Myths Concerning the Immunology of the COVID-19 Vaccines:

Why Mother Nature Does a Better Job of Protection Against the Severity of COVID-19 Disease Without the Toxicity

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About the Author: Before retirement, Dr. Laderoute was the Lab & Research Director at Immune System Management (ISM), Ottawa, Ontario. ISM is a small biotech firm and clinic restoring wellness. Since 1998, this has been achieved by reversing immunosenescence [see Laderoute M, Discovery Medicine, 2015 and 2020] through the rebalancing of plasma amino acid profiles with nutritional supplements. Previously Dr. Laderoute was the Research Manager of the Blood Zoonotics Unit and lead discoverer at the Public Health Agency of Canada of HERV-K102 as a protector, replication-competent, foamy retrovirus unique to humans. Most notably resistance to HIV-1 acquisition in an HIV-1 Exposed Seronegative (HESN) cohort was associated with enhanced HERV-K102 replicative activity demonstrated by increased proviral integration in the genome. This implied HERV-K102 may provide key innate defense against RNA virus pandemics more generally. Dr. Laderoute also has hands-on experience in the regulation and post-market pharmacovigilance of biologicals. Additionally from 2008 to 2015 she served on the Brighton Collaboration Viral Vector Vaccines Safety Working Group under Dr. Robert Chen. Dr. Laderoute has recently authored: 1) "Trained immunity involving HERV-K102 activation may promote recovery from COVID-19 providing a new vaccination paradigm against pandemic RNA viruses" (submitted); and previously, 2) the "New Immunosenescence Paradigm 2015" and "Clues to finding correlates of risk/protection for HIV-1 vaccines, 2018" [available at https://doi.org/10.12688/f1000research.11818.2]. She was the editor of the report and forum manager of operations for the infamous 3) "National Forum on Xenotransplantation; Clinical. Ethical and Regulatory Issues" in 1997 [available at https://publications.gc.ca/site/eng/9.686126/publication.html] while in the Blood & Tissues Division of the Bureau of Biologics and Radiopharmaceuticals at Health Canada. Due to the risk of xenozoonosis and the start of a new pandemic, this forum led to a public consultation on xenotransplantation which resulted in a moratorium on xenotransplantation in Canada. Visit "hervk102.substack.com" for further discussion on HERV-K102 and Pandemic Responses.

Synopsis: For reasons that are not immediately clear, many public health authorities continue to recommend the latest round of COVID-19 vaccine boosters, despite the growing evidence for serious harm, deaths, and lack of effectiveness. Most disconcerting is the recent addition of the *gene therapy* mRNA COVID-19 vaccines to the childhood schedule. As a bit of encouraging news, internationally some public health authorities now recommend against the use of these deadly vaccines at least in certain age groups. In this chapter the ulterior motives behind the use of the mRNA gene therapy technology platform for vaccines will be discussed and why adaptive immunity vaccines producing antibodies that targeted the spike protein were doomed to failure from the beginning. Emerging pathogens exhibit this well-known phenomenon of antibody dependent enhancement (ADE) of infection in macrophages and the selection of immune escape variants. This explains increased transmission and severity rates in the vaccinated over the unvaccinated with the emergence of new variants. The technical differences between adaptive and 'trained (innate) immunity' and the clear superiority of innate immunity for establishing herd immunity and ending pandemics will be highlighted. Data from the UK Office for National Statistics (ONS) released July 6, 2022 will also be provided to counteract the lies and myths promulgated to falsely coerce people into taking one or more vaccine doses. Most notably however the ONS data provides irrefutable evidence that the COVID-19 mass vaccination campaign should have been globally halted by the first week in February 2021. The safe and effective natural solution to reducing the severity and mortality of COVID-19 disease offered by Mother Nature will be examined and contrasted with the problematic and dangerous adaptive immunity COVID-19 vaccines. It is no surprise that the safe and effective approach by Mother Nature promotes trained (innate) immunity (involving the HERV-K102, a novel, virus anti-virus protection system unique to humans in foamy macrophages) over adaptive. Lessons learned from the COVID-19 vaccine debacle will better prepare us for future pandemics provided legal steps are taken to reduce the capture of public health authorities by the bio-pharmaceutical complex. These steps at a minimum should include: repealing the National Childhood Vaccine Injury Act of 1986 in the USA; abolishing the existence of vaccine schedules; cancelling the fee for service for vaccine and drug regulatory approvals; the discontinuation of the advertising of drugs or vaccines on television and social media in the USA; mandatory autopsies for hospital deaths involving emergency use authorized medical interventions, mandatory placebo control groups for the evaluation of medicines and vaccines, implementation of the all-cause mortality evaluation for the approval of medicines and vaccines where applicable including as a minimum evaluation at two years, and through amendments to the constitution, banning the use of vaccine mandates, as well as specifically outlawing the ability of hospitals or organizations rather than the individual to decide on medical interventions in consultation with their health care professionals.

TABLE 1. Office for National Statistics (ONS) UK Mortality Rates per 100,000 Person-Years and Vaccinated (Vax) to Unvaccinated (Unvax) Ratios for January 1, 2021 to May 31, 2022 for Both Sexes and All Ages*

From ONS TABLE 1.

		All-Cause Mortality				COVID-19 Mortality				Non-C19 Mortality			
		RATE Unvax	Actual RATE Ever Vax	Ratio of Vax/ Unvax Rates	p value	RATE Unvax	Actual RATE Ever Vax	Ratio of Vax/ Unvax Rates	p value	RATE Unvax	Actual RATE Ever Vax	Ratio of Vax/ Unvax Rates	p value
2021	Jan	2508	3484	1.39		1187	1526	1.29		1320	1958	1.48	
	Feb	5262	3205	0.61		2174	457	0.21		3087	2689	0.87	
	Mar	3308	4193	1.27		5919	284	0.05		2716	3909	1.44	
	April	2298	5040	2.19		146	184	1.26		2153	4855	2.25	
	May	1719	8583	4.99		46	85	1.86		1673	8426	5.04	
	June	1590	10060	6.33		56	88	1.58		1534	9916	6.46	
	July	1611	10307	6.40		218	225	1.03		1392	9960	7.16	
	Aug	1712	10341	6.04		404	403	1.00		1307	9266	7.09	
	Sept	1665	8639	5.19		368	520	1.41		1297	7884	6.08	
	Oct	1624	12456	7.67		322	569	1.76		1302	11845	9.10	
	Nov	1708	15547	9.10		421	721	1.71		1287	14155	11.00	
	Dec	1879	16974	9.04		521	1122	2.16		1358	15501	11.41	
2022	Jan	1812	19998	11.04		585	2311	3.95		1227	16417	13.38	
	Feb	1385	12474	9.01		259	1128	4.36		1126	11346	10.08	
	Mar	1232	10257	8.33		184	764	4.16		1048	9445	9.01	
	April	1205	12423	10.31		205	801	3.91		1000	11622	11.62	
	May	873	8246	9.45		78	262	3.37		795	7914	9.95	
average by row		1964	10131	5.16	0.0001	770	673	0.87	NS (0.8)	1507	9242	6.13	0.0001

ONS UK Data Released July 6 2022

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19byvaccinationstatusengland/deathsoccurringbetween1january2021and31may2022

Era	C19 Ratio Vax/Unvax	p value
C19 Entire Period	0.87	NS (0.8)
Oct 1 2021-May 31, 2022 (3rd Dose)	2.98	0.01
Jan 1 2021- Sept 30 2022 (1st & 2nd Dose)	0.36	NS (0.3)

NS=not significant