5-25-21
Item #16

Subject: FW: Elections & Unwarranted Audits

From: Rachel Youdelman <rachel27@berkeley.edu>
Sent: Thursday, May 20, 2021 3:27 PM
To: BOSComments <BOSComments@fresnocountyca.gov>
Subject: Re: Elections & Unwarranted Audits

Thank you. That should be fine. Appreciate your help

On Thu, May 20, 2021 at 3:13 PM BOSComments <BOSComments@fresnocountyca.gov> wrote:

We can provide it to the Board of Supervisors under item no. 16, which is Public Presentations.

From: Rachel Youdelman <rachel27@berkeley.edu>
Sent: Thursday, May 20, 2021 2:12 PM
To: BOSComments <BOSComments@fresnocountyca.gov>
Subject: Re: Elections & Unwarranted Audits

I wanted to comment on a potential election audit and did not see any agenda item on the subject in the upcoming meeting on May 25. So I tried to match it to the Apr 27 agenda
item #5.

But if the comment must be associated with an upcoming agenda, can it be changed to a general public comment for the May 25 meeting?

Thank you very much,

On Thu, May 20, 2021 at 1:05 PM BOSComments <BOSComments@fresnocountyca.gov> wrote:

Good afternoon Rachel,

I just want to confirm, was your comment actually for the April 27, 2021 or for the May 25th Fresno County Board of Supervisors meeting?

From: Rachel Youdelman <rachel27@berkeley.edu>
Sent: Thursday, May 20, 2021 11:15 AM

To: BOSComments <BOSComments@fresnocountyca.gov>
Subject: Elections & Unwarranted Audits

CAUTION!!! - EXTERNAL EMAIL - THINK BEFORE YOU CLICK

- Board Meeting Date APR 27 2021
- Item Number AGENDA ITEM #5
- Comments AS FOLLOWS

Recently, in the wake of the early retirement of Brandi Orth, the Fresno County Board of Supervisors showed good judgement and leadership by appointing James Kus, a seasoned, non-partisan professional as county clerk. Please continue this mode of leadership and prudence by abandoning any plan to spend taxpayer money on an unwarranted election audit.

There is no evidence that an audit is necessary. The Board must demonstrate leadership by defending the truth. Do not pander to those who promote the Big Lie, Trump's false assertion that he won the election, a determination he made well before the election even took place. Continued allegiance to a former president who can't distinguish between reality and fantasy is dangerous.

If you are hearing concerns from constituents about purported voting fraud, it is your responsibility to tell them the truth and reiterate that there is no evidence of such fraud and that scores of courts have already so ruled. Your leadership role is to let your constituents know that the circulation of false information of any sort stops with you.

In Arizona, even the Maricopa County Board of Supervisors has demanded a stop to the Trumpist election audit, which had auditors going so far as to search for traces of bamboo in the ballot paper.

Please show leadership and good judgement, demonstrate to constituents that you will refuse to promote disinformation, and stop any plan for an unwarranted election audit.

Sincerely,

Rachel Youdelman, Clovis 93612 (District 5)

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Rachel Youdelman
rachel27@berkeley.edu
www.rachelyoudelman.com

Item #16
5-25-2021

SOTN: Alternative News, Analysis & Commentary
Revealing the True State of the Nation

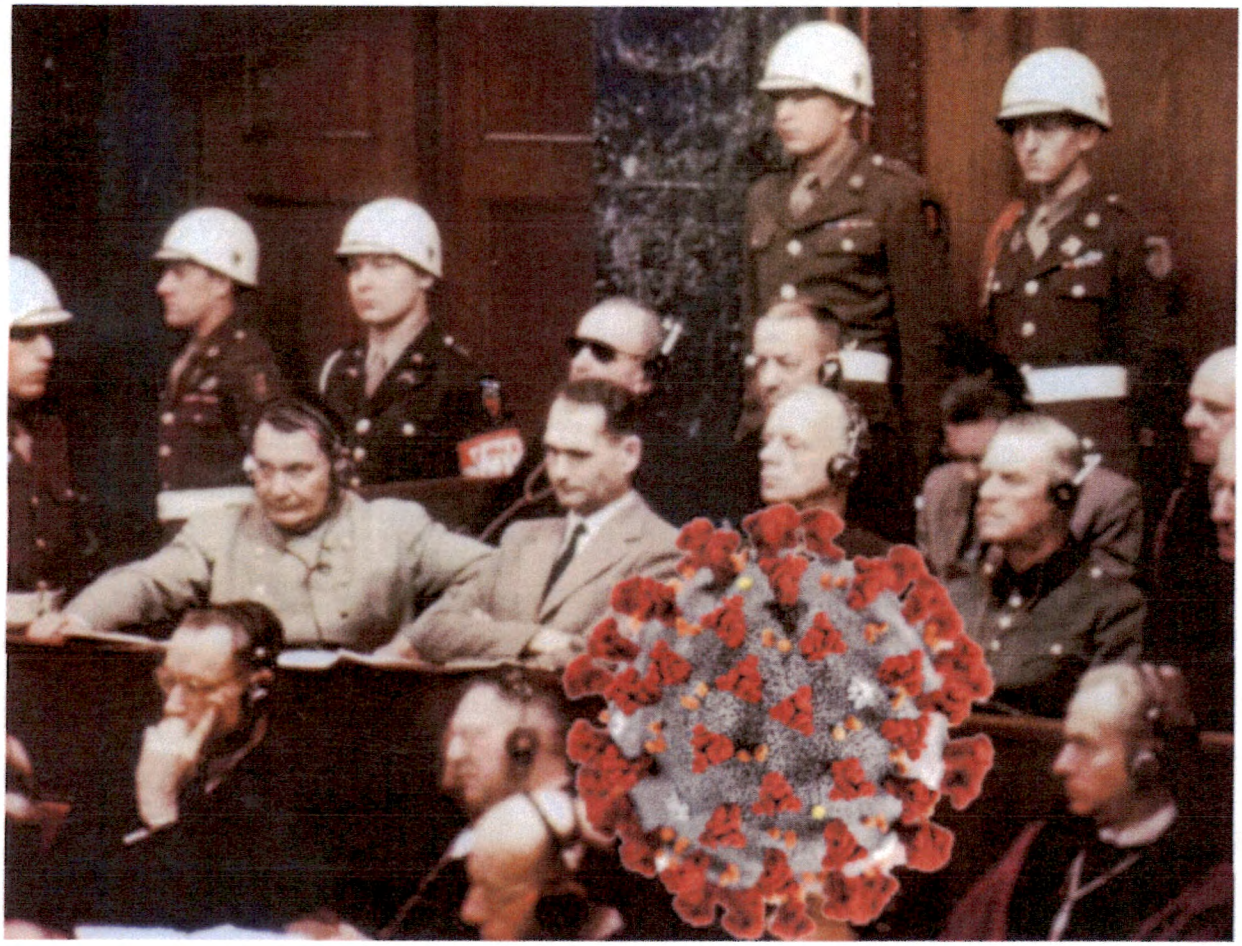
State of the Nation

"Vaccines are painful, poisonous, unhealthy, harmful, dangerous, deadly, immoral and ungodly." (Video) →

The New Nuremberg Trials 2021

Posted on May 5, 2021 by State of the Nation

W.H.O. AND C.D.C. – THE NEW NUREMBERG TRIALS 2021 [CRIMES AGAINST HUMANITY] – PLEASE SHARE THIS INFO!



Blazing Press

A team of over 1,000 lawyers and over 10,000 medical experts lead by Dr. Reiner Fullmich have begun legal proceedings over the CDC, WHO, the Davos Group for crimes against humanity. Fullmich and his team present the faulty PCR test and the order for doctors to label any comorbidity death as a Covid death as fraud. The PCR test was never designed to detect pathogens and is 100% faulty at 35 cycles. All the PCR tests issued by the CDC are rated at 37 to 45 cycles. The CDC admits that any test over 28 cycles are not admissible for any positive reliable result. This alone invalidates over 90% of the alleged covid infections tracked by the use of this faulty test.

In addition to the flawed tests and fraudulent death certificates, the "experimental" vaccine itself is in violation of Article 32 of the Geneva Convention. Under Article 32 of the 1949 Geneva Convention IV, "mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person" are prohibited. According to Article 147, conducting biological experiments on protected persons is a grave breach of the Convention.

The "experimental" vaccine is in violation of all 10 of the Nuremburg Codes which carry the death penalty for those who seek to violate these International Laws.

The "vaccine" fails to meet the following five requirements to be considered a vaccine and is by definition a medical "experiment" and trial:

Provides immunity to the virus
This is a "leaky" gene-therapy that does not provide immunity to Covid and claims to reduce symptoms yet double-vaccinated are now 60% of the patients requiring ER or ICU with covid infections.

Protects recipients from getting the virus
This gene-therapy does not provide immunity and double-vaccinated can still catch and spread the virus.

Reduces deaths from the virus infection
This gene-therapy does not reduce deaths from the infection. Double-Vaccinated infected with Covid have also died.

Reduces circulation of the virus
This gene-therapy still permits the spread of the virus as it offers zero immunity to the virus.

Reduces transmission of the virus
This gene-therapy still permits the transmission of the virus as it offers zero immunity to the virus.

The following violations of the Nuremberg Code is as follows

Nuremburg Code #1: Voluntary Consent is Essential

No person should be forced to take a medical experiment without informed consent. Many media, political and non-medical persons are telling people to take the shot, it's safe and offer no information as to the adverse effects or dangers of this gene-therapy. Countries are using lockdowns, duress and threats to force people to take this vaccine or be prohibited to participate in free society under the mandate of a Vaccine Passport or Green Pass. During the Nuremberg trail, even the media was prosecuted and members were put to death for lying to the public amongst many of the doctors and Nazis found guilty of Crimes Against Humanity.

Nuremburg Code #2: Yield Fruitful Results Unprocurable By Other Means

As listed above, the gene-therapy does not meet the criteria of a vaccine and does not offer immunity to the virus. There are other medical treatments that yield fruitful results against Covid such as Ivermectin, Vitamin D, Vitamin C, Zinc and boosted immune systems for flu and colds.

Nuremburg Code #3: Base Experiments on Results of Animal Experimentation and Natural History of Disease

This gene-therapy skipped Animal testing and went straight to human trials. In mRNA research that Phizer used a candidate study on mRNA with rhesus macaques monkeys using BNT162b2

mRNA and in that study all the monkeys developed pulmonary inflammation but the researchers considered the risk low as these were young healthy monkeys from the age of 2-4. Israel has used Phizer and the International Court of Law has accepted a claim for 80% of the recipients having pulmonary inflammation from being injected with this gene-therapy. Despite this alarming development Phizer proceeded to develop their mRNA for Covid without animal testing.

Nuremburg Code #4: Avoid All Unnecessary Suffering and Injury

Since the rollout of the experiment and listed under the CDC VAERS reporting system over 4,000 deaths and 50,000 vaccine injuries have been reported in America. In the EU over 7,000 deaths and 365,000 vaccine injuries have been reported. This is a grievous violation of this code.

Nuremburg Code #5: No Experiment to be Conducted if There's Reason to Think Injury or Death Will Occur

See #4, based on fact-based medical data this gene-therapy is causing death and injury. Past research on mRNA also shows several risks that have been ignored for this current trial gene-experiment. A 2002 study on Sars-Cov spike proteins showed they cause inflammation, immunopathology, blood clots and impede Angiotensin 2 expression. This experiment forces the body to produce this spike-protein inheriting all these risks.

Nuremburg Code #6: Risk Should Never Exceed the Benefit

Covid-19 has a 98-99% recover rate. The vaccine injuries, deaths and adverse side-effects of mRNA gene-therapy far exceed this risk. The use of "leaky" vaccines were banned for agriculture use by the US and EU due to the Marek Chicken study that shows 'hot-viruses' and variants emerge making the disease even more deadly. Yet, this has been ignored for human use by the CDC knowing fully the risk of new deadlier variants emerge from leaky vaccinations.

Nuremburg Code #7: Preparation Must Be Made Against Even Remote Possibility of Injury, Disability or Death

There were no preparations made. This gene-therapy was approved under an Emergency Use only act, skipped animal and human trials and forced on a misinformed public.

Nuremburg Code #8: Experiment Must Be Conducted by Scientifically Qualified Persons

Politicians, media and actors claiming that this is a safe and effective vaccine are not qualified. Propaganda is not medical science. Many retail outlets such as Walmart, drive-through vaccine centers are not qualified to administer experimental medical gene-therapies to the uninformed public.

Nuremburg Code #9: Anyone Must Have the Freedom to Bring the Experiment to an End At Any Time

Despite the outcry of over 85,000 doctors, nurses, virologists, epidemiologist the experiment is not being ended. In fact, more attempts to change laws to force vaccine compliance, mandatory and forced vaccinations are being pushed through, and experimental 'update' shots are planned for every 6 months without any recourse to the surmountable amount of deaths and injuries already caused by this experiment. Hopefully this new Nuremberg Trial will put an end to this crime against humanity.

Nuremburg Code #10: The Scientist Must Bring the Experiment to an End At Any Time if There's Probable Cause of it Resulting in Injury or Death

It is clear in the statistical reporting data that this experiment is resulting in death and injury yet all the politicians, drug companies and so called experts are not making any attempt to stop this gene-therapy experiment from inflicting harm on a misinformed public.

What can you do to help put an end to this crime against humanity? Share this information. Make your politicians, media, doctors, nurses informed that if they are complicit in this crime against humanity they too are subject to the laws set forth in the Geneva Convention and Nuremburg code and can be tried, found guilty and put to death. Legal proceedings are moving forward, evidence has been collected and a large growing body of experts are sounding the alarm.

Visit the Covid Committee website at: [link to corona-ausschuss.de and if you have been affected by this crime, report the event, persons involved, and as much detail to the following website:

[link to www.securewhistleblower.com

Crimes against humanity affect us all. They are a crime against you, your children, your parents, your grandparents, your community and your country and your future.

—

This entry was posted in Uncategorized. Bookmark the permalink.

←

Were the Amazon helipads planned for NYC and Arlington related to Black Ops Aviation—the helicopter company owned by Lauren Sanchez, significant other of Jeff Bezos

"Vaccines are painful, poisonous, unhealthy, harmful, dangerous, deadly, immoral and ungodly." (Video) →

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- **OPERATION TORCH CALIFORNIA**: Are the NWO Globalists Aiming Their Geoengineering Weaponry at the Southwest Again?
- Did Colonial only 'pay' this $5MIL ransom to make it look like it wasn't a CIA black operation?!
- What in the world is the US government hiding in the Jan. 6th video footage?
- These are the primary reasons why people are MISGUIDEDLY getting the Covid vaccines.
- Yeah, just trust the science.
- Yes, smartphone addictions have become this bad!

- Is the Colonial Pipeline really back online? Why will it take so long to normalize the transport operation?
- The Greatest Reset (Trailer)
-

What took these incompetents so long to restart the gas pipeline, REALLY?!?!?!

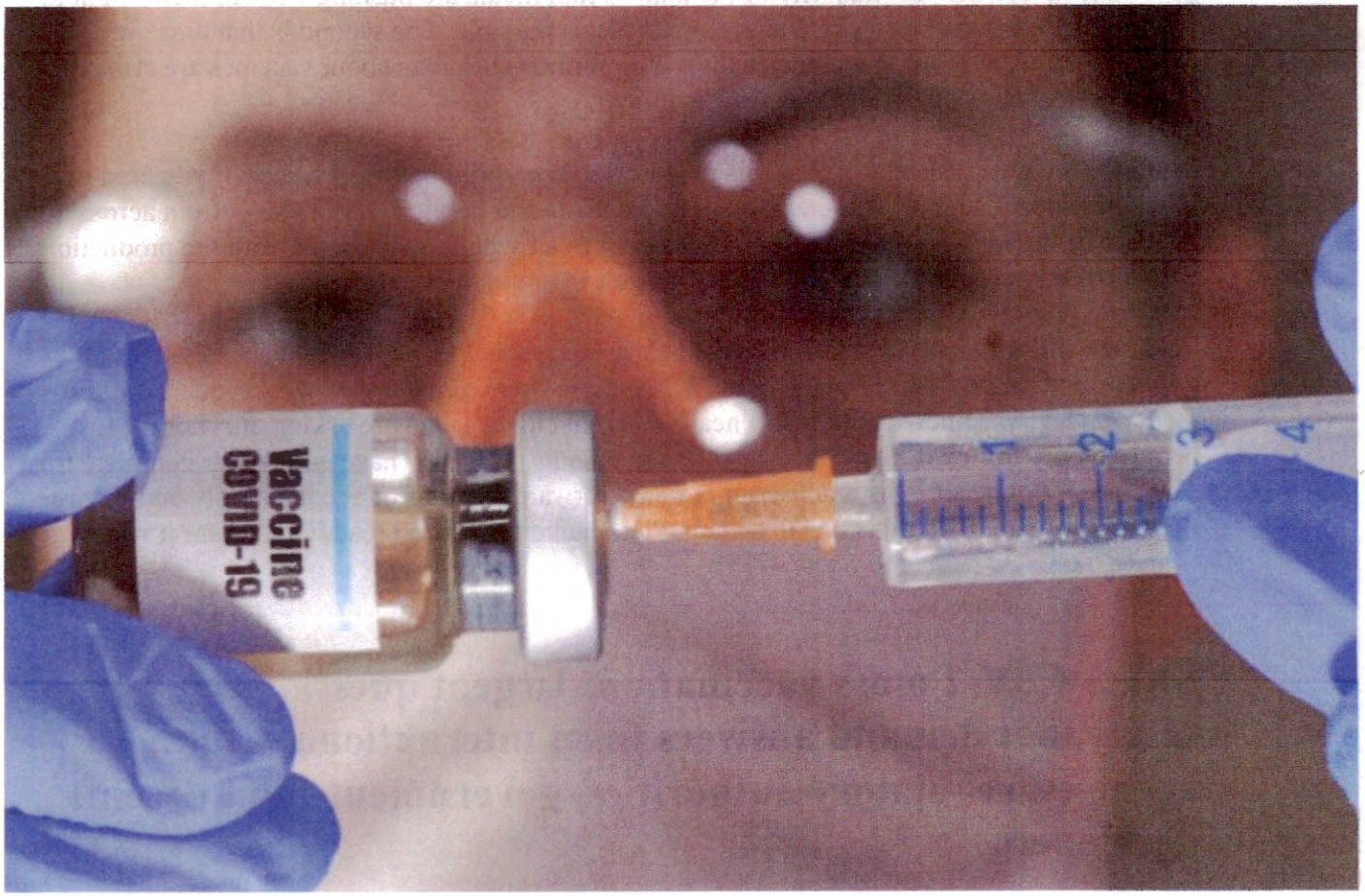
- Would it be surprising that US State Dept Spokesman Ned Price worked at the CIA from 2006-17 went to private school and Georgetown Univ.?
- Now it's time for RINO Kevin McCarthy to go! All he does is lie about the obviously stolen 2020 POTUS election. How can he remain as Minority Leader?
- It literally took a recall of the California governor to terminate the unconstitutional lockdowns, curfews and mandates.
- "Liz is a Bitter, Horrible Human Being"
- Rep. Paul Gosar Wants to Know Who Executed Ashli Babbitt on Jan. 6th
- This RINO wackadoodle is so crazy, she's committing political suicide during prime time!
- CDC Chief Dr. Rochelle P. Walensky Gets Blasted from Every Quarter for Dangerous and Unsafe Covid Guidance
- Listen to this primary car physician grossly misrepresent both the safety and efficacy of the Covid vaccines now being given to children. (Video)
- Why would Colonial Pipeline pay any ransom when it's clearly a CIA-Deep State-Biden Admin PsyOp?
- Is pine needle tea the answer to covid vaccine shedding? (Video)
- Fauci will, in due time, be found and known to be a career criminal of truly epic proportions
- An 11th State Set to Bans Unconstitutional Vaccine Passports
- Is this yet another reason why the largest US gas pipeline was stealthily shut down?
- It's true that stimulus checks have been sent to millions of undocumented illegal aliens! (Video)
- Never forget Bill Gates' own description of the Covid *Plandemic* (Video)
- These self-driving vehicles are so dangerous how are they even legal?!?!
- You know crazy cultural marxists have taken over the international art market when garbage like this is sold for over $93 MIL!
- Here's the Most Controversial Billboard in all of Maryland!
- This Isn't About A Virus! (Video)
- UNDENIABLE PROOF FAUCI & GATES CREATED THE COVID 19 VIRUS UNDER GAIN OF FUNCTION RESEARCH
- MUST WATCH! Tucker Carlson Shatters Media Silence On Growing Number of Vaccines Deaths
- **Why are thousands of people dying from the Covid Vaccines?** (Video)
- The Gas Pipeline PsyOp of 2021 Intensifies

- See how afraid the mainstream media is of the Florida Governor because of his remarkable Covid containment success.
- HYPERINFLATION BEGINS!
- An Important Message about Vaccines (Video)
- IDF Soldier Recounts Harrowing, Heroic War Story Of Killing 8-Month-Old Child
- 20 Governors Send Letter To Biden Rejecting Plan To House Illegals In Their States
- Has The Backlash Against Police-Bashing Begun?
- 30,000 Side Effects from Covid Vaccines in Sweden & Those Are the Ones Reported!
- On last day of Ramadan Gaza is being bombed by Israeli fighter jets (Video)
- ITS LITERALLY ARMAGEDDON! (Video)
- Liz Cheney Finally Booted from House Leadership, Now Must Be Kicked Out of GOP
- The world must see this and know the truth on what is happening to us all by design. (Video)
- ***Did the Democrats collude with Deep State to trigger this gas run in Tallahassee to punish Gov. Ron DeSantis?***
- **Biden is the Number 1 Suspect in the Colonial Pipeline Shutdown** (Video)
- "This is not about 'safety'; this is about destroying your HERITAGE!"
- COVID-19 VAX: The Intent….
- "BLAME RUSSIA!" — The MSM Propaganda Piece Below Proves a Conspiracy to Further Unjustly Sanction Russia
- Hopeless RINO, NWO Globalist, Hardcore Warmonger and Serial Liar Liz Cheney Refuses to Admit Obvious Stolen 2020 Election—How is she even there?!
- When the mayor of Israel's 23rd largest city warns of civil war….
- Is this monstrous-looking fish that just washed up on a California beach an OMEN about the crazy communist CA state government?
- **COVID VACCINE PARALYSIS**: How were these extremely toxic and highly experimental injections even approved EUA?!?!?!
- Now the whole world can see the utter absurdity and deceitful manipulation surrounding the ever-pejorative "Anti-Semite" label!
- **There goes the birds and the bees** … by the end of Summer 2021!

Item #16
5-25-2021

57 Top Scientists And Doctors Release Shocking Study On COVID Vaccines And Demand Immediate Stop to ALL Vaccinations

3 days ago **95.2k** Views



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Shares

A group of 57 leading scientists, doctors and policy experts has released a report calling in to question the safety and efficacy of the current COVID-19 vaccines and are now calling for an immediate end to all vaccine programs. We urge you to read and share this damning report.

There are two certainties regarding the global distribution of Covid-19 vaccines. The first is that governments and the vast majority of the mainstream media are pushing with all their might to get these experimental drugs into as many people as possible. The second is that those who are willing to face the scorn that comes with asking serious questions about vaccines are critical players in our ongoing effort to spread the truth.

You can read an advanced copy of this manuscript in preprint below. It has been prepared by nearly five dozen highly respected doctors, scientists, and public policy experts from across the globe to be urgently sent to world leaders as well as all who are associated with the production and distribution of the various Covid-19 vaccines in circulation today.

There are still far too many unanswered questions regarding the Covid-19 vaccines' safety, efficacy, and necessity. This study is a bombshell that should be heard by everyone, regardless of their views on vaccines. There aren't nearly enough citizens who are asking questions. Most people simply follow the orders of world governments, as if they have earned our complete trust. They haven't done so. This manuscript is a step forward in terms of accountability and the free flow of information on this crucial subject. Please take the time to read it and share it widely.

SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

Roxana Bruno[1], Peter McCullough[2], Teresa Forcades i Vila[3], Alexandra Henrion-Caude[4], Teresa García-Gasca[5], Galina P. Zaitzeva[6], Sally Priester[7], María J. Martínez Albarracín[8], Alejandro Sousa-Escandon[9], Fernando López Mirones[10], Bartomeu Payeras Cifre[11], Almudena Zaragoza Velilla[10], Leopoldo M. Borini[1], Mario Mas[1], Ramiro Salazar[1], Edgardo Schinder[1], Eduardo A Yahbes[1], Marcela Witt[1], Mariana Salmeron[1], Patricia Fernández[1], Miriam M. Marchesini[1], Alberto J. Kajihara[1], Marisol V. de la Riva[1], Patricia J. Chimeno[1], Paola A. Grellet[1], Matelda Lisdero[1], Pamela Mas[1], Abelardo J. Gatica Baudo[12], Elisabeth Retamoza[12], Oscar Botta[13], Chinda C. Brandolino[13], Javier Sciuto[14], Mario Cabrera Avivar[14], Mauricio Castillo[15], Patricio Villarroel[15], Emilia P. Poblete Rojas[15], Bárbara Aguayo[15], Dan I. Macías Flores[15], Jose V. Rossell[16], Julio C. Sarmiento[17], Victor Andrade-Sotomayor[17], Wilfredo R. Stokes Baltazar[18],

Virna Cedeño Escobar[19], Ulises Arrúa[20], Atilio Farina del Río[21], Tatiana Campos Esquivel[22], Patricia Callisperis[23], María Eugenia Barrientos[24], Karina Acevedo-Whitehouse[5],*

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[18]Médicos por la Verdad Guatemala. República de Guatemala.
[19]Concepto Azul S.A. Ecuador.
[20]Médicos por la Verdad Brasil. Brasil.
[21]Médicos por la Verdad Paraguay.
[22]Médicos por la Costa Rica.
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Abstract

Since the start of the COVID-19 outbreak, the race for testing new platforms designed to confer immunity against SARS-CoV-2, has been rampant and unprecedented, leading to emergency authorization of various vaccines. Despite progress on early multidrug therapy for COVID-19 patients, the current mandate is to immunize the world population as quickly as possible. The lack of thorough testing in animals prior to clinical trials, and authorization based on safety data generated during trials that lasted less than 3.5 months, raise questions regarding the safety of these vaccines. The recently identified role of SARS-CoV-2 glycoprotein Spike for inducing endothelial damage characteristic of COVID-19, even in absence of infection, is extremely relevant given that most of the authorized vaccines induce the production of Spike glycoprotein in the recipients. Given the high rate of occurrence of adverse effects, and the wide range of types of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in

the groups that were excluded in the clinical trials. Despite calls for caution, the risks of SARS-CoV-2 vaccination have been minimized or ignored by health organizations and government authorities. We appeal to the need for a pluralistic dialogue in the context of health policies, emphasizing critical questions that require urgent answers if we wish to avoid a global erosion of public confidence in science and public health.

Introduction

Since COVID-19 was declared a pandemic in March 2020, over 150 million cases and 3 million deaths have been reported worldwide. Despite progress on early ambulatory, multidrug-therapy for high-risk patients, resulting in 85% reductions in COVID-19 hospitalization and death [1], the current paradigm for control is mass-vaccination. While we recognize the effort involved in development, production and emergency authorization of SARS-CoV-2 vaccines, we are concerned that risks have been minimized or ignored by health organizations and government authorities, despite calls for caution [2-8].

Vaccines for other coronaviruses have never been approved for humans, and data generated in the development of coronavirus vaccines designed to elicit neutralizing antibodies show that they may worsen COVID-19 disease via antibody-dependent enhancement (ADE) and Th2 immunopathology, regardless of the vaccine platform and delivery method [9-11]. Vaccine-driven disease enhancement in animals vaccinated against SARS-CoV and MERS-CoV is known to occur following viral challenge, and has been attributed to immune complexes and Fc-mediated viral capture by macrophages, which augment T-cell activation and inflammation [11-13].

In March 2020, vaccine immunologists and coronavirus experts assessed SARS-CoV-2 vaccine risks based on SARS-CoV-vaccine trials in animal models. The expert group concluded that ADE and immunopathology were a real concern, but stated that their risk was insufficient to delay clinical trials, although continued monitoring would be necessary [14]. While there is no clear evidence of the occurrence of ADE and vaccine-related immunopathology in volunteers immunized with SARS-CoV-2 vaccines [15], safety trials to date have not specifically addressed these serious adverse effects (SAE). Given that the follow-up of volunteers did not exceed 2-3.5 months after the second dose [16-19], it is unlikely such SAE would have been observed. Despite92 errors in reporting, it cannot be ignored that even accounting for the number of vaccines administered, according to the US Vaccine Adverse Effect Reporting System (VAERS), the number of deaths per million vaccine doses administered has increased more than 10-fold. We believe there is an urgent need for open scientific dialogue on vaccine safety in the context of large-scale immunization. In this paper, we describe some of the risks of mass vaccination in the context of phase 3 trial exclusion criteria and discuss the SAE reported in national and regional adverse effect registration systems. We highlight unanswered questions and draw attention to the need for a more cautious approach to mass vaccination.

SARS-CoV-2 phase 3 trial exclusion criteria

With few exceptions, SARS-CoV-2 vaccine trials excluded the elderly [16-19], making it impossible to identify the occurrence of post-vaccination eosinophilia and enhanced

inflammation in elderly people. Studies of SARS-CoV vaccines showed that immunized elderly mice were at particularly high risk of life-threatening Th2 immunopathology [9,20]. Despite this evidence and the extremely limited data on safety and efficacy of SARS-CoV-2 vaccines in the elderly, mass-vaccination campaigns have focused on this age group from the start. Most trials also excluded pregnant and lactating volunteers, as well as those with chronic and serious conditions such as tuberculosis, hepatitis C, autoimmunity, coagulopathies, cancer, and immune suppression [16-29], although these recipients are now being offered the vaccine under the premise of safety.

Another criterion for exclusion from nearly all trials was prior exposure to SARS-CoV-2. This is unfortunate as it denied the opportunity of obtaining extremely relevant information concerning post-vaccination ADE in people that already have anti-SARS-Cov-2 antibodies. To the best of our knowledge, ADE is not being monitored systematically for any age or medical condition group currently being administered the vaccine. Moreover, despite a substantial proportion of the population already having antibodies [21], tests to determine SARS-CoV-2-antibody status prior to administration of the vaccine are not conducted routinely.

Will serious adverse effects from the SARS-CoV-2 vaccines go unnoticed?

COVID-19 encompasses a wide clinical spectrum, ranging from very mild to severe pulmonary pathology and fatal multi-organ disease with inflammatory, cardiovascular, and blood coagulation dysregulation [22-24]. In this sense, cases of vaccine-related ADE or immunopathology would be clinically-indistinguishable from severe COVID-19 [25]. Furthermore, even in the absence of SARS-CoV-2 virus, Spike glycoprotein alone causes endothelial damage and hypertension in vitro and in vivo in Syrian hamsters by down-regulating angiotensin-converting enzyme 2 (ACE2) and impairing mitochondrial function [26]. Although these findings need to be confirmed in humans, the implications of this finding are staggering, as all vaccines authorized for emergency use are based on the delivery or induction of Spike glycoprotein synthesis. In the case of mRNA vaccines and adenovirus-vectorized vaccines, not a single study has examined the duration of Spike production in humans following vaccination. Under the cautionary principle, it is parsimonious to consider vaccine-induced Spike synthesis could cause clinical signs of severe COVID-19, and erroneously be counted as new cases of SARS-CoV-2 infections. If so, the true adverse effects of the current global vaccination strategy may never be recognized unless studies specifically examine this question. There is already non-causal evidence of temporary or sustained increases138 in COVID-19 deaths following vaccination in some countries (Fig. 1) and in light of Spike's pathogenicity, these deaths must be studied in depth to determine whether they are related to vaccination.

Unanticipated adverse reactions to SARS-CoV-2 vaccines

Another critical issue to consider given the global scale of SARS-CoV-2 vaccination is autoimmunity. SARS-CoV-2 has numerous immunogenic proteins, and all but one of its immunogenic epitopes have similarities to human proteins [27]. These may act as a source of antigens, leading to autoimmunity [28]. While it is true that the same effects could be observed during natural infection with SARS-CoV-2, vaccination is intended for most of the world population, while it is estimated that only 10% of the world population has been infected by

SARS-CoV-2, according to Dr. Michael Ryan, head of emergencies at the World Health Organization. We have been unable to find evidence that any of the currently authorized vaccines screened and excluded homologous immunogenic epitopes to avoid potential autoimmunity due to pathogenic priming.

Some adverse reactions, including blood-clotting disorders, have already been reported in healthy and young vaccinated people. These cases led to the suspension or cancellation of the use of adenoviral vectorized ChAdOx1-nCov-19 and Janssen vaccinesin some countries. It has now been proposed that vaccination with ChAdOx1-nCov-19 can result in immune thrombotic thrombocytopenia (VITT) mediated by platelet-activating antibodies against Platelet factor-4, which clinically mimics autoimmune heparin-induced thrombocytopenia [29]. Unfortunately, the risk was overlooked when authorizing these vaccines, although adenovirus-induced thrombocytopenia has been known for more than a decade, and has been a consistent event with adenoviral vectors [30]. The risk of VITT would presumably be higher in those already at risk of blood clots, including women who use oral contraceptives [31], making it imperative for clinicians to advise their patients accordingly.

At the population level, there could also be vaccine-related impacts. SARS-CoV-2 is a fast-evolving RNA virus that has so far produced more than 40,000 variants [32,33] some of which affect the antigenic domain of Spike glycoprotein [34,35]. Given the high mutation rates, vaccine-induced synthesis of high levels of anti-SARS-CoV-2-Spike antibodies could theoretically lead to suboptimal responses against subsequent infections by other variants in vaccinated individuals [36], a phenomenon known as "original antigenic sin" [37] or antigenic priming [38]. It is unknown to what extent mutations that affect SARS-CoV-2 antigenicity will become fixed during viral evolution [39], but vaccines could plausibly act as selective forces driving variants with higher infectivity or transmissibility. Considering the high similarity between known SARS-CoV-2 variants, this scenario is unlikely [32,34] but if future variants were to differ more in key epitopes, the global vaccination strategy might have helped shape an even more dangerous virus. This risk has recently been brought to the attention of the WHO as an open letter [40].

Discussion

The risks outlined here are a major obstacle to continuing global SARS-CoV-2 vaccination. Evidence on the safety of all SARS-CoV-2 vaccines is needed before exposing more people to the184 risk of these experiments, since releasing a candidate vaccine without time to fully understand the resulting impact on health could lead to an exacerbation of the current global crisis [41]. Risk-stratification of vaccine recipients is essential. According to the UK government, people below 60 years of age have an extremely low risk of dying from COVID-191 187 . However, according to Eudravigillance, most of the serious adverse effects following SARS-CoV-2 vaccination occur in people aged 18-64. Of particular concern is the planned vaccination schedule for children aged 6 years and older in the United States and the UK. Dr. Anthony Fauci recently anticipated that teenagers across the country will be vaccinated in the autumn and younger children in early 2022, and the UK is awaiting trial results to commence vaccination of 11 million children under 18. There is a lack of scientific justification for subjecting healthy children to experimental vaccines, given that the Centers for Disease Control

and Prevention estimates that they have a 99.997% survival rate if infected with SARS-CoV-2. Not only is COVID-19 irrelevant as a threat to this age group, but there is no reliable evidence to support vaccine efficacy or effectiveness in this population or to rule out harmful side effects of these experimental vaccines. In this sense, when physicians advise patients on the elective administration of COVID-19 vaccination, there is a great need to better understand the benefits and risk of administration, particularly in understudied groups.

In conclusion, in the context of the rushed emergency-use-authorization of SARS-CoV-2 vaccines, and the current gaps in our understanding of their safety, the following questions must be raised:

- Is it known whether cross-reactive antibodies from previous coronavirus infections or vaccine□206 induced antibodies may influence the risk of unintended pathogenesis following vaccination with COVID-19?
- Has the specific risk of ADE, immunopathology, autoimmunity, and serious adverse reactions been clearly disclosed to vaccine recipients to meet the medical ethics standard of patient understanding for informed consent? If not, what are the reasons, and how could it be implemented?
- What is the rationale for administering the vaccine to every individual when the risk of dying from COVID-19 is not equal across age groups and clinical conditions and when the phase 3 trials excluded the elderly, children and frequent specific conditions?
- What are the legal rights of patients if they are harmed by a SARS-CoV-2 vaccine? Who will cover the costs of medical treatment? If claims were to be settled with public money, has the public been made aware that the vaccine manufacturers have been granted immunity, and their responsibility to compensate those harmed by the vaccine has been transferred to the tax-payers?

In the context of these concerns, we propose halting mass-vaccination and opening an urgent pluralistic, critical, and scientifically-based dialogue on SARS-CoV-2 vaccination among scientists, medical doctors, international health agencies, regulatory authorities, governments, and vaccine developers. This is the only way to bridge the current gap between scientific evidence and public health policy regarding the SARS-CoV-2 vaccines. We are convinced that humanity deserves a deeper understanding of the risks than what is currently touted as the official position. An open scientific dialogue is urgent and indispensable to avoid erosion of public confidence in science and public health and to ensure that the WHO and national health authorities protect the interests of humanity during the current pandemic. Returning public health policy to evidence-based medicine, relying on a careful evaluation of the relevant scientific research, is urgent. It is imperative to follow the science.

I https://www.gov.uk/government/publications/covid-19-reported-sars-cov-2-deaths-in-england/covid-19-confirmed-deaths-in-england-report

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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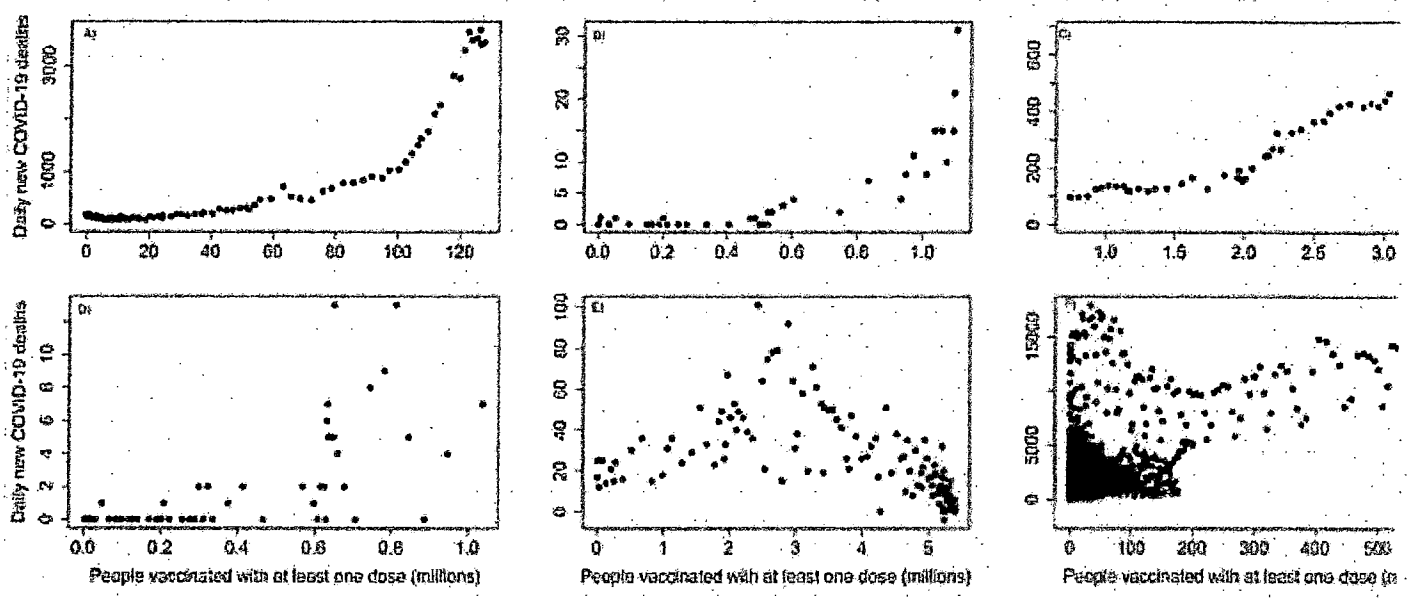
Figure legends

Figure 1. Number of new COVID-19 deaths in relation to number of people that have received at least one vaccine dose for selected countries. Graph shows data from the start of vaccination to May 3rd 365 , 2021. A) India (9.25% of population vaccinated), B) Thailand (1.58% of population vaccinated), C) Colombia (6.79% of population vaccinated), D) Mongolia (31.65% of population vaccinated), E) Israel (62.47% of population vaccinated), F) Entire world (7.81% of population vaccinated). Graphs were built using data from Our World in Data (accessed 4 May 2021) https://github.com/owid/covid-19-data/tree/master/public/data/vaccinations



You Might Also Like

Section VII Review #2 Name_____

The paper "The Effects of Split Keyboard Geometry on Upper Body Postures" describes a study to determine the effects of several keyboard characteristics on typing speed. One of the variables considered was the front-to-back surface angle of the keyboard. Output resulting from fitting the simple linear regression model with "x" = surface angle (degrees) and "y" = typing speed (words per minute (wpm)) is given below:

Dependent Variable: Typing Speed

S = 0.5118 R-Sq = 0.3% R-Sq(adj) = 0.0% Observations = 6

Predictor	Coeff	SE Coeff	T	P
Constant	60.023	0.247	243.45	0.000
Surface Angle	0.004	0.038	0.105	0.931

Suppose that the basic assumptions of the simple linear regression model are met. Carry out a hypothesis test to decide if there is a useful linear relationship between the surface angle of the keyboard and typing speed.

What test are you doing? _____

Complete the test:

Ho:

Ha:

Draw and label the curve:

Test statistics: t* = _____

P-value: _____

Conclusion:_____

_____

_____

Identify and interpret the correlation coefficient_____

_____

Identify and interpret the coefficient of variation _____

_____

Construct a 95% confidence interval for the slope. How does the interval support the result from the hypothesis test?

The owner of serval restaurants studied the eating habits of his customers. In two steakhouses, data was recorded regarding which potato offering was selected when the customer ordered a steak. The owner specifically wanted to assess whether there was a difference in choices from his Los Angeles restaurants and his San Diego restaurants. You have been asked to analyze the data.

	Los Angeles	San Diego	
Baked	305	84	389
Mashed	210	61	271
French Fries	108	40	148
	623	185	808

What test are you performing? (assume all conditions for proper testing have been met)

Chi-squared Goodness of Fit Chi-squared Test of Independence Chi-squared Test of Homogeneity

Perform the test:

Ho:

Ha:

Draw and Label the Curve:

Test Statistics: x^2 * = _____

p-value = _____

Conclusion: _____

_____

_____

So you've come to the conclusion that there is no significant difference in the overall distributions of choices among the two locations, but you're still curious specifically about the proportion of customers who order French fries. Perform the appropriate test to determine if there is a significant difference in the proportion of customers who order French fries. Assume all conditions for the proper analysis have been met.

What test are you performing? _____

Ho:

Ha:

Test Statistics: z * = _____

p – value: _____

Draw and Label the Curve:

Conclusion:

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