end within 6-12 months). The more people you vaccinate during a pandemic, the more you allow the population to sustain viral transmission because of population-level immune pressure and the resulting natural selection of more infectious variants. **In contrast to the situation with Marek, it's the enhanced resistance to potentially virus-neutralizing Abs that will first make the VACCINEES more susceptible to infection and ultimately also to a higher level of virulence** (as high prevalence of elevated titers of non-neutralizing, infection-enhancing Abs place high immune pressure on viral virulence by virtue of the *trans* infection-inhibiting effect of these very non-neutralizing Abs in distant organs, including the LRT).

As the non-vaccinated do not suffer from the deleterious effects of these non-neutralizing vaccinal Abs, they continue to train their innate immunity after each disease-fighting experience. This improves their polyspecific innate immune protection and enables them to take care of all CoVs, including all SC-variants. That's why we're now observing negative vaccine efficacy across the different age groups.

I know this is complex but it suffices to understand that in case of Marek, it's all about the (high level of) **intrinsic virulence** of the virus whereas mass vaccination against a relatively mild virus during a pandemic will ultimately lead to preponderance of non-neutralizing Abs in vaccinees. **It's these Abs that will make the virus more infectious and ultimately more virulent** in those who've been erroneously primed with the 'Wuhan' vaccine and are, therefore, sitting on this type of deleterious Abs. In the unvaccinated, however, the 'more infectious' variants serve as a live attenuated vaccine! (of course, as one should never vaccinate vulnerable people with a live attenuated vaccine, Omicron can, indeed, also cause (severe) disease in unvaccinated people who're immune compromised).

We absolutely need to forget about the Marek case when it comes to drawing parallels to the current pandemic.

Alike mass vaccination, overcrowding may also generate high infectious pressure and, therefore, lead to enhanced immune pressure. So, if one wants to cite an example that is to some extent comparable to the current situation, it makes more sense to refer to the rapid spread of Influenza in densely populated poultry areas:

"Any viral variant that is capable of restoring the capacity of S-NTD to induce fusogenic rearrangement of S without jeopardizing the enhanced infectiousness of the virus would qualify. This reasoning is consistent with observations made in avian influenza epidemics in chicken, where high infectiousness and rapid transmission in highly dense chicken populations selects for a more fusogenic hemagglutinin (HA) protein (which serves a function similar to that of the coronavirus spike protein). Variants that incorporate a polybasic cleavage site (already present in SC-2 spike protein!) in their hemagglutinin (HA) protein can enhance fusogenic rearrangement of HA and, therefore, strengthen the capacity of the virus to infect distant target cells in trans. The selection of a more fusogenic HA variant has enabled avian influenza viruses to evolve from low-pathogenicity into highly pathogenic variants (<https://www.nature.com/articles/s41591-020-0820-9.pdf>)" (see on p. 23 of my manifesto which I recently updated according to the current Omicron situation: see attached).

Best regards

Geert

From: Elizabeth Hart <elizmhart@gmail.com>
Sent: Monday, May 9, 2022 9:44 AM
To: Geert Vanden Bossche, Roger Hodkinson, Gus Dalgleish, Emma McArthur, Philip McMillan, Nick Hudson, Peter A. McCullough, Robert Malone, Jessica Rose, Patrick Layton, Paul Elias Alexander, Karol Sikora, Martin Kulldorff, Sunetra Gupta, Jayanta Bhattacharya, Marc Girardot, Jonathan Engler
Subject: Covid-19 / Mareks / H5N1 H5N2

Geert, I'm a bit confused about what's going on with Covid-19 and the jabs...

You indicate **it's the 'vaccinated' who are at risk with the Covid jabs**. For example, as detailed in your document **The immunological rationale against C-19 vaccination of children** (copy attached) which includes many statements about the danger of implementing Covid-19 jabs, e.g.

- (g) Priming the child's immune system with C-19 vaccines is likely to further enhance immune escape and increase the infectiousness and virulence of future variants.
- (h) Increasingly, **it is unvaccinated children who will be best able to handle future infection by new SC-2 variants, compared to vaccinated children and vaccinated adults---because the unvaccinated have unhampered capacity to naturally activate innate Ab-mediated sterilized immunity, whereas the vaccinated have compromised innate immunity and are prone to breakthrough infections (due to declining vaccinal Ab titers) and potentially predisposed to Ab-dependent enhancement of disease (due to suboptimal neutralizing capacity of vaccinal Abs).** (My emphasis.)

This is at odds with **Andrew Read et al's 2015 chicken and Marek's disease study**, which raised the subject of 'leaky vaccines', and states:

Could some vaccines drive the evolution of more virulent pathogens? Conventional wisdom is that natural selection will remove highly lethal pathogens if host death greatly reduces transmission. Vaccines that keep hosts alive but still allow transmission could thus allow very virulent strains to circulate in a population. Here we show experimentally that immunization of chickens against Marek's disease virus enhances the fitness of more virulent strains, making it possible for hyperpathogenic strains to transmit. **Immunity elicited by direct vaccination or by maternal vaccination prolongs host survival but does not prevent infection, viral replication or transmission, thus extending the infectious periods of strains otherwise too lethal to persist. Our data show that anti-disease vaccines that do not prevent transmission can create conditions that promote the emergence of pathogen strains that cause more severe disease in unvaccinated hosts.** (My emphasis.)

Here also is an article published in New Scientist in 2015: **US farms hit by bird flu - but a vaccine might make things worse**.

This article states:

At the moment, an infected farm must kill all of its birds to stop H5N2. Poultry producers [want a vaccine](#) instead. Researchers at the US Department of Agriculture are starting tests, and Clifford says he is talking to vaccine companies.

But “vaccination will always be the last option for avian influenza,” says [Henry Wan](#) of Mississippi State University, who discovered H5N1 in 1996. Widespread poultry vaccination in China, Indonesia and Egypt has not got rid of that strain.

On the contrary, vaccinated poultry spread the virus without getting sick, making its spread invisible. Vaccination has moreover driven the evolution of H5N1 as these viruses adapt to the vaccinated birds. China is now trapped, say researchers: it wants to give up expensive poultry vaccination, but if it did, ubiquitous, silent infections with H5N1 would decimate the unvaccinated birds.

Even if the US avoided this trap, vaccination would hurt its poultry exports, worth \$3 billion a year. Tests cannot distinguish vaccinated from infected birds, so importers reject meat and eggs from countries that vaccinate their poultry.

Ruben Donis of the US Centers for Disease Control and Prevention calls relying on vaccines to control bird flu “unrealistic”. It might be possible to use an H5N2 vaccine on some high-risk farms with careful monitoring for silent infections, he says. But “so far, there is no reason to believe that H5 could not be controlled through culling”, plus sanitary precautions aimed at keeping environmental viruses out of henhouses.

Depending on when – and if – summer weather starts killing off stray viruses, and more effective sanitary measures kick in, that could mean millions more dead chickens and turkeys, even before the ducks fly south again next autumn.

(My emphasis.)

Is poultry vaccinated against avian influenza? See for example: [Researchers work to develop bird flu vaccine to contain future outbreaks](#). University of Wisconsin Madison School of Veterinary Medicine, 16 March 2022

Geert, you're saying the Covid-19 jabs are impairing the 'vaccinated', and the Read study and H5N1 article suggest it's the 'unvaccinated' at risk.

Can you please clarify this for me?

Thanks

Elizabeth