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Endless Booster Shots Can Lead to 'Dead Zone'

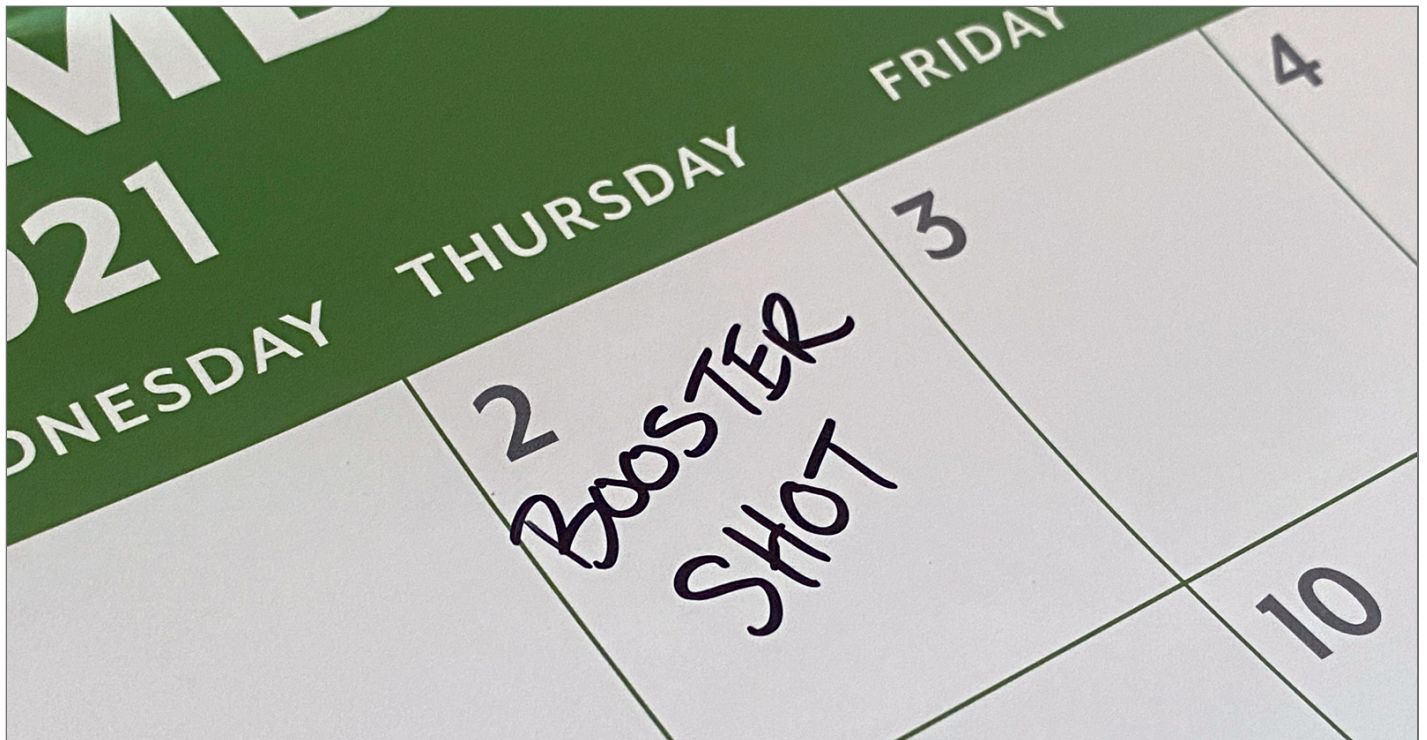
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CHILDREN'S HEALTH DEFENSE NEWS & VIEWS

By **Dr. Joseph Mercola**



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Story at-a-glance:

- Artificially inflated antibodies caused by repeated booster shots signal to your body that you're always infected, and the resulting immune response could prove to be detrimental to your health.
- Repeated booster shots may lead to a "death zone," accelerating the development of autoimmune conditions such as Parkinson's, Kawasaki disease and multiple sclerosis.
- Molecular mimicry may be to blame for autoimmune conditions caused by COVID-19 shots — there are often significant similarities between elements in the vaccine and human proteins, which can lead to immune cross-reactivity.
- Case reports suggest that COVID-19 shots may trigger vaccine-induced immune-mediated and autoimmune hepatitis, and concern is growing that repeated booster shots will only worsen outcomes.

Endless [COVID-19 booster shots](#) are being presented as the solution to the pandemic, as repeated injections increase the level of [antibodies](#) in your body.

In December 2021, for instance, [Moderna reported](#) that their COVID-19 booster shot increased the level of antibodies by 37-fold, and when a full dose was given — the same amount used for the initial shots — antibody levels rose 83-fold.

[Pfizer](#) and BioNTech have also announced that their booster shots increase antibody levels, but to what end?

Artificially inflated antibodies signal to your body that you're always infected, and the resulting immune response could prove to be detrimental to your health.

Such a condition can only lead to a "death zone," accelerating the development of autoimmune conditions such as Parkinson's, Kawasaki disease and multiple sclerosis, according to tech leader and COVID analyst Marc Girardot, who urges a retreat from the vaccination "[death zone](#)" before it's too late.

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Are boosters taking humans to the death zone?

Mountaineers are familiar with the "death zone," which describes the top portion of the world's tallest mountains — areas of such high altitude that oxygen is scarce, where humans can only survive for a matter of hours.

"The same principle applies to our immune system," Girardot explains, referring to the intense response our bodies mount in response to infection.

The response includes a high fever to damage virions, T-cell elevations and increased antibody production to rid your body of "viral debris." This is designed to be a temporary response; after the threat is neutralized, your body tamps down its immune response. [Girardot states](#):

"Once the infection is gone, a regiment of sentinels is left in the mucus to guard the entrance for the remainder of the epidemic, a few roaming sentinels with lifelong memory are set, and the rest wanes back down to bring peace and balance. It's called homeostasis. The fever dissipates. T-cells self-destruct rapidly. And antibodies wane progressively."

This is by design, as a perpetual fever and high levels of antibodies keep your body in a dangerous state. Just as chronic stress — keeping your body in an extended state of “fight or flight mode” — increases disease risks, so, too, do permanently elevated levels of antibodies. Girardot [details](#) three reasons why:

“1. Too long a fever would end up breaking down all healthy cells, and so the remedy would be worse than the illness.

“2. Perpetual specialized T-cells are also dangerous as they can start off-target attacks of healthy cells (as often occurs with immune checkpoint blockade treatments against cancer), and would be like leaving your home filled with a battalion of armed soldiers with their guns loaded and pin-less hand-grenades.

“3. Finally, very high levels of antibodies with nowhere to go are also extremely dangerous. They can passively bind to receptors of healthy cells, and kickstart a cascade of autoimmune diseases. Land mining where you live.”

Decreased antibodies isn't a measure of waning immunity

Remember, your immune system is designed to work in response to exposure to an infectious agent. Your adaptive immune system, specifically, [generates antibodies](#) that are used to fight pathogens that your body has previously encountered. During normal infections, high fever and temporary T-cell elevations, along with elevated antibodies to the infection, gradually dissipate.

However, declining antibodies shouldn't be confused with declining immunity. [Early data](#) on SARS-CoV-2 also found that antibody titers declined rapidly in the first months after recovery from COVID-19, leading some to speculate — incorrectly — that protective immunity against SARS-CoV-2 may also be short-lived.

Senior author of the study, Ali Ellebedy, Ph.D., an associate professor of pathology & immunology at Washington University School of Medicine in St. Louis, [explained](#), “It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau.”

A biphasic pattern of antibody concentrations against SARS-CoV-2 was [uncovered](#), in which high antibody concentrations were found in the acute immune response that occurred at the time of initial infection.

The antibodies declined in the first months after infection, as should be expected, then leveled off to about 10% to 20% of the maximum concentration detected.

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When a new infection occurs, cells called plasmablasts provide antibodies, but when the [virus is cleared](#), longer lasting memory B cells move in to monitor blood for signs of reinfection. Bone marrow plasma cells (BMPCs) also exist in bones, [acting as](#) “persistent and essential sources of protective antibodies.”

According to Ellebedy, "A plasma cell is our life history, in terms of the pathogens we've been exposed to," and it's in these long-lived BMPCs where immunity to SARS-CoV-2 resides.

Among people who have recovered from COVID-19, most of the participants had BMPCs that secreted antibodies specific for the spike protein encoded by SARS-CoV-2 at both seven months and 11 months after infection. This is evidence of long-lasting immunity, even if levels of anti-SARS-CoV-2 spike protein (S) antibodies decline rapidly in the first four months after infection.

There's a cost to massive, artificially elevated antibodies

COVID-19 shots are poised for a perpetual cycle of ongoing booster shots every few months. After up to two doses of the initial shot, and a third booster already on the roster, a fourth booster is already being discussed, including by Moderna CEO Stéphane Bancel, who said that the efficacy of the third shot is likely to decline over several months, necessitating another shot soon thereafter.

"Many politicians and vaccine manufacturers adamantly propose repeated injections, boosters every 3 or 4 months, as if waning antibodies were a sign of lost immunity," Girardot said. "In reality, they are scapegoating the natural drop in antibodies. It is a smokescreen to hide their failure and the ineffectiveness of these intramuscular vaccines."

The reality is, repeatedly, artificially inflating antibodies comes with a cost. It's known, for instance, that certain autoimmune diseases are seen alongside high levels of antibodies. Vaccine-induced autoimmunity is a well-known phenomenon, and molecular mimicry may be to blame.

It occurs when similarities between different antigens confuse the immune system. There are often significant similarities between elements in the vaccine and human proteins, which can lead to immune cross-reactivity.

When this occurs, researchers explained in Cellular & Molecular Immunology, "the reaction of the immune system towards the pathogenic antigens may harm the similar human proteins, essentially causing autoimmune disease."

In relation to COVID-19 shots, specifically, researchers wrote in the Journal of Autoimmunity, "Indeed, antibodies against the spike protein S1 of SARS-CoV-2 had a high affinity against some human tissue proteins. As vaccine mRNA codes the same viral protein, they can trigger autoimmune diseases in predisposed patients."

Already, case reports suggest that COVID-19 shots may trigger vaccine-induced immune-mediated and autoimmune hepatitis, and Girardot is concerned that repeated booster shots will only worsen outcomes:

"In the case of an infection, the risk is relatively limited as the bulk of antibodies ends up binding to viral material circulating in large numbers. However, in the case of repeated doses, it's very different.

"After the second shot, it is likely that limited amounts of spike are produced as T-cells rapidly destroy production capacity. Thus, for most of us, large quantities of antibodies will inevitably be left idle circulating aimlessly, expanding exponentially (time x quantity) the risk of an accidental binding with catastrophic consequences."

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Natural infection produces broad immunity

Training your body to produce singular antibodies for one spike protein cannot compare to the protection provided by [natural immunity](#), which occurs after recovery from an illness. Speaking with Daniel Horowitz, pathologist [Dr. Ryan Cole explained](#) that natural infection produces broad immunity that can't be matched by vaccination:

"A natural infection induces hundreds upon hundreds of antibodies against all proteins of the virus, including the envelope, the membrane, the nucleocapsid, and the spike. Dozens upon dozens of these antibodies neutralize the virus when encountered again.

"Additionally, because of the immune system exposure to these numerous proteins (epitomes), our T cells mount a robust memory, as well. Our T cells are the 'marines' of the immune system and the first line of defense against pathogens. T cell memory to those infected with SARSCOV1 is at 17 years and running still."

This may explain why a retrospective observational study published Aug. 25, 2021, found that natural immunity is superior to immunity from COVID-19 shots, with researchers [stating](#):

"This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity."

Pharmaceutical companies and health officials are making plans for ongoing boosters, including combination shots that include, for example, a COVID-19 shot, a flu shot and a respiratory syncytial virus ([RSV](#)) shot, in one injection — coming in 2023 — to avoid "[compliance issues](#)."

Nearly two dozen pathogens are currently being targeted for the development of [new shots](#), and it's likely that you're going to see a continued push for more jabs and boosters. Will humans' immune systems, and overall health, be able to withstand such an assault? [Girardot doesn't think so](#):

"Today, I would like to underscore the absolute lunacy of delivering these products to an entire population every 3-4 months. It's nothing short of criminal. In my earnest opinion, repeated vaccine injections can only lead to one outcome: generalized illness and death ...

"The vaccination 'Death Zone' exists, and we need to urgently go back down in the valley, we need to stop vaccinating, stop boosting aimless antibodies and trust our immune systems."

Originally published by [Mercola](#).

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

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Richard Villata • 4 days ago

Thank you, Dr. Mercola, for doing what all physicians should be doing. So many physicians and health care providers have been intimidated and will not do what is required for their patients. The others, such as my VA doctor in SLC, attribute what I have observed to "conspiracy theory." Too many health care providers have been injured by C-19 or the shots. Once this occurs, their complaints are quickly dismissed as malingering and psychosomatic based. Not so much fun to be thrown onto the dust heap as another problematic patient. As a retiring AF reserve flight surgeon, I too have also been on the receiving end of this