

Israel report:

According to a recent Israeli news report, which I posted on Twitter<sup>1</sup> September 13, 2021, Pfizer admits it's treating Israel as a unique "laboratory" to assess COVID jab effects. Whatever happens in Israel can reliably be expected to happen everywhere else as well, some months later.

In other words, the Israeli population is one giant test group — without a control group, unfortunately — and as noted by the news anchors, the people really should have been informed that they were part of one of the biggest medical experiments in human history.

Pfizer entered into an exclusivity agreement with the Israeli Ministry of Health at the outset, so the only COVID shot available is Pfizer's. As noted by the news anchor, we now realize that the Pfizer shot has a higher risk for heart inflammation among young men than some of the other COVID shots, but Israeli youth have no option but to get the most dangerous one.

## **Israel Rolls Out Booster Shots**

Israel was one of the first countries to implement draconian vaccination mandates, even though the Pfizer shot was completely experimental. Israelis were told they could not enter certain venues without a vaccination card, such as restaurants, gyms, swimming pools and hotels.

As a result, they now have one of the highest vaccination rates in the world. As of mid-September 2021, nearly 14.6 million doses had been administered.<sup>2</sup> At two doses, that would give them a vaccination rate of 80.5%. It's probably a bit less than that, because Israel started giving out third boosters at the end of July 2021.<sup>3</sup>

The first group to qualify for a third shot were seniors over the age of 60. Less than three weeks later, eligibility expanded to include people over the age of 40, as well as pregnant women, teachers and health care workers, even if they're younger than 40. By the end of August 2021, boosters were offered to all previously vaccinated individuals, all the way down to the age of 12.<sup>4</sup>

By the second week of September 2021, when an estimated 2.8 million Israelis had received a third dose, a possible fourth dose was already being prepared.<sup>5</sup>

Health Ministry director general Nachman Ash told Radio 103FM they still don't know when a fourth dose might be needed,<sup>6</sup> but clearly, there's no indication that the boosters won't continue. And each time that happens, the people will forfeit their freedoms all over again, until they get the next shot.

## Israeli Data Considered the Best Around

If there's a silver lining to this experiment, it's that Israel at least appears to be far more diligent and transparent in its data collection than the U.S. The data coming out of Israel is considered by many to be the best in the world because of their commitment to transparency. As explained by Science magazine:<sup>7</sup>

*“The nation of 9.3 million ... has a robust public health infrastructure and a population wholly enrolled in HMOs that track them closely, allowing it to produce high-quality, real-world data on how well vaccines are working ...*

*Israel's HMOs ... track demographics, comorbidities, and a trove of coronavirus metrics on infections, illnesses, and deaths. ‘We have rich individual-level data that allows us to provide real-world evidence in near-real time,’ [Clalit Health Services chief innovation officer, Ran] Balicer says ...*

*Now, the effects of waning immunity may be beginning to show in Israelis vaccinated in early winter; a preprint<sup>8</sup> published last month ... found that protection from COVID-19 infection during June and July dropped in proportion to the length of time since an individual was vaccinated. People vaccinated in January had a 2.26 times greater risk for a breakthrough infection than those vaccinated in April.”*

Unfortunately, we cannot rely on U.S. data to get a clear idea of how the COVID shots are working, as the U.S. Centers for Disease Control and Prevention has chosen not to track all breakthrough cases. As reported by ProPublica,<sup>9</sup> the CDC stopped tracking and reporting all breakthrough cases May 1, 2021, opting to log only those that result in hospitalization and/or death.

As noted in the article, this irrational decision has “left the nation with a muddled understanding of COVID-19's impact on the vaccinated.” It also prevents us from understanding how variants are spreading and whether those who have received the jab can still develop so-called “long-haul syndrome.” Individual states are also setting their own criteria for how they collect data on breakthrough cases, and this patchwork muddies the waters even further.

September 10, 2021, National File posted a shocking video<sup>10</sup> on Twitter featuring senior doctors and a North Carolina marketing director discussing how they would count recovered COVID patients as active COVID hospitalization cases in an effort to inflate hospitalization rates. Why? For no other reason than to scare people into getting the jab. It's a marketing ploy.

Additionally, a study showed nearly half of those hospitalized with COVID-19 have only mild symptoms or are asymptomatic. They were hospitalized for some other reason and just happened to test positive.<sup>11</sup> These and other data manipulations discussed in "[CDC Caught Cooking the Books on COVID Vaccines](#)" make U.S. data on infection, hospitalization and mortality rates near useless. The boosters in Israel were rolled out in response to obvious vaccine failure. Pfizer's shot went from a 95% effectiveness in December 2020, to 64% in early July 2021 and 39% by late July, when the Delta strain became predominant.<sup>12,13</sup> While the country boasts one of the highest fully vaccinated rates in the world, they now also have one of the highest daily infection rates.<sup>14</sup> So much for the hallowed concept of vaccine-induced herd immunity.

August 1, 2021, the director of Israel's Public Health Services, Dr. Sharon Alroy-Preis, announced half of all COVID-19 infections were among the fully vaccinated.<sup>15</sup>

The vaccinated are not only susceptible to testing positive, though: They're also increasingly likely to experience serious disease when infected. Double-jabbed Israelis started making up the bulk of serious COVID-19 infections in July 2021, and by mid-August, 59% of serious cases were among those who had received two COVID injections.<sup>16</sup> Others have cited even higher numbers. August 5, 2021, Dr. Kobi Haviv, director of the Herzog Hospital in Jerusalem, appeared on Channel 13 News, reporting that 95% of severely ill COVID-19 patients were fully vaccinated, and that they made up 85% to 90% of COVID-related hospitalizations overall.<sup>17</sup>

August 20, 2021, U.S. Centers for Disease Control and Prevention director Dr. Rochelle Walensky admitted that the Israeli data "suggest increased risk of severe disease amongst those vaccinated early,"<sup>18</sup> and just like the Israeli Ministry of Health, the CDC's answer to this dilemma is simply more shots, as if that's going to solve anything.

## **Mass Vaccination Actually Drives Mutations**

Natural immunity is far superior to the protection you get from the COVID shot. Why? Largely because it works on more levels to provide a far more comprehensive and robust immune response. When you recover from the infection, your body makes

antibodies against all five proteins of the virus, plus memory T cells that remain even once antibody levels diminish.

This provides lifelong protection, unless you have impaired immune function. The immunity you receive from the COVID jab is in the form of just one type of antibody — the antibody against the original SARS-CoV-2 spike protein. If that spike protein sufficiently mutates, those antibodies become useless. As warned by Dr. Geert Vanden Bossche,<sup>19</sup> those specific antibodies are also more robust than the nonspecific antibodies you get from natural infection, so they overtake any natural antibodies you may have.

Aside from that, mass vaccination also creates evolutionary pressure that drives the production of mutations. While most mutations result in milder versions of greater infectivity, it could also result in more deadly variations.

This is particularly true when a vaccine is “leaky,” meaning it doesn’t fully prevent infection (which none of the COVID shots does). Just like when you overuse an antibiotic that fails to eradicate the bacteria, which allows antibiotic-resistant bacteria to flourish, overuse of a leaky vaccine can pressure a virus to become more lethal.<sup>20,21</sup>

In an open letter<sup>22</sup> to the World Health Organization dated March 6, 2021, Bossche warned that implementing a global mass vaccination campaign during the height of the pandemic could create an “uncontrollable monster” where evolutionary pressure will force the emergence of new and potentially more dangerous mutations. “

*There can be no doubt that continued mass vaccination campaigns will enable new, more infectious viral variants to become increasingly dominant and ultimately result in a dramatic incline in new cases despite enhanced vaccine coverage rates. There can be no doubt either that this situation will soon lead to complete resistance of circulating variants to the current vaccines,”* Bossche wrote.<sup>23</sup>

## **Israeli Data Confirm COVID Jab Increases Infection Risk**

Real-world data from Israel seem to confirm Bossche’s fears, showing those who have received the COVID jab are 6.72 times more likely to get infected than people with natural immunity.<sup>24,25,26</sup>

Knowing what we already know about the risks of these shots and their tendency to encourage mutations, it seems reasonable to suspect that all we’re doing is digging ourselves an ever-deeper, ever-wider hole that’s going to be increasingly difficult to get out of.

Disturbingly, a study<sup>27</sup> posted August 23, 2021, on the preprint server bioRxiv warns the Delta variant “is poised to acquire complete resistance to wild-type spike vaccines.”

The researchers found that, if four common mutations were to occur simultaneously in the receptor binding domain of the Delta variant, the resulting virus would not only be immune to the neutralizing antibodies produced in response to Pfizer’s injection, but it would also enhance the infectivity of the virus.

This could essentially turn into a worst-case scenario that sets up those who have received the Pfizer shots for more severe illness when exposed to the virus than they would have experienced had they not gotten the shots.

## Will Boosters Fail?

Initial reports from Israel suggest the third Pfizer dose has improved protection in the over-60 group, compared to those who only got two doses of Pfizer.<sup>28</sup> According to Reuters:<sup>29</sup>

*“Breaking down statistics from Israel's Gertner Institute and KI Institute, ministry officials said that among people aged 60 and over, the protection against infection provided from 10 days after a third dose was four times higher than after two doses. A third jab for over 60-year-olds offered five to six times greater protection after 10 days with regard to serious illness and hospitalization.”*

However, anyone who thinks one or more booster shots are the answer to SARS-CoV-2 is likely fooling themselves. Time will tell if the third booster will rein in hospitalization and death rates, but I’m not optimistic.

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Dvir Aran, a biomedical data scientist at the Israel Institute of Technology, doesn’t seem very hopeful either, telling Science the surge in COVID-19 cases is already so steep, “even if you get two-thirds of those 60-plus [boosted], it’s just gonna give us another week, maybe two weeks until our hospitals are flooded” again.<sup>30</sup>

## **Older Than 50: 60% Who Die From COVID Are Double Vaxxed**

Data from the U.K. — where available COVID shots include Pfizer, Moderna, AstraZeneca and Janssen — are also starting to show vaccine failure, at least among older adults.

As of August 15, 2021, 58% of COVID patients admitted to hospital who were over the age of 50 had received two COVID jabs and 10% had received one dose. So, partially or fully “vaccinated” individuals made up 68% of hospitalizations.<sup>31</sup>

Only in the 50 and younger category were a majority, 74%, of hospitalizations among the unvaccinated. The same applies to deaths. Unvaccinated only make up the majority of COVID deaths in the under-50 age group. **In the over-50 group, the clear majority, 70%, are either partially or fully “vaccinated.”**

It’s also unclear whether hospitals in the U.K. are still designating anyone who is admitted and tests positive with a PCR test as a “COVID patient.” If so, people with broken bones or any number of other health problems who have no symptoms of COVID-19 at all might be unfairly lumped into the “unvaccinated COVID patient” total.

## **Why Do Naturally Immune Need the COVID Shot?**

As explained earlier, natural immunity is far superior and longer lasting than vaccine-induced immunity. This is a long-held medical fact that has been tossed aside as too inconvenient to matter in COVID-19. Instead, everyone, including those who have recovered from the infection, are told they need to get the shots.

In a recent CNN interview, Dr. Anthony Fauci was asked why people with natural immunity are required to get the COVID shot even though they’re likely more protected than “vaccinated” people. His reply is telling:<sup>32</sup>

*“That’s a really good point. I don’t have a really firm answer for you on that.”*

## **Natural Immunity Is the Best Answer**

While Fauci is feigning ignorance, it’s quite clear that the way out of this pandemic is through natural herd immunity. The COVID shots, and now boosters, will

undoubtedly continue to drive mutations that evade the vaccine-induced antibodies, resulting in a never-ending cycle of injections.

At this point, we know there's no reason to fear COVID-19. Overall, its lethality is on par with the common flu.<sup>33,34,35,36,37</sup> Provided you're not in a nursing home or have multiple comorbidities, your chances of surviving a bout of COVID-19 is 99.74%, on average.<sup>38</sup>

We also know there are several early treatment protocols that are very effective, such as the Frontline COVID-19 Critical Care Alliance I-MASK<sup>+39</sup> protocol, the Zelenko protocol,<sup>40</sup> and nebulized peroxide, detailed in Dr. David Brownstein's case paper<sup>41</sup> and Dr. Thomas Levy's free e-book, "[Rapid Virus Recovery](#)." Whichever treatment protocol you use, make sure you begin treatment as soon as possible, ideally at first onset of symptoms.

The reported rate of death from COVID-19 shots in the national Vaccine Adverse Events Reporting System (VAERS), on the other hand, exceeds the reported death rate of more than 70 vaccines combined over the past 30 years, and if you are injured by a COVID shot and live in the U.S., your only recourse is to apply for compensation from the Countermeasures Injury Compensation Act (CICP).<sup>42</sup>

Compensation from CICP is very limited and hard to get. In its 15-year history, it has paid out just 29 claims, fewer than 1 in 10.<sup>43,44,45</sup> You only qualify if your injury requires hospitalization and results in significant disability and/or death, and even if you meet the eligibility criteria, it requires you to use up your private health insurance before it kicks in to pay the difference.

There's no reimbursement for pain and suffering, only lost wages and unpaid medical bills. This means a retired person cannot qualify even if they die or end up in a wheelchair. Salary compensation is of limited duration, and capped at \$50,000 a year, and the CICP's decision cannot be appealed.

To get an idea of what the risks actually are, consider reviewing some of the cases reported to [nomoresilence.world](#), a website dedicated to giving a voice to those injured by COVID shots.