# Dr. Steve's Field of Vision

## COVID-19: Some Points to Ponder

As you may recall, we were originally told the mRNA vaccines (Pfizer and Moderna) were 94-96% effective for preventing COVID-19 infection and 100% effective against hospitalization and death. We were further told that the adenovirus vector vaccine (Johnson & Johnson) was 66% effective for preventing infection and, like the mRNA vaccines, 100% effective against hospitalization and death. That is no longer true and vaccinated people are becoming ill, hospitalized and dying.

For the record: I am not an "anti-vaxer." I have repeatedly encouraged those at high risk for poor outcomes from a COVID-19 infection to take the jab. This has included many of my patients, my eighty-four year old mother, other family members and patients in high-risk categories such as those that are obese and those with diabetes and/or hypertension—"Get in line and get your vaccine," I have advised. I continue to stand by that advice for those at greatest risk (those over 70). The vaccines may not prevent you from catching COVID-19, but the evidence remains that if you are vaccinated you will likely have an easier time of it, you will have a lower viral load, and faster time to clearance of the virus and your likelihood of being hospitalized or dying is still lower as compared to the unvaccinated—for now.

A recent study was released that looked at the declining protection afforded by the three vaccines in use in the United States. The study looked at breakthrough infection rates in 620,000 U.S. Veterans over the course of 6.5 months (Feb 1, 2021 – Aug 13, 2021). (https://www.medrxiv.org/content/10.1101/2021.10.13.21264966v1)

The study is a preprint, which means it has yet to be put through the scrutiny of peer review and is not yet published in a journal. I have read the study, and as a peer-reviewer myself with decades of experience, it appears to me as though it should pass muster and be published in the near future.

Overall, vaccine protection in this large sample of people declined from 91.9% in March of 2021 to 53.9% in August of 2021. Declines were greatest for the Johnson & Johnson vaccine followed by Pfizer and Moderna: down to 3% for Johnson & Johnson, 50% for Pfizer and 64% for Moderna.

The authors speculate that part of the reason for these declining rates of protection may likely be due to the rising prevalence of the Delta Variant that appears to be more infectious than the original "wild type" coronavirus. The authors go on to state that, "It is

not yet clear whether reductions in vaccine protection against infection will translate into similar reductions in protection against hospitalization and death."

But, why is that? Why don't the vaccines work as well against the Delta coronavirus that is just a slightly different version of the original "wild type" coronavirus?

For a possible answer to that question, let's first review the immune system response to viral infection (Mahmoudi M. Immunology Made Ridiculously Simple. Miami, FL: MedMaster, Inc. 2016):

1. When a virus finds its way into your body, it binds to your own cells, invades your cells and takes over the machinery of your cells to make more copies of itself. Those copies are released to infect yet more cells of your body.

2. Infected cells send out a "SOS" for help by releasing chemicals called cytokines to alert other immune system cells to the infection.

3. Special immune system cells circulating in your body known as T-cells and Natural Killer cells receive the "SOS" to a viral invasion and make their way to the infection site where they kill the cells that are hosting the virus.

4. At the same time the T-cells are killing the virus, they are also directing other special immune system cells, known as B-cells, to make antibodies. When we are exposed to the same virus a second time, the antibodies help prevent the infection. Other cells are produced by your immune system to "remember" the invading virus, called Memory T-cells, and those Memory T-cells can rapidly respond to a second exposure to the invading virus.

Now it is critically important to remember the following fact: steps 2-4 above also occur WHEN YOU RECEIVE A VACCINE INJECTION! The only thing that is different when you receive a vaccine is the method of delivery of the virus or its components that stimulate your natural immune response.

In the case of the coronavirus vaccines, what is delivered to your cells is a man-made, engineered, genetic "recipe" to take over the machinery of your own cells to produce coronavirus "wild type" spike proteins. The vaccines DO NOT provide a recipe for any of the other proteins found on the surface of the coronavirus—ONLY THE ORIGINAL "WILD TYPE" CORONAVIRUS SPIKE PROTEIN. Then, steps 2-4 above kick in.

To discover a possible explanation as to why the COVID-19 vaccines are losing effectiveness we need to travel back in time to review a landmark discovery about those special immune B-cells that produce antibodies against invading viruses.

In 1957 two research scientists working to crack the code of immune system function discovered that when your body is presented with a foreign invader those miraculous B-cells that produce antibodies make only one specific type of antibody for any particular

invader. Gus Nossal and Joshua Lederberg coined the term for their discovery as the "one cell, one antibody" rule. Their finding proved that B-cells that are programmed to produce a specific antibody to a particular invader can only produce an antibody that works to neutralize that single type of invader. Those B-cell antibodies will NOT cross over to attack any other type of invading virus, bacteria or other antigen. (https://discovery.wehi.edu.au/timeline/one-cell-one-antibody)

What this means to our story of the current coronavirus vaccines is that, since they were genetically engineered to provide a "recipe" for the original "wild type" coronavirus spike proteins, the response they will induce by the immune system B-cells is to manufacture antibodies specifically tailored to bind to those "wild type" spike proteins and destroy the cells harboring those "wild type" spike proteins.

Dr. Robert Malone, inventor of the mRNA technology used in the Pfizer and Moderna vaccines, has suggested that the vaccines themselves are causing the coronavirus to mutate. Since the vaccines are targeted at the spike proteins, they induce evolutionary pressure that has caused the coronavirus to alter its spike protein's shape to evade the B-cell antibodies specific protection. (COVID) Robert Malone (mRNA Vaccine inventor), Steve Kirsch & Bret Weinstein : Spike protein is CYTOTOXIC !!! (odysee.com)

If you are so inclined, you can read about the specific mutation in the spike protein here: https://www.nature.com/articles/d41586-021-02275-2

Could the "one cell, one antibody" rule be the reason why the current vaccines do not provide the near perfect protection they once did? It is a reasonable hypothesis.

What this may mean is that no amount of booster shots will increase the effectiveness of the current formulations of the vaccines, since they may be only providing protection against a form of the coronavirus that is no longer in circulation.

Another thing to consider is that we still have no long-term safety data on these vaccines that are still operating under an emergency use authorization by the FDA. If the current vaccines—that have been paid for and stockpiled by the Federal Government are potentially no longer effective against infection—should we be injecting them into the arms of our youngest members of society (5-11 year olds) when we have no idea what they may be doing to the immune systems of our children?

These are some important and difficult points to ponder.

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29 October 2021