



VaccineChoiceCanada.com  
PO Box 23023 Belleville Ontario K8P 5J3  
Info@VaccineChoiceCanada.com

**Re: COVID-19 Vaccine Concerns**

I am writing to share information pertaining to the two vaccines that have recently been given 'interim approval' by Health Canada for use in the general population.

Given the significant concern with COVID-19 there is interest in a vaccine that would offer protection from infection and transmission. Government and health officers have also stated that a vaccine may be required in the future for travel or to access services, and even employment.

A thorough review of the available scientific literature raises substantial concerns with the Pfizer and Moderna vaccines. The attached document, developed by Vaccine Choice Canada, addresses the following concerns:

- **Experimental Status:** The Pfizer and Moderna vaccines have not received final approval. They have only been granted 'interim approval' by Health Canada for use during an emergency. This means that the vaccine is technically an 'experimental' drug.
- **The Vaccine Does Not Prevent Infection or Transmission:** The COVID-19 vaccines currently available do not prevent infection or transmission of the virus.
- **A Low Lethality Illness:** COVID-19 poses virtually zero risk to someone under age 45 and a very small risk for healthy individuals under 70 years of age.
- **Safety Testing Incomplete:** The safety testing of the COVID-19 vaccine products has not been completed. The results of Phase III safety trials are not expected until 2023.
- **No Individualized Risk-Benefit Analysis:** A proper risk-benefit analysis ought to be conducted for each individual.
- **Informed Consent:** A CV-19 vaccine is strictly voluntary. Any mandates that remove the right to informed consent is a clear violation of the Canadian Charter and medical ethics.

It is our hope that this information will assist you in exercising your right to voluntary informed consent.

Sincerely,

**Vaccine Choice Canada**

## I. The COVID Vaccine Is Human Experimentation

Many people are under the mistaken notion that the COVID-19 vaccines available for use in Canada have completed clinical trials and been proven to be both safe and effective. That is simply not true. None of the vaccines for COVID-19 have completed clinical trials. Trials are still ongoing. It is important that health consumers understand that the Pfizer and Moderna vaccines have been granted 'interim approval' only. This means that the COVID-19 vaccines are technically considered "experimental". Those partaking in these vaccines are subjects in a clinical experiment. <sup>i</sup>

The normal development timeline of a vaccine product is 5 - 10 years. It is impossible to know the safety and efficacy of a vaccine in the few months the product has existed. It is also important that consumers know that these vaccines are unlike any previous vaccine. The most significant difference with the Pfizer and Moderna vaccines is the introduction of 'messenger RNA/DNA technology'. This technology has never before been injected into humans on a mass scale. The consequences of injecting genetic technology into a human body is, quite simply, unknown.

The potential exists for significant consequences, not only for the person receiving the vaccine, but for future generations as it is highly possible that the mRNA/DNA in the vaccine will combine with the recipient's own DNA and be transmitted to their offspring.

The use of this novel technology is especially disconcerting given COVID-19 vaccine manufacturers have been granted total immunity from liability for any harm or injury caused by their products. Federal procurement minister Anita Anand justified the indemnity in the following statement - "*All countries, generally speaking, are faced with the issue of indemnification of companies, especially in cases of novel technologies like this.*" <sup>ii</sup> Ordinarily, a 'novel technology' would demand a higher level of oversight and accountability, not less.

Normal protocols to test the safety of vaccines include testing in animals prior to testing in human subjects. This protocol is even more essential for a coronavirus vaccine as all previous efforts to develop a coronavirus vaccine have failed because the vaccine caused an exaggerated immune response upon re-exposure to the virus. <sup>iii</sup> This exaggerated immune response resulted in severe injury and death to the test animals. In the rush to develop a COVID vaccine, Health Canada has permitted vaccine makers to either bypass animal testing entirely or conduct animal testing concurrently with testing in humans.

Even more disconcerting is that Health Canada has granted Pfizer and Moderna permission to deploy their vaccines in the general population *without* completing Phase III trials. This is unprecedented in vaccine development. The results of Phase III trials will not be completed until 2023. Health authorities admit that long-term safety data does not exist for the vaccine. <sup>iv</sup>

There is no data that defines the vaccine's interaction with other vaccines or prescription medications. <sup>v</sup> COVID-19 vaccines have not been tested for their ability to cause cancer, induce organ damage, change genetic information, impact the fetus of a pregnant woman or to impair fertility.

William Haseltine, a former Harvard Medical School professor states that, "*These protocols seem designed to get a drug on the market on a timeline arguably based more on politics than public health.*"

<sup>vi</sup>

## II. The Vaccine Does Not Prevent Infection or Transmission

Many individuals eager to receive a COVID-19 vaccine are under the mistaken notion that the vaccine will protect them from infection. The reality is that the Pfizer and Moderna vaccines are not designed to prevent infection, and no data exists to show that the vaccine prevents transmission of the COVID virus. Further, vaccine manufacturers are not required to demonstrate that the vaccine will result in a reduction in severe illness, hospitalization, or death.<sup>vii viii ix</sup>

According to a report in the *British Medical Journal*, “Hospital admissions and deaths from COVID-19 are simply too uncommon in the population being studied for an effective vaccine to demonstrate statistically significant differences in a trial of 30,000 people. The same is true of its ability to save lives or prevent transmission: the trials are not designed to find out.”<sup>x</sup>

This begs the question – what benefit will a COVID-19 vaccine actually confer? Public health authorities have stated that vaccine recipients will still be required to wear a face covering, maintain physical distance, and avoid crowds. CDC’s own data confirms that over 80% of individuals who test positive for COVID-19 are without symptoms. For these individuals a risk-benefit analysis could only conclude that a COVID-19 vaccine will result in substantially more risk than benefit.

## III. COVID-19 Is A Low Lethality Illness for Most

Many individuals who intend to be at the front of the line for a COVID-19 vaccine will do so because they believe COVID-19 is an illness with a high rate of mortality. This fear creates a sense of panic that compels people to accept a medical product with an unknown safety profile.

Our federal and provincial governments and the mainstream media persist in describing COVID-19 as a “deadly” condition. This is simply not true for the vast majority of the population. The risk of mortality is primarily to those over 80 years of age in poor health, residing in extended care facilities.<sup>xi</sup> The median age of death attributed to COVID-19 is 82 years. Almost all were frail with several co-morbidities. According to the CDC, the case survival rate of COVID-19 in patients ages 0 – 19 is 99.997%, 99.98% in patients 20 – 49 years, and 99.5% in patients 50 – 69 years.<sup>xii xiii</sup>

What is also rarely acknowledged by our government, public health officers, and the corporate media is that safe and effective drugs and vitamin and mineral supplementation for the prevention and treatment of COVID-19 have been identified.<sup>xiv xv xvi xvii xviii</sup> Such treatments negate the need for an ‘emergency use’ vaccine. Even more disconcerting is that Canadians do not have access to treatments that have demonstrated effectiveness such as HCQ and Ivermectin.<sup>xix</sup> The only Health Canada recommended treatment is oxygen therapy and ventilation.<sup>xx</sup>

## IV. Health Canada Oversight Insufficient

Many Canadians assume Health Canada provides rigorous oversight and would never permit a vaccine to be introduced to the Canadian public without robust testing to ensure both safety and effectiveness. The fact is that Health Canada does not conduct its own clinical trials to determine the safety and efficacy of a vaccine. Instead, Health Canada relies on the data provided by the vaccine manufacturers.

Health Canada also holds the perspective that it is not necessary for vaccine makers to test their products against a neutral placebo, the gold standard for safety testing.

Canadians may not be aware that vaccine producers such as Pfizer, Merck and GlaxoSmithKline have paid billions in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks, and false advertising.<sup>xxi xxii</sup> In 2009, Pfizer paid \$2.3 billion to resolve criminal and civil allegations in what was then the largest health care fraud settlement in history.<sup>xxiii</sup>

Canadians may also not be aware that the Vaccine Injury Compensation Program in the United States has paid out more than \$4.4 B in compensation for vaccine injury and death since 1989, and that Canada is one of only two G20 Nations without a national vaccine injury compensation program. While a vaccine injury compensation program has been promised, the program has yet to be implemented.

Vaccines are not benign medical products. Vaccination is an invasive medical procedure that delivers by injection complex biochemical drugs and now genetic modifying technology. Because of this complexity and uncertainty, the level of safety testing for a COVID-19 vaccine ought to be even more rigorous. But this is not the case. The safety testing of the COVID-19 vaccine is less rigorous and more incomplete as compared with other vaccines and pharmaceutical drugs.

The consequences of rushing a novel and inadequately tested product can be serious, permanent, and even deadly.<sup>xxiv</sup> Data following the administration of the Pfizer vaccine reveals that 2.8% of test subjects experienced a ‘health impact’ significant enough such that they were *“unable to perform normal daily activities, unable to work, and required care from a health professional.”*<sup>xxv</sup> If the entire Canadian population were to be vaccinated, more than 900,000 people could experience a ‘health impact’ of this significance.

## **V. No Individualized Risk-Benefit Analysis**

The arguments used to legalize and implement COVID-19 vaccination are political and ideological rather than evidence-based. In the rush to approve a COVID-19 vaccine an analysis of the risks vs benefits has not been conducted. Indeed, how does one conduct a risk-benefit analysis when both the risks and the benefits are unknown? Some researchers have described the use of a COVID-19 vaccine in the general population as *“the most reckless and brazen experiment in the history of humanity.”*

Further, implementing a ‘everyone should be vaccinated’ policy assumes the risk-benefit is the same for everyone. This is simply not true and fails to take into consideration the established fact that the risk of COVID-19 varies greatly depending upon several known variables, most especially age and pre-existing conditions. These variables must be considered when assessing the risk and benefit of this medical device. Finally, deaths in the frail and elderly following COVID-19 vaccination have prompted health officials to recognize the need to assess individuals for their ‘fitness to be vaccinated’. We ought to have robust evidence that the benefits of vaccination clearly outweigh the risks. This has not been demonstrated.

## **VI. Informed Consent Is Essential**

The mandate of **Vaccine Choice Canada** has been and continues to be protecting the health sovereignty of Canadians, which inherently includes the right to informed consent. Informed consent is the most fundamental aspect of an ethical medical system and a free society.

It is imperative that any individual contemplating getting a COVID-19 vaccine be fully aware that the vaccine has not completed the most basic testing to demonstrate either safety or efficacy and that they are participating in a medical trial. In a letter dated October 3, 2020, Dr. Michael Yeadon, a former Vice President of Pfizer stated – *“All vaccines against the SARS-CoV-2 virus are by definition novel. If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent.”*<sup>xxvi</sup>

In a paper recently published in **The National Center for Biotechnology Information** entitled ‘Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease’, the authors state – *“COVID-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated. The specific and significant COVID-19 risk of anti-body dependent enhancement (ADE) should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent.”*

Secondly, we hold that any medical intervention requires voluntary consent. Canada is a signatory to **The Universal Declaration of Bioethics and Human Rights** which describes consent as follows: *“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.”*

According to the **Nuremberg Code**, developed in response to the medical abuses of the Nazi regime, informed voluntary consent means that *“the person involved... should 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.”*

Those advocating for mandates and other coercive measures that remove the right to voluntary consent are undermining essential individual rights and freedoms. This is a clear violation of the Canadian Charter and also medical ethics. It is important to understand that we have the legal right to refuse any unwanted medical intervention.

## **Summary**

The Pfizer and Moderna vaccines given ‘interim approval’ by Health Canada have not been adequately tested for either safety or efficacy. The results of Phase III trials will not be made public until 2023. Anyone considering a COVID-19 vaccine should recognize the many unknowns and the experimental nature of this product. Further, one of the arguments used to encourage individuals to consider the vaccine is the need to protect those they care for. There is no evidence that the COVID vaccine prevents either infection or transmission of the virus. Any claims that the vaccine protects others is false.

Ultimately the decision and the consequences belong to you.

We encourage you to do your own research and make an informed decision.

For more information, visit: [www.vaccinechoicecanada.com](http://www.vaccinechoicecanada.com)

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