

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

By Dr. Alan Palmer- Updated February 25<sup>th</sup>, 2021 \*Note: To see more current updates go to the full length document

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 <https://1200studies.com>

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

Read the full article at [Latest update of Full Document](#)

\* 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.

**CLINICAL TRIALS: 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 **1200 Studies COVID-19 newsletter**. Go to <https://wellnessdoc.com> and click on the **Educational Portal** tab.