# The COVID-19 Vaccines- The Need for a Risk vs. Reward Calculation

By Dr. Alan Palmer- Updated February 25<sup>th</sup>, 2021

Dr. Palmer is the author of **1200 Studies- The Truth Will Prevail**, the most comprehensive expose' of vaccines ever produced, featuring excerpts and links to over 1,400 studies that contradict the mainstream narrative about vaccines. It is available at <a href="https://l200studies.com">https://l200studies.com</a>

# This is an overview of Dr. Alan Palmer's full COVID-19 Vaccines article

Read the full article at <a href="https://www.wellnessdoc.com/covid-19-vaccine-review-2/">https://www.wellnessdoc.com/covid-19-vaccine-review-2/</a>

## \* Check back at that page for monthly updates

#### INTRODUCTION

There is good reason to be skeptical about the pharmaceutical industry (see pages 1-2 in the full article):

- The pharmaceutical industry has a terrible track record in numerous areas. They are one of the most fined and penalized industries in the world. As an example, Pfizer has paid nearly \$5 billion in fines/penalties in the last 20 years.
- A recent Gallup Poll found that the public ranked pharma last out of 25 industries in trustworthiness.
- An FDA whistleblower describes disgusting conditions and safety violations at facilities making vaccines. (See page 2)
- Can we trust our health agencies to monitor vaccine safety? Learn the history that casts doubt on that critical question.

There are more effective ways to have handled the pandemic than lockdowns and a better way forward.

- It is now evident that the **lockdowns have caused irreparable harm in numerous ways**. This includes increased "deaths of despair". 26 international studies irrefutably show that lockdowns have had no measurable effect on deaths from COVID-19. Article by the *American Institute for Economic Research*. (See page 3 for details and links).
- The Great Barrington Declaration signed by nearly a million people; scientists, doctors & researchers is the way forward. See page 3-4 and learn what we should've done and what we can now do to return to a normal society.

#### **TESTING**

Problems with PCR COVID testing accuracy continue to drive policies leading to catastrophic consequences. (pages 12-21)

- Experts including top epidemiologists, immunologists, inventors and CEOs of PCR testing companies **expose the fallacies**, **inaccuracies and fraud in the way these are being used to manipulate case rates and society**. They also say vaccine trial results cannot be accurate when using PCR with the high rates of inaccuracy.
- The PCR false positive rate may range from 30-90% depending on cycles run. Top officials have known this was happening, yet they haven't done anything about it. Dr. Roger Hodkinson, pathologist & CEO of Western Medical Assessments, a PCR testing company calls what is happening "the greatest hoax ever perpetuated on an unsuspecting public". (page 19)
- A consortium of 22 top scientists call for retraction of the flawed study that helped validate use of PCR testing for COVID.
- Dr. Michael Mina, a professor of epidemiology, immunology and infectious diseases from *Harvard* has been working overtime trying to get a simple home test that will tell if a person is infectious to market. Dr. Mina states that 70% of the COVID PCR positive tests are in people that are no longer infectious, therefore should be able engage in society.

#### THE VACCINES

#### What does "effective" mean when the vaccine makers and the media tout the effectiveness of the vaccines?

• Would it surprise you to know that "effective" only means they may reduce the severity of symptoms from mild and moderate cases of COVID-19? They have not been shown to prevent infection, transmissibility, hospitalization or death. And, the side effects after the shots can be similar to mild to moderate COVID-19 symptoms. (See pages 26-32).

#### Numerous problems with the COVID Vaccines and Trials

- The COVID Vaccine trials shortcut the minimum 4-6-year process for vaccine development, leaving the public as the long-term risk group. Many vaccines have taken 10 years or more to develop.
- Adverse Immune Enhancement (A.I.E.) has plagued past attempts to make a coronavirus vaccine. A.I.E. is where the immune system of a vaccinated subject over-reacts when later exposed to the wild virus causing serious lung and organ damage or

death. Also referred to as **Pathogenic Priming**. Many scientists called for a halt to the approval due to serious safety concerns around immune enhancement and possible infertility. (See pages 7-9 and 37, 43)

• Elderly people may be at even greater risk for danger from A.I.E. The clinical trials found a **10-fold increase of serious** adverse events in older adults after the 2<sup>nd</sup> dose, compared to 3.6-fold for those under 55.

# <u>CLINICAL TRIALS</u>: Phase 3 trials were too short; thus, safety cannot be established overall but especially in the untested most vulnerable groups & haven't shown to prevent infection or spread

- A top expert in the field of respiratory diseases and former *Chief Scientific Officer for Pfizer*, Dr. Michael Yeadon is an outspoken critic of the rush to the vaccines. See the scathing series of Tweets he directed at the *U.K. Secretary of State for Health and Social Care* (pages 10-11).
- Follow-up in the vaccine trials are not long enough to determine long-term side effects, as they **only capture adverse events** for 1 month and serious adverse events for only 6 months after each dose. (See pages 25-26 for details).
- The clinical trials are not scheduled to be completed until late 2022 and early 2023 (see the documentation of this on pages 24-25). This means that the public has unwittingly becoming part of the clinical trials and the largest human experiment in history. This is a clear violation of the Nuremberg Code against human experimentation.
- Clinical trials fraught with even more problems and adverse reactions. **Common side effects, worse after the second dose are similar to symptoms of mild to moderate COVID-19**. These include fever, body aches, fatigue, headaches, etc.

## As you will see, there are additional major issues with all of the vaccine candidates. Here a just a few.

- The Pfizer and Moderna mRNA vaccines are EXPERIMENTAL & have not previously been used in humans.
- The Pfizer and Moderna vaccines contain a highly allergenic compound called Polyethylene Glycol (PEG) used in the lipid nanoparticle carrier of the spike protein mRNA. PEG is likely responsible for the serious reactions we are seeing.
- The long-term effects are unknown, especially from the proteins sequences from the virus used in the shot. The potential to cause autoimmune disease is one of the biggest concerns and may not show up for months or years.
- Moderna and Pfizer/BionTech vaccines turn cells in the human body into vaccine making machines- It is risky and untested in long-term trials. (pages 22-25 and 32-35)
- Another leading vaccine candidate the AstraZeneca/Oxford vaccine draws scrutiny for mixing trial data and using another vaccine as the placebo, rather than using an inert saline placebo. (pages 35-36)
- The concerns over adverse reactions are similar with both the AstraZeneca and Johnson & Johnson vaccines. (pp. 36-38)
- Victims of vaccine injury will not be compensated as VACCINE MANUFACTURERS WILL HAVE NO LIABILITY EXPOSURE.
- People with religious convictions need to know that certain COVID-19 vaccines have used aborted fetal cell lines in their development may be contaminated with DNA from those aborted fetuses. (See pages 40-42 for details).
- Vaccine proponents are bracing the public for deaths in nursing and care homes after residents get vaccines.
- Reports of unexpected elderly deaths in care homes after vaccination coming in from countries around the world (pp. 56-60)
- The Vaccine Events Reporting System (VAERS) and the running total of reported injuries and deaths. (page 60)
- Surveys vary, but **35-60% of doctors, nurses and health care personnel are hesitant to take the vaccines**.
- Who really "needs" the vaccine? 1). More than 2/3 of the population have had the infection, providing natural immunity. 2). People aged 50-70 have a 99.5% survival rate from COVID-19 and 99.98% under age 50! 3). 30-40% of people already have a level of immunity from other coronavirus infections. See CDC age and co-morbidity risk factors. (Pages 50-54)

## Conflicts of interest and personal financial gain drive decision making for vaccine development

- Pharma insiders were on the board reviewing the vaccine clinical trials for accuracy and approval. This is a blatant conflict of interest and bias akin to the foxes watching the henhouse. (See pages 46-47 and 54-55)
- The CDC is a vaccine company. They hold 54 patents on vaccines. They invest in and make a huge return on vaccines.
- The technology for tracking vaccine recipients and monitoring their biological processes is ready for implementation.

# Alternatives to a vaccine: Safe, inexpensive drugs/supplements as first line of defense in prevention & early treatment, and regular chiropractic care to maintain optimal spinal and nervous system function (Pages 64-68)

## More Resources- (page 68)

- eBook 1200 Studies- Truth will Prevail (Download it at https://1200studies.com )
- Monthly **<u>1200 Studies COVID-19 newsletter</u>**. Go to <u>https://wellnessdoc.com</u> and click on the **Educational Portal** tab.