Video-presentation:
Clinical Implications of Geert's Predictions

Philip McMillan, MD
Shankara Chetty, MD
Geert Vanden Bossche, PhD, DVM
Rob Rennebohm, MD

January 13, 2024

Below is a link to this video-presentation:

Video-presentation: *Clinical Implications of Geert's Predictions*
https://www.youtube.com/watch?v=UAblCGtVzVo

Below is a list of acronyms and definitions, followed by a succinct summary of Dr. Vanden Bossche's analysis of the COVID-19 mass vaccination campaign.

List of acronyms and definitions:

- **Innate immune system** and the **Adaptive immune system:** These are the two main arms of the immune system. The innate arm of the immune system is the first to respond and is relatively non-specific. The adaptive arm is the antibody producing arm and produces pathogen-specific antibodies.
- **NK cells:** Natural Killer cells These are cells of the innate immune system. They kill virus-infected human cells. They are excellent, powerful, versatile, extremely important "first responders."
- **Cytokines:** Small proteins that activate, coordinate, orchestrate, and regulate immune cells and the overall immune response.
- **IFNs:** Interferons are an important type of cytokine that quickly create a hostile anti-viral environment that makes it difficult for an invading virus to succeed.
- **RBD:** Receptor binding domain of the SARS-CoV-2 spike protein. The RBD is the part of the spike protein that fits into the ACE-2 receptor site on human cells. The ACE-2 receptor is the "lock" on the human cell, and the RBD is the "key" that opens that lock, thereby enabling the virus to enter and infect the human cell (which the virus needs to do in order to replicate and survive).
- **NAbs:** Neutralizing antibodies. NAbs are made by the adaptive arm of the immune system. They attempt to "neutralize" the virus by attaching to the RBD of the spike protein. When NAbs successfully attach to the RBD, the RBD is not able to physically fit

into the ACE-2 receptor (the lock) and therefore is unable to open the lock. This "neutralizes" the virus---i.e., prevents the virus from being able to enter cells.

- **PNNAbs:** Polyreactive non-neutralizing antibodies. These antibodies are produced when the neutralizing capacity of NAbs declines. PNNAbs bind to the SARS-CoV-2 spike protein and are virulence-inhibiting. They help by preventing virus from invading the lungs and other internal organs.
- **SIR:** Steric immune refocusing (SIR). When NAbs lose their neutralizing capacity, they can nevertheless, still bind (weakly and ineffectively) to the RBD. This physically (sterically) "covers" or "masks" the RBD and makes it difficult for the immune system to "see" the RBD. This forces the immune system to refocus its attention on (and make antibodies against) parts of the spike protein that are distant from the RBD.
- **SIR-created antibodies:** broadly reactive, weakly neutralizing antibodies created by the SIR phenomenon. They partially compensate for the NAbs' loss of neutralizing capacity. These antibodies react against more conserved (less variable) parts (epitopes) of the spike protein (parts distant from the RBD).
- **APCs:** Antigen presenting cells. APCs present parts of the virus to the adaptive immune system's antibody producing machinery. This is a necessary step in antigen-specific (pathogen-specific) antibody production. Without permission and help from APCs, the antibody producing machinery of the adaptive immune system cannot make virus-specific NAbs or SIR-created antibodies.
- **CTLs:** Cytolytic T lymphocytes. These cells are able to kill virus-infected cells. They are different from NK cells. CTLs are activated by APCs.

Dr. Vanden Bossche's analysis of the COVID-19 mass vaccination campaign, in a <u>nutshell</u>:

The strategy of the COVID-19 mass vaccination campaign has been to rely almost solely on vaccine-triggered production of great quantities of neutralizing antibodies (NAbs) against the spike protein of the SARS-CoV-2 virus. This strategy has sidelined the NK cells of vaccinated individuals. It is as if the NK cells of vaccinees were forced to "stand down," stay out of the way, not participate in the battle against SARS-CoV-2.

Apparently the promoters of this strategy either did not realize or ignored the fact that the virus would easily develop resistance to NAbs, such that vaccine-triggered NAbs would quickly become ineffective and unprotective. They also failed to realize the importance of NK cell participation and training. Moreover, they arrogantly thought vaccine-induced immunity was superior to naturally acquired immunity.

When the immune system realized that the vaccine-triggered NAbs were failing, it made three specific adjustments to protect the vaccinee. It produced high levels of <u>virulence-inhibiting PNNAbs</u>, which inhibited entry of virus into the lungs and internal organs, thereby protecting vaccinees against severe disease and death. It underwent steric-immune refocusing (SIR) and, thereby, started producing a succession of somewhat protective <u>SIR-created neutralizing antibodies</u> to partially compensate for the ineffective NAbs. And it eventually mobilized <u>CTLs</u>,

which kill infected cells. These three heroic adjustments by the immune system have provided considerable protection to vaccinees up to the present time.

However, these three immune adjustments are unsustainable, unstable, and will eventually fail. The levels of PNNAbs and SIR-created antibodies will drop and, for complex reasons, the CTLs will diminish in number and activity.

Furthermore, the virus will ultimately develop resistance to the PNNAbs that remain. When this happens, the virus will be able to easily invade the lungs and internal organs, thereby causing severe disease and possible death.

Since the vaccinee's NAbs have long ago failed; since the three immune adjustments will ultimately fail; and since the vaccinee's NK cells have been sidelined and have gone untrained; vaccinees will soon be defenseless against SARS-CoV-2. Soon, a variant that is resistant to the virulence-inhibiting PNNAbs will be able to easily invade the lungs, will be naturally selected, and will cause severe disease and even death.

At that point we will see a large number of hospitalizations and deaths among highly vaccinated individuals, particularly in highly and rapidly vaccinated countries.

Healthy unvaccinated individuals will fare much better. They have not been depending on high levels of PNNAbs, SIR-created antibodies, or massive activation of CTLs. The innate and adaptive arms of their immune system have remained intact. In particular their well-trained, well-practiced innate immune system (e.g., NK cells) will likely be able to handle new variants well, including the new variant(s) that will be highly virulent when contracted by highly vaccinated individuals.

For nearly three years Dr. Vanden Bossche has repeatedly warned us about the COVID-19 mass vaccination campaign and where it would lead. In particular, he emphasized that implementation of a mass vaccination campaign in the midst of an active pandemic would result in the natural selection and dominant propagation of a vast array and succession of increasingly infectious "immune escape variants" and would ultimately lead to the emergence, natural selection, and dominant propagation of a highly virulent variant(s) that would cause severe disease in highly vaccinated individuals.

But the leaders of the US COVID-19 Task Force, the CDC, NIH, WHO, health departments, the medical profession as a whole, most politicians, and certainly the pharmaceutical industry have not listened. These "leaders" have led us down a very dangerous path. Their misguided COVID-19 mass vaccination campaign has, predictably, prolonged the pandemic and made it far more dangerous. Their mass vaccination campaign will result in far more cumulative COVID-19 deaths than would have cumulatively occurred in the absence of such a campaign. To this day they are still promoting further COVID vaccination, even of children!, and falsely blaming the prolongation of the pandemic on the unvaccinated and under-vaccinated.

Regarding the question, "What can we do now to give us the best chance for a good outcome?" please see the following article:

In Anticipation of a Highly Virulent SARS-CoV-2 Variant: An ADDENDUM
https://notesfromthesocialclinic.org/in-anticipation-of-a-highly-virulent-sars-cov-2-variant-an-addendum/

Also, for further reading, consider the following:

The General's Memos—Simplified
https://notesfromthesocialclinic.org/the-generals-memos-simplified/

The General's Memos---Complicated
https://notesfromthesocialclinic.org/the-generals-memos-complicated/

An Open Letter to Physicians and Physician Organizations
https://notesfromthesocialclinic.org/an-open-letter-to-physicians-and-physician-organizations/

Eight Fundamental Principles of Science and Medicine
https://notesfromthesocialclinic.org/eight-fundamental-principles-of-science-and-medicine/

A Brief Summary of the COVID-19 Pandemic
https://notesfromthesocialclinic.org/a-brief-summary-of-the-covid-19-pandemic/

How Has the COVID-19 Mass Vaccination Campaign Made the Natural Selection and Rapid Propagation of a HIGHLY Virulent Variant Highly Likely?
https://notesfromthesocialclinic.org/2315-2/

THE ROOT CAUSE OF THE COVID-19 PANDEMIC AND ITS MISMANAGEMENT
https://notesfromthesocialclinic.org/the-root-cause-of-the-covid-19-pandemic-and-its-mismanagement/

Rob Rennebohm, MD
Website: www.notesfromthesocialclinic.org
January 16, 2024