Expression of Concern

Medical Flaws and Failure Support the Presumption that Vaccine Boost Shots Are Dangerous

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Abstract

Amid the rapid mutation of SARS-Cov-2 virus, leaders in the world are under pressure to contain outbreaks. It has been suggested that vaccine booster shots are the solution. Based on available evidence from medical literature, anyone would be compelled to find that booster shots are the best option. However, discovered flaws in the foundation of medicine give me a different perspective. I have proved that population model, symptom-based side effect research method, reductionist treatment approach, mathematical models, etc. used in researches produce grossly inaccurate findings. I have shown that side effects rated by the symptom-based revaluation method are obscured by massive organ reserve, and the superimposed affects of a large number of lifestyle-related factors can further obscure side effects of vaccines. When medical journals are heavily influenced by the drug industry, medical research focus has been steered away from taking up all flaws that must be addressed before vaccines performance can be evaluated correctly. I show that population-based research model, symptom-based side-effect evaluation method, and multiple disease causes model dramatically exaggerate vaccines' benefit-to-risk ratios. Due to those flaws, the merits of vaccines cannot be based on the literal ratings of population studies. Thus, I urge world leaders to reject evidence that is acquired from deeply flawed research models and methods. To best resolve this issue, I will explore how booster shots can cause dangerous immune responses from a kinetic point of view. Then, I deeply examine three medical failures: the DES disaster, belated discovery of stress hormones' roles, and failure to recognize the strict requirement of immune system balance. Deep analysis of those failures clearly support a finding that medicine is unable to determine latent adverse effects as a matter of course. When our theoretical findings and catastrophic failures are considered further in view of the repeated failures in predicting latent side effects in other products such as Roundup, "forever chemicals", asbestos, agent orange, etc., I was compelled to make a presumption that vaccines booster shots are dangerous. Boosters shots may be justified only if unique personal circumstances

can overcome this presumption by carefully considering personal health, special need and willingness to accept risks.

INTRODUCTION

Recently, HHS made the following public statement: “The COVID-19 vaccines authorized in the United States continue to be remarkably effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating Delta variant. Recognizing that many vaccines are associated with a reduction in protection over time, and acknowledging that additional vaccine doses could be needed to provide long lasting protection, we have been analyzing the scientific data closely from the United States and around the world to understand how long this protection will last and how we might maximize this protection. The available data make very clear that protection against SARS-CoV-2 infection begins to decrease over time following the initial doses of vaccination, and in association with the dominance of the Delta variant, we are starting to see evidence of reduced protection against mild and moderate disease. Based on our latest assessment, the current protection against severe disease, hospitalization, and death could diminish in the months ahead, especially among those who are at higher risk or were vaccinated during the earlier phases of the vaccination rollout. For that reason, we conclude that a booster shot will be needed to maximize vaccine-induced protection and prolong its durability.” Some people have gotten booster shots without informing doctors of their prior vaccine shots.

The use of booster shots is most probably unwise. I must express CONCERN with this poorly reasoned decision. This decision would affect the health of the population, U.S. future economy and the future of mankind as a species, I will present this article first followed by amendment with full citations.

ANALYSIS

A. True Benefits of Vaccines Distorted by Temperature Effects

I first question the true benefits of vaccines found in medical literature. Medical literature fails to correct the effects of temperature which can cause more than 10 times difference in infection rate and death rate. The role of temperature is very complex. Temperature can massively reduce incidence rate and death rate from spring to summer. A big part of the so-called vaccine benefits observed in the studies covering the spring-to-summer window could be caused by nature’s help. In the very hot summer, the higher incidence rate is due to torturing temperature fluctuations. In the winter, nature will reverse its roles from inhibiting viral infection to promoting viral infection. When weather becomes colder and colder in the coming winter, vaccine “protection” will be dramatically reduced. When temperature is very lower (with running noses), vaccine protection will be very weak for originally intended virus and will be even weaker for newly developed variants. However, protection against lungs is predicted to

remain because the inner temperature is higher than the nasal cavities. If I adjust vaccine effects against superimposed temperature's effects, the true benefits of vaccines on the population is much lower. Thus, the booster shot may not produce the same "benefits" predicted based on the past studies. This is clearly shown in the incidence data for The U.S. and most national data. Indeed, I noted that most Asian nations with much lower vaccination rates have much lower incidence and death rates.

B. Risks Found by Recent Studies

Recent vaccine injury data causes me to question booster shots. Well established adverse effects include myocarditis and pericarditis, heart inflammation, Erythema multiforme, glomerulonephritis or kidney inflammation; and nephrotic syndrome, etc. If one understands our multiple disease causes models and the role of organ functional capacities, he should see that no inherent and predictable connection exists between symptoms and disease causes. The symptoms-based causation model was developed due to lack of scientific knowledge in the entirely early medical histories. Since 1980, this causal connection model has been refuted by massive studies involving heavy metals, chemicals, drugs, environmental pollutants, household products, etc. I must assume that the true scope of vaccine injuries are more than what is legally recognized. Based on our multiple disease cause model, symptoms merely manifestation of damages in the weakest points, and are hidden beneath the massive organ functions in most people. Based on the massive studies of toxicity of toxic substances, This does not mean that no-symptom is equal to no-injury. There is no basis to believe that all lost organ functional capacities can be restored.

C. Danger Caused by High Vaccine Doses

In a normal vaccination model, the first injection trains the immune system so that the immune system can eliminate antigens that are in the amount that a person would be exposed to in the real world. Upon vaccination, the immune system becomes sensitive and more powerful so that it could eliminate future antigens rapidly. However, I note that the amount of disease agents that are normally exposed in normal scenarios is generally very small. In some studies with Influenza A virus, it is assumed that one TCID₅₀ is equivalent to about 300 PCR-detectable airborne RNA copies [Reference omitted]. Even though SARS-Cov-2 is a different virus, the number of the initial virus seeds are in the similar order of magnitude. I infer that the total number of spike protein copies is also limited in the natural infection process. Due to differences in personal immune system, there is no exact number for all people. However, one thing is certain is that normal exposures involve very limited numbers of viral gene copies. One or a few copies cannot cause infection, but the risk of getting infection increases if the exposure involves thousands to million copies of the virus. The threshold of infection must depend on the condition of personal immune system (the population-based binary infection model is also improper). People who have been used to think disease in a binary scale would have a hard time to understand it.

According to current practices, the second shot introduces tens of billion mRNA for generating antigens (however, the spike protein copies would be more). When an mRNA vaccine is administrated, the vaccine creates a massive number of production sites for creating spike protein. The spike protein copies in a typical booster shot is magnitudes (e.g. likely 10^3 - 10^{10}) more than spike protein copies that a natural COVID-19 infection could generate. Moreover, the natural infection could give the patient an adoption transition while the booster shot

suddenly disrupt the immune system. This happens at the time when the immune system have been trained to deal with the spike protein. Whenever a spike protein is produced, it would immediately invite immune cells to attack. In the vaccinated person's body, B cells and T cells relevant to the antigen are amplified rapidly to reach even higher concentrations. The second shot is predicted to generate excessive immune responses that are not encountered in the real world. Massive more spike protein copies (caused by a large number of mRNA copies and uncontrollable translation) can invite excessive immune responses, causing systemic damages. Where the damages manifest in the body is purely a matter of luck.

The higher doses are responsible for prevalent side effects. The high fatigue (53.9%) and headache (46.7%) rates indicate that the second shots can cause systemic impacts on recipients. After two shots, the person's immune system must have been retrained to reach a highly active state for fighting the spike protein. The poor ability to fight the viral variants is due to altered specificity, but the theory of using booster shots must be that diminished protection caused by altered molecular structure of the variants can be offset by tuning up the immune system into a more active state. At first blush, it sounds a great idea. This is however dangerous because the spike protein made by the booster vaccine is same as the originally targeted spike protein. Now the problem is that a massive number of copies of spike protein are introduced (or created by introduced mRNA) to into body with highly activated immune system. This is predicted to cause severe systemic damages to recipients. Even if a booster shot is the only option, the dose and manner must be changed because such doses as used by many people in the real world can cause severe damages to some of the recipients. The evidence showing the ability to tolerate booster shots by some super healthy persons cannot justify for inflicting the harmful effects on others who just do not have enough organ reserve for weathering severe adverse impacts.

THREE LESSONS IN HEALTH DISASTERS

I will show several big health disasters that may serve as reasons for rejecting the medical evidence as unreliable and untrustworthy. All presumptions in medicine fail to hold, the side effect evaluation method is wrong, and the single factor-based approach is also wrong. In addition, medicine used another deeply flawed approach - all drug-based researches are based on abstract mechanism steps (e.g., mechanism expressed in steps on a piece of paper). This approach is flawed for two reasons. The mechanisms are striped off all real variables. The method first has severe tension with all research findings that a large number of life factors control disease outcomes. In realty, both the major mechanisms and coupled biological progresses depend on subtle tissue environments. A realistic disease mechanism must be able to explain all causes and influencing factors but such mechanisms could not. The other flaw of drug discovery approach is that it is impossible to alter one pathway without disturbing all coupled and related pathways in the biological pathway network. Human biological pathway network is very similar to a traffic network, where blockage in one major highway must alter the traffic pattern in many related ways. The utilities of such abstract mechanisms must be limited due to this theoretic flaw. A drug that is predicted to interfere with viral replication in a model pathway may not deliver predicted benefits. This is why drug researches have failed to find cures for chronic diseases in nearly a century. Drugs have suc-

ceeded only in a limited number of individuals in the frequency of accidents. Evidence speaks on this point in volumes. I will examine three health disasters.

A. DES Disaster Caused by Dose Abuse

My doubt is based on a series of unrelated historical events. Medicine has failed miserably in predicting side effects for Diethylstilbestrol (DES) which is used to help women to protect carried babies. DES was an FDA-approved estrogen replacement therapy. A higher level of female hormones could help women to prevent miscarriage, but the drug was proved to be the biggest nightmare in human history. Adverse health outcomes linked to DES include infertility, miscarriage, ectopic pregnancy, preeclampsia, preterm birth, stillbirth, infant death, early menopause, breast cancer, cervical cancer, and vaginal cancer etc. Its damages can reach multiple generations. DES was known to cause clear-cell carcinoma, a rare vaginal tumor, in girls and women who had been exposed to this medication in utero. Follow-up studies have indicated that DES also has the potential to cause a variety of significant adverse medical complications during the lifetimes of those exposed. The "DES daughters" and "DES sons" may produce third generations of victims.

DES disaster was clearly caused by excessive dosages or abuse. On July 1, 1947, the FDA approved the use of DES for medical indication. The first approval was granted to Bristol-Myers Squibb, allowing use of 25 mg (and later 100 mg) tablets of DES during pregnancy. DES was originally considered effective and safe for both the pregnant woman and the developing baby. The recommended regimen for pregnancy started at 5 mg per day in the seventh and eighth weeks of pregnancy, increased every other week by 5 mg per day through the 14th week, and then increased every week by 5 mg per day from 25 mg per day in the 15th week to 125 mg per day in the 35th week of pregnancy. DES has been assessed in the past in clinical studies at extremely high doses of as much as 1,500 to 5,000 mg/day. Based on the safety data of flawed research, medical professionals formed a culture of misusing DES. The data from clinical trials just lied, to tell how safe this drug was. From looking at the whole historical events, I believe that real problem is NOT the drug itself, but most probably the excessive high doses and long-term abuse based on the "safety" data of clinical trials.

Under the reductionist medical culture, the-more-the-better thinking is very normal and reasonable. To the author who believes in the balance model, I see unthinkable stupidity. By examining doses abuse, I bet that if the drug were used in dose closes to maintaining natural levels of hormone levels, the drug may not have created the widespread damages. The way of using DES is like training the mother's tolerance to the drug. Some uses might originally be set to around or below 1 mg per day. The dose-escalating scheme eventually allows a mother to ingest **125** mg per day. My guess is that at the dose of **125** mg per day, both the babe and the mother are "poisoned" by the mimic hormone. The drug was aggressively marketed and routinely prescribed. One very lucky thing about the DES disaster is that DES was not used on the whole population.

B. Belated Discoveries of Effects of Stress Hormones

The deep flaw in the boost logic is similar to the abusive use of stress hormones. Stress hormones are intended to increase the body's ability to fight and flight. For centuries, no body know the rule of nature: it is not for abuse. If one abuses it by turning it on for days and nights, stress hormones can ruin his health severely. It can dramatically increase

chances of getting cancer, too. The role of stress was not known for centuries and naturally, an overwhelming number of social activities were developed with an effect of turning stress hormones on. Medicine denied the roles of stress for the entirely earlier history; and influenced by the dualism, no body believed that chronic stress could harm human health. Under the influence of dualism, mind is simply a separate thing having no bearing on the body part. This is why societies have developed all kinds of social practices including school programs, professional examinations, employment examinations, competitive contests, competitive scoring and grading systems, competitive promotional systems, etc. While some of them are necessary, most of them promise the people with something that can never be delivered. They have a common effect of turning people stress hormones in on-state for years and decades. For highly competitive sports like Olympic games, some sportsmen not only suffer extremely high stress in their lifetimes, but suffer extensive physical damages with visible scars. The belated discoveries in stress hormones finally shed partial light on the deepest secrets that cancer has changed its prevalence from a rare disease to one that will affect every person in the near future. If the stress had been known sooner, many people would have made different choices to their life paths. Few people would select life paths that include an undesirable journey of battling a cancer as ending their lives.

After human lives journeys have been guided into wrong tracks by prevalent social practices, people generally do not question such social practices. In a primitive society where dueling was acceptable, no one would object bullfights even though the danger for the bull-fighter is essential for excitement. It took a long time to see bullfights falling into disfavor and being banned. A lesson for societies is that societies cannot rely upon flawed medical studies in making important decisions. Medicine is a progressive science, controlling knowledge may be wrong, existing practices may be poor, and more accurate knowledge replaced wrong and obsolete knowledge. We must use a presumption against radical measures that depart from natural processes.

C. Immune System Must Be in Sophisticated Balance

The third lesson can be found from isolated pieces of evidence in medical literature. Good health can be achieved only by a well balanced immune system. Keeping antibody at many times higher levels is a very unnatural way of protecting the person. A very high level of antibody can come from an excessive number of B cells; and in such a body system, an excessive number of T cells must exist. However, I predict that an excessive number of B cells can alter blood hydrodynamic properties and thus raises blood pressure. The excessive T cells can cause unwanted systemic inflammation. While they are good for fighting infection and could be an essential weapon for fighting infection as a last resort, I just do not believe that raising antibodies level together with elevated B and T cells is a right way to fight the virus. The real problem is that, I suspect, nature does not intend to run the immune system as the some experts have wished. Like stress hormones, strong immune responses are intended for emergence use in fight and flight. It is NOT for constant abuse. Nature does not intend to run the immune system in a highly active state all time. Based on this line of reasoning, I must find without doubt that using booster shots for the population as a default measure is an unwise idea while use of a booster shot may be justified for certain patients on a cases-by-case basis.

A piece of very strong evidence against use of vaccine booster shots is the observation that after an infection is over, the body rapidly scales down the immune system to avoid systemic damages. Based on the large body of scattered evidence, I believe that a good immune system is not one with a large number of B and T cells, but one with moderately low numbers of B cells and even fewer T cells. Much more important feature is the abilities of B and T cells and other immune cells to migrate in tissues. The high cell mobility allows immune cells to move quickly, destroy foreign invaders efficiently, shipping waste out of diseased tissue fast, and repairing damaged tissue in time. A good immune system is one that is capable of cleaning up or neutralizing a small number of seed foreign invaders like one could encounter in a normal living environment such as breathing air, but never like introducing billions of spike protein copies in an explosive manner. Most natural infection kinetics is growing pathogen from one to billions; while a booster vaccine bombs the host with tens of billions. Even in natural disease processes, the use of adaptive immune response is NOT a preferred defense mechanism. It is the last resort, and used only to fight a disease agent that has overpowered all early defensive responses by other arms of immune system. Due to the large response scale and all predictable adverse impacts such as increased blood viscosity, elevated blood pressure, systemic inflammation, etc, there is no guarantee that an adoptive immune response will not cause collateral damages. Thus, even if the body must use this immune mechanism as the last resort, it must be invoked as early as possible to limit the battlefield area and scale of damages.

The booster shots could predictably turn human immune systems into abnormal systems. Compared with stress hormones, a booster shot is predicted to have much severe impacts on human health. Stress hormones affect the immune system indirectly, and, due to lack of knowledge, mankind has formed a long culture of abusing stress responses. Yet, we finally understand that emotional abuse, which was once believed to be in a different domain, can cause all kinds of adverse effects on personal health. Now, it is widely recognized that chronic stress and emotional distress is a major disease causal factor affecting heart diseases, cancer, wound healing, mental diseases, antiviral abilities, etc. However, vaccines have DIRECT impacts on the immune system because they can directly reprogram the immune system. I cannot find any evidence to support a prediction that booster shots will be safe. All clinical data have no bearing on long-term safety.

Vaccines have not worked well in preventing influenza. Influenza vaccines have short-term protection against influenza viruses. It is well known that a successful vaccine can be defeated by compromised immune system, viral mutation, and exposure to low temperature. Those problems cannot be addressed by booster shots except by accident in certain cases.

DISCUSSION

While our common goal is to see the pandemic contained, societies, governments, private companies and people must exercise wisdom. Reducing infection rate for the next few months is important, but it is not the only goal. The leaders must carefully think how each pandemic measure affects the population health in the long run. Due to the overwhelming flaws in medicine, vaccine short-term benefits are exaggerated by failure to correct the super

strong factors like temperature. The short-term side effects are hidden beneath the massive organ reserve functions in healthy persons and the long-term side effects will not appear until the organ functions have hit disability or death levels.

Debates by relying on the flawed research data are meaningless. Half a century of debates in cancer-causing effects of asbestos, the long debate in the effects of Agent Orange, four decades of debates involving more than 800 studies for Roundup, etc. are not exceptions but a recurring pattern. The failure to predict long-term side effects is not an isolated instance, but a pattern of failure, a century of failure, and continuous failure in the area of developing treatments and toxicity research. I have shown that flaws in medicine can cause total errors in the amount of 90% or more of the measured values. Most findings for treatments in clinical trials are not applicable to each person. When medical research models, side effect evaluation method, disease theories, and treatment methods are wrong or grossly inaccurate, the same kind of researches just repeat failure. Without addressing fatal flaws, medical measures may work on limited persons by accident, but will not work well on most people. Such measures cannot best contain the pandemic and future pandemics.

Leaders should consider the track of failures of medicine in predicting long-term side effects. FDA approved DES caused a big health disaster, and history may repeat itself by using booster shots. The evidence that would support FDA's approval of booster shots is deeply flawed. If FDA concerns only its process legitimacy, it has right to keep relying on flawed data and meaningless evidence in taking its regulatory action. If FDA's statutory mission is protecting American people, FDA must address known model flaws as the highest priority. Whether boost shots are good is strictly governed by natural law. Nothing can justify FDA ignorance. With a track of failure in medicine, it is improper to just look at peer-reviewed articles because the publication model has successfully maintained the flawed medicine for nearly a century. Medicine could not predict long-term adverse effects for DES, Roundup, "Forever Chemicals", and nearly all removed drugs, banned chemicals, and harmful appliances. I attribute this track of failures to the deep flaws in the foundation of medicine which cannot be corrected.

Booster shots are deeply flawed in the kinetic perspective. Booster shots have the effect of introducing a massive number of antigens, often in tens of billions, into the body with highly activated immune system. This kind of radical and tormenting immune responses are foreign in natural human bodies. That is why second shots can make more than half recipients sick. It is known that the mRNA vaccine will reprogram the immune system, but no credible evidence shows this reprogramming is safe except that the vaccine makes people more vulnerable to viral infection. Thus, claimed improved survival chances are mainly caused by research model's biases. They greatly under estimate the true side effects and totally ignore latent adverse effects. My prediction against boost shots is applicable to all vaccines for all diseases. In addition, I have found that vaccine protection can be temporarily crippled by many life factors. Turning each person's immune system in an on-state for extended time may damage the immune system and even permanently alter immune memory through interactions with the CNS. To justify this kind of reckless measure, medicine must show at least several examples how it has successfully forecast lack of long-term risks for any substance in its long history. It could show none. Thus, I must object this massive human drug experiment with no credible prediction of good outcome. With my knowledge, I personally view boost shots as reckless endangerment of the population even though I would support boost shots in a case-by-case basis on people who can provide true informed consent.

While interest groups use junk sciences to promote strong treatments, leaders should note that treatments developed from flawed medical researches may be dangerous. It is time to disregard peer review articles, accepted consensus and expert opinions unless they can fully address the flaws in medicine. Only convincing evidence in medicine is that medicine has consistently failed to find latent side effects for a large number of fully litigated drugs, chemicals, appliances, etc. This pattern of failure has been fully explained in our other articles and can be attributed to peer review, general acceptance standard, money-for-publication dissemination model, and expert biases. Medicine, due to the massive flaws, has ruined population health, and, through the clearly wrong Independent Action Model, has ruined the planet. Until medicine corrects all flaws, leaders, societies and patients cannot rely upon medical evidence directly. While findings in medical treatments may be used for limited other purposes, their utilities must be adjusted, discounted, discredited, and rejected on a case-by-case basis.

By accepting vaccine booster shots, people actually make trades between apparent reduction in incidence and death risks and unknown and unrecognized risks. The recognized risks include risks of getting other diseases and dying from “other” causes; and the unknown risks include future diseases, future severer diseases, accelerated aging and shorten life-spans. While people can make their own choices at will, they are not informed with the fact that medicinal researches, due to overwhelming flaws, exaggerate true benefit-to-risk ratios of medical treatments and medicine has a perfect records in failing to predict long-term side effects. In addition, most vaccine recipients are not aware that they simply are not under the risk of death from the COVID-19 disease, and in the alternative, they could have ample better options to mitigate imagined or exaggerated risks. Reprogramming immune systems for millions to billions people is a reckless human experiment.

REFERENCES

1. Wu J, Zha P. Clinical Trials and Reductionist Approach Preclude Cures for Chronic Diseases Due to Flawed Presumptions. Preprints 2020, 2020090572 (doi: 10.20944/preprints202009.0572.v1). Accessed from <https://www.preprints.org/manuscript/202009.0572/v1>
2. Wu J, Zha P. Randomized Clinical Trial Is Biased and Invalid In Studying Chronic Diseases, Compared with Multiple Factors Optimization Trial. Preprints 2019, 2019110245. Accessed from <https://www.preprints.org/manuscript/201911.0245/v1>. DOI: <http://dx.doi.org/10.2139/ssrn.3480523>
3. Wu J. Fundamental Flaws in Academic, Employment and Professional Tests: Test Score Misuses Are Responsible for Ruined Student Health, Social Injustice and Diminished Competitiveness. Preprint May 17, 2021. <https://osf.io/acb2f>. (The error in test is similar to what is in the foundation of medicine)
4. Wu J. Expression of Concern: Potential Risks and Unknown Effects of mRNA Vaccines On Population Health. <https://osf.io/yudvh>
5. Wu J. Challenge to Vaccine Side Effect Evaluation and Reporting Models: A New Classification Methods. <https://osf.io/v56az/>.

6. Wu J, Zha P. The Central Nervous System's Adaptive Changes Make Chronic Diseases Incurable. Preprints 2019, 2019110287. Accessed from <https://www.preprints.org/manuscript/201911.0287/v1>. DOI: <http://dx.doi.org/10.2139/ssrn.3480562>
7. Wu J, Zha Ping. Association of COVID-19 Disease Severity with Transmission Routes and Suggested Changes to Community Guidelines. Preprints 2020, 2020030246. Accessed from <https://www.preprints.org/manuscript/202003.0246/v1>. DOI: 10.20944/preprints202003.0246.vv1
8. Wu J, Zha P. Treatment Strategies for Reducing Damages to Lungs in Coronavirus and Other Lung Infections. Preprints 2020, 2020020116. Accessed from <https://www.preprints.org/manuscript/202002.0116/v2>, Doi: <http://dx.doi.org/10.2139/ssrn.3533279>
9. Wu J, Zha P. Lung Damage Mechanisms For COVID-19 and Other Lung Infections, and Driving Force in Leukocyte Recruitment and Migration. Preprints 2020, 2020090209. Accessed from <https://www.preprints.org/manuscript/202009.0209/v1>. <http://dx.doi.org/10.2139/ssrn.3689090>
10. Wu J, Zha P. Preventive, Mitigating and Treatment Strategies for Containing or Ending the COVID-19 Pandemic. Preprints 2020, 2020020450. Accessed from <https://www.preprints.org/manuscript/202002.0450/v2>. DOI: <http://dx.doi.org/10.2139/ssrn.3544428>
11. Wu J, Zha P. Public Health Intervention Framework for Reviving Economy Amid the COVID-19 Pandemic (1): A Concept. Preprints 2020, 2020040270. Accessed from <https://www.preprints.org/manuscript/202004.0270/v1>. DOI: <http://dx.doi.org/10.2139/ssrn.3571775>
12. Wu J, Zha P. Public Health Intervention Framework for Reviving Economy amid the COVID-19 Pandemic (2): Use of Personalized Mitigation Measures Beyond the Epidemiological Model Limits. Preprints 2020, 2020050049. Accessed from <https://www.preprints.org/manuscript/202005.0049/v1>. <http://dx.doi.org/10.2139/ssrn.3592067>
13. Wu J, Zha P. Population-Based Reductionist Measures Cannot Prevent SARS-CoV-2 Induced Global Health Crisis: A Compelling Need To Improve Personal Resistance to the Virus. Preprints 2020, 2020080503. Accessed from <https://www.preprints.org/manuscript/202008.0503/v1>
14. Wu J, Zha P. Proactive Body Temperature Management Protocol and Lifestyle Interventions as Predictable Cures for COVID-19 Disease: Curative Protocols Discovered from a Century of Medical Discoveries. <https://osf.io/pcfna>, DOI: 10.31219/osf.io/pcfna
15. Wu J, Zha P. Immune Functional Capability Dynamics Determine Disease Outcomes as in Cancer, Heart Diseases, COVID-19, Etc. <https://osf.io/skf8e>
16. Wu J, Zha P. A Multi-Factor Model for Estimating Relative Lifespans and Extending Health Spans. Accessed from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3502432
17. Moghadas SM, Vilches TN, Zhang K. et al. The impact of vaccination on COVID-19 outbreaks in the United States. Clin Infect Dis. 2021 Jan 30: ciab079. doi: 10.1093/cid/ciab079
18. Ozonoff A, Nanishi E, and Levya O, Bell's palsy and SARS-CoV-2 vaccines. Lancet

Infect Dis. 2021 Apr; 21(4): 450–452. doi: 10.1016/S1473-3099(21)00076-1

19. Bardage C, Persson I, Ortqvist A. Neurological and autoimmune disorders after vaccination against pandemic influenza A (H1N1) with a monovalent adjuvanted vaccine: population based cohort study in Stockholm, Sweden. *BMJ*. 2011 Oct 12;343:d5956. doi: 10.1136/bmj.d5956.

20. Mordechai Sones, Feb 18, 2021 8:47 AM. Vaccination in Israel: Challenging mortality figures? Analysis by infectious disease specialist claims mismatch between data published by authorities and reality on the ground. Accessed from <https://www.israelnationalnews.com/News/News.aspx/297051>

21. Delaney Patrick, Lifesite. News Wed Apr 7, 2021 - 8:47 am EST EXCLUSIVE - Former Pfizer VP: Your government is lying to you in a way that could lead to your death (Look out the window, and think, “why is my government lying to me about something so fundamental?” Because, I think the answer is, they are going to kill you using this method. They’re going to kill you and your family.)

22. Dreier S. 1,000 Lawyers and 10,000 Doctors Have Filed a Lawsuit for Violations of the Nuremberg Code Covid-1984 Health May 9, 2021 Accessed from <https://sorendreier.com/1000-lawyers-and-10000-doctors-have-filed-a-lawsuit-for-violations-of-the-nuremberg-code/>

23. Boots M (2015) The Need for Evolutionarily Rational Disease Interventions: Vaccination Can Select for Higher Virulence. *PLoS Biol* 13(8):e1002236. doi:10.1371/journal.pbio.1002236

24. Read AF, Baigent SJ, Powers C, etc. (2015) Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens. *PLoS Biol* 13(7): e1002198.doi:10.1371/journal.pbio.1002198

25. Company Release - 2/5/2021 CINCINNATI, PR Newswire -- The Kroger Co. (NYSE: KR) Family of Companies today announced that it will provide a one-time payment of \$100 to all associates who receive the full manufacturer-recommended doses of the COVID-19 vaccine. Accessed from <http://ir.kroger.com/CorporateProfile/press-releases/press-release/2021/Kroger-Announces-New-Vaccine-Payment-for-All-Associates/default.aspx>

26. Hubbard K. May 7, 2021, at 4:09 p.m. Want Free Beer or a Chance at \$1 Million? Get Your COVID-19 Vaccine: Cities, states and businesses are providing perks to individuals who have received their coronavirus vaccines. Accessed from <https://www.usnews.com/news/best-states/articles/2021-05-07/states-cities-and-companies-offer-incentives-to-get-covid-19-vaccine>

27. Zheng D, Liwinski T, Elinav E. Interaction between microbiota and immunity in health and disease. *Cell Research*(2020) 30:492–506; <https://doi.org/10.1038/s41422-020-0332-7>

28. Galán JE. Bacterial toxins and the immune system: show me the in vivo targets. *J Exp Med*. 2005 Feb 7; 201(3): 321–323.

29. Health ministry confirms detection of new mutation of Delta variant in Nepal. COVID-19 By THT Online. Published: 03:08 pm Jun 21, 2021. <https://thehimalayantimes.com/covid-19/health-ministry-confirms-detection-of-new-mutation-of-delta-variant-in-nepal>
30. Pedersen AF, Zachariae R, Bovbjerg DH. Psychological stress and antibody response to influenza vaccination: a meta-analysis. *Brain Behav Immun*. 2009 May;23(4):427–33.
31. Domingo E., Holland J. J. RNA Virus Mutations and Fitness for Survival, *Annual Review of Microbiology*. 1997;51:151–78.
32. CDC. Vaccine Effectiveness: How Well Do the Flu Vaccines Work? Questions & Answers. Assessed from <https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm>
33. Krammer, F. The human antibody response to influenza A virus infection and vaccination. *Nat Rev Immunol* 2019;19:383–397.
34. Sanjuán R. Collective infectious units in viruses. *Trends Microbiol*. 2017 May; 25(5): 402–412.
35. Shirogane Y, Watanabe S, Yanagi Y. Cooperation between different variants: A unique potential for virus evolution. *Virus Res*. 2019 Apr 15;264:68-73.
36. Leeks A, Segredo-Otero EA, Sanjuán R, West SA. Beneficial coinfection can promote within-host viral diversity. *Virus Evol*. 2018;4/2.
37. Vignuzzi M, Stone JK, Arnold JJ, et al. Quasispecies Diversity Determines Pathogenesis Through Cooperative Interactions in a Viral Population, *Nature*, 2006; 439:344–8.
38. WHO Solidarity trial consortium, Hongchao Pan, Richard Peto et al, Repurposed antiviral drugs for COVID-19 –interim WHO SOLIDARITY trial results. *MedRxiv Preprint*. doi: <https://doi.org/10.1101/2020.10.15.20209817> (These Remdesivir, Hydroxychloroquine, Lopinavir and Interferon regimens appeared to have little or no effect on hospitalized COVID-19, as indicated by overall mortality, initiation of ventilation and duration of hospital stay.)
39. Lab founder shows damage COVID jab's spike protein inflicts on vital organs. Accessed from <https://www.lifesitenews.com/news/lab-founder-shows-damage-covid-jabs-spike-protein-inflicts-on-vital-organs/>
40. Föhse FK, Geckin B, Overheul GJ, et al. The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses. doi: <https://doi.org/10.1101/2021.05.03.21256520>
41. Aripaka P. EU looking into new possible side-effects of mRNA COVID-19 shots. August 11, 2021 1:53 PM EDT. Accessed from <https://www.reuters.com/business/healthcare-pharmaceuticals/eu-drugs-regulator-looking-new-possible-side-effects-mrna-vaccines-2021-08-11/>
42. Chapin-Bardales J, Gee J, Myers T. Reactogenicity Following Receipt of mRNA-Based COVID-19 Vaccines. *JAMA*. 2021;325(21):2201-2202. doi:10.1001/jama.2021.5374
43. Blumenthal KG, Robinson LB, Camargo Jr CA, et al. Acute Allergic Reactions to mRNA COVID-19 Vaccines. *JAMA*. March 8, 2021;325(15):1562-1565. doi:10.1001/jama.2021.3976

44. Soucheray S. Experts: mRNA COVID-19 vaccines likely tied to heart inflammation. News Reporter CIDRAP News. E_Accessed from <https://www.cidrap.umn.edu/news-perspective/2021/06/experts-mrna-covid-19-vaccines-likely-tied-heart-inflammation>

45. Physicians' desk reference to pharmaceutical specialties and biologicals (15th ed.). Oradell NJ: Medical Economics. 1961. p. 625. ISBN 0-00-093447-X.