

COVID-19 Vaccines – A Personal Examination of Risk Claims

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PreWord

Yeah – I made that word up. This is the disclaimer before the disclaimer. Before you read any of this, **you need to understand that the purpose of this document is NOT to endorse the COVID-19 vaccine nor is it meant to tell everyone to run from it.** The purpose is to examine the frequently repeated claims of why some consider the vaccine to be dangerous. This research represents many hours of research and study – you’ll hear my say repeatedly, “don’t just tell me, show me.” Show me the study, show me the data. I am by nature an analytical person and that is what I done my best to examine. I will redundantly state my disclaimer and research-purpose over the next few paragraphs because I don’t want people to misunderstand me and I hope to not lose cherished friends in the process.

Introduction

In early August, hospital officials from the Greater Cincinnati area announced that all employees would be required to receive a vaccination for the COVID-19 illness permeating the country / world. This decision impacts those within my house where they must choose between accepting this mandate or leaving a career behind.

To this point, I’d been closely watching the news for information about both COVID-19 and the vaccine. When the vaccine trials ended, and the FDA granted emergency approval I breathed a sigh of relief because now we had a vaccine and those most at risk (for death) would be prioritized and could *choose* to receive it first.

Prior to the emergency release of these vaccines, I began receiving information from various sources that the vaccines were dangerous. I did a little initial digging and found some of it “possibly” credible and other pieces likely wrong. At the time, there was little source information provided / available, and we were not required to receive the vaccine and since 99.x% of people weathered COVID-19 just fine, I felt I could make a rather simple risk-based decision on the pros-and-cons of taking the vaccine. In my case, I felt like I’d delay my decision until I had more data to sift through.

Unfortunately, the day to do exhaustive research came much sooner than expected, bringing us back to the present day being early August 2021. **The question at hand is should a healthcare worker accept the risk of the vaccine or walk?**

For the reader to understand the *purpose* of my research you must know that a decision to take the vaccine or not is simply a risk-based decision. We make these decisions every day; however, those decisions typically do not play out as career changers. In Northern Kentucky and Cincinnati, healthcare workers don’t have the luxury of debating the merits of the decision – *the decision was made for them*. How then do you make this decision for yourself? Is there a study, a paper, an article that declares one or more of the emergency approved vaccines completely safe? Simply put – no and that will never happen. All medications, all vaccines, all treatments, and drugs come with side effects and risks – some more than others.

Within the US, we’ve had vaccines available to us for decades. Every parent should do their own research and determine whether they will vaccinate. Most parents decide to vaccinate their children. I have been vaccinated. My children are vaccinated. This then brings some to a decision point – and that must be wholly based on whether the available COVID-19 vaccines present a *significantly* different risk than all other vaccines. This decision, however, is not being forced upon me (yet). This decision is,

however, being forced upon thousands across our country – take it or leave the profession to which you believe you were called. For some the right decision may be to walk away. There isn't anything wrong with that decision. Others will agonize over this because this isn't so simple. Take, for example, a doctor or practitioner who has hundreds, even thousands of patients who've put their trust and lives into their hands. Can you truly walk away from them?

To enable the process of good decision-making, the first step is to weed out the noise created by perhaps well-intentioned individuals and get to the truth. The focus of this paper is to examine the claims being made about the danger of the vaccines. Can these claims be substantiated under scrutiny, and should I include them in my risk-based decision?

Disclaimer

The purpose of this study / research IS NOT to declare whether any of the COVID-19 vaccines are completely safe or not. This paper seeks to address the common / most-popular objections to the vaccine and attempts to determine whether these claims can be substantiated and thus included in a personal evaluation for risk assessment.

Bearing the Weight

One group declares that taking the vaccine puts you and your health significantly at risk. Some goes as far as to state you will likely die. Others call this the "death shot". So as a parent, you must understand the weight to which these claims bear. If I or a loved one gets the vaccine and these claims are correct, then I am subjecting my own child to a "death shot". How could any parent allow such a thing? If you knew your child was about to drink poison, wouldn't you stop them? So herein lies the problem. There are those who've concluded that this is indeed a death-shot brought on by Satan himself to destroy / reduce the population. Every person must be fully persuaded in their own mind. I cannot violate my own conscience and simply "take their word for it." Can I take all, many, most or some of the claims spinning across social media into account when deciding about this vaccine?

We all know someone knows someone who is the smartest doctor and researcher ever and they've declared this to be a genocide shot. Believe me, I know that. I cannot, however, simply listen to rhetoric. I will do my own research; exhaustively, seeking original studies and seeking to understand the truth. Doctors are fallible. Groups of doctors are fallible. If we didn't challenge the status quo, we'd still be practicing blood letting.

Rules By Which I Am Operating

- By itself, I cannot simply accept as proof a statement such as "well, they are lying to you." Lying is a serious accusation for which we should tread lightly.
- I cannot accept (standalone) all the stories from people who've heard about this person or that person who had a serious reaction to a vaccine – more about this later. These happen. They've always happened, and those stories are true. Vaccines and medications are not risk free.
- If a person has MD or PhD next to their name, I do not automatically accept their findings. All findings must be examined, peer-reviewed, and re-examined before we can declare something to be fact. That is a fundamental principle upon which science in America stands.

- I do not accept extrapolation without evidence. I learned the dangers of this in high school biology.

As I find untruth, I will point it out. Unfortunately, I've found what I've considered at best misrepresentation and at worst deliberate deception. I urge caution when reading or passing along anything from ANY source in this debate (no matter the side). We've all been pitted against each other and people for and against this are stretching the truth.

Science (What is It)?

Everyone uses this term today. "We are following the science." I'm sure you've heard it a thousand times; I know I have. Does this statement even make sense? A quick peek at Webster's Dictionary and we find that science simply means – "the state of knowing." My own definition would be ... *a process by which we study something that may be learned through a systematic process always considering scientific laws.*

Some of you who read this paper may wonder why I've discounted a YouTube video or article you've sent me. The source may be a well-qualified person who speaks on the subject with authority and definitiveness. I may not have the title "scientist"; however, I do hold a degree in Computer Science where I've spent a career involved with Computer Programming and enterprise business systems. In this industry, we must follow many of the same principles used in "regular" scientific research. Remember the scientific method?

1. Data – the result of observation and experimentation.
2. Theory
3. Hypothesis
4. Experiment
5. Draw Conclusions

Frequently during step #4, we go back to step #1 because of what we find. This can be a cyclical process. A personal example is this. Several Customers call our support line reporting that the system is running really slow. My first reaction is to look at the data. We have many tools at our disposal to gain insight into what is going on, but these tools don't tell us what the problem is. The tools simply tell us a problem IS happening. I then develop a theory as to what might be happening. This turns into a hypotheses, where I can then iterate over experimentation to determine what the root cause is. I then draw a conclusion, "fix" the problem and implement it. Guess what? We are sometimes wrong with our fix. We apply it, but the problem still exists. When this happens, we go back to step 1.

Here's where things start to go wrong. Customers are angry – believe me – doctors and nurses who are caring for patients do not like a slow system. Anything impacting patient care is critical since patients can die. Pressure begins to build. Frequently accusations arise – one developer accuses another of doing something that "broke" the system. The most senior or perhaps the most outspoken begin to dominate – they often force their reasoning onto everyone else refusing to listen to "that quiet voice". The process breaks down and sometimes chaos ensues. This is where leadership must step in.

My job is to sift through all the rhetoric and dire accusations that trying this or that will result in certain death. The most important thing for me to do is listen to everyone; give everyone involved a voice at the table.

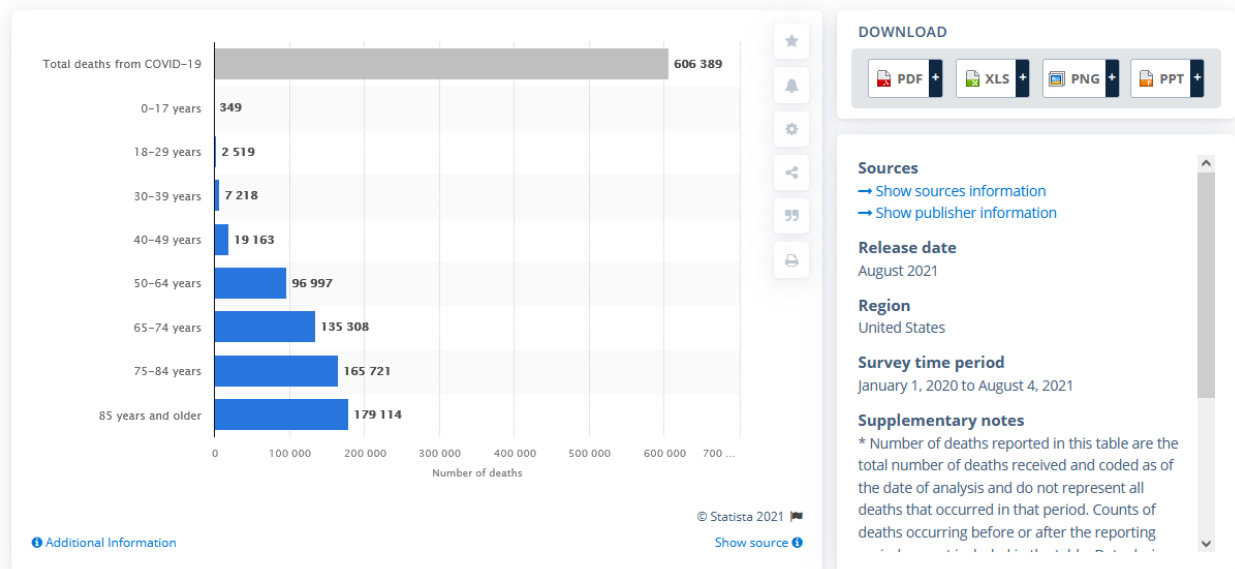
Therefore, I cannot accept the loudest voice in the room and run with it. We are all human and sometimes we really, really believe something and we want the whole world to know. That is wonderful. But you must give voice to others as well.

The simple secret about the scientific method (process) is to understand that we are frequently wrong.

Prioritizing the Vaccine

This section isn't about investigating a claim; however, it is important to understand who "needs" the vaccine and how it should be prioritized. If a mandate exists, should it be universal or applied more surgically?

Number of coronavirus disease 2019 (COVID-19) deaths in the U.S. as of August 4, 2021, by age*



From this screen-grab, you can see that those who are 65 years and older exhibit the most risk of dying from (or with) COVID. As you get below 35 years of age, the risk becomes incredibly low – statistically the risk hovers close to zero.

Vaccine mandates have occurred within the US before. Furthermore, one should understand that many anti-vaccine groups existed long before the emergence of COVID-19¹. That said, the COVID-19 debate has inflamed the original hesitancy and these groups have exploded. This is part of the scientific debate coming into the public forum where you and I are now involved, but it does create some difficulty because we have to sift through noise.

¹ <https://www.fox10phoenix.com/news/history-of-vaccine-mandates-in-the-united-states>

I personally do not believe that we should have a vaccine mandate at this time. However, the mandate is here and now what....

COVID-19 Vaccines Are Really Not Vaccines

The Claim: Some argue that of the currently available COVID-19 vaccines, none are actually vaccines by definition.

The Facts

According to Webster's Dictionary², a vaccine is, "a preparation that is administered (as by injection) to stimulate the body's immune response against a specific infectious agent or disease...". I am not prepared to give this argument much time in print because we are simply arguing over semantics. The truth is, the mRNA vaccines are specifically designed to create an immune response against a specific disease, thus they can properly be referred to as a vaccine. I just think there are better arguments out there.

George Soros, Bill Gates, Fauci, Epstein Connection

I investigated this claim which is as follows:

The Claim: George Soros founded Moderna, Jeffrey Epstein was an investor, Anthony Fauci was its first CEO and Bill Gates was his college roommate.

The suggestion is that each of these individuals conspired together regarding either the vaccine or the COVID-19 disease itself. This conspiracy or perhaps we can call it a *suggestion* appears to have begun in August of 2020 and initially posted by a blogger named Lynna Smith. The post went viral. Additional information provided outside of this viral post is that George Soros worked for the Nazis directing Jews to their death as they exited the trains.

The Facts

- The first CEO of Moderna was Stephane Bancel. The founding team was Doug Cole and Noubar Afeyan. Dr. Derrick Ross is considered the founder of Moderna – which occurred in 2010.
- Dr. Fauci attended undergrad college at the College of Holy Cross graduating in 1962. He then proceeded to medical school attended Cornell University receiving his doctor of medicine degree in 1966. He's been serving with NIAID since 1984.
- Bill Gates enrolled at Harvard university in the fall of 1973. According to the conspiracy Bill Gates and Fauci were college roommates. True or False? This isn't even the same decade.
- George Soros was born in Budapest in 1930. In 1945 when the Nazi's surrendered to the Allies, Soros would have been 14. Given that the exterminations had largely waned by this time do you really believe the Nazi's would have put a 12 or 13 year old on the platform in charge of directing Jews to the gas chambers? If someone has documented proof about this, please send it my way. I'm not suggesting that George Soros is a saint, I just can't find any evidence he was directing Jews to the gas chambers.
- I could find no evidence tying Epstein to Moderna.

² <https://www.merriam-webster.com/dictionary/vaccine>

I cannot give any credence to these claims. Every one of them is demonstrably false from all available information to me during my research.

COVID-19 Vaccines Alter Your DNA

The Claim: The COVID-19 vaccines upon injection will alter your DNA.

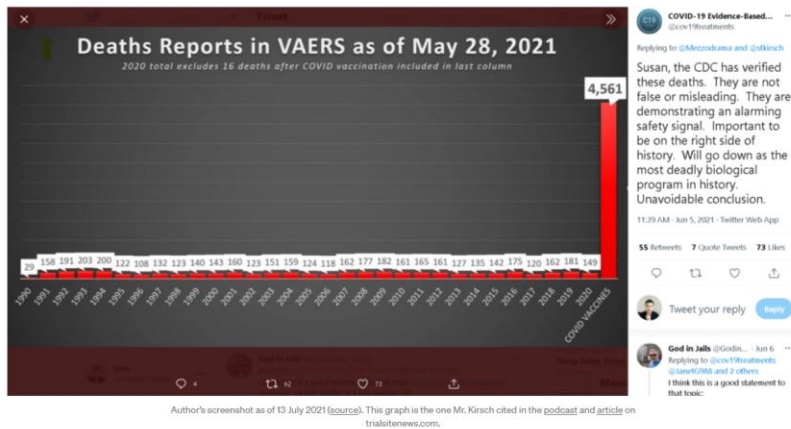
The Facts

The Pfizer and Moderna vaccines both use mRNA (messenger RNA). mRNA enters the cell but does not enter the nucleus of the cell where DNA resides. I can find no credible resource that can substantiate this claim. From what I can tell, the claim originated from those who don't understand mRNA and assumed this had something to do with genetics.

mRNA is code including instructions for the cell to produce a protein that will stimulate an immune response producing antibodies for future attacks of the Coronavirus.

The VAERS Database Proves Thousands Are Dying from the Vaccines

The Claim: Thousands of people (upwards to a million) have already died from receiving one of the COVID-19 vaccinations. A Whistleblower associated with the VAERS database swears under oath that more than 40,000 people died within a 3-day period after receiving the vaccination.



I obtained my screenshot from here: <https://medium.com/microbial-instincts/underreporting-and-post-vaccine-deaths-in-vaccine-adverse-event-reporting-system-vaers-explained-14fe22b2a65f>

The Facts

This is a deep accusation. But first, let's dig into the VAERS database³. The acronym stands for the Vaccine Adverse Event Reporting System. The database is co-managed by the CDC and the FDA. The associated program is an outgrowth of the 1986 National Childhood Vaccine Injury Act which **requires**

³ <https://vaers.hhs.gov/>

healthcare providers to report **any event** listed by the vaccine manufacturer as a possible issue after receiving doses of the vaccine plus any event listed in the Reportable Events Table that occurs within a specified time after vaccination. The digital database was established in 1990. It is meant to act as a sort of “early warning system” for potential issues / side affects of vaccines.

Please note, however, that any provider can submit a report. A child involved in a car accident is hospitalized for five days and then dies. The child received a vaccine 1 week prior to that. This incident likely will be reported within the VAERS database because you cannot be 100% certain of the cause of death.

Data scientists mine the data from VAERS to cross-reference with studies and other data. This data is not nor has ever been used as a definite list of “deaths” or other side affects for vaccines. Claims must be verified, studied, and substantiated. You could call this database the “might be” database.

“It is important to realize, however, that VAERS is a voluntary reporting system which accepts any submitted report of an adverse event without judging its clinical significance or whether it was caused by a vaccination. VAERS is a signal detection and hypothesis generating passive surveillance system and therefore any broad claim of cause and effect with respect to deaths following vaccination based on VAERS reports should not be interpreted as proof of causality⁴.”

As is also included in the footnote below a 2015 article from the National Center for Biotechnology Information (NCBI) is here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4599698/>.

Many say (correctly) that only 1% of the issues are reported to VAERS⁵; this is based upon a Harvard University study. But as with anything, what does this mean. This means only 1% of all possible reactions are reported which include things such as “pain or swelling at the vaccination site. This does not indicate that only 1% of serious side effects are reported. A 1995 study found that 68% of a severe nervous disorder WAS reported to VAERS for the oral polio vaccine⁶ (no longer used). As you can see the 1% factor being reported as a blanket coverage for all reactions is misleading.

VAERS – More Information

The VAERS database deserves a bit more research and explanation because this is now in my territory, which is taking in data analytics captured by computer systems and doing something with it. Remember, check everything. Just because someone throws out a number and says I got this from here or there, make sure you check it out and you determine what that piece of data actually means. If you go to <https://www.openvaers.com/covid-data/> you will find a website that pulls data from the VAERS database and presents it on a dashboard. As of today (8/16/2021) this is what you will see.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4599698/>

⁵ <https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>

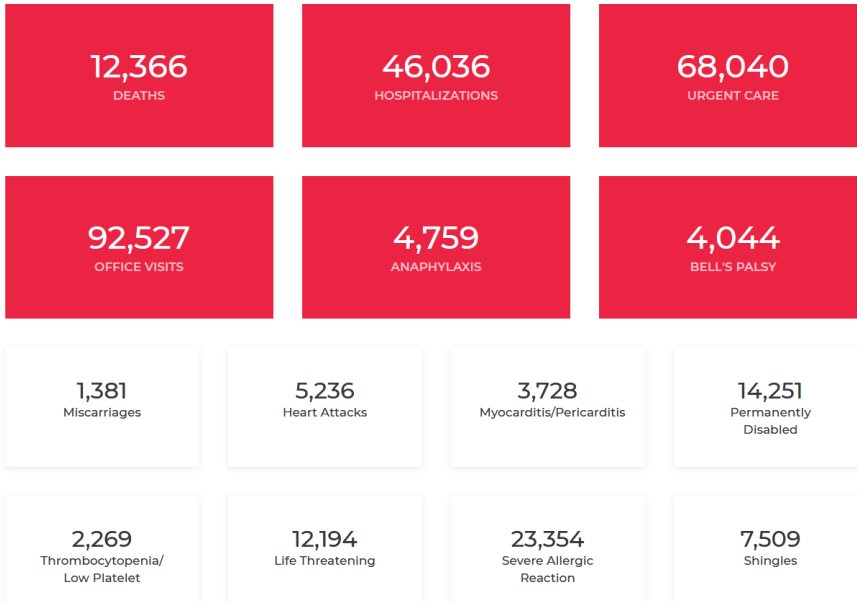
⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615747/>

VAERS COVID Vaccine Data

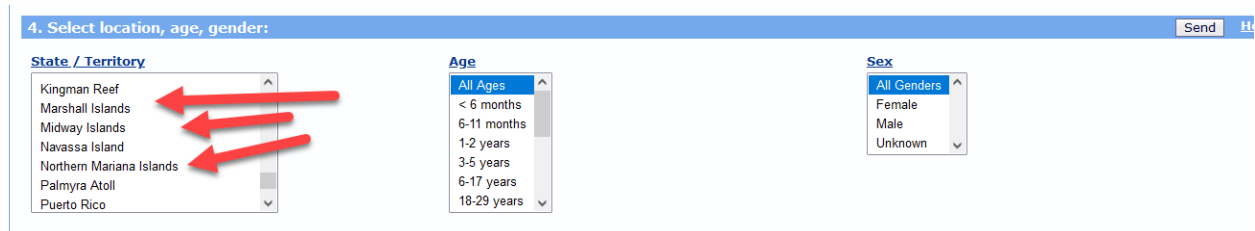
Reports from the Vaccine Adverse Events Reporting System.
Our data reflects all VAERS data including the "nondomestic" reports.
[read the VAERS disclaimer](#)

545,337 Reports
through July 30, 2021*

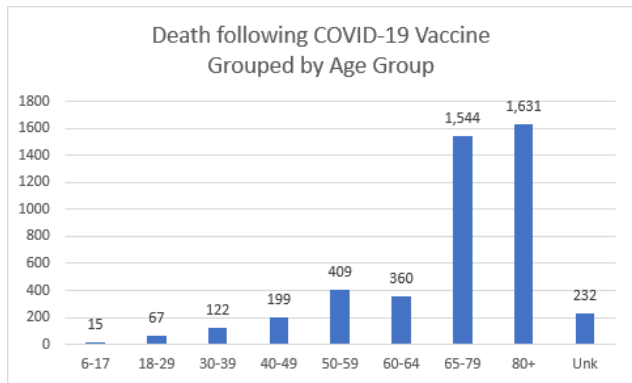
[jump to browse highlighted reports](#) v



Let's zero in on that **12,366 deaths**. I decided to do some of my own research and query the VAERS database myself. What I found surprised me. The 12,366 deaths is a tad misleading. When you start selecting the criteria for your search, you are presented with "location". Many of the deaths are from places other than the US. For example, in the list you can select from we have:



Among many others that are not US states. I was curious so I set my filter to only include the 50 US States. The number from the 50 USA states is... **4,580 deaths**. The 12,366 number comes from all locations. I didn't realize that the VAERS database is used to collect data outside of the continental US, but it most definitely is. Remember, this doesn't mean 4,500 or so people died from the vaccine, this simply means they died and recently had the vaccine. The age breakdown looks like this:



I urge tons of caution when trying to make direct correlations to death and the vaccine using this data. This is a reporting system to which anyone can contribute. These are not validated reports. That said, you can look at your age group and do the math. For example, if you are in the age group of 18 to 40, there have been 189 deaths. For this same age group, 52,890,502 people have received at least 1 vaccine dosage. The chance of death in this group is 0.00036%. That is an incredibly low number for someone to call this a “death shot”. *Caveats of using VAERS responsibility included.*

Head of Pfizer Research says this vaccine is woman sterilization

Claim: The Head of Pfizer Research has confirmed that the COVID vaccine is sterilizing women.

The Facts

The reference is to Michael Yeadon. He and Wolfgang Wodarg sent a letter to the European Medicines Agency requesting that they halt clinical trials of the Pfizer vaccine. Nothing was “confirmed”.



Michael Yeadon left Pfizer in 2011. While there he was vice president and chief scientist for allergy and respiratory issues. He was not, however, the head of Pfizer Research; that is misleading. The unit for which he worked did not do any work associated with vaccines or infectious disease. At the time of his departure, he was working on developing compounds that target asthma and chronic obstructive pulmonary disease⁷. Here’s a screengrab of what is being suggested...

⁷ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-19-vaccines-myth-versus-fact> and <https://www.ibtimes.sg/fact-check-did-pharma-research-head-say-pfizer-covid-19-vaccine-causes-female-sterilization-53921>

Head of Pfizer Research: Covid Vaccine is Female Sterilization

Health & Money News / December 2, 2020 / News

The vaccine contains a **spike protein (see image) called syncytin-1**, vital for the formation of human placenta in women. If the vaccine works so that we form an immune response **AGAINST** the spike protein, we are also **training the female body to attack syncytin-1**, which could lead to infertility in women of an unspecified duration.



- The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain **syncytin-homologous proteins**, which are essential for the formation of the placenta in mammals such as humans. It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise **infertility of indefinite duration could result in vaccinated women**.
- The mRNA vaccines from BioNTech/Pfizer contain **polyethylene glycol (PEG)**. 70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.
- The much too short duration of the study does **not allow a realistic estimation of the late effects**.
Nevertheless, BioNTech/Pfizer apparently submitted an application for emergency approval on December 1, 2020.

To be fair, you cannot simply ignore someone who may not be an expert in a particular field. They might still be qualified to speak on a particular issue/topic. What specifically then is his issue with the vaccine? His argument is that the Pfizer vaccine blocks a protein that is key in the formation of the placenta in mammals. Thus, it is possible for women who receive the vaccine to become infertile. Specifically, the reasoning is that the Pfizer vaccine contains a spike protein called syncytin-1 – which is vital for the formation of human placenta in women. Quoting Michael, “If the vaccine works so that we form an immune response **AGAINST** the spike protein, we are also training the female body to attack syncytin-1, which could lead to infertility in women of an unspecified duration.” Michael and Wolfgang DID NOT say that the vaccine WILL cause sterility, but that it *could* lead to that. They are asking for more time, more research before imposing this authoritatively on others. That is a reasonable request.

I’ve covered this issue elsewhere in this paper. The question at hand is whether the spike protein formed from the COVID vaccines is the same as syncytin-1. Many scientists evaluated their concern and said no⁸. The two proteins do share one sequence of four amino acids (538 in Syncytin-1 and 1,273 in SARS-CoV2). Are these proteins similar enough to fool the immune system into an inappropriate response during pregnancy? Most qualified scientists in this field say no. Michael Yeadon says yes. I’ve heard the analogy said that this is like you and another person sharing the number 7 in your phone number. Having such a similarity makes it quite unlikely you’d dial the wrong number.

Cincinnati Children’s Hospital released a statement about COVID-19 and fertility saying, “There is zero scientifically based evidence that vaccines affect fertility⁹.” The same article as referenced in the afore sentence indicates that the CDC setup a site to collect data on pregnant women. To date, roughly 30,000 pregnant women have enrolled in the data collection. The registry shows no difference in miscarriage rates than is typically seen within women outside of a vaccine delivery.

⁸ <https://www.henryford.com/blog/2021/04/fertility-rumor-covid-vaccine>

⁹ <https://www.cincinnatichildrens.org/patients/coronavirus-information/vaccines/fertility>

After reading all of this, who do you believe? Before you answer that, science isn't about "belief" like a religion. Good dissent is what we call science or perhaps better put *the scientific method*. Challenging ideas is good! What you and I are being forced to witness is what we always do in science. **This is, however, one of the few times where the debate and process is held in the public forum.** The is also the first time those in the media have suddenly become immunology, infectious disease, and vaccine experts. Some challenges are valid, others are not. What is sad is that no one wants to hear any dissent of their viewpoint; thus, good ideas and good challenges go un-noticed. The loudest views in the crowd win.

Some additional information can be read here: <https://www.alor.org/blog/index.php/dr-michael-yeardon-on-covid-vaccines-and-pregnant-womenby-mrs-vera-west>

In summary, the claim is neither true nor false in that no one can say whether women may experience reduced viability for pregnancy 4, 5 or 10 years from now. But it is also irresponsible to pass along articles that are guesses or deliberately misconstruing what was said. Drawing my own conclusion, I'd like to see additional studies demonstrating the effects of COVID-19 on fertility. Furthermore, I don't think health professionals should be encouraging pregnant women to receive the vaccine. This early, this is irresponsible.

Source information about pregnant women & vaccine protection.

<https://directorsblog.nih.gov/2021/06/01/covid-19-vaccines-safe-effective-for-pregnant-women-two-studies-confirm/>

Fertility in Men

Claim: Studies are proving that men who've received the vaccine are experiencing plummeting fertility – sperm counts specifically.

The Facts

I've scoured the internet for any research substantiating this claim. I see plenty of people copying and re-sending the information, but nothing that can lead me back to an actual study that substantiates this claim. I did, however, find a study from the University of Miami conducted from December 17, 2020 to April 24, 2021. Seventy-five days were between the first samples and follow-up samples. The published article can be found here: <https://jamanetwork.com/journals/jama/fullarticle/2781360>

For this study, the sample size is incredibly low (45 men ages 18 to 50) and can hardly be utilized as or considered statistically representative of our population of men. Regardless, let's look at the study results.

The conclusion from the study was that after vaccination, the studied men's sperm count went up; however, the increase is so minimal that it is considered unchanged. See link above for the details of the study.

Fertility in Women

The Claim: Taking a COVID-19 vaccine is causing women to become sterile or involving decreased fertility making pregnancy difficult or impossible.

The Facts

Some (even some doctors) suggest that the spike protein produced by the COVID-19 vaccines is the same as the protein Syncytin-1 which is a protein involved with the growth and attachment of the placenta during pregnancy (covered previously in a section above).

The coronavirus spike protein and syncytin-1 are completely different proteins.

- They share 1 sequence of 4 amino acids in common out of
- 538 amino acids in syncytin-1 AND
- 1,273 in SARS-CoV-2.

Do you think both proteins are the same?

I keep finding claims that “studies” are proving that women are experiencing decreased fertility in droves, yet, I’ve yet to find a single “study” that substantiates this claim. Hearsay doesn’t constitute a “study”. I present additional information within this same document discussing Michael Yeadon and his vaccine concerns.

We do know that research teams are studying this very concern. Alice Lu-Culligan¹⁰ participated on such a research team who examined blood samples from women with COVID-19 antibodies. They specifically looked for evidence to see whether vaccination would interfere with fertility and whether the antibodies would attack the placenta. They found no evidence supporting this theory¹¹.

Source documents:

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-19-vaccines-myth-versus-fact>

<https://thelaa.org/wp-content/uploads/2021/08/fertility-and-covid-vaccine-07.27.2021-mini.pdf>

<https://directorsblog.nih.gov/2021/06/01/covid-19-vaccines-safe-effective-for-pregnant-women-two-studies-confirm/>

<https://pubmed.ncbi.nlm.nih.gov/33983379/>

The Vaccine is Not Working

Claim: Israel is one of the highest vaccinated nations in the world. 85% vaccinated. Why are they now experiencing an outbreak of COVID-19 (Delta Variant) when they should be experiencing herd immunity.

¹⁰ https://medicine.yale.edu/profile/alice_lu/

¹¹ <https://www.verywellfamily.com/does-the-covid-vaccine-affect-fertility-5101628>

The Facts

This is indeed concerning. We know that Israel is experiencing an outbreak and this could bring into question the effectiveness of the vaccine. More study will be required, but I am personally concerned with what appears (at least on the surface) - a high breakthrough situation. One article¹² that I found on cnbc.com indicates a 39% effective rate (in Israel); however, this sampling is only from June 20 to July 17 – so would be considered very preliminary.

I think it is too early to tell how effective the vaccine is to date; however, the purpose of my study is not to determine the effectiveness of the vaccine but to determine whether I can include the “danger” accusation in a risk-based decision. I’ll save that study for another day.

Miscarriage Rate in Women Goes from 10% to 80% after receiving the vaccine

The Claim: Citing a study from the New England Journal of Medicine (NEJM) some people – including Dr. Zelenko – suggest that after receiving the COVID-19 vaccine, the miscarriage rate in pregnant women in their first trimester goes from 10% to 80%.

The Facts

Obviously, this statistic sounds incredible dire. If true, any health professional suggesting a pregnant women get vaccinated would-be malpractice at best, murder at its worst.

First, please know (you can easily google this), that the normal miscarriage rate for women in the US is somewhere in the 10, 12, 15 or so percentage range; meaning that out of 100 random women who become pregnant, roughly 10 to 15 of them will experience a miscarriage in their first trimester.

In April 2021, the New England Journal of Medicine produced a preliminary report¹³ where **3,958** women enrolled into a study. The conclusion of the study found that women who received the vaccine experienced a 12.6% miscarriage rate. **Where are we getting 80% when the authors of the preliminary report never suggested, hinted, or declared this.** After the publishing of the preliminary report (note preliminary), people began to look at the numbers and they declared that the authors of the report got it wrong. Here is their logic.

First some information about the study:

- 3,958 women enrolled into the study. 54% received the Pfizer vaccine, 46% received the Moderna.
- The researchers evaluated 827 women who’d completed their pregnancy. A *completed pregnancy* according to the study is any woman (from the study pool) who either a) gave birth to a healthy baby or b) miscarried or c) had a stillbirth.

¹² <https://www.cnbc.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html>

¹³ <https://www.nejm.org/doi/full/10.1056/NEJMoa2104983>

- From the above, the researchers excluded 3,131 women because they'd not yet completed their pregnancy. The exclusion is because you cannot draw a conclusion on the safety of the vaccine until the baby is born and can be assessed for health. Remember, this is a *preliminary* report.
- Of the 827 Sample Size
 - 712 gave birth to healthy babies
 - 104 experienced miscarriages
 - 1 had a stillborn baby.
- The Math:
 - $104 / 827 = 12.6\%$
 - Note: 80% is nowhere here.

Let's pause for a minute for some commentary. The New England Journal of Medicine is tasked with determining whether the COVID-19 vaccines impact the viability of a pregnancy. To determine this, they must examine a woman who's pregnant, receives the vaccine and then gives birth (that is what they call a completed pregnancy). From the 3,958 women in the study, 827 had given birth *at the time the preliminary report was produced*.

Those who've examined the report and now declare that the researchers were wrong and that the actual percentage of miscarriages is 80% determined this as follows:

- Of the 827 women who completed their pregnancy, 700 of these women had received the vaccine in their 3rd trimester. As a fact, most miscarriages occur in the first trimester.
- These new "experts" then decided to remove the 700 women from the same. The result is 827 women in the sample, minus the 700 who'd received the vaccine in the 3rd trimester leaving us with 127 women.
- Re-doing the math you get 104 miscarriages / 127 women which equals 81.9%

Herein lies a serious problem. This is just flat out wrong, misleading, and irresponsible. Even the 12.6 original number is declared to be "preliminary" at best from the researchers themselves – why? BECAUSE THE OTHER 3,131 WOMEN HAVE NOT YET COMPLETED THEIR PREGNANCY. Yes, I am yelling here because those who keep repeating this 80% stat as fact are either ignorant of the facts or deliberately lying to you to bolster their viewpoint. I can find no scientifically or morally justifiable reason to accept this.

As a scientist or layperson who is living in what is probably one of the most divisive times in history, we simply cannot do things like this. You cannot randomly snatch out numbers from an equation or calculation at-a-whim without understanding the consequences of doing so.

Additional information resulting from this study can be obtained from the original source (New England Journal of Medicine) here: <https://www.nejm.org/doi/full/10.1056/NEJMe2107070>

CDC Admits more people have died from COVID-19 vaccines than all vaccines from last 20 years

The Claim: More dead from More Dead from COVID-19 Vaccine Than ALL Vaccines From Last 20 Years Combined¹⁴.

WE LOVE TRUMP



CDC Admits: More Dead from COVID-19 Vaccine Than ALL Vaccines From Last 20 Years Combined

It's official. This is now fact, not speculation. More people have died from the COVID-19 vaccine than from all other vaccines over the last 20 years... COMBINED. That's right: the vaccine that is supposed to "protect" you from COVID is now responsible for killing more people than all the other vaccines put together. Trending: President...

[Read the article on welovetrump.com >](https://welovetrump.com)

powered by embedly

The Facts

This statement is indeed concerning, so let's dig in to determine whether it's true. From what I can tell, this claim came out in May 2021 and was initially published / stated on welovetrump.com.

So does the CDC actually claim this? If so, why would they continue to push the vaccine. **FACT: the CDC does not declare the claim.** This is demonstrably false. What you'll find if you follow the link in the footnotes is that people are quoting people who are quoting claims who are quoting this and that, but you won't find a quote substantiated by the CDC declaring this to be true.

Unfortunately, we have people utilizing the VAERS database as though it is the definitive record of adverse reactions and deaths when it is no such thing. Please read my other section within the paper on the founding and purpose of said system. **"FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause."**

Between December 14, 2020 and August 9, 2021 more than 351M doses of COVID-19 vaccines have been administered. We have 6,631 reported deaths¹⁵ in the VAERS database. **REMEMBER – THESE ARE NOT ALL PEOPLE WHO DIED DIRECTLY FROM THE VACCINE.** These are simply people who had the COVID-19 vaccine and died within a short period of time. A person with a life-long history of heart

¹⁴ <https://welovetrump.com/2021/05/10/cdc-admits-more-dead-from-covid-19-vaccine-than-all-vaccines-from-last-20-years-combined/>

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

disease and multiple heart attacks that died within weeks of getting the vaccine DID NOT die from the vaccine but died from heart disease.

Let's argue, however, just for a minute. We'll go ahead and play with the VAERS numbers a bit making an assumption. Currently (Aug 13), 195,646,711 people within the US have received at least 1 dose of a COVID-19 vaccine. Since this is a multi-dose vaccine, 351,000,000 doses have been administered across the 195.6M people. Of the 195M, we have 6,631 reported deaths. To be fair, let's just say that 50% of those are directly caused by the vaccine. This gives us $195,646,711 / 3,315 = 0.00169\%$. Or to flip this, we can say that with what we know today (some guesses included) that 99.998% of all people receiving the vaccine will be just fine. Now let's assume that 100% of the 6,631 deaths can be attributed directly to the vaccine. This gives us a death rate of 0.00339%. Note on the Whistleblower. I do challenge you to dig into that a bit. This person didn't say that 40,000 people died in the 3 days. They simply said the VAERS database represents an underreported number, and the number should be 5X what was reported at the time.

People Are Dying – I Hear About It Every Day

The Claim: Someone just sent me a text message about aunt Sally's brother who was 25 and just died of a heart attack. He received the vaccine two weeks ago. They conclude that the vaccine is deadly. It is killing lots of people.

The Facts

Yes, people are dying. People die every day. You will ALWAYS hear about strange, unexpected deaths. My cousin died at the age of 17 shoveling snow in Boston. This occurred about 40 years ago. The COVID vaccine didn't kill him.

Roughly 3 million people die in the US every year. We are currently on August 13 and thus a little more than halfway through the year. We can argue that at least 1.5M people have died in the United States so far in 2021. Right? Yes, let's move on. We know that somewhere between 50 and 60% of the US is vaccinated. I'll go out on a little estimation here. So if that is true, let's assume that 40% of those who've died also received the vaccine. That would mean that we have 600,000 people who've died having received one of the COVID-19 vaccines. Obviously, they didn't all die from the vaccine – they died because they were going to die. It was their time.

Within the VAERS database we have roughly 6,600 deaths reports; associated with a death following a COVID-19 vaccine. For sake of argument, let's assume each one is a direct result of the vaccine. If I were to send you 2 to 3 reports a day for the next two months, you'd eventually develop "biased" thinking believing this vaccine is indeed a "death shot". That's because you are not hearing about the millions who are perfectly fine. Bias is easily introduced and done so subtly from things such as this. Yes, I know you are getting reports of people dying unexpectedly, and you will continue to do so. This is the first time in our history that so many people have been vaccinated at the same time. But remember, people still die. This is a constant factor that has been happening for thousands of years.

All the Animals Died in COVID-19 Vaccine Trials

The Claim: All of the animals included within the COVID-19 vaccine studies died. Not immediately from the injection, but months later, from other immune disorders, sepsis and/or cardiac failure. Dr. Zelenko

makes this claim at 6:32 into a video posted here: <https://rumble.com/vkqs1o-dr.-zelenko-schools-israeli-rabbinic-court..htm>

The Facts

The research for this claim took me significantly longer to complete than others. I simply could not find anything on it, other than the actual claims. I am not interested in claims alone. I am interested in original research.

From what I've been able to glean, the argument points back to a study done in 2012 regarding SARS or more formally put – SARS-CoV. Please note. **SARS-CoV and SARS-CoV2 are not the same thing.** One is SARS, the other is COVID-19. The study done in 2012 includes the following:

- Lead author (Professor Chien-Te Tseng) indicates that the mRNA vaccine used for COVID-19 WAS NOT used in this study. Chien states, they are “very different vaccine platforms”.
- This study researched vaccinated mice that were later exposed to a live SARS virus.
- Immunized mice “generated strong and highly protective antibody responses which fully protect immunized mice against lethal infection.” – Professor Chien-Te Tseng.
- The mice did not all die. In fact, they were euthanized for study with the remainder being euthanized at the termination of the study. This is always done.

Source Information for the 2012 study is found here: <https://pubmed.ncbi.nlm.nih.gov/22536382/>

Even if this claim could be substantiated, you cannot draw a direct parallel from one vaccine study to another. 2012 is now nearly a decade behind us.

There were other studies done using Ferrets (for COVID-19 vaccines), however, I can find no information indicating that all these ferrets died. Furthermore, you should know that many people were upset with the researchers who chose to use these ferrets because it is well-known among scientists that ferrets are particularly vulnerable to animal coronaviruses and these ferret species were/are endangered.

BUT, let's entertain this just for a minute and forget about whether this particular 2012 study is even relevant. The claim is that the animals didn't die from the vaccine, but they did die after being re-exposed to the live virus months later. Israel is one of the highest vaccinated countries in the world with roughly 85% of their population vaccinated. Can you produce ANY credible documentation proving that everyone in Israel (currently experiencing a COVID outbreak) who's vaccinated is dying because they are being re-exposed to this live study? I suspect you would point to the VAERS database or possible the UK Yellow Card Report – but those are not databased used to definitely or directly count adverse effects or deaths following vaccination.

Dr. Zelenko quotes Luc Antoine Montagnier (from France) as saying, “this vaccine is the biggest risk to humanity, the biggest risk to genocide in the history of this world.” My attempt here is to be fair. But remember from my “Rules” section in this document. Just because a person has MD or PhD etc next to their name you cannot conclude they are an expert in all areas, nor can you conclude they are always right. If you are committed to science and seek to be scientific, then you MUST, I repeat MUST question everything and everybody making a claim about anything. That is what makes the result better.

To be fully transparent, you should know that the 2008 Nobel Laureate for physiology or medicine from France, Luc Antoine Montagnier – is considered *discredited and persona non grata* within European circles since 2010.¹⁶ Does this mean he is wrong, no, but it is a datapoint to consider.

Myocarditis Risk in Young Men

Claim: Young men are experiencing myocarditis – particularly 12 to 29 year olds.

The Facts

This claim is substantiated. There are young men (small number of women) in the age group of 12 to 29 experiencing myocarditis after receiving an mRNA vaccine.

As of June 11, 2021, 1,226 reports exist in the US of Myocarditis after mRNA vaccine. Seventy-six (76%) of these cases occurred after the second dose. The CDC reviewed 484 of these reports and verified that 323 of them did indeed have Myocarditis. Of those, 309 were hospitalized – all of which recovered after the receipt of nonsteroidal anti-inflammatory drugs.

Bottom Line: The risk is 40.6 cases of Myocarditis per million second doses or 0.0024% chance of getting Myocarditis from the vaccine. Consider that as of June 11, 52,000,000 (52M) doses have been administered to this age group. Is there a risk? Yes. Is it significant? No.

Source Information from the CDC Study: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>

You Still Need the Vaccine even if previously diagnosed with COVID-19

The Claim: The CDC along with other agencies urge those who've previously been diagnosed with COVID-19 to still get the vaccine. The claim is that studies indicate that the vaccine will provide additional protection above and beyond that of natural immunity.

The Facts

In June 2021, the Cleveland Clinic completed a study indicating that a previous diagnosis with SARS-CoV-2 do not get benefits from vaccination. The CDC authored a report (by 15 scientists) claiming that the Pfizer study proved the vaccine is highly effective even for those who already had SARS-CoV-2. Representative Thomas Massie of Kentucky called the CDC out on this claim since the study demonstrated the exact opposite. When confronted, the CDC indicated this was an “honest” mistake¹⁷.

¹⁶ <https://countercurrents.org/2020/04/luc-montagnier-and-covid-19-conspiracy-theory/>

¹⁷ <https://www.news-medical.net/news/20210608/No-point-vaccinating-those-who-ve-had-COVID-19-Findings-of-Cleveland-Clinic-study.aspx>

Microsoft Patent 666 Proves that Bill Gates Is planning to use the vaccine to track us

The Claim: A patent application exists¹⁸ (easy query with US Patent Office) that contains the numbers 666. This patent proves that Bill Gates is trying to inject you with something that will later be used to track you. Gates wants everyone to be microchipped.

The Facts

The actual patent number is: **WO2020060606A1**. So I guess if you strip off the first 8 digits, remove the zeros and remove the "A1" you do indeed get 666.

Microsoft filed for this patten on September 21, 2018 – quite some time before COVID-19. Furthermore, Bill Gates has not been CEO of Microsoft since 2000. To be fair, however, he has been associated with them at the board level up until March of 2020 where he left the board entirely. He dropped his chairman of the board position in 2014. What am I saying? Bill Gates didn't file this patent. Microsoft as a corporation did.

Enough about Bill Gates – what is the patent about? I challenge the reader to read the patent application. Please read it before you pass this claim onto anyone!

- This patent reserves the right for Microsoft to own all rights for a device (phone, watch, e.g. Fitbit etc) to track a users physical activity and reward them with cryptocurrency.
- The patent has no indication it will be or could be attributed to any sort of body implantation. There is nothing in the application that indicates a chip is involved or anything inserted into the body.
- There is no indication of anything associated with 5G (as suggested by some and obviously not substantiated).
- No mention of vaccines in the filing.

I cannot devote any more time to this claim. It is bogus and frankly wasting my time.

Thousands of Children Being Admitted to Hospitals with COVID-19

The Claim: Washington Post blogger, Jennifer Ruby shared, "Unconscionable: Over 5,800 children in Texas were newly hospitalized with COVID-19 in the seven-day period ending on Aug. 8, a 37% increase from a week prior. Where is the pro-life movement ?? it's now a death cult". She tweeted.

The Facts

This is a significant claim, but is it true? Unfortunately, I am finding more-and-more that you cannot trust any figure thrown about re: COVID-19 or the vaccines. Foxnews¹⁹ reported on August 13, 2021 that this information is false. The number 5,800 is how many children since the start of the pandemic

¹⁸ <https://patents.google.com/patent/WO2020060606A1/en>

¹⁹ <https://www.foxnews.com/media/texas-tribune-erroneously-reports-5800-children-hospitalized-covid>

have been hospitalized. In truth, 783 children (in the entire state of Texas) were hospitalized between July and Aug 9 of this year.

The Vaccine is From Satan

The Claim: If you take the vaccine you are engaging into a pact with Satan²⁰. Some have suggested that after taking the vaccine you will turn into a vampire seeking blood from other people.

The Facts

I am not quite sure what to do with this. I know some of you are not arguing the vampire bit, but you are arguing that the vaccine is from Satan. The premise from which you are operating is that all the claims which I've investigated in this report are true. If you believe them then I understand why you believe the vaccine is from Satan. I guess I really don't have any words to say because I cannot scientifically engage into a debate with you with this one.

I also realize some of you believe that the vaccine is the mark of the beast as described in Revelation. Most conservative / protestant theologians take the Bible literally. Following this premise, the mark of the beast is introduced by the antichrist (who is that today?), the number of his name represents the numbers 666 and the mark is placed either on the right hand or the forehead. Last check, you get the COVID vaccines in your shoulder and there are no visible markings afterwards that appear on your forehead or right hand.

Some information you might read is found here: <https://www.crosswalk.com/church/pastors-or-leadership/ask-roger/is-the-covid-19-vaccine-the-mark-of-the-beast.html>

Conclusion(s)

What is then my conclusion? Are any of the COVID-19 vaccines safe? Will you die if you accept the vaccine? The answer to each of these questions remains the same. **"I don't know"**.

For some, they are not interested in any counterarguments. They've concluded that either a) the vaccine & those behind it are evil or b) it is going to save the world. I realize the divisiveness of this issue and I wish to avoid contributing more to it. Those in my family are forced to decide and I am here to help them do so.

As I stated in the beginning, this is a risk-based decision. I am not aware of any "expert" suggesting that the vaccines are 100% safe. Nor is anyone saying you have a 100% chance of surviving or avoiding long-term damage if you get COVID-19. The facts are thousands of people have died or been seriously injured by COVID-19. Some people have died, and others seriously injured from the vaccines. We can conclude that both statements are likely true. But a decision awaits. Do you walk away from your career over

²⁰ <http://saharareporters.com/2021/04/02/those-who-take-covid-19-vaccine-have-agreement-satan-%E2%80%94-pastor-chris-okotie>

something that “might” be harmful? Is there enough evidence to substantiate the dire accusation that these vaccines equate to a “death shot”?

At this point in time, my conclusion is that I cannot scientifically declare through my research that either of the mRNA vaccines present a substantial risk over existing vaccines already administered to myself and my family members. (Note: the Johnson & Johnson vaccine is not an mRNA vaccine). I’ve attempted to investigate the most serious accusations against the vaccines, and I’ve found them either a) seriously wanting or b) downright dishonest or c) something that we’ll find out eventually after more research is done. There is a lot of hearsay and repeated tweets, Facebook posts and more, but little information if any to substantiate the claim that this is a “death shot”.

My advice then is that each person make their own informed decision as to whether they’ll receive the vaccine but do so respecting others.

Finally, do I think it is right for policy makers and employers to demand a person vaccinate or get fired? Absolutely not! This is incredibly unfair and irresponsible. I can, however, understand why some of you will research the available material for what we have today and accept the vaccine. I also completely understand why you might also choose the opposite and not accept it.

My call to action is to respect each other in the process.

Appendix A – Doctors Opposing the Vaccine

This information is extremely preliminary. It may be worthwhile to track those who are qualified and are against the vaccine mandate.

Dr. Janci Chunn Lindsay

On April 23, 2021, Dr. Lindsay voice her opposition to the CDC’s Advisory Committee on Immunization Practices held in Atlanta, GA. Her primary opposition was the belief that Covid vaccines could include cross-creative antibodies to syncytin-1 and impair fertility as well as pregnancy outcomes.

Dr. Lindsay is a molecular biologist and toxicologist. She has more than 30 years of scientific experience, primarily in toxicology and mechanistic biology.

Byram Bridle, Ph.D.

Canadian immunologist and vaccine research expresses concern that the spike protein travels throughout the body and is potentially acting as a toxin to the body.

Michael Yeadon

Many others I’ve encountered, but will include them here as I have time.

TBD for more info.