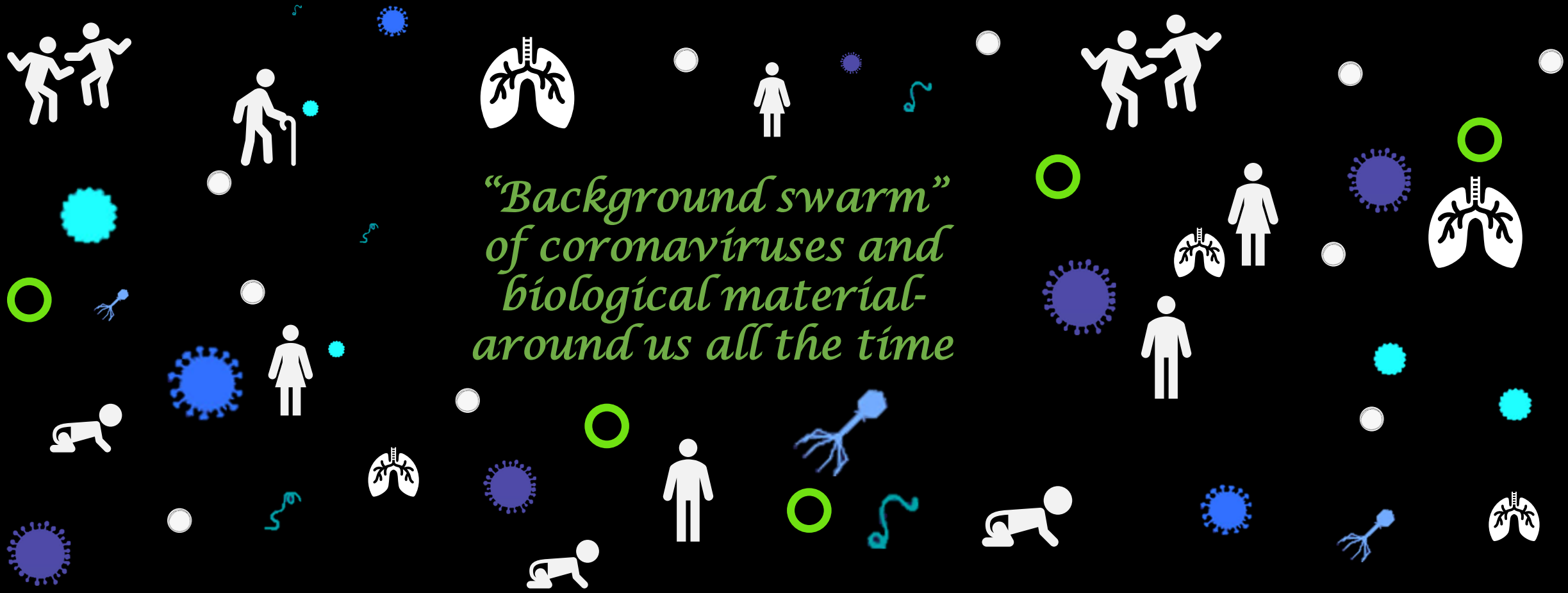
Biological life on earth is made up of literally trillions and trillions of biological genetic strands. These are changing, mutating, emerging and disappearing. Our immune systems have beautifully evolved with this biological environment.

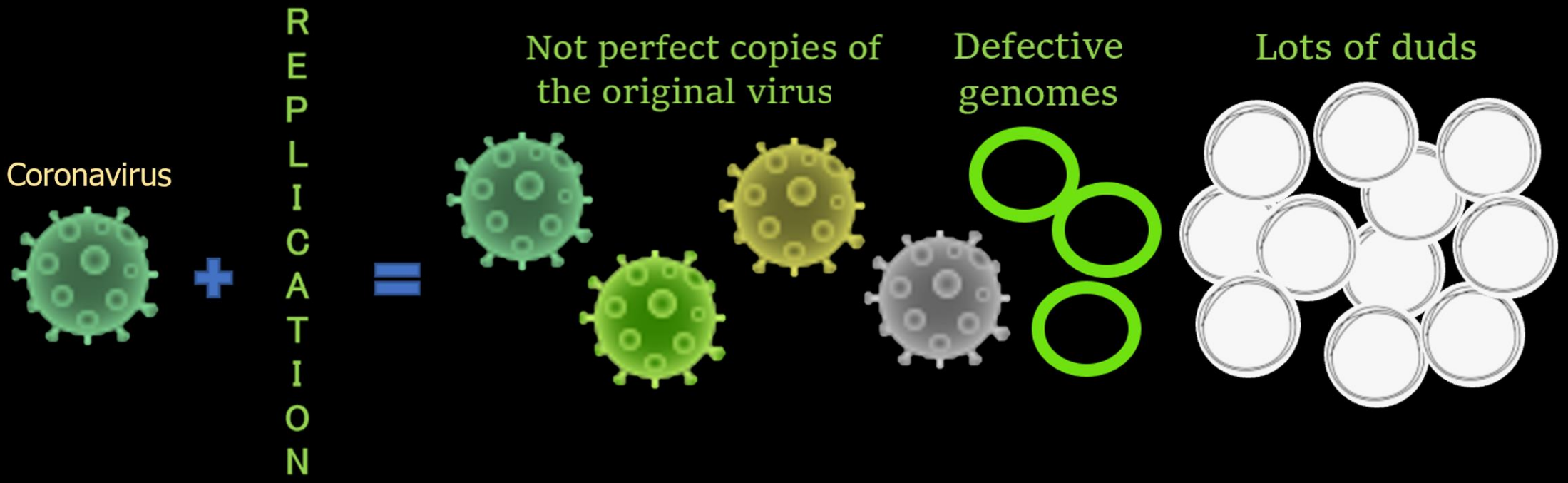
Daily, the trillions of cells of our immune system makes contact with every cell in our body to distinguish what is us, what is harmful and what is not. Our healthy immune systems know how to handle the viruses, bacteria and other biological material we encounter with every breath we take and every touch we make - without noticeable symptoms and only occasional severe illness in our lifetime.



Coronaviruses are a part of this complex biological environment. They change almost every time they replicate. They also replicate into:

1) Viruses that aren't harmful due to defective genomes

2) Lots of harmless duds.

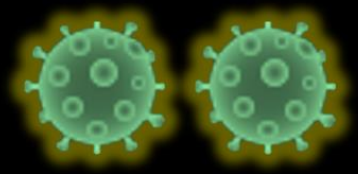


We breathe these in and out regularly – some daily.

Our immune systems has evolved to deal with all of these.

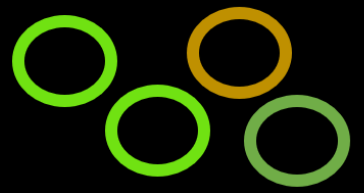
1) Harmless coronaviruses that our immune system knows how to handle

2) Infectious coronavirus that may cause symptoms until our immune system clears it

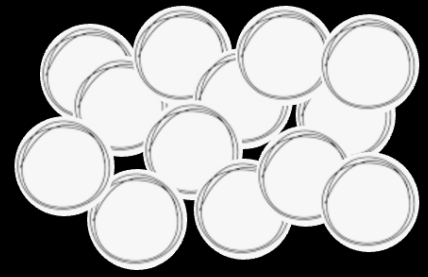


3) Mutated copies of the infectious coronavirus. Our immune system recognizes the parts that don't change, so can handles these as well

4) Coronaviruses that mutated into defective genomes and are no longer infectious



5) Lots and lots of duds



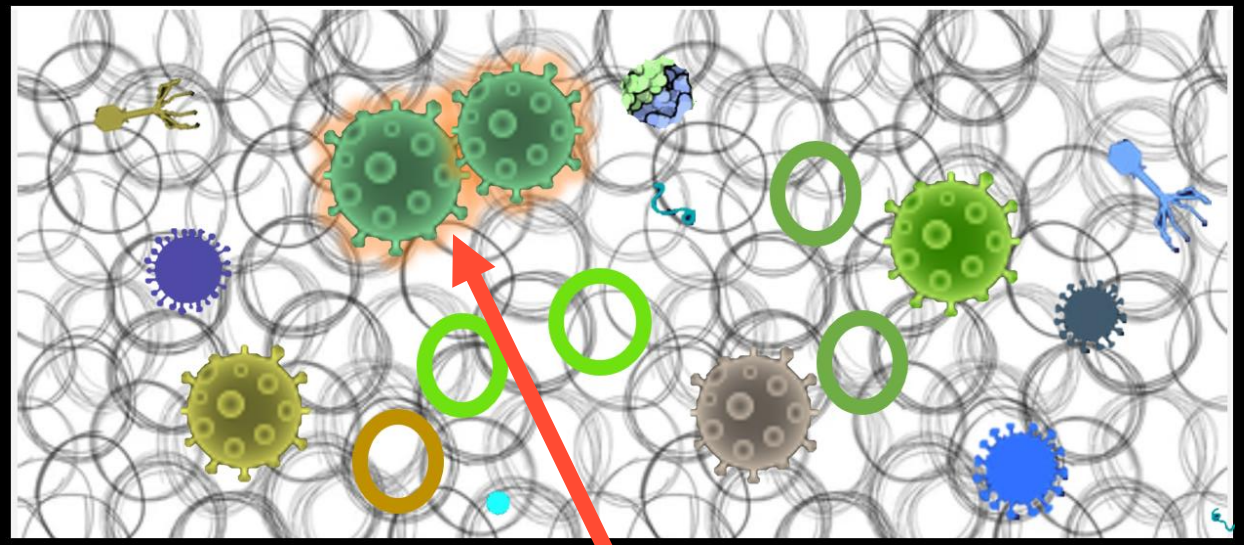
The trillions of cells in our healthy immune systems recognize, handle & destroy these regularly - some with every breath we take.

The cells in our immune system – in our nose, throat and lungs - recognize, handle and destroy the biological material we breathe daily. Transfection antibodies only affect a tiny part.

The trillions of cells in our immune system targets the whole biological environment, including the entire infectious coronavirus, every day

epithelial cells
macrophages
natural killer cells
memory B cells
memory T cells
dendritic cells

Pro tip: antibodies are only one small part our immune system uses to fight viruses.



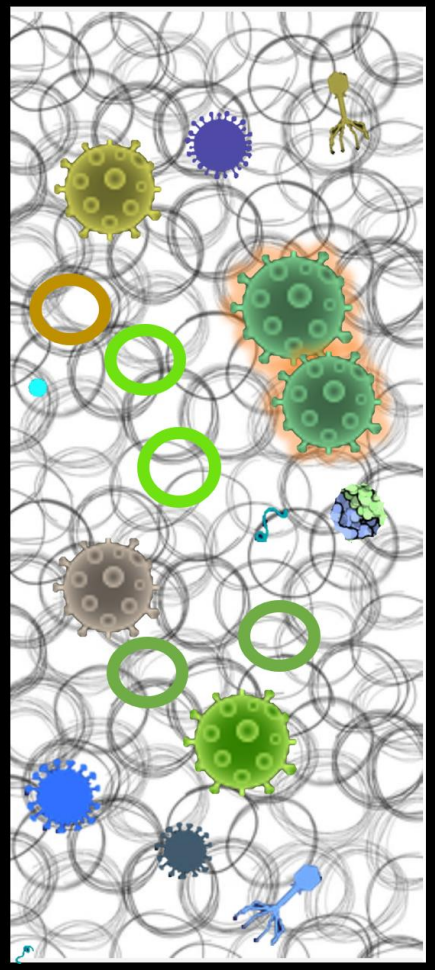
Transfection antibodies target ONE PROTEIN on this ONE infectious coronavirus, out of all this biological material in the environment.

But counting these antibodies (seroprevalence) is supposed to be a measure of protection???

Since coronaviruses change almost every time they replicate, what we breathe in and out changes regularly

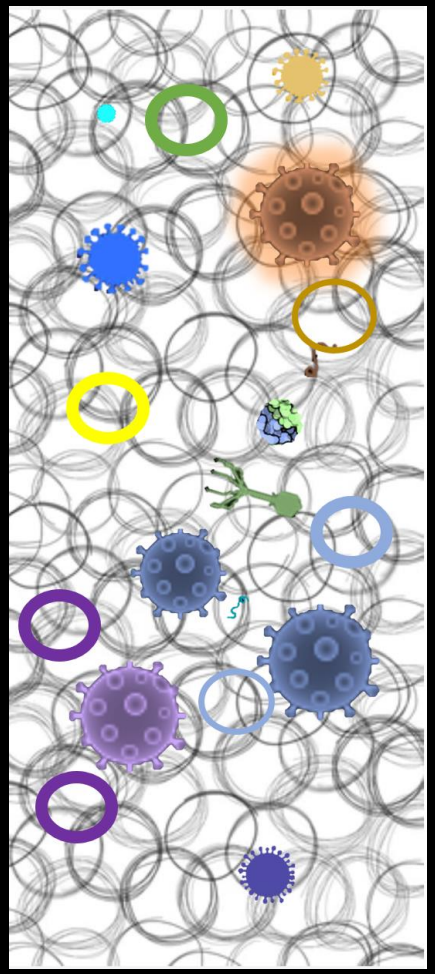
Our immune system cells –trillions of them – continues to recognize, handle and destroy this biological material as it changes.

One month



The next month the corona-viruses and some others have changed.

Next month



The cells of our immune system tracks these changes

-

transfections injected into our body do not

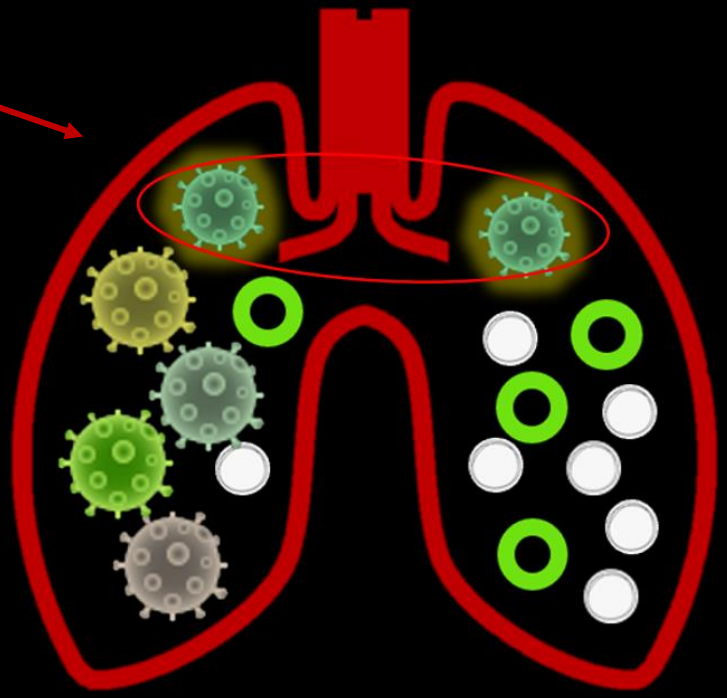
Transfection antibodies only affect *one protein* on *one infectious virus*.

While your immune system targets the whole infectious virus and all the other biological material in your lungs.

But your "protection" (seroprevalence) is supposedly measured by the number of antibodies targeting the one protein (spike) on the one infectious virus?

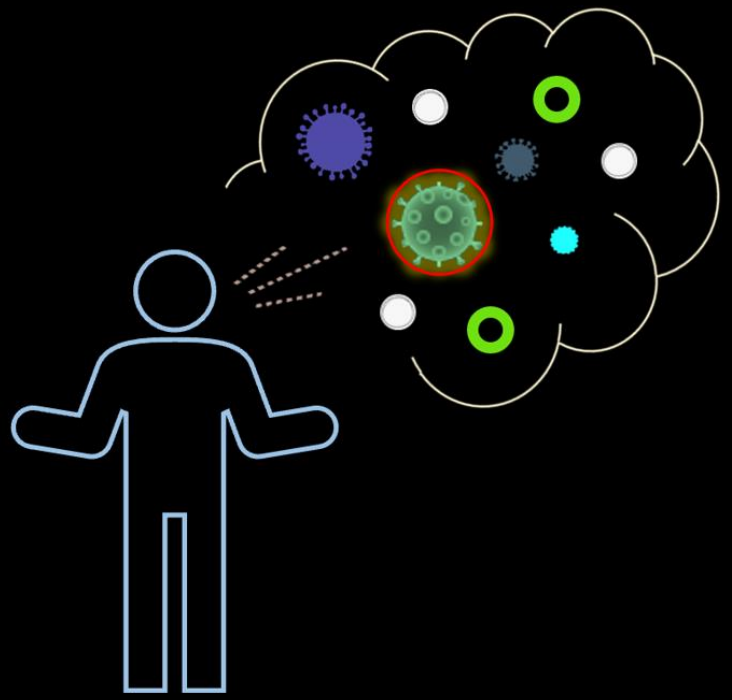
The logic of transfection?

Transfection antibodies affect one protein on the viruses circled in red, but not the others. They also bypass our immune system in our nose, throat and lungs - where respiratory coronaviruses enter.

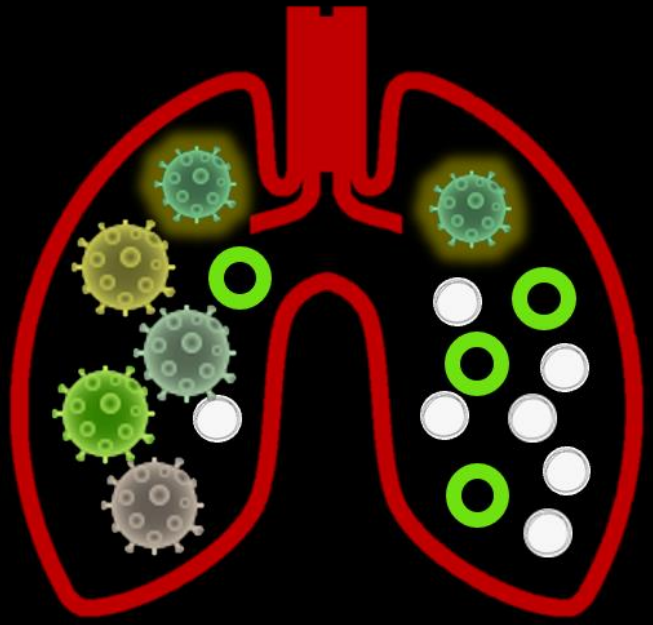


Our natural immune system handles <u>everything</u> in the lungs, nose and throat - the infectious viruses, their mutations, the defective genomes and duds.

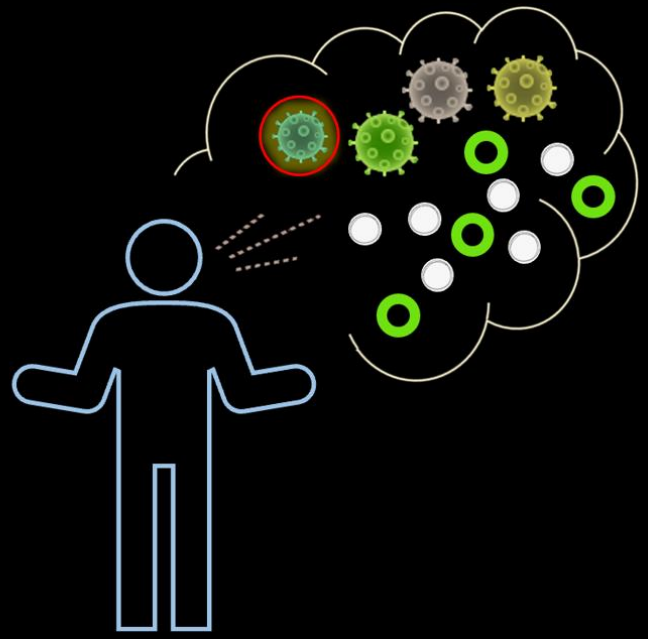
If we inhale an infectious coronavirus…



It will replicate into… mutations, defective genomes and duds



So we will exhale… some infectious virus, mutations, defective genomes and duds



We only exhale a small amount of infectious virus – not as scary as the media makes it out to be!

The trillions of cells of our immune systems handles all the biological material we encounter. Covid has the death rate of the flu. We've been told our vast immune system needs help fighting this coronavirus, and the help offered is measured by transfection stimulated antibodies (seroprevalence) that –

...bypass our nose, throat and lungs

...only affects a tiny portion of all the biological material we breathe in and out every day

...becomes ineffective as the virus mutates, and coronaviruses mutate a lot.

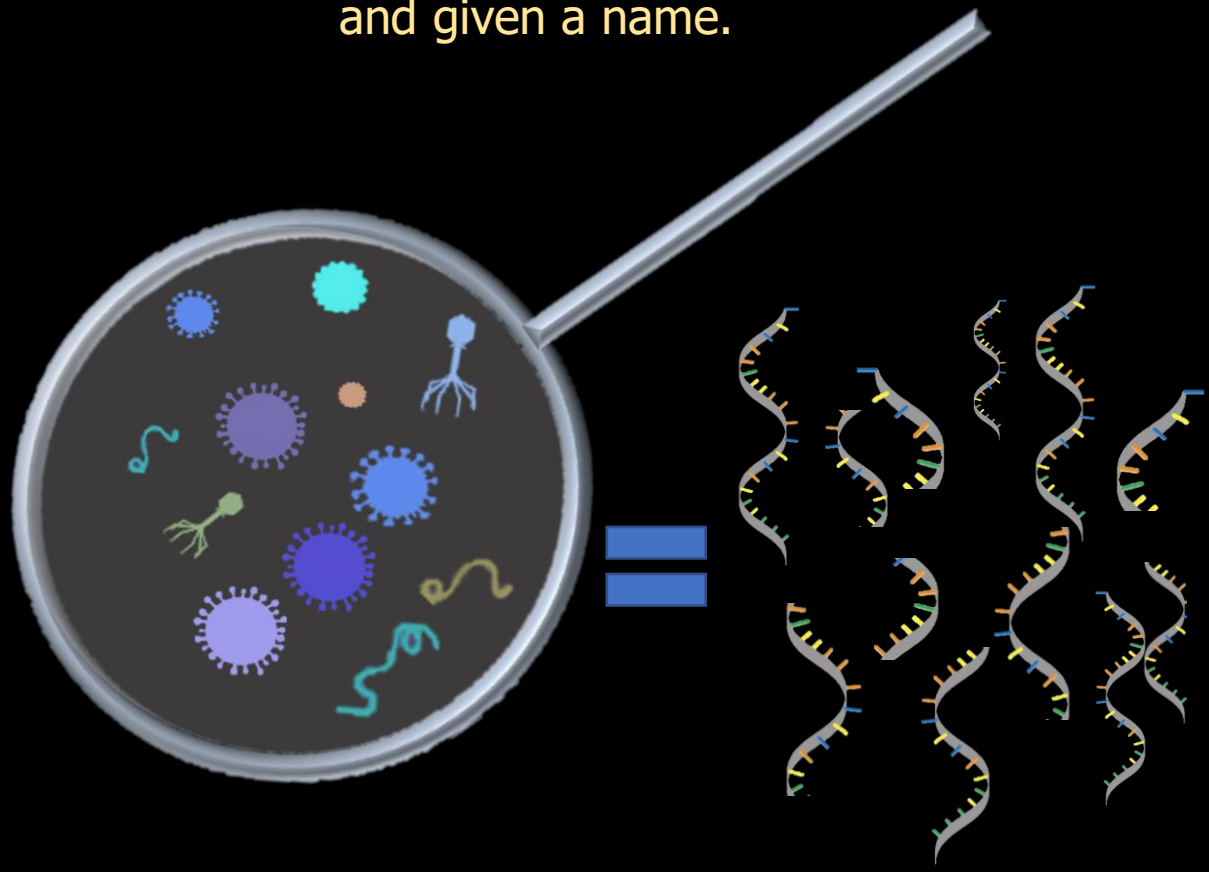
Surely the process of generating transfection antibodies came from a rigorous process, so at least they will do their tiny job really well....right?

Well, actually no.
We need to talk about sequencing.

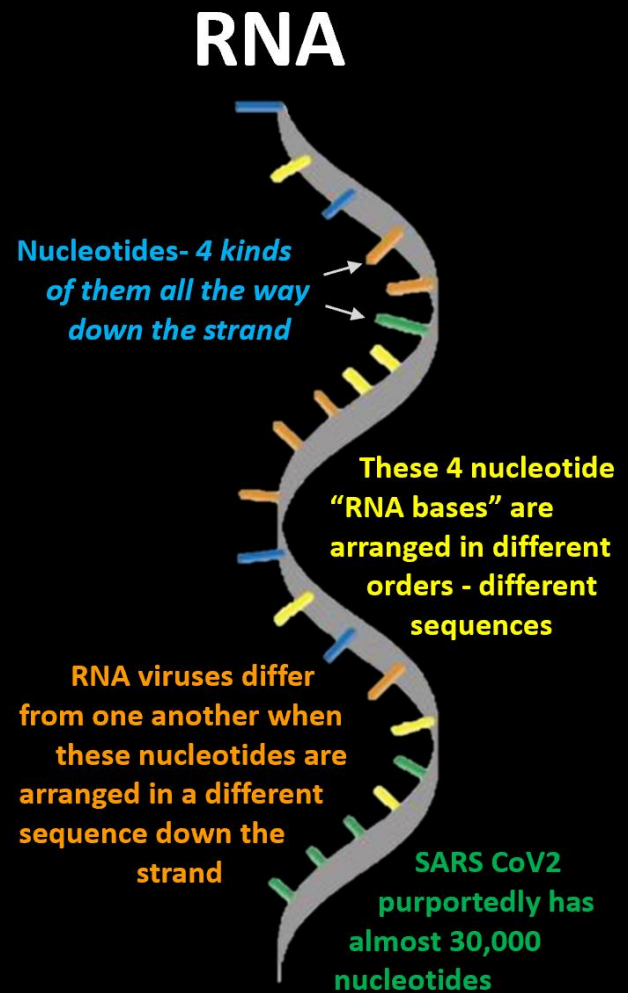
There are trillions upon trillions of genetic sequences that make up biological life on this earth. Our immune systems have evolved with this changing biological material for millennia.

"Background swarm" of coronaviruses - around us all the time

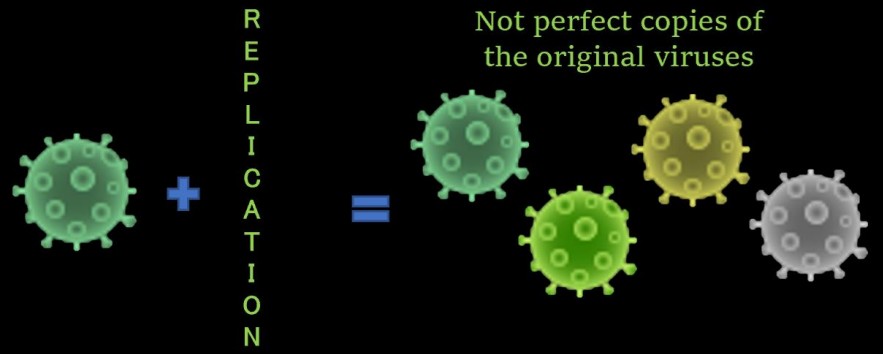
Biological material, like viruses and bacteria, have a genetic sequence. The ***genetic sequences found in a sample*** - from people, animals and nature – are what have been logged into a data base and given a name.



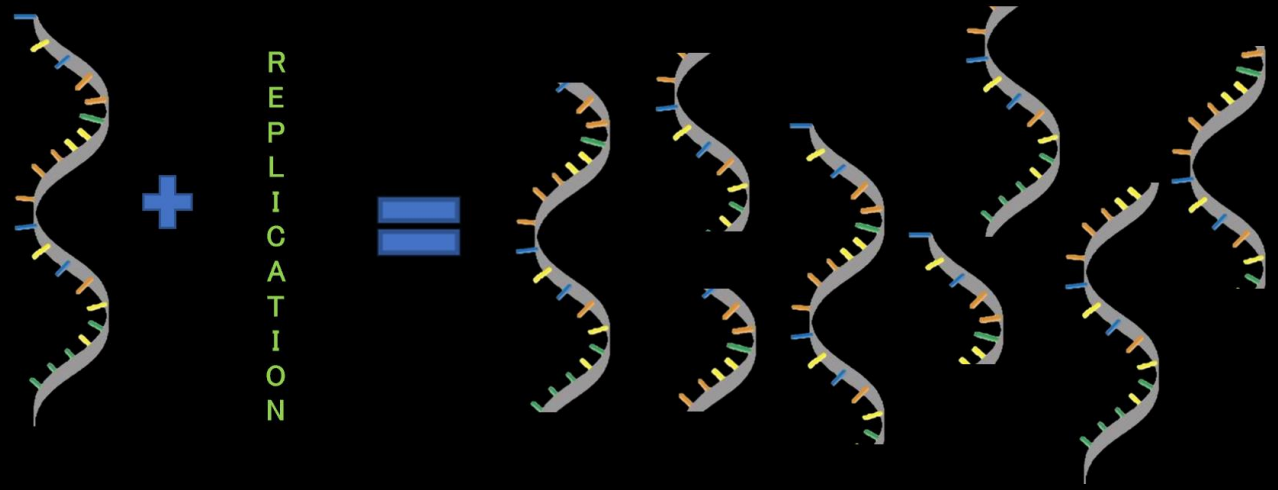
When a sample is collected, it is "sequenced": the sequencer shows the order the 4 repeating nucleotides on each genetic strand.
There are thousands of strands in a sample.



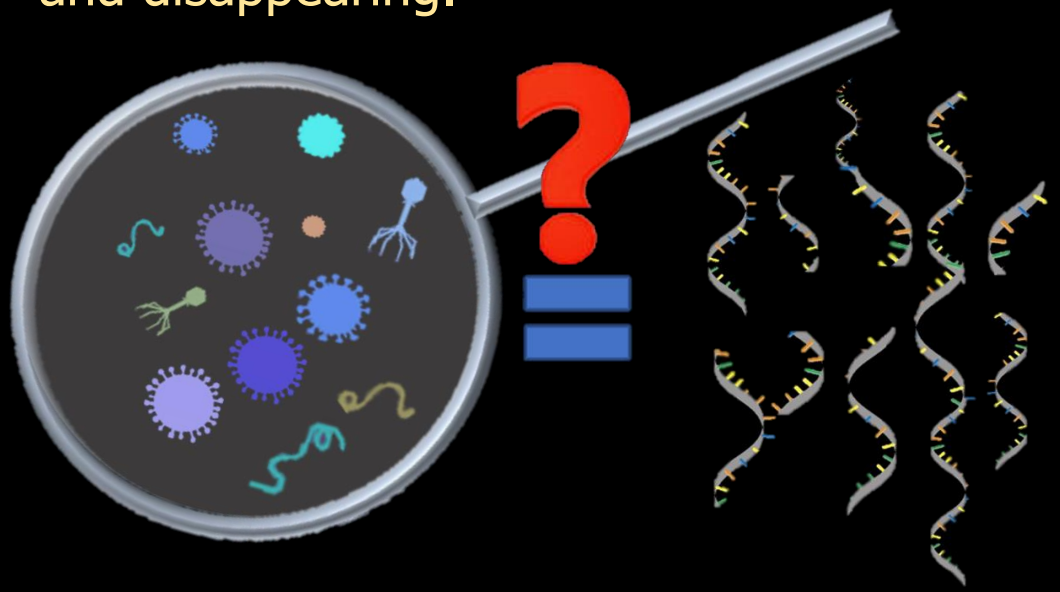
Even when a coronavirus genetic sequence is discovered, the genetic sequence will change almost every time it replicates!



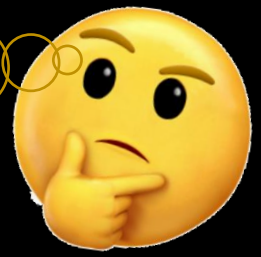
Many different viral strands!



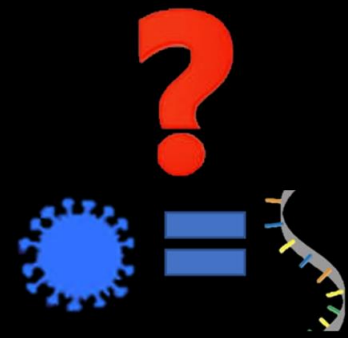
The trillions of genetic sequences that make up biological life on this earth are constantly changing, mutating, emerging and disappearing.



Hmm, I've got all these genetic sequences and I don't know which viruses and bacteria they belong to. I'll just add the most numerous ones to the data base.



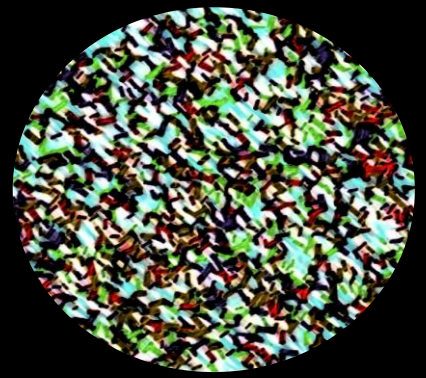
Virologists collect the strands/sequences and put them into categories in a data base.
They don't isolate the viral genetic strands they find - so they don't know if one causes illness.
The ones already in the data base also <u>haven't</u> been isolated – so its not proven that *they* cause illness. either. Some respond to antibiotics though.

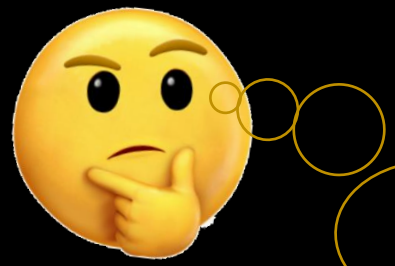


I really should put this genetic sequence in an animal to see if it makes the animal sick… but I'll skip that step because it usually doesn't work - there's never enough infectious virus in the sample.

There are hundreds of thousands of genetic strands on one swab. That's a lot of genetic material! Some strands will be from the person's own cells and some will be harmless. In a sick person, a few may be causing symptoms by alerting the immune system.

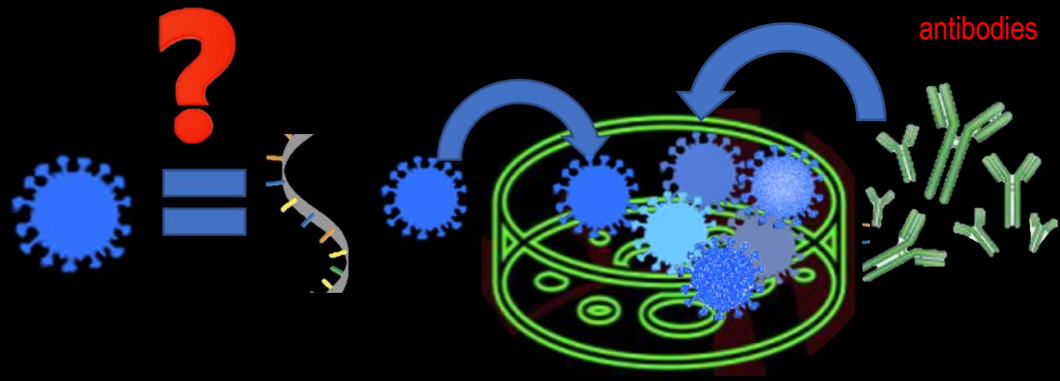
A genetic sequencer is used to calculate the percentage of each genetic strand in a sample.



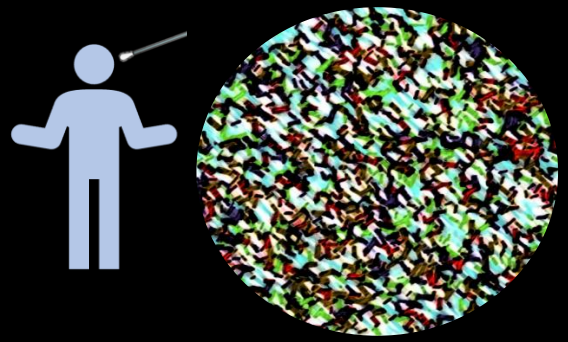


I will put a genetic strands I found from the swab into a petri dish, and add some antibodies and other biological material. If antibodies stick to any of the stuff in the petri dish, surely that must mean something on the swab is causing great illness in people!

Hmm, all these genetic sequences from the sick person. I'll see what % of the genetic fragments are similar to the ones we already logged in the data base. The coronaviruses in the data base would have mutated by now though.

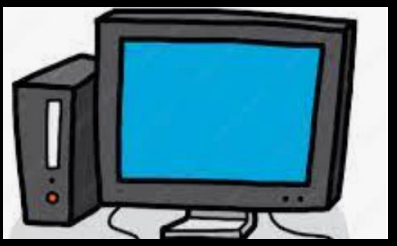


All these genetic fragments from a sick person in Wuhan (although biological samples were not available)....



Put into this sequencing machine....

Gives percentages of the most frequent genetic strands.

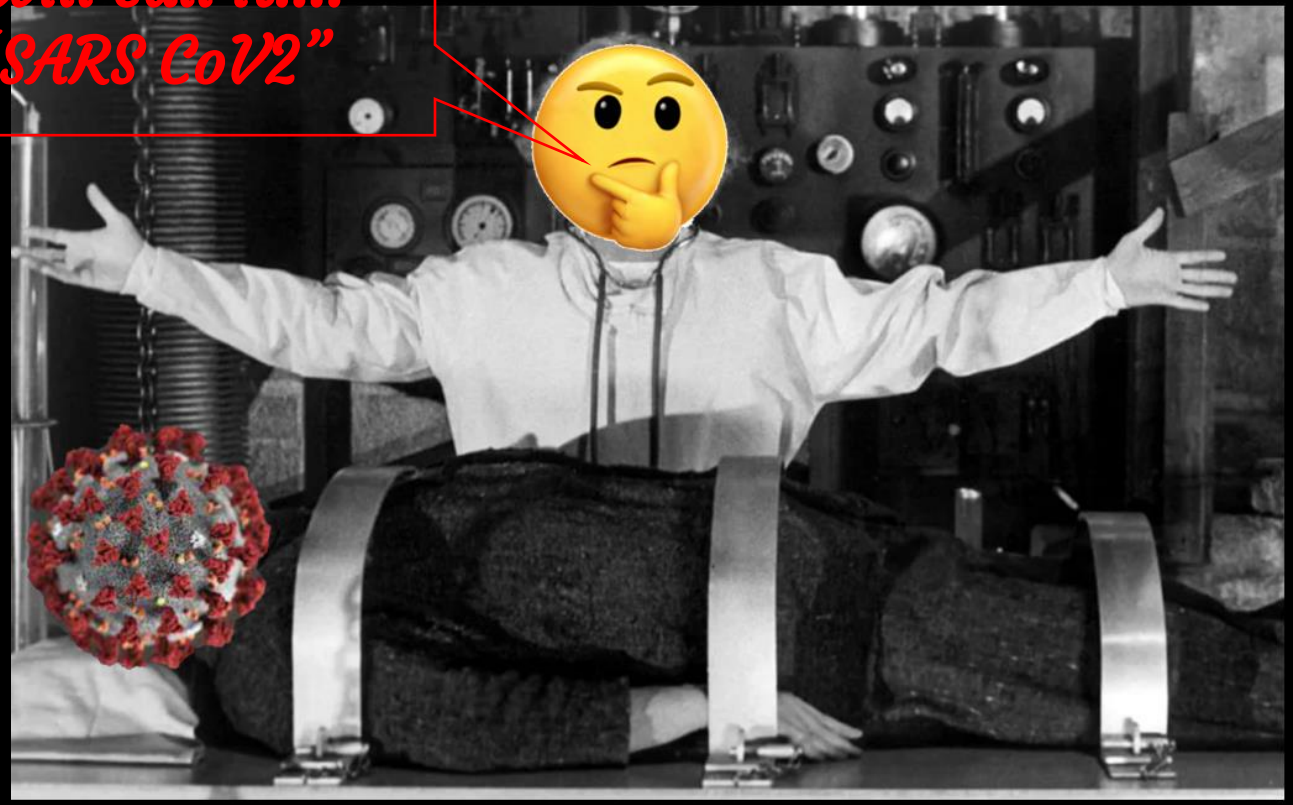


A computer runs models on how similar (% similarity) all these genetic strands are to those already in the data base. *"Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV2, and aided by the use of synthetic nucleic acid technology."*

Virologists then decide how many strands placed in a row will be called a new virus... even though no such strand was found in the swab with this new configuration.

These genetic strands, now placed in a row and called a new virus, came from a swab (not released) consisting of human and other harmless genetic fragments.
*One of the fragments chosen for the new, created virus could be a harmless fragment found in many people. They didn't isolate it to see if any caused illness, but we are tested for it via PCR.

I will call it....
"SARS CoV2"

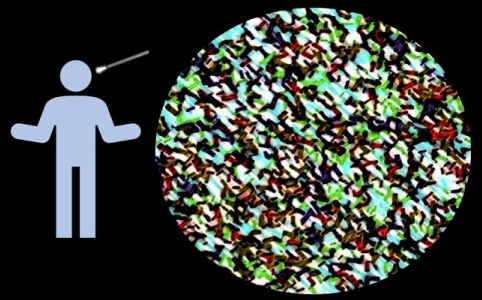


"A novel coronavirus currently termed 2019-nCoV was officially announced as the causative agent by Chinese authorities on 7 January. A viral genome sequence was released.." - Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR

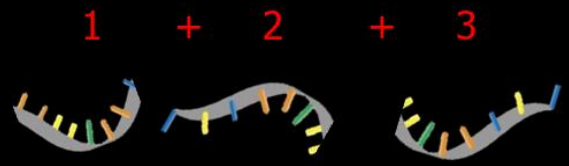
"And I will have microbiologists test for these fragments with PCR tests....
which will pick up miniscule amounts of these genetic fragments...
even though I have no idea if any of them actually cause illness...


MEDIA
DO YOU HEAR ME?
GIVE MY CREATION...
LIFE!
YOUNG FRANKENSTEIN

SO, from all these genetic strands that happen to be on a sick person's swab somewhere halfway across the world…



…that virologists sequenced and decided to place several strands together and call it an harmful, infectious virus – without testing to see if it is actually harmful or infectious…



…then people are injected with a synthetic version of part of this new virus they created.

People are also injected with some other ingredients (lipid nanoparticles, hydrogel, etc. and some ingredients that haven't been released yet).

This injection causes the body to produce a protein (spike) that the newly created virus also produces.

Of course our immune systems responds to this injection, including by producing antibodies.
But…

…even though this newly created virus was not found in the original sick person, but is used to stimulate antibodies in others … this is supposed to be accepted as protection from the newly created virus causing symptoms of colds and flus (with a small portion of severe illness)?

So to recap:

Daily, the trillions of cells of our immune system makes contact with every cell in our body to distinguish what is us, what is harmful and what is not. Antibodies are a small part of this process. Our healthy immune systems know how to handle the viruses, bacteria and other biological material we encounter with every breath we take and every touch we make - without noticeable symptoms and only occasional severe illness in our lifetime.

We are supposed to believe that transfection stimulated antibodies from an injection, measured as seroprevalence, -that was produced from a created genetic sequence not found in any person -that bypasses where our body encounters respiratory viruses (nose, throat and lungs), -that targets one protein on a constantly mutating coronavirus, ...*these transfection-stimulated antibodies* are supposed to add value to the incredible immune system we have, and protect from cold and flu symptoms?

I think this is what JJ was referring to when he said something like - transfection antibodies is like sending a child banging on symbols into a symphony, thinking it adds value to the music.