

9 COVID VACCINE CONCERNS

When the whole world is running towards a cliff, he who is running in the opposite direction appears to have lost his mind - C.S. Lewis

#1 VACCINES ARE EXPERIMENTAL

Not Fully Approved: COVID vaccines lack the years of adverse event trials seen with proper rollouts. Canada has an [Interim Order](#) while the USA has [Emergency Use Authorization](#) (not full FDA Approval), contingent on collection of additional data from ongoing public trials.

Phase III clinical trials end approximately:

[Moderna](#) – October 2022

[Pfizer/BioNtech](#) – April 2023

[Johnson & Johnson](#) – January 2023

NOTE: This is the first vaccine ever for Moderna and J&J.

Large Data Gaps: Explicitly stated in the FDA applications for [Pfizer/BioNtech](#) (Pg 46) and [Moderna](#) (Pg 48). Earlier COVID Phase II vaccine trials have **no data for:**

- anyone younger than age 18 or older than age 55
- pregnant women or lactating mothers
- persons with auto-immune conditions
- immunocompromised individuals

Efficacy: Pfizer claimed 95% efficacy in Phase II trials, after only 8 participants in the vaccinated group got infected. However, they failed to mention the [1594 suspected but unconfirmed COVID cases](#) (i.e. COVID symptoms but not tested). Is it not basic due diligence to confirm these cases via PCR tests? But that would ruin efficacy claims, wouldn't it? *NOTE: Other concerns: efficacy was only tested on the first virus strain, not current variants.*

AstraZeneca and J&J: [Almost 20 countries have banned, or restricted these vaccines, after initial authorization](#)

#2 IMMUNITY FROM LIABILITY

Vaccine manufacturers are [absolved of any repercussions from adverse side effects](#), despite poor reputations.

Every manufacturer (except for Moderna because this is their first product ever) has paid out billions of dollars in

damages [after they KNEW](#) the marketed products would cause injuries and death. Lawsuits below:

Pfizer: [Here](#), [here](#), [here](#) and [here](#)

AstraZeneca: [Here](#) and [here](#)

Johnson & Johnson: [Here](#)

#3 CANADA'S VACCINE STRATEGY

After [China blocked the CanSino vaccines exportation to Canada](#), we went to the back of the line for other vaccines. To cover for that supply failure, the government is making things up on the fly.

Dosage Times: We have [increased times between doses](#), to more than manufacturer recommendations.

Mixing & Matching: AstraZeneca was safe and then it wasn't. Then they mixed and matched vaccines for the 2 million Canadians who received the first AstraZeneca dose or STILL continued with a second AstraZeneca dose. mRNA vaccines (Pfizer & Moderna) can now be mixed as well. There are several countries not accepting these conditions, causing public health officials to [suggest a 3rd shot, just to be able to travel](#).

[Multiple forms of experimentation during an experimental trial](#). Does anyone else see the absurdity and desperation of a government pushing boundaries of medical ethics and recommendations?

Vaccinations in Children

Children are at extremely low risk for COVID. The World Health Organization has said [more evidence](#) is needed before recommending COVID vaccinations for children. In a recent update, Pfizer is the only vaccine "suitable" for children 12 or older.

COVID vaccinations for age group 12 or above: [parental consent](#) is not required. This is required to go skiing but not for an irreversible medical decision?

#4 EVERYBODY IS NOT AT HIGH RISK FOR COVID

COVID Infection Fatality Rate (IFR)

World Health Organization

- All ages IFR for COVID is 0.23% (the flu is 0.1%)
- **Healthy person under age 70, IFR is 0.05%:** this is the same daily risk as driving 23 km per day in Canada.

CDC USA - IFR Best Estimate

- 0-17 years: 0.002% (survivability 99.998%)
- 18-49 years: 0.05% (survivability 99.95%)
- 50-64 years: 0.6% (survivability 99.4%)
- 65+ years: 9% (survivability 91%)

COVID Deaths Co-Morbidity Data

- 96.8% of Alberta deaths had 1 or more co-morbidities
- 95% of USA deaths had 1 or more co-morbidities
- **Each USA death had an average of 4 co-morbidities**

NOTE: COVID deaths are someone who has died WITH COVID, not necessarily FROM COVID.

Long Term Care Homes: 58% of all Canadian COVID deaths have been in long term care homes.

Average Age of COVID Death Canada 2020: 83.8 years

Average Life Expectancy Canada 2020 was 76.5 years

Clearly, COVID is a threat for the frail and ill (any disease is).

Innate or Attained Immunity: Many possess innate COVID immunity or have gained it through infection. CDC best estimates indicate at least 30% of the population is asymptomatic (natural immunity).

If someone has gotten COVID and recovered, they do not NEED a vaccine. They have a natural and strong immune system. Take an antibody or T-Cell test to determine if you have already been infected or have innate immunity.

Why are we fighting for 100% vaccination rates when a large portion of the population has already been infected, has natural immunity or has minimal threat from the virus?

#5 IGNORANCE OF OTHER TREATMENTS

16 months into this, there are zero trials of multidrug therapies and no national/global panel of doctors for early treatment protocol, despite US Senate testimony.

There are numerous peer-reviewed studies on the overwhelming effectiveness of the following:

- Vitamin D3: deficiency has strong correlation with severe cases of COVID
- Ivermectin: well researched by FLCCC, a group of doctors with over 200 years of collective experience. An example (Pg 7): a 3-month Argentinian controlled trial of 1195 healthcare workers assessed Ivermectin. 788 workers were given Ivermectin while 407 were not. Out of the 407 not on Ivermectin, 236 got COVID. **Of the 788, there were 0 COVID infections.**

Why is there focus on vaccination as the only solution?

COVID vaccines CANNOT be given Emergency Use Authorization if other treatments are available.

Another Reason: Follow the Money

#6 ADVERSE EFFECTS

As of August, 2021, the US Vaccine Adverse Event Reporting System (which has a history of underreporting) has recorded 11940 COVID Vaccine related deaths and 518769 Adverse reactions. COVID Vaccines have generated more adverse reports in the last 6 months than all other 70 vaccines over the past 30 years combined. *Further investigation is required.*

Antibody Dependence Enhancement (ADE): also known as Vaccine Enhanced Disease, is an unexplained phenomenon and a reason for failure of previous coronavirus vaccines. (SARS-CoV-2 is not the first coronavirus that mankind has encountered.)

From 2004-2016, animal and human trials both showed excellent anti-body responses but contact with the wild virus resulted in an immune system "cytokine" storm; an overactive response which overwhelmingly attacked the body. There is no indication this has been solved.

#7 CENSORSHIP OF OPPOSING VIEWS

Dr. Byram Bridle, a Canadian viral immunologist, has [expressed grave concerns](#) about the spike protein in mRNA vaccines, especially in children. [MP Derek Sloan](#) held a press conference on the censorship of Dr. Bridle and other Canadian medical professionals. Ironically, this was censored by YouTube.

Dr. Francis Christian, a practising surgeon, in an [open letter](#), has expressed [serious medical and ethical concerns](#) about vaccinating children, for whom COVID is less of a threat than the flu. He was fired as a professor from the University of Saskatchewan.

Dr. Robert Malone, [the inventor of mRNA technology](#), has expressed serious concerns about vaccine dosage amounts, adverse events from second doses and [young adult vaccinations](#). This has resulted in him being censored on YouTube and LinkedIn, with no explanation why. Watch his [10-min interview](#) here.

Dr. Charles Hoffe, a pro-vaccine doctor in B.C was [removed from duty](#) when he raised concerns about vaccine side-effects after seeing patients suffer.

The Director of Emergency Medicine for Northeast Region, Nova Scotia was fired for [voicing concerns](#) about government COVID vaccination policies.

[Joe Rogan's podcast](#) with Bret Weinstein and Dr. Pierre Kory has discussed the censorship of using Ivermectin as a prophylaxis and treatment option, despite overwhelming evidence. [Nobel Prize Winner](#) Dr. Satoshi Omura [was censored off Youtube](#) for supporting it too.

When asked in Parliament about Vitamin D as a COVID supplementation strategy, Patty Hajdu (Health Minister), without explanation, [referred to this query as fake news](#), despite the opposition MP quoting 75 studies.

#8 INFORMED CONSENT

Current vaccination coercion tactics go against the [Nuremberg Code](#). Medical ethics state: First, do no harm. Second, provide [voluntary informed consent](#), “the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, **without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion;**”

NOTE: The Nuremberg Code is for [experimental medical trials](#). These vaccines ARE experimental, especially because they have never been used in certain demographics, such as children.

There is public shaming, peer pressure, talk of vaccine passports and workplace mandates along with free donuts, ice-cream and baseball tickets. Most importantly, an overt denial of Charter guaranteed freedoms, to be returned only after signing up for the vaccines. Sound like coercion?

#9 INDIVIDUAL AUTONOMY

It must be stressed: [everyone's health and risk potential is not exactly the same](#). (Refer to [COVID Mortality Stats](#) listed earlier.)

For the elderly or sick, who are high-risk for COVID, vaccination might be the better option (if they choose).

Vaccination is a personal decision. Your body. Your choice. Whoever wants to get vaccinated, please do so after informing yourselves of the benefits and risks. [But stop enforcing it on others](#). We are not children who need micromanagement or have risk-assessment done for us.

What someone does or does not do to their body with an experimental vaccine, should never be a one-sided and contentious issue.

RESPONSES TO COMMON COERCION TACTICS

“COVID can kill anyone, so do it for your safety. You could become a stat or have long term issues”

Let's stop paralyzing ourselves with irrational fear of drastic “worst-case what-if” scenarios. (Reference [COVID Mortality Stats](#))

Risk is inherent in almost every aspect of life, and we have historically accepted this. We have individual autonomy on most risk assessment, so why the sudden change of course?

As for Long COVID, the [largest study on the subject](#) indicates 1 in 50 COVID cases continue symptoms past 12 weeks, with fatigue being the most common symptom. Post-viral syndrome is not unique to COVID. It is a known after-effect of severe influenza cases and has [been referenced in many past studies](#).

“Vaccines have minimal risk”

First, we don't have the long-term data to determine that yet. Second, COVID also has minimal risk for the young and healthy.

Third, there is a key difference between assessing Vaccination Risk vs. COVID Risk. Getting vaccinated is an intentional decision to put yourself at risk whereas getting COVID is not intentional. With vaccines, you are knowingly taking on a risk, no matter the odds, without knowing the long-term effects and with full responsibility for any adverse effects.

“Younger people are also ending up in ICU”

Anecdotal evidence and one-time occurrences take information out of broader context and distort reality. If one young person is admitted into ICU, it does not mean other young people are at risk too. You don't know other factors such as the health history or other pre-existing illnesses for this young person. (Reference [Canadian ICU and Co-morbidity Stats](#) mentioned earlier).

This is not downplaying someone's suffering and pain. This is simply saying emotion can cloud rational response.

Regardless, the odds of someone young and healthy taking an ICU bed are incredibly low. As of Aug 5, 2021, [1387 Canadian COVID patients](#), between ages 0-39 have been admitted into ICU, over the entire course of the pandemic. This is 9.8% of all COVID ICU patients.

NOTE: These are ICU patients admitted with COVID, not necessarily due to COVID. Additionally, no information is released for pre-existing illnesses.

“Vaccinate to save the hospitals and ICU capacity”

Hospital overcapacity is a historic issue. The Canadian healthcare system has been fundamentally and deeply flawed for a very long time.

Here are [100+ news articles](#) over the last decade indicating hospital overcapacity EVERY flu season.

A [2019 Fraser Institute study](#) has ranked Canada as one of the worst countries in the developed world (26 out of 28) in universal health care support per capita, despite leading in spending (2nd).

Implementing conditions on mass vaccination in some misguided attempt to save this system is a distraction from addressing the real problem; a broken healthcare system exposed by the virus.

The truth is that people will end up in the health care system everyday due to long-term unhealthy lifestyles and risk-associated behaviors. Why are they not being put in focus for burdening the system?

“We need 100% vaccination to prevent transmission, eradicate COVID and end this pandemic”

Zero COVID is and has always been a fantasy. Yes, vaccinations have eliminated some past diseases (such as smallpox), but they were nowhere as contagious. Moreover, those vaccines provided sterilizing immunity, which COVID vaccines DO NOT.

COVID vaccines are meant to reduce mortality in the vulnerable, NOT infections. That is the ONLY purpose of the vaccines. Nothing else. No vaccine manufacturer has promised prevention of transmission [see FDA applications [Pfizer \(Pg 48\)](#) and [Moderna \(Pg 49\)](#)]

Let’s make these 3 facts clear:

- 1) **COVID vaccines DO NOT provide sterilizing immunity.** They lower symptoms but you can still get infected.
- 2) Vaccines are beneficial in reducing symptoms in high-risk groups that are prone to disease (old and vulnerable). Targeting this population reduces their viral load, thus indirectly decreasing transmissions.
- 3) For low-risk groups, vaccination does not magically make them less infectious than others. **A vaccinated person with similar symptoms to an unvaccinated person is just as infectious.**

Even if it were remotely possible to eliminate COVID with vaccines, the entire world will take years to get vaccinated. With variants, this is an impossible task.

Here is the harsh truth: COVID will remain endemic, just like many other diseases and viruses, including the flu.

Zero COVID is a goal that some people have made up and now want others to jump on board with wholeheartedly. Sorry, this is an illusion. The goal has always been to “flatten the curve”; not eliminate it.

Let’s stop trying to control nature. The best we can hope for is reduction (not elimination) in transmission.

“The unvaccinated are causing variants”

This is undeserved scapegoating. Here is the truth:

- Viruses *generally* mutate to become more contagious but weaker. This is common. They want to survive off the host, multiply and spread.
- Vaccinated persons can get infected and have the virus multiply and mutate in them too.
- Vaccines may accelerate variant production through immune escape, making vaccinated persons a bigger driver of variants.

“We won’t open until 75% of Canadians have 1 dose”

It is disturbing – and quite ridiculous – that vaccine passports and restrictions on movement are being used as punitive measures to get vaccinated and people are blindly complying with it. Our bodies are not check marks used to get society moving with arbitrary rules.

The government is using freedom, hope, guilt and fear as coercion tactics (along with baseball tickets and donuts). Public slogans state: “let’s do this together” and “doing our part”. This is overreach. Seems like vaccinations become more about allegiance and less about logic.

Instead of using a return of Charter guaranteed freedoms as an initiative to get vaccines, how about using proper scientific argument on trade-offs, risks, benefits, efficacy, and safety of vaccines?

As for the dangled carrot of the 75% metric, plenty of other countries have opened up much earlier. **In fact, some never closed down at all.**

Vaccines are being offered as the only bait to get out of this self-created circus of mass hysteria, when really there are multiple other solutions.

It is unfair and unethical to impose such a condition with an experimental vaccine, without liability for adverse effects. That is not voluntary informed consent.

Moreover, it is illegal under [US Federal Law](#) (Pg 3) to mandate vaccines under Emergency Use Authorization.

“I feel socially responsible for my loved ones and want them to vaccinate for their own health”

This is a noble but misguided sense of morality.

If “safety extremism” and “societal concern” was truly universal, the following would have been addressed a long time ago:

- Banning Alcohol - 3 million deaths/year globally
- Banning Tobacco - 21918 deaths/day globally
- Banning highly processed, fried foods, peanuts etc.
- Making exercise mandatory
- STDs/STIs - 500000 deaths/year globally
- Driving – 1.35 million deaths/year globally
- Reducing Global Hunger (ironically, lockdowns have increased this by over 80 million people globally)
- We would instill a lockdown during every flu season to conserve hospital capacity
 - Globally, 290000-650000 die annually from the flu
 - In 2019, nearly 6900 Canadians died of the flu.

Where is the government spending, loud shaming and coercion for any of the preventable risk-related behaviors above, which result in millions of deaths? We left that risk assessment in the hands of individuals.

Where was the obsession for mass mandating the flu vaccine, which may have saved so many lives? Those vaccines were fully approved.

If people were indeed socially and morally responsible, they would start acknowledging the extensive collateral damage and harms caused by lockdowns, which are causing a mental health, social, economical, constitutional, and educational crisis. They would look at public health as an entirety instead of a singular focus on COVID.

“It’s very selfish of you not to take the vaccine”

Undergoing a medical procedure must never be a moral issue.

Despite disagreeing with them, many have followed the rules imposed by an incompetent government, such as stay-at-home orders and loss of livelihood.

But the line must be drawn at mandating rules for experimental medical procedures. The line must be drawn at punitive measures, societal restrictions and being stigmatized if you do not get vaccinated.

There are several ways to be selfless and helpful to society. We can give more charity. Do more volunteering. Reduce our impact on the environment. Solve global hunger. But who shames or mandates or cries "selfish" to the people who DON'T do any of the above.

What about the selfishness of those, who for the sake of their own COVID safety have mandated ineffective lockdowns? They have made others lose their businesses, mental and physical health, along with their Charter guaranteed rights and freedoms.

The singular focus on COVID as a measure of morality and risk assessment must stop.

“Vaccine certificates have been used in the past for travel, so it is fine now.”

Yes, vaccination certificates for other diseases have been used as a travel requirement to other countries BUT they were not for experimental vaccines, some with novel mRNA technology. They were for vaccines with years of proven safety and for much deadlier diseases.

Lastly, those vaccines provided sterilizing immunity, which COVID vaccines do not.

“CDC: 99.5% of recent COVID deaths are unvaccinated”

This is highly misleading data which needs cautious interpretation. There are contradictions in measuring unvaccinated vs vaccinated cases and deaths:

Different Group Sizes: Data collection started in Dec 2020, when vaccinations began. Obviously, most of the population was unvaccinated then. So we had a 330 million unvaccinated group vs 0 vaccinated group to begin with. Sound fair? As of July 9, this is still not equal. Only 47.8% of the US population is fully vaccinated.

Definition: Any unvaccinated/partially vaccinated person who dies WITH COVID, even if not DUE to it, is labeled an unvaccinated COVID case and death.

For the fully vaccinated, the criteria are different. A vaccinated person who gets *infected* – but does not go to the hospital or die – is NOT counted as a case. Until April 30, the CDC reported 10262 breakthrough cases. After switching to the new criteria, as of July 6, this became 5186 cases. Vaccine efficacy tampering at play?

Additionally, for fully vaccinated *infected* persons to count as a COVID death, they must die due to COVID symptoms only (not any unrelated cause).

PCR Testing Cycle Thresholds: CTs are a method of amplifying a sample, with each cycle doubling it. Testing labs use up to 40 cycles to detect coronavirus RNA. However, for the vaccinated, the CDC has ordered state health departments to set this to 28 cycles. A less sensitive test, thereby reducing vaccinated case counts.

See the different benchmarks and standards to suit a narrative? Data is being manipulated to inflate unvaccinated deaths and undercount vaccinated deaths.

NOTE: To be clear, vaccines may be effective in preventing COVID deaths for high-risk groups but sensationalized exaggerated CDC statements are clearly misleading.

“Do it to protect others”

At some point, it becomes irrational and borderline sociopathic to treat unvaccinated human beings as vectors of intentional disease spread (a disease with minimal risk to most healthy humans).

Let’s clarify this again: *vaccinated people are just as infectious as unvaccinated persons (with similar symptoms)*.

Vaccinated persons have protected themselves from severe effects of the virus. Why are they still afraid of others? This is irrational fear.

“What is the solution to end this pandemic then, if not from vaccines?”

This was really a pandemic for the elderly and co-morbid. Vaccines might be part of the solution for them, if they choose, and may save those lives.

For some, vaccines are not needed if they have a positive anti-body test, T-cell presence or had COVID and recovered.

How about promoting other supplementation and treatment options such as Vitamin D and Ivermectin? At least explain why this is not being done.

Let’s also promote a healthy lifestyle; eat well, exercise and sleep well.

Lastly, as stated in the Great Barrington Declaration (supported by 58000 medical professionals), provide Focused Protection for the vulnerable and let the rest of the world continue as before.

We must accept this virus is part of nature (presumably) and it is beyond our control as humans. It is part of life now and we must learn to live with it.

SUMMARY & CLARIFICATIONS

“Where all think alike, no one thinks very much” -Walter Lippmann, 2-time Pulitzer Prize winner

- A rushed experimental vaccine for the *first* strain of the virus, with no data on long term effects, made by ill-reputed manufacturers who are immune from liability, for a disease of minimal risk for many, and which has other treatment options. Additionally, the government is shredding informed consent. Every person has the right to refuse coercion into participating in the largest drug trial in human history, one fiddling with the molecular foundations of life.
- No one is guaranteeing the vaccines are dangerous. No one is saying they are completely safe either. We simply do not have the long-term data to determine either. As more data emerges (without censorship), time will tell. Until then, vaccine concerns are completely legitimate.
- No one should be shamed for opting out of a medical procedure that has death as a potential side effect.
- Vaccination is a personal and private medical decision. It is none of anyone else’s business.
- This is not about anti-vaxxing. **It is about choice.** Vaccinate if you want. Don’t mandate it for others.
- COVID is real but must be looked at without the magnifying lens of fear. It is threat for certain demographics. Vaccination may be a good choice for them, after personal self-assessment.
- Vaccine passports are senseless because vaccines do not give sterilizing immunity.
- Experts can be wrong and have been wrong many times. Blind trust in public health officials seems to have trumped critical thought, especially when it concerns our own bodies. Science requires multiple viewpoints, rigorously tested, before arriving to a conclusion. It is concerning to have healthy debate suppressed and be told “what to think”, instead of “to think”.
- This article was written with the intent of stimulating healthy and respectful discussion. For corrections and feedback, please email honestwriter@protonmail.com

OTHER RECOMMENDED READING:

READ: [COVID Facts Every Canadian Should Know \(But Most Don’t\)](#)

READ: [18 Reasons I Won’t Be Getting The COVID Vaccine](#)

READ: [How To Overcome The Pressure To Get a COVID Vaccine](#)

READ: [Should You Get Vaccinated? \(By Someone Who Did Get Vaccinated\)](#)

READ: [Open Letter To the Unvaccinated](#)

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