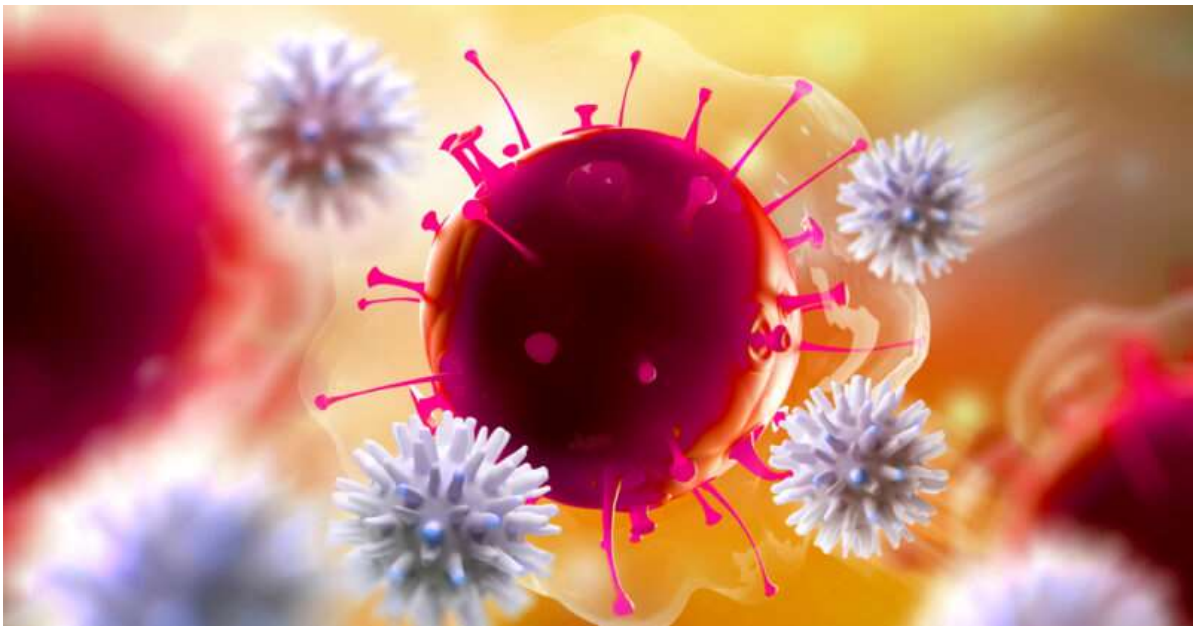
Repeated COVID Vaccines May Impair Immune System's Natural Ability to Fight Disease

Rob Verkerk Ph.D., founder of Alliance for Natural Health International, explores the links between SARS-CoV-2, COVID-19 vaccines, HIV and immune deficiency.



Jean Claude Perez and Nobel laureate Luc Montagnier identified 18 gene sequences in HIV-1 that are present in the spike protein of SARS-CoV-2.

Among these are gp120 that facilitates the attachment of the "spike" of HIV to host cells as well as helping HIV target CD4 T cells.

Emerging evidence shows that chronic exposure to COVID-19 "vaccines" that occur through administration of regular boosters can disrupt T cells generally, and, more particularly, suppress CD4 T cells that are targeted by gp120.

Such chronic exposure can also erode all-important innate immunity and increase the risk of new-onset autoimmune conditions. These might contribute to what has been described as VAIDS (vaccine-induced acquired immunodeficiency syndrome).

Despite known harms to HIV/AIDS patients from a genetically engineered common cold virus (adenovirus type-5) used as a vector in the STEP trials in the early 2000s, some vaccine manufacturers, with the World Health Organization's (WHO) approval, are continuing pre-clinical or clinical development with these same adenovirus vectors.
Some of the HIV motifs present in SARS-CoV-2 are highly functional in terms of facilitating attachment and fusion on host target cells, but are missing from the genetically very similar SARS virus.

People who are already immune compromised or have had a history of cancer should very carefully weigh up the risks of COVID-19 and the vaccines, as well as the benefits. They should also consider the many alternatives before simply complying with what have now become social norms despite a common absence of evidence of medical need.

Unwrapping Montagnier's legacy

In February 2020, just a month after the SARS-CoV-2 genome had been published, French scientist and mathematician, Jean Claude Perez, colleague of the recently deceased Prof. Luc Montagnier, published an article titled "Wuhan COVID-19 Synthetic Origins and Evolution" on the preprint server, ResearchGate.

The paper was published the following month in the peer-reviewed International Journal of Research.

Among Perez's in silico findings were the presence of fragments of the genome of two variants of two retroviruses, the human immunodeficiency virus (HIV) and the simian immunodeficiency virus (SIV), in the reference genome of SARS-CoV-2 from the Wuhan seafood market.

The discovery of the presence of these genetic fragments made Perez among the first to raise questions in the scientific literature over the claimed natural and zoonotic origin of the SARS-CoV-2 genome.

His reasoning was that these viruses would be unlikely to find their way either into a bat cave in remote China or, as yet, an unidentified intermediate host that might have found its way, dead or alive, to the seafood market.

Montagnier, as the co-discoverer of HIV, for which he was awarded the Nobel prize in 2008, went on to collaborate with Perez on another paper, also published in the International Journal of Research, in July 2020.

The analysis presented gave further detail on Perez's initial findings. This included the fact that 2.5% of the entire SARS-CoV-2 "Wuhan" genome was represented by 18 RNA fragment "insertions" from the HIV or SIV retroviruses, with one section having a density rate for these inserts as high as 73%.

The authors asserted that because the fragments were 18 to 30 nucleotides in length, they had the ability to modify gene expression in humans exposed to SARS-CoV-2.

They also proposed that the presence of these inserts was likely the result of human manipulation, potentially both for gain-of-function research to improve cell penetration of the virus, but also for the purpose of "vaccine design."

The final words of the paper — published just a few months into the pandemic — were directed at the alleged architects of SARS-CoV-2 and provided a somber warning:

"This analysis, made in silico, is dedicated to the real authors of Coronavirus COVID-19. It belongs only to them to describe their own experiments and why it turned into a world disaster: 650 000 lives (on 26 July 2020), more than those taken by the two atomic bombs of Hiroshima and Nagasaki.

"We, the survivors, should take lessons from this serious alert for the future of humanity. We urge our colleagues, scientists and medical doctors to respect ethical rules as expressed by Hippocrates oath: do not harm, never and never!"

More recently and shortly before Montagnier's passing on Feb. 8, aged 85, the following quote attributed to the Nobel laureate circulated widely on the internet:

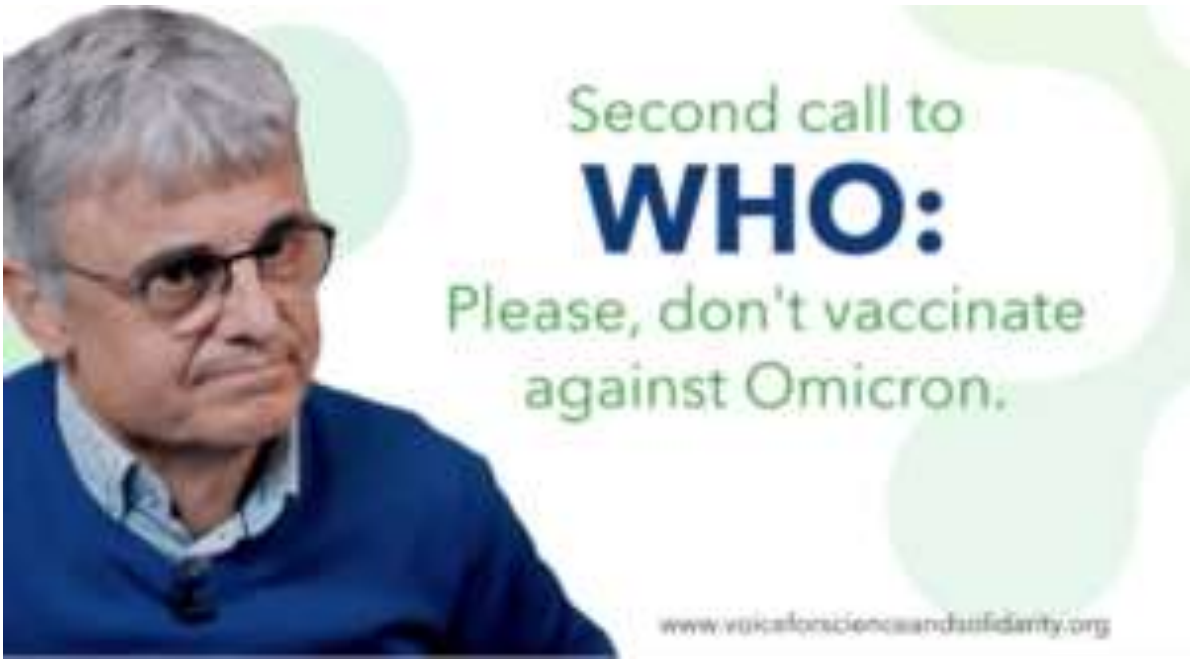
"For those of you who have taken the third dose, go and take a test for AIDS. The result may surprise you. Then sue your government."

It has not been possible to verify the authenticity of the quote, but, coupled with the discovery of a new, highly virulent HIV variant in the Netherlands in early February, the scene was set for concerns among the public and some health professionals over possible links between HIV, COVID-19 injections and SARS-CoV-2.

Immune erosion by COVID-19 injections

Added to this was mounting concern among scientists, such as renowned Belgian vaccinologist Geert Vanden Bossche Ph.D., that successive COVID-19 injections may compromise the effectiveness of the immune system, especially trained innate immunity gained following naturally-acquired infection.

Vanden Bossche has proposed that high levels of non-sterilizing ("leaky") "vaccinal" antibodies produced following injection, suppress all-important, polyreactive, antibodies produced by specialized subsets of B cells (B-1 and marginal zone B cells) associated with the innate immune system.



An image on Dr. Geert Vanden Bossche's website, including a message to the WHO
While innate immunity is the first line of defense for everyone, it is children in particular who are most reliant on it, given the immaturity of the adaptive arm of their immune systems, the latter being the primary mechanism of defense against respiratory pathogens in adults.

The absence of any substantive scientific or medical rationale for "vaccinating" children against COVID-19 is dealt with comprehensively by Kostoff et al., (2021). and Seneff et al., (2022).

The intended purpose of COVID-19 injections is, of course, not to up-regulate the innate immune system, but rather, neutralizing antibodies in the adaptive arm of the immune system (the humoral immune response).

Therefore any erosion of innate immunity or disruption of cell-mediated adaptive immunity (through T cells) associated with regular exposure to COVID-19 injections should be viewed as collateral damage.

While mechanistic, clinical and even epidemiological evidence of such immune system disruption is beginning to emerge, it may be years before the significance of the effects of such erosion or disruption on different population groups with varying health status is widely understood and recognized.

Another emerging piece of the jigsaw that connects potential immune erosion with HIV is the possibility of the development of "vaccine acquired immunodeficiency syndrome" or VAIDS.

Attempts by "fact-checkers" and the mainstream media have been made to debunk such claims but these challenges to the existence of VAIDS are scientifically hollow and appear to be politically or economically motivated.

With increasing frequency of exposure of people to COVID-19 injections that erode innate immunity and disrupt cell-mediated (T cell) immune responses, it is highly likely we will witness a rise in VAIDS.

It may be longer before health authorities and vaccine manufacturers who have pushed to achieve incredibly high rates of vaccine coverage in many industrialized countries are prepared to recognize that the injections are the cause.

HIV motifs in SARS-CoV-2

There have been concerted efforts by "fact-checkers," among them Associated Press and Reuters, to denounce any possible link between the so-called COVID-19 "vaccines" and HIV or AIDS. Full Fact, for example, stated on Feb. 4 that "As COVID-19 vaccines don't contain HIV, they cannot cause AIDS."

As is so often the case: the devil is in the detail.

The "fact-checkers" are indeed literally correct given, as shown by Perez and Montagnier, the whole genome of HIV (or that of SIV) is absent from SARS-CoV-2.

But 18 inserts are clearly present and it was a reasonable assumption by Perez and Montagnier to claim this would be unlikely to arise by chance.

In April 2020, mathematician and IT consultant Philippe Lacoude Ph.D., writing in the European Scientist, penned what appears at face value to be a killer rebuttal of Perez and Montagnier's findings.

Lacoude had read the paper and heard Montagnier speaking about it on the French CNews channel.

So he knew that it was only RNA fragments, not the whole HIV genome, that were being claimed to be present in the surface proteins of both viruses — the whole genome of the reference SARS-CoV-2 genome being given in reference.

Lacoude leads the reader by the hand and shows how he's right and his fellow countryman and Nobel laureate, who knows a thing or two about viral genomes is wrong.

He explains that it would be hard to check this manually given the size of the two genomes, so he suggests automating the process by using the MegaBLAST subprogram in the Basic Local Alignment Search Tool developed by the National Institutes of Health (NIH), which hunts down common sequences in different genomes.

The long and short is the program fails to detect all 18 of the HIV-1 fragments found by Perez and Montagnier, including gp120 (I'll come on to that below).

Time to mention an important scientific premise: a lack of evidence, or an inability to find evidence, of a particular phenomenon, does not mean that the phenomenon does not exist.

Muddying the murky waters with Ad5

Another linkage between HIV and COVID-19 injections is the fact that two "vaccines" already in clinical use (CanSino Biologics and Sputnik), as well as several in the preclinical development phase including one that is delivered orally, utilize Merck's controversial genetically engineered (GE) adenovirus type-5 vector (Ad5).

This GE common cold virus shuttles the gene for the SARS-CoV-2 spike protein into the body.

Four scientists involved with the fateful STEP trial that was intended to be a proof-of-concept for an HIV vaccine in the 2000s sounded a note of caution on the use of Ad5 in COVID-19 "vaccines."

The trial relied on Ad5 to vector the gene for the surface protein of HIV and ended up increasing HIV infection risk among vaccinated compared with unvaccinated men. The scientists' warning came about because their experiences with the STEP trials meant there was a reasonable scientific basis to be concerned that COVID-19 "vaccines" reliant on Ad5 may exacerbate AIDS among those already infected with HIV.

Dr. Anthony Fauci, who has headed the National Institute of Allergy and Infectious Diseases at the NIH since 1984, went on the public record in 2014 recommending against further use of Ad5 in HIV vaccines.

Yet they are being used today in COVID-19 "vaccines" (search ClinicalTrials.gov), although sometimes with further genetic alterations intended to partially mute their effects on the body.

Fauci is listed as the inventor of two patents assigned to the U.S. Department of Health and Human Services for HIV vaccines that rely on preventing Gp120 from binding to the alpha4 integrin receptor.

Autoimmunity from COVID-19 injections

When considering the susceptibility of individuals to viruses such as HIV or SARS-CoV-2, and the potential for COVID-19 injections — especially if delivered at frequent (e.g., 6-monthly) intervals — to compromise immunity, the risk of autoimmunity must be factored in.

Autoimmunity from adenoviral vectored COVID-19 injections was the first recognized adverse autoimmune phenomenon noted following to mass roll-out of the COVID-19 injections in 2020. Fortunately, it is generally considered rare, given it can be lethal.

One estimate from Canada suggests that for the AstraZeneca injection, incidence may on average be as high as one case per 26,500 (around four cases per 100,000), with mortality among those affected having been estimated at 17% in Australia. The incidence also goes up in younger people.

In many industrialized countries, the mRNA injections are being more commonly administered as boosters to younger people, given the known acute (Guillain-Barré syndrome) and chronic (vaccine-induced immune thrombotic thrombocytopenia [VITT], cerebral venous sinus thrombosis) autoimmunity risks from adenoviral vectored injections.

Unfortunately, evidence for mRNA "vaccines" inducing autoimmunity is now emerging. This has been shown clearly for new-onset autoimmune hepatitis, with the suggestion that the injections may trigger inflammatory cascades and autoreactive lymphocytes in susceptible individuals.

In addition, as the timeline since the mass injection programs were commenced marches on, there are an increasing number of reports emerging over new-onset autoimmune phenomena that are initiated often days after injection, including autoimmune liver diseases, Guillain-Barré syndrome, IgA nephropathy, rheumatoid arthritis and systemic lupus erythematosus.

COVID-19 injections must therefore be considered not only as medical interventions that deliver a potential, often over-stated benefit in terms of protection against risk of severe disease, they also present a potential trigger for unpredictable, long-term, life-changing or even lethal autoimmune conditions.

Cutting to the chase on HIV inserts

An undeniable scientific tenet is that the smaller the fragment of a given genome identified, the more widely that fragment will be found in the genome of another animal, plant or microbial species.

Let's now be more specific. It's been estimated that 87% of the sequence of the HIV-1 glycoprotein envelope and the SARS-CoV-2 spike protein are shared. HIV-1 is a lentivirus, while SARS-CoV-2 is a beta-coronavirus — so they are not closely related despite both being RNA viruses.

It could be argued that these similarities are the result of the proteins performing much the same job: being covered in host-derived glycans (carbohydrates) that serve as the basis of "glyco-epitope mediated cross-reactivity by antibodies," helping each viral particle to fuse with its respective host, facilitating entry of its precious RNA cargo so that viral replication can begin in earnest.

Both viruses have evolved to do this well — hence the profound impacts each has had on human populations.

Encoded in the heart of the HIV-1 genome is a long protein called gp160 (gp is short for glycoprotein). This protein is critical to the fusion process. As the gp160 envelope protein fuses with the host cell surface, it cleaves into two distinct pieces, these being gp120 and gp41 respectively.

Three gp120 and gp41s then combine in a “trimer” of “heterodimers” to form the envelope spike that locates, attaches to and fuses with the host cell. In the case of HIV-1, attachment occurs via CD4 receptors on these lymphocytes (T cells).

Yes, you’ve guessed it, gp120 is also encoded into the SARS-CoV-2 spike protein. It would be easy to dismiss this as an evolutionary trait shared by the two unrelated DNA viruses that occurred by chance or through natural selection.

But consider for a minute that the closely related SARS coronavirus that was responsible for the outbreak that was discovered in Asia in February 2003, lacks the gp120 and Gag inserts shared by HIV-1 and SARS-CoV-2.

Or that pressure was placed on Indian scientists to withdraw a paper published on a preprint server on Jan. 31, 2020, because it made this connection.

This kind of genetic manipulation happens to also be exactly the kind of thing that is done in gain-of-function research, for example to facilitate entry of a manipulated coronavirus to its host.

In fact, it is the very sort of genetic engineering that molecular biologist and immunologist Ralph Baric, and colleagues of his ilk, engage with during their work hours.

Baric, you may remember, was the NIH-funded scientist who found himself at the center of controversies around gain-of-function research and possible lab manipulation of SARS-CoV-2 during the early part of the pandemic because of his lab's long-standing research on engineered coronaviruses.

Given the similarities in some of the protein motifs in these two unrelated viruses, HIV and SARS-CoV-2, as well as commonalities in the corresponding carbohydrates that cover their surfaces (hence them being referred to as glycosylated proteins), it is of interest that cross-reactive, broadly neutralizing antibodies generated by HIV can also bind to the glycosylated spike protein of SARS-CoV-2.

This might suggest HIV positive, asymptomatic individuals could even be at an advantage to their non-HIV exposed counterparts if exposed to circulating SARS-CoV-2 as cross-reactive T cells might be ready for business when confronted with SARS-CoV-2-infected cells.

But it also means that the presence of the gp120 protein in the SARS-CoV-2 spike could help the coronavirus, or the very similar (but not molecularly identical) spike protein produced following COVID-19 injection, target T cells, so knocking out all important, multi-function CD4 T cells that have the capacity to differentiate into an array of different subtypes that can provide long-term memory of previous antigens and kill off infected cells.

This CD4 lymphocytopenia is obviously one of the hallmarks of HIV-positive individuals who go on to develop AIDS.

It is now well recognized from observational studies and autopsy data that reduced CD4 and CD8 T cell counts (lymphopenia) is a key feature of severe COVID-19 disease.

However, a study published in March 2022 in the journal Signal Transduction and Targeted Therapy, co-authored by Shi Zheng-Li, the so-called "bat women" scientist from the Wuhan Institute of Virology, showed that SARS-CoV-2 targets CD4 and CD8 T cells independently of their infection via ACE2 receptors.

This can lead to catastrophic T cell death (apoptosis), with potentially even a zero T cell count in the most severely affected individuals.

Conversely, people who experience mild disease and rapid clearance of SARS-CoV-2 have been shown to mount a marked T cell response, although a partially effective innate immune response is a likely major contributory factor in preventing severe disease or death.

A person living with HIV with already compromised T cell immunity courtesy of the virus, would also be expected to not fair well with repeated co-infection with SARS-CoV2 or exposure to COVID-19 injections.

A case report from China, involving a 41-year-old patient injected with the Sinopharma inactivated COVID-19 "vaccine" showed a dramatic drop in CD4 count.

Such T cell disruption is also likely to increase risk of tumor formation particularly among individuals with a history of cancer, a disturbing trait that is already being reported anecdotally by clinicians

Sadly, what we see today could well be just the tip of the iceberg.

Conclusions

"Those who've yet to see what nature has to offer when we're confronted with unpredicted existential threats, seem unable to see the wood for the trees. Or they have vested reasons that make them persist with failing and often harmful new-to-nature technologies." — Rob Verkerk Ph.D.

Where does this exploration leave us?

Let me attempt to summarize:

1. SARS-CoV-2 is likely a lab construct. There is incontrovertible evidence that there are highly functional genetic fragments that facilitate viral entry and targeting of T cells shared between HIV-1, the main variant of HIV that contributes to AIDS, and SARS-CoV-2.

The fact that SARS-CoV-2 is closely related to SARS (and yet doesn't share the gp120 or Gag sequences that are present in HIV-1 is of particular interest). While there is insufficient evidence to prove that these inserts are definitely the result of gain-of-function research, there is ample evidence it was ongoing in the Wuhan Institute of Virology that was supported by the NIH, despite Fauci's denial to the contrary to Congress.

This implies a reasonable possibility that these inserts, as Prof Montagnier and others had figured, were likely deliberately inserted and that SARS-CoV-2 is at least in part a lab construct.

2. Chronic exposure to COVID-19 vaccines can impair immune function over time. Exposure to successive COVID-19 "vaccines" may cause chronic damage to the

function of the immune system, notably through the erosion of innate immunity and disruption of T cell responses.

Additionally, they may induce autoimmunity and increase the risk of new-onset autoimmune conditions, although the delay and complexity of these conditions mean it might take years to fully understand the scope of disturbance caused.

As with any environmental trigger or toxin, it is the dose that makes the poison, as Swiss physician and chemist Paracelsus asserted nearly 500 years ago, so greater frequency or number of exposures to COVID-19 injections may induce a dose-response and increased disruption of immune processes.

3. VAIDS is a thing. There is emerging evidence of the existence of a form of vaccine-induced immune suppression that could be referred to as VAIDS, although the mechanisms may be variable between individuals and are still not clear.

Among them is innate immune erosion, T cell disturbances and autoimmunity, but there may also be specific targeting of CD4 T cells by the gp120 insert in the SARS-CoV-2 spike protein.
This may even be of greater concern in the case of COVID-19 mRNA and adenoviral vector “vaccines” that generated spike protein within the body which may then be exposed over weeks if not months.

4. Particular caution must be exercised for those with compromised immune systems. A significant proportion of those living with HIV suffer CD4 suppression (lymphopenia) and the balance of risk versus benefit should be carefully considered along with informed consent before COVID-19 injections are recommended for this, or other immune-suppressed, population groups.

Among the factors for consideration are the duration of exposure to spike protein in the event of naturally-acquired infection versus following administration of COVID-19 ‘vaccines’, as well as the risk posed by the circulating variant when appropriate measures are taken.

These include the use of safe, early treatment protocols (e.g., those developed by the Front Line COVID-19 Critical Care Alliance) as an alternative to COVID-19 vaccines that currently do little or nothing to stop transmission and protect against severe disease or death for a few weeks at most, encouraging chronic administration with its consequent problems.

Ultimately, nature takes its course, and it is interesting to posit how nature has fared against human technology in the form of synthetic biology “genetic vaccines” and new-to-nature therapeutics. Human technology has delivered very little for massive investment and cost to society.

Compare that with our natural protection against SARS-CoV-2, comprised of our incredibly sophisticated immune systems when amply resourced by products of nature, be these healthy foods or specific nutrients, plant or microbial extracts.

This is the natural system of defense that got us this far, and it's been doing its best to cope with, and adapt to, the rapidly changing specter of this complex and provoked relationship that kicked off less than 3 years ago.

Those who've yet to see what nature has to offer when we're confronted with unpredicted existential threats, seem unable to see the wood for the trees.

Or they have vested reasons that make them persist with failing and often harmful new-to-nature technologies.

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Blessings,

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