

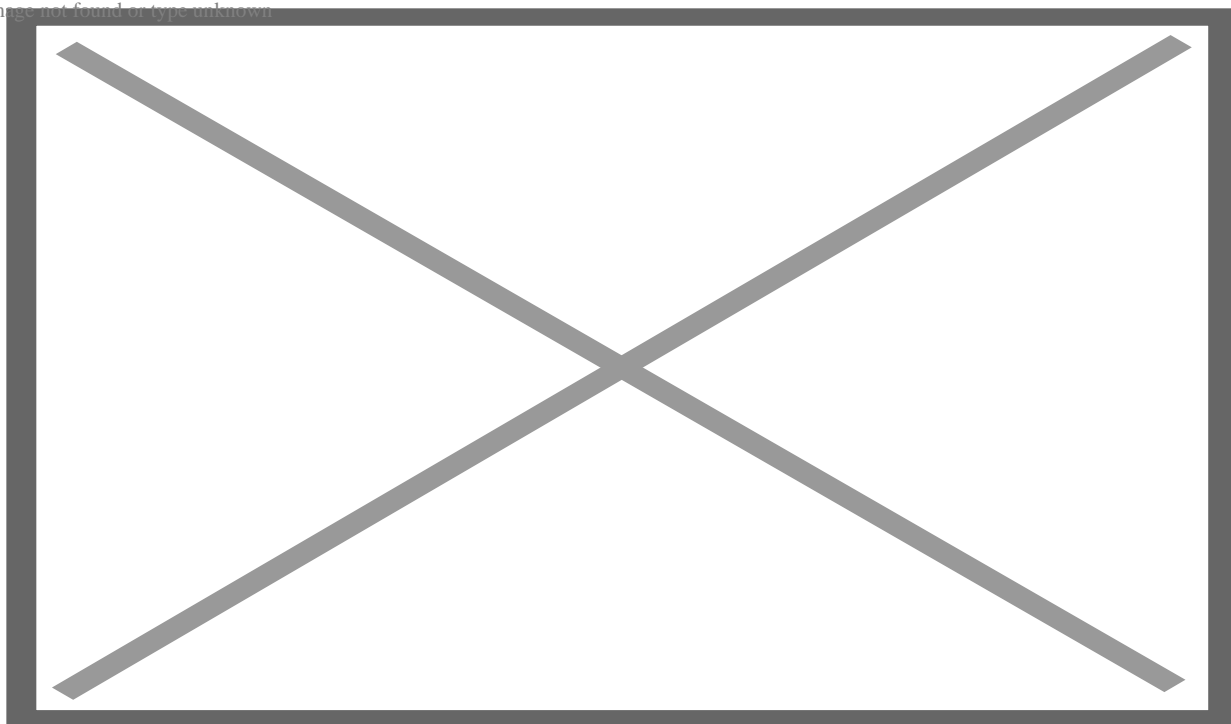


The link between Covid-19, the Covid Vaccine, HIV, and AIDS

Description

We know that when fact checkers say something, they sometimes are covering something up. But what? This article attempts to organize what I know so that we avoid misspeaking when talking about complicated matters.

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[By Igor Chudov](#)

- HIV (Human Immunodeficiency virus) is an RNA-based blood borne virus, transmitted via sex or shared needles. This virus is associated with a disease called AIDS (Acquired Immune Deficiency Syndrome). Sufferers of this syndrome have their immune systems “turned off”, in a

way, and suffer from never-ending infections or rare and aggressive cancers that are not stopped by a healthy immune system.

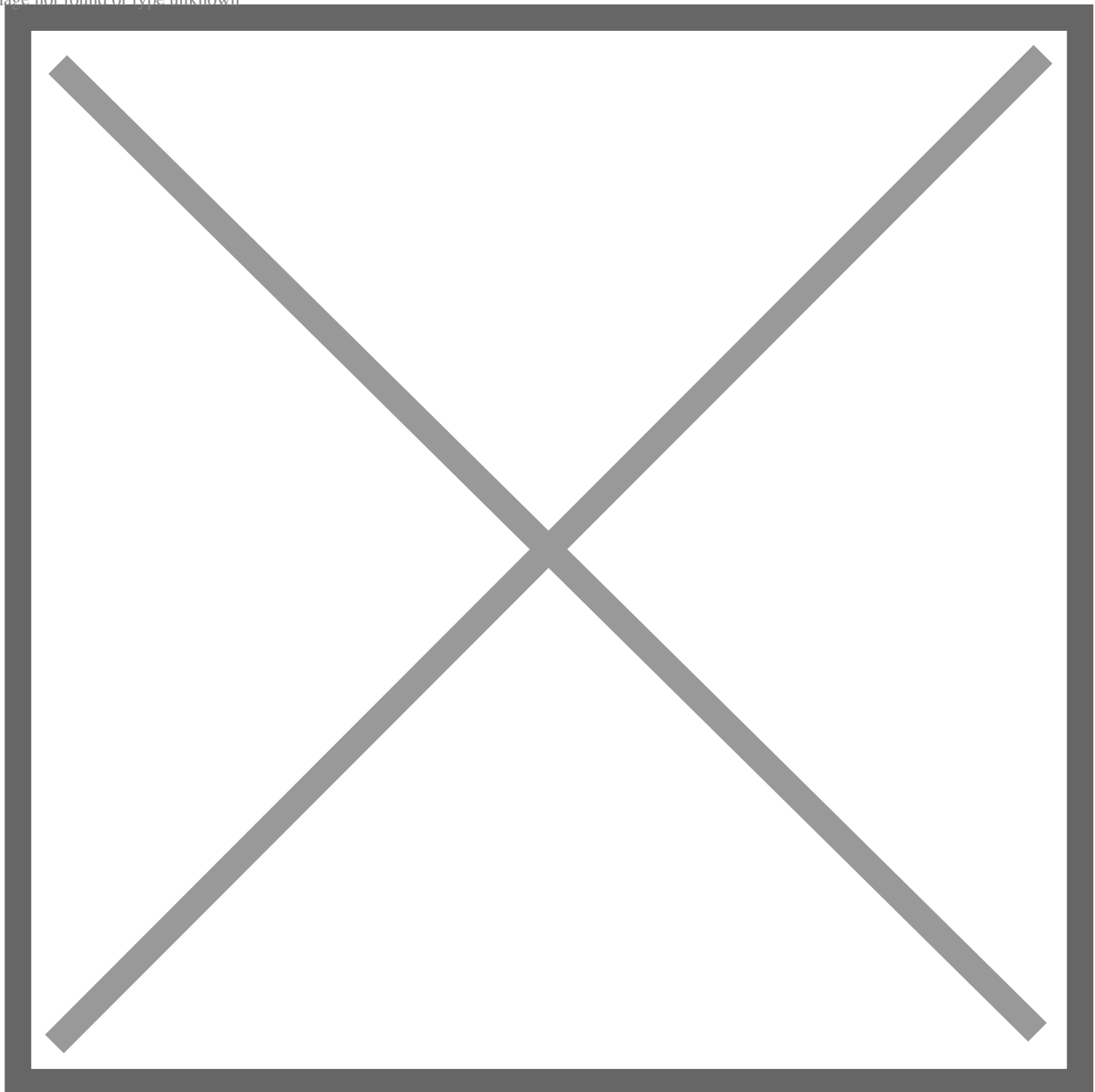
- Sars-Cov-2 is a RNA-based virus that causes Covid-19. Sars-Cov-2 is NOT the same as the HIV virus (but see below).
- **VAIDS** is a colloquial term, not yet a scientific term accepted in official science, referring to immune problems due to Covid vaccine, **and is NOT the same as AIDS caused by the HIV.**

The origins of Sars-Cov-2 are murky. **Sars-Cov-2 does seem to be a product of a lab work with a high degree of likelihood.** This article is NOT the place to defend this opinion. I will just state it as something I find to be highly likely and leave it at that. If you want me to write a summary of why I believe that Sars-Cov-2 is a lab virus, I will be glad to do so. This summary could be as long as this article and would still be incomplete.

Anyone who tells you that they know who created Sars-Cov-2 and for what purpose, is either a liar, or a fool, or the person who did it. However, there are some good guesses.

Dan Sirotkin wrote a [long article](#) about Sars-Cov-2 being a result of development of a Live Attenuated Vaccine (LAV) for a yet-unknown pathogen.

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Sars-Cov-2 contains several artificial themes that were not part of natural coronaviruses before and which gave it “fitness” to proliferate around the world and kill so many people.

Leaving other genetic additions aside, let me mention that Sars-Cov-2 contains so called “HIV motifs”, that is, genetic sequences lifted off the HIV virus, that somehow made it into the Sars-Cov-2 virus in a suspiciously unnatural fashion.

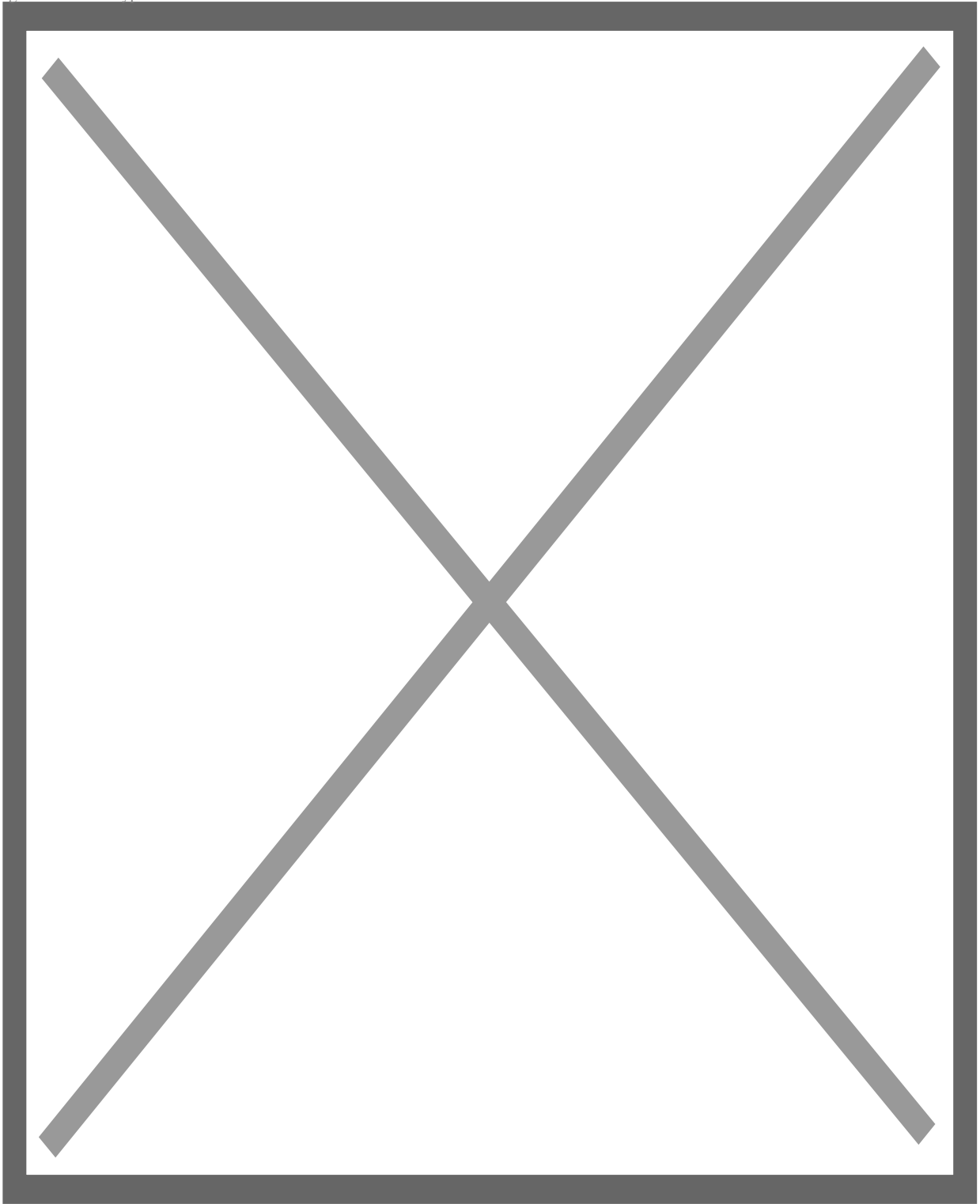
One of those motifs is called “Gp120”. It is discussed in an article titled [Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag](#). This article was clearly referring to correct genetic sequences, but was later withdrawn under pressure without a clear reason. (duckduckgo “covid uncanny motifs withdrawn”)

Gp120 is a genetic sequence that is expressed into the “spike protein” of the Covid virus.

To those who might think that this is a random occurrence, here’s an annotated image about earlier work by the luminary of coronavirus research Ralph Baric of UNC.

Apparently, even back in 2018, Ralph Baric was messing around adding HIV sequences to recombinant derivatives of the SARS-Cov-1 (the old SARS) virus or its spikes. Rings a bell?

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The article is [here](#). **Ralph Baric** is a name you should remember, as he is likely one of central figures in emergence of Sars-Cov-2. He is a scientist at UNC who always worked on live attenuated vaccines and coronaviruses. Note that the sequence discussed in that article is may not be the same as Gp120. Nevertheless, it shows that such work of inserting HIV sequences into coronaviruses was done in the past by credible researchers.

Here's a Reuters "[fact check](#)" that, if read critically, actually goes along the lines of what I wrote.

We do NOT know who, or how, decided to insert HIV's Gp120 into Sars-Cov-2's spike protein code. What I am showing is that putting HIV sequences into coronaviruses is not completely out of character for coronavirus research and was done previously and published. So it is not at all outlandish to presume that adding Gp120 to Sars-Cov-2 was done intentionally.

Similarly, the "[gp41](#)" motif was also lifted off HIV and inserted into Sars-Cov-2.

Both mRNA (Pfizer 162b2 and Moderna 1273) [encode the exact spike protein of the Sars-Cov-2 virus](#), with two minor "proline" mutations to stabilize free floating S-protein molecules and prevent their cleaving.

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Thus, every Covid-infected person, and every lucky recipient of two doses of "Covid vaccine" and booster shots, is also a recipient of HIV motifs Gp120 and Gp41, likely copied into Sars-Cov-2 by whoever designed it. Which event — Covid infection or vaccination — produces more spike protein, is not something I know, but I am sure that this is highly variable depending on Covid viral load and vaccine injection technique.

Astute reader Moritz found something: "The range of spike antigen concentrations in the blood of vaccinees at this early time point largely overlaps with the range of spike antigen concentrations reported in plasma in a study of acute infection."

<https://www.sciencedirect.com/science/article/pii/S0092867422000769>

So Covid Vax gives us about as much spike protein as a Covid infection. And the vaccinees already had three doses of that! The worst part of this is that Covid infection usually goes away in a week, but [spike protein production in vaccinees continues for 60 days](#), exposing vaccinated people to much more spike protein damage:

Summary

During the SARS-CoV-2 pandemic, novel and traditional vaccine strategies have been deployed globally. We investigated whether antibodies stimulated by mRNA vaccination (BNT162b2), including third-dose boosting, differ from those generated by infection or adenoviral (ChAdOx1-S and Gam-COVID-Vac) or inactivated viral (BBIBP-CoV) vaccines. We analyzed human lymph nodes after infection or mRNA vaccination for correlates of serological differences. Antibody breadth against viral variants is lower after infection compared with all vaccines evaluated but improves over several months. Viral variant infection elicits variant-specific antibodies, but prior mRNA vaccination imprints serological responses toward Wuhan-Hu-1 rather than variant antigens. In contrast to disrupted germinal centers (GCs) in lymph nodes during infection, mRNA vaccination stimulates robust GCs containing vaccine mRNA and spike antigen up to 8 weeks postvaccination in some cases. SARS-CoV-2 antibody specificity, breadth, and maturation are affected by imprinting from exposure history and distinct histological and antigenic contexts in infection compared with vaccination.

Another study shows that [mRNA exosomes were found four months](#) after vaccination. Both studies only looked at 60 days and four months, respectively.

It is NOT clear, to me, what exact effect do these two HIV motifs Gp120 and Gp41 have on the OUTCOME of Sars-Cov-2, or the side effects of Covid vaccines, and how are they related to damage from Covid. I would like more feedback on this from my readers and will update this section.

However, I have shown that THE LINK BETWEEN HIV, Sars-Cov-2, and Covid vaccines DOES EXIST via HIV motifs inserted into Sars-Cov-2 spike protein code.

Some people like video content so here we are.

Dr Richard Fleming discussing Luc Montagnier's findings regarding HIV in the Covid vaccine –

HIV discoverer and Nobel Prize winner Luc Montagnier (mysteriously died recently): “someone added HIV sequences on top of a bat virus”

The Spike Protein of the Sars-Cov-2 virus or the “Covid Vaccines”, is one of the most bioactive and potentially damaging substances known. It is known to penetrate the blood-brain barrier, cell nucleus and affect DNA replication. It is very immunogenic.

1. Spike protein seems to reprogram immune systems in a strange way: [The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses](#)
2. When penetrating cell nuclei, free floating spike protein inhibits DNA Damage Repair: [SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V\(D\)J Recombination In Vitro.](#) The mechanisms described here are used both in formation of immune memory of any future illness, as well as preventing DNA mutations leading to cancer.

I would like to add more to this, I think that I forgot something so if you know something, say something.

It is becoming apparent that vaccinated persons, upon breakthrough infection with Covid, do NOT develop broad natural immunity, and instead produce more S antibodies against the spike protein that they were originally vaccinated with.

For instance, the Week 42 Vaccine [Surveillance report](#) published by the UKHSA states the following –

“Recent observations from UK Health Security Agency (UKHSA) surveillance data that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.”

What this means is that the Covid-19 vaccines interfere with the immune systems ability to produce antibodies against other pieces of the SARS-CoV-2 virus following infection, in the case of the N antibody this is against the nucleocapsid protein which is the shell of the virus, and a crucial part of the immune system response in the unvaccinated population.

Therefore, if any mutations to the spike protein of the alleged SARS-CoV-2 virus occur in the future, the vaccinated will be far more vulnerable and possibly unprotected due to their inability to produce the N antibody, even if they have already been infected and recovered from Covid-19.

Whereas the unvaccinated would have much better immunity to any mutations due to their ability to produce both S and N antibodies after infection.

The following chart shows the real-world Covid-19 vaccine effectiveness among the triple vaccinated population in England in 4 week periods between Week 51 of 2021 and Week 9 of 2022 using data found in the [UKHSA Vaccine Surveillance reports](#) –

As you can see the vaccine effectiveness has been falling month and month, with the lowest effectiveness recorded among 40-49-year-olds at minus-248.92%. But the sharpest decline in jab effectiveness has been recorded among 18-29-year-olds, falling to minus-201.52% by Week 9 of 2022 from +10.19 in Week 51 to Week 2.

But, vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipients immune system performance compared to the immune system performance of an unvaccinated person.

I am not the first person who noticed these problems and definitely not the only one. People started referring, in common parlance, to the immune problems of vaccinated persons by calling it **VAIDS — Vaccine Acquired (or Aided) Immune Deficiency Syndrome**. This term is a colloquial figure of common speech, as of now, and is not yet used in any scientific articles.

However, immune problems encountered by vaccinated people are real. So are reinfections.

Here are some headlines.

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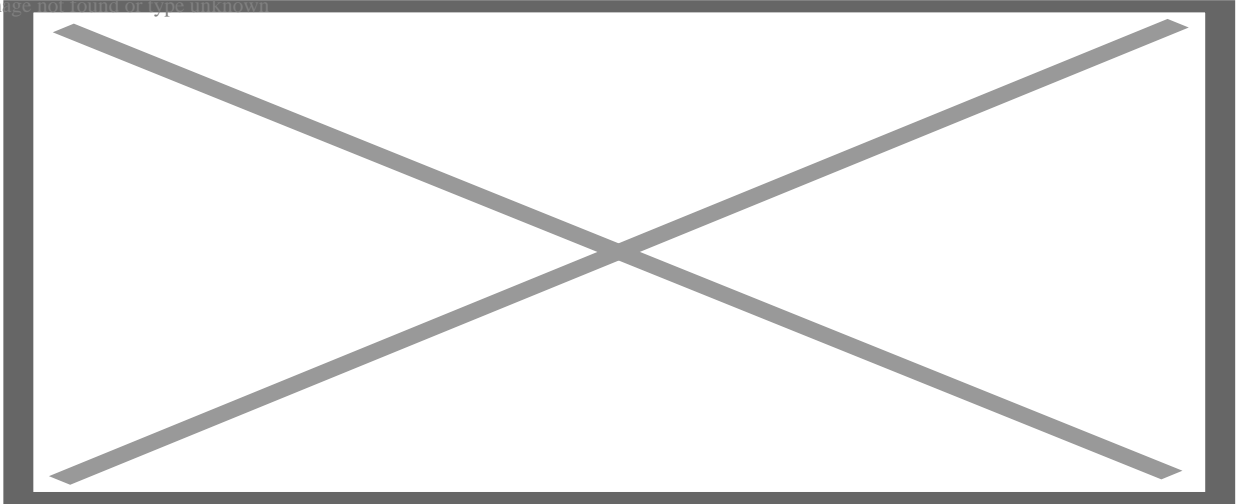
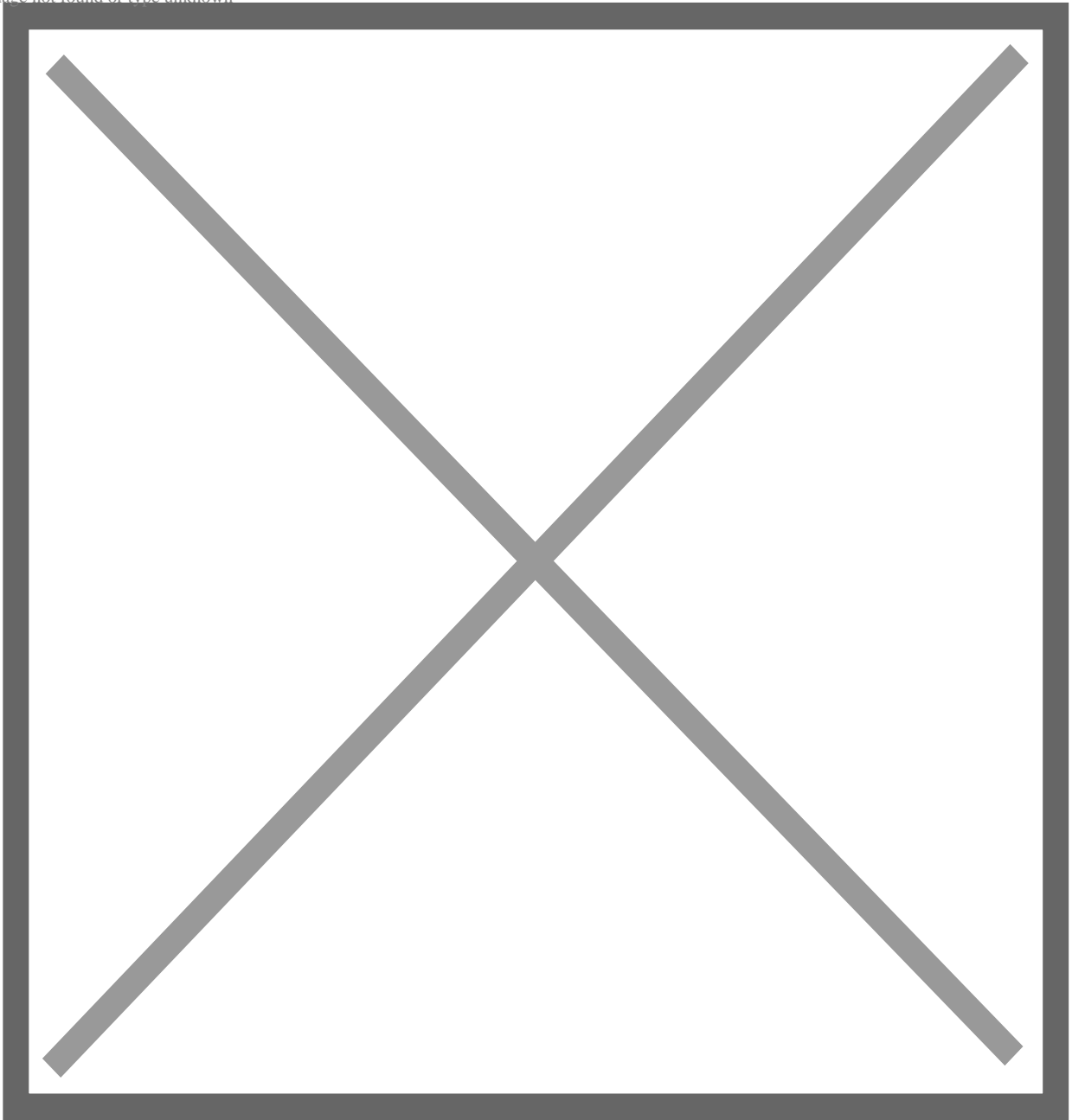


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Anecdotally, I collect stories about Covid from /r/COVID19Positive subreddit, and it is full of sad stories about endless Covid reinfections in the vaccinated, occurring sometimes even within one or two months.

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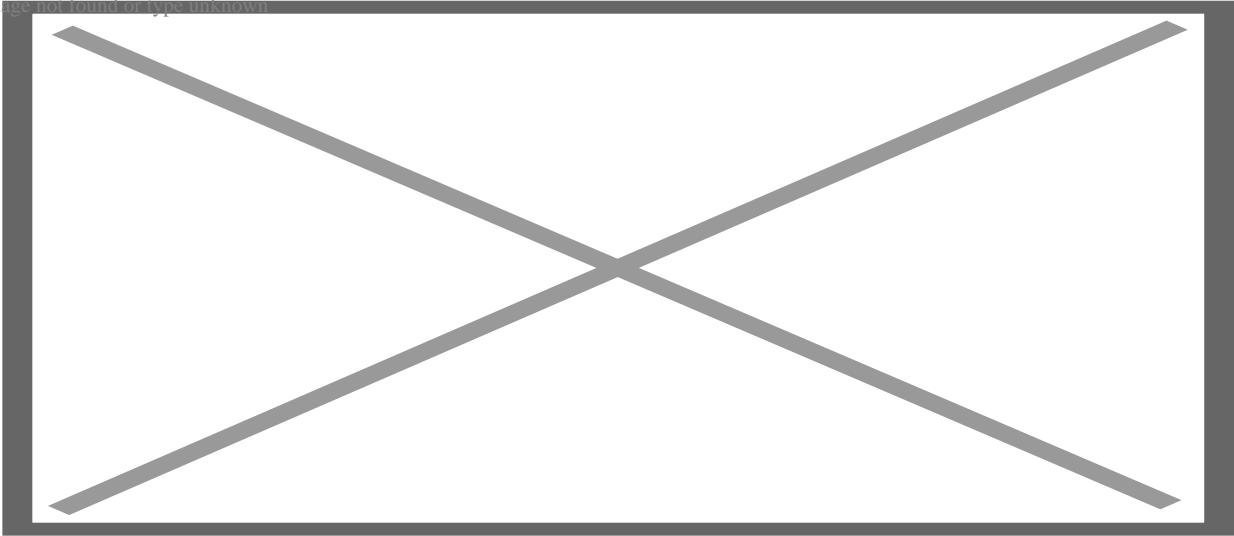


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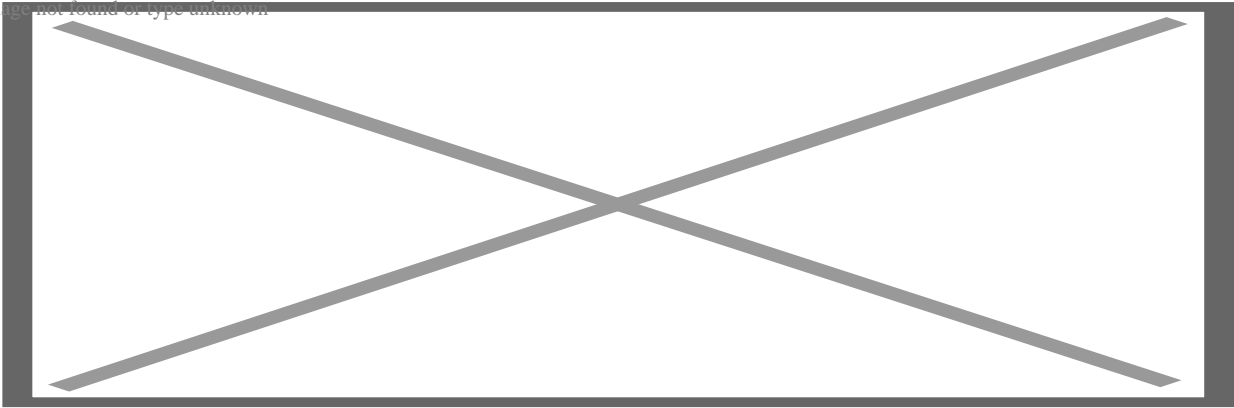


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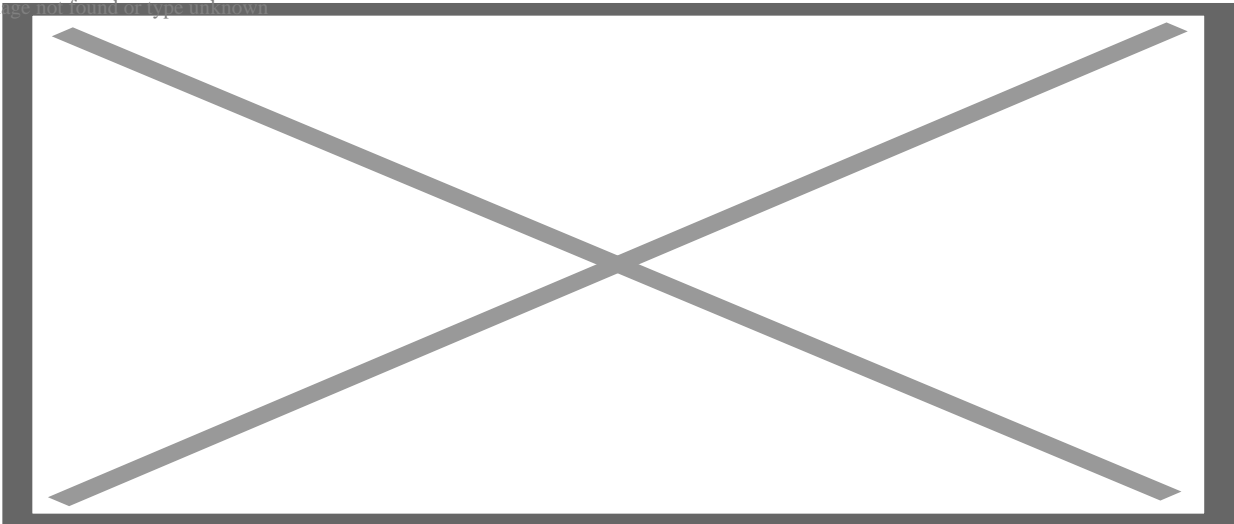
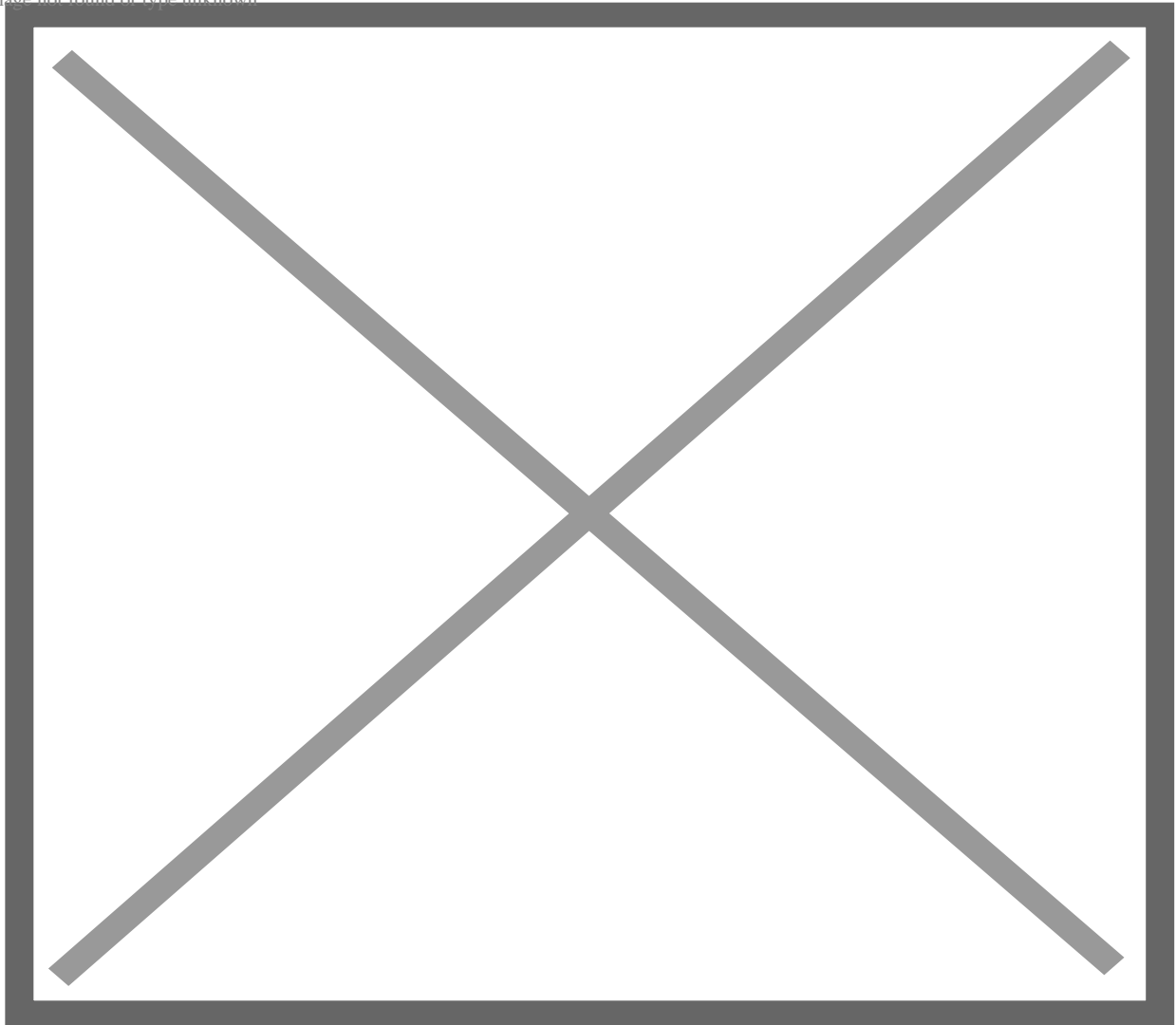


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All of these reports are highly concerning. Even if each instance of Covid seems mild, their cumulative effects could be very damaging and that is to put it mildly to avoid alarmism.

Thus, while **VAIDS** is not a scientific term, we need to start being concerned about immune health of our vaccinated friends and relatives.

posted by Weaver

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