

COVID-19 Vaccine and Booster Hesitancy: How Do mRNA Vaccine Con-artists and Big Pharma Drug Pushers View Those Who Don't Want Their Toxic Products Anymore?

Vaccine Booster mandates are coming!

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New Studies on "Vaccine Hesitancy"

I briefly review the following studies:

- [Jan.12, 2023, Aashka Shah et al.](#) – COVID-19 booster hesitation around the world
- [Jan.17, 2023, Alice Cancer et al](#) – Not getting vaccinated?

[Jan. 17, 2023, Alice Cancer et al](#) – Not Getting Vaccinated? It Is a Matter of Problem-Solving Abilities and Socio-Cognitive Polarization

- This study comes from University of Texas and Italy
- They studied 277 US participants, ages 18 to 50, who completed an online survey that measured how conservative, rigid thinking, and anti-immigrant (xenophobic) they were.
- WHO defines "vaccine hesitancy" as "delay in acceptance or refusal of vaccination despite the availability of vaccination services"
- Early research on "vaccine skepticism" found correlation with female gender, low income, social media misinformation, conspiracy theories, government mistrust, anti-govt sentiment
- those with more conservative, right leaning political views were more likely to report anti-vaccination attitudes and lower vaccination uptake.
- conservatives can't handle complexity, so they seek oversimplified solutions, and fail to seek out alternative explanations.

- conservatives tend to be “cognitively rigid” and less open to new information and “alternative viewpoints”
- Parents hesitated to vaccinate their young children because of “cognitive rigidity”
- Study Results: 71% were pro vax, 29% were anti-vax
- Anti-vaxxers had low problem-solving skills combined with cognitive and social rigidity
- what authors define as problem-solving skills: “flexible political perspectives, tolerance of diversity and fake news discernment.”
- My take: this entire paper was pseudo-scientific bullshit and very painful to read.

[Jan. 12, 2023, Aashka Shah et al.](#) – COVID-19 vaccine and booster hesitation around the world: A literature review

- This study comes from University of Illinois
- USA: 103.4 million cases, 1.13 million deaths ([WHO latest data](#))
- 68.5% of world’s population has received at least 1 dose of 10 approved vaccines
- The propaganda:
 - Pfizer & Moderna vaccines had 95% efficacy but this dropped due to “natural decrease in antibodies” and “spike protein mutations in COVID-19 variants”
 - Optimism on vaccines “faded away” because hospitals filled up with COVID-19 cases again
 - “With mutations of SARS-CoV-2, booster vaccinations have become important in maintaining immunity in the general population”
 - boosters decrease hospitalizations and ER visits, decrease viral transmission, shorten recovery time.
- Vaccine hesitancy in the USA:
 - COVID-19 booster uptake in USA is 44% and the rest are “booster hesitant”
 - due to “low vaccine literacy” – you’re too stupid to understand vaccines and you also are likely to not wear masks or wash your hands, if only Public Health could educate you, then you’d probably take the vaccine.
 - misinformation is an obstacle to “vaccine literacy” and is a “large reason why Americans choose to not be vaccinated”
 - “it continues to be a driver in the low acceptance rate of the booster”
- Fact checking and refuting false claims is not enough to counteract misinformation
- solution: get boosters in a clinical setting, have conversation with a “trusted physician” and “allow for the COVID-19 booster to become a part of your regular appointment”
- Vaccine side effects
 - Personal experience & anecdotal evidence are major factors in decision making about COVID-19 booster.
 - authors admit “stories of severe side effects invoke an emotional response and thus stay engrained in memories”
 - solution: mainstream media must focus attention on scientific studies that show severe side effects are “rare”.
- Social Media
 - 75-80% of Americans look to internet to get health information
 - even a 5-10 minute exposure to “vaccine critical content” leads to decreased intention to vaccinate (LOL!)
 - Why? “vivid narrative and imagery that social media is able to create”
 - People usually post negative experiences and this makes them seem like they are more common

- 87% have made a strong decision about a booster either way, but the 13% can be persuaded.
- Solution: use media tactics – message should be “tailored” to the “altruism of receiving the vaccine”, “emphasis on dangers of COVID-19” and “regret of not having received the COVID-19 booster”
- Even more effective: family doctors need to take time to explain benefits of receiving COVID-19 booster but must not talk about risks.
- Distrust of Government
- “for certain ethnic groups such as Blacks and Latino Americans, monetary incentives to receive the booster have decreased the trust in the vaccine, while for the general population, vaccine acceptance modestly increased with monetary incentives”
- “with lessons learned from the marketing of the vaccine, officials can make sure to market the booster in audience specific ways”
- healthcare workers are KEY to selling the booster to the general population
- less vaccine hesitancy among healthcare workers leads to increased vaccine uptake in general population
- Solution: emphasize “prominent civilian groups”, like healthcare workers, and their response to the COVID-19 vaccine
- Booster hesitancy around the World
- reasons why people don’t want boosters vary around the world
- China has higher vaccination and booster uptake rates than USA
- China emphasizes getting booster to protect loved ones, bigger incentive than personal safety.
- Chinese also highly respect doctors and doctor convinces many to get it.
- authors are surprised that vaccine acceptance rates dropped in UK, US, Canada and some European countries “as it would be expected that as the vaccine spends more time on the market, vaccine confidence would grow among the population”
- government trust was cited as “most important factor” in vaccine acceptance
- Global vaccine inequity
- Only 28.3% of people in low income countries have had at least one vaccine dose, versus 72.8% in high income countries
- “Low and middle income countries (LMIC) have had higher mortality rates and transmission rates during the pandemic due to limited protective equipment, insufficient medical resources, and increased comorbid conditions”
- Low and middle income countries (LMIC) are “hotspots for SARS-CoV-2 mutations that can quickly spread globally”
- “We have already seen a decrease in effectiveness of the COVID-19 vaccine and further mutations could eventually render the vaccine ineffective”
- “spread of the Omicron variant has been documented to be in part due to global vaccine inequality; higher transmission rates in South Africa led to mutations that in turn spread world-wide”
- COVID-19 booster mandates
- “Abroad, some countries have already implemented mandatory COVID-19 vaccination and these countries can be used as a model to predict the result of this mandate in the US.”
- one study showed increase in vaccination from 20 days before start of mandate to 40 days after start of mandate.
- Those under 20 and 20–29-year-olds had the largest response to the mandate as vaccination rates in this age group increased the most
- The most responsive age group also depended on what venues were only available to vaccinated people – when nightclubs were restricted in Switzerland,

increased vaccination rates was steepest with people under 20 years and it wasn't until more locations were restricted (any location with > 30 people) that vaccination rates increased significantly for other age groups

- "mandated vaccination...could lead US to the desired increased vaccination rate"
- Requiring the COVID-19 vaccine and booster among healthcare workers may have far reaching implications
- By invoking the Hippocratic Oath, a physician's first duty is to "do no harm" to their patient. Mandating the COVID-19 vaccine would ensure that the physician is limiting the risk of COVID-19 transmission to their patient
- As we have seen from the influenza vaccine, mandatory vaccination policies among healthcare workers was the most effective way to obtain maximum vaccination rates
- problem with mandating COVID-19 boosters - no long term safety data - creates discussions that won't go away
- growing need for a universal COVID-19 vaccine is becoming imperative to have broader immunity
- In the meantime, until a broader vaccine is created, ongoing booster shots may be necessary to prevent a surge in coronavirus cases.
- Mandating yearly COVID boosters - because influenza vaccine uptake increased over the years, mandating yearly COVID boosters may have similar effect.
- If the vaccine were required yearly, patients might feel more comfortable receiving the vaccine since it has been approved for a longer time. The CDC reports that in 1980, there were only 12.4 million doses of the influenza vaccine administered but by 2020, had increased to 194 million doses
- It can be assumed that over time, the COVID-19 vaccine will follow the same trend and higher vaccination rates will be achieved the longer that the vaccine is on the market and if the vaccine is mandated yearly.

My Take...

Reading papers like this, is like entering the mind of a psychopath or a serial killer. You want to know how they think, to understand what they'll do next.

Stripping away the scientific fraud and propaganda, this is what remains:

- COVID-19 booster "hesitancy" is a huge problem for big pharma (at the time, they thought 44% of Americans would continue taking boosters, but that number is now down to 5%, so the situation for them is much worse now).
- Big pharma labels those who don't want their jabs as "vaccine illiterate" - smear tactics, using derogatory terms like "uneducated", "rigid thinking", "inflexible", including against parents who want to protect their kids from jabs.
- Big pharma believes "misinformation" is the key driver for people avoiding COVID-19 booster shots.
- Most damaging to big pharma are personal stories of vaccine injury and anecdotes - vivid narratives and images that people remember!
- Fact checks don't work, mainstream media needs to increase brainwashing: focus on altruism of getting jabbed, fear porn of COVID-19, regret of not getting a booster, and just how rare vaccine injuries are.
- Most effective: a trusted doctor selling the benefits of jabs (no talk of risks)

- Marketing the jabs: they've learned many lessons and will market better to specific groups of people next time. Financial incentives backfired in many cases causing more distrust than they anticipated.

COVID-19 Booster Mandates Are Coming

- Big pharma loves how China has managed to get high vaccine uptake through propaganda, brainwashing (protect your loved ones) and brute force.
 - COVID-19 booster mandates are the only way to get 85% of Americans to take mRNA jabs again on a regular basis.
 - Booster mandates will be implemented as annual shots, like flu shots, they think people will comply because they accepted flu shots over the years.
 - COVID-19 boosters will become a regular part of a doctor visit – you probably won't be able to see a doctor unless you agree to get your booster shot.
 - Mandating doctors and healthcare workers to keep taking COVID-19 booster shots is key for big pharma, but they may focus on other “civilian groups” with high vaccine uptake, to convince the population to take boosters again.
 - Doctors will be expected to spend more time with, and convince all of their patients to take COVID-19 booster shots
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- They intend to keep regular mandated booster shots going until there is a “Universal COVID-19 vaccine”, which will then be mandated on the population.

I think the intent of these psychopaths is quite clear.

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The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

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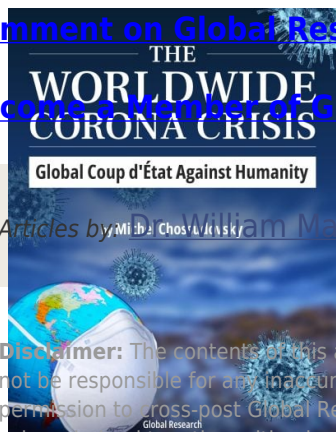
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