

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

By Dr. Alan Palmer

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 <http://1200studies.com>

Overview of Dr. Alan Palmer's COVID-19 Vaccines article

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

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)

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 pages 2 & 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 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.

- 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 30-50%**. Government officials know this is happening and why, yet they aren't doing 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”**.
- A consortium of 22 top scientists call for retraction of the 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 24- 28).

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 38-39)

- 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 2nd 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* on pages 9 & 10.
- 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 page 24 for details).
- **The clinical trials are not scheduled to be completed until late 2022 and early 2023** (see the documentation of this on pages 22 & 23). 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 21-22)
- 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.
- 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**.
- 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 1/3 of the population have had COVID-19, providing natural immunity. 2). People age 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 43-47)

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 47-49)
- **The CDC is a vaccine company**. They hold 54 patents on vaccines. They invest in and make huge profits 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.

More Resources

- 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.