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Research Summaries of COVID-19 Vaccines & COVID-19 Illness in Children and Adults

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Introduction

We assume you have heard all the good about the COVID-19 vaccines – how they confer herd immunity, are safe and effective, with only very rare and temporary side effects, such as fever and chills for a few days. Below, we present a summary of research on the other side of the argument, including development of the COVID-19 vaccines and their side effects, and the COVID-19 illness in children and adults. This is not a comprehensive summary, but a resource so that you may make an informed health decision for your family.

This document is not intended to be, nor does it constitute the giving of legal or medical advice. Further, the information referenced here is intended to help readers gain a broader understanding of the information available and does not constitute an endorsement.

General Vaccine Facts

- In 2011, the U.S. Supreme Court ruled that vaccines are “unavoidably unsafe.”¹
- The federal government set up a special program to compensate individuals for vaccine injury or death, up to \$250,000, through the National Vaccine Injury Compensation Program.² From 1989 to September 1, 2021, the NVICP has paid out, or “awarded,” \$4.2 *billion* in vaccine injury and vaccine death cases, for a total of \$4.6 billion including attorney fees for both awarded and dismissed cases.³
- “Adverse events from drugs and vaccines are common, but underreported.... fewer than 1% of vaccine adverse events are reported,” according to a report submitted to the U.S. Department of Health and Human Services.⁴
- Pharmaceutical companies Pfizer and Johnson & Johnson have been convicted of criminal and illegal conduct, both being in the top 10 largest pharmaceutical lawsuit settlements.⁵ In 2009, Pfizer paid out \$2.3 billion “to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products.”⁶ In 2013, Johnson & Johnson paid “more than \$2.2 billion to resolve criminal and civil liability arising from allegations relating to the prescription drugs... including promotion for uses not approved

as safe and effective by the Food and Drug Administration (FDA) and payment of kickbacks to physicians and to the nation's largest long-term care pharmacy provider.”⁷

- Time Magazine published in 2009, “the last time the U.S. recommended nationwide vaccination against a suspected swine flu was in 1976.... Under orders from President Gerald Ford, a vaccine was rushed into production and administered to 45 million Americans, at a cost of \$135 million. But within weeks, people started developing Guillain-Barré syndrome, a paralyzing immune-system disorder that can result from the vaccine. Some experts estimated the risk of Guillain-Barré as being seven times higher in those who were immunized vs. those who were not. After the immunization program was terminated nine months after it began, government officials paid \$90 million in damages to patients who were injured by the vaccine. The widely feared swine flu epidemic never emerged”⁸

COVID-19 Vaccines Development and Approval

Development of mRNA Vaccines

- Though mRNA vaccine technology has been studied and tested in the past for four other infectious diseases, the **mRNA vaccine technology never made it to the market anywhere in the world** before the COVID-19 mRNA vaccines were developed.⁹
- “These are the first messenger RNA vaccines to be produced and tested in large-scale phase III human trials,” according to the Memorial Sloan Kettering Cancer Center.¹⁰

FDA Approval Status of COVID-19 Vaccines

- At the time of this article's publishing, **only one COVID-19 vaccine**, Pfizer's Comirnaty vaccine, **is FDA approved**, based on 6 months of phase 3 trial data.¹¹ The other COVID-19 vaccines do not have full approval, but only “Emergency Use Authorization” from the FDA.¹²
- According to the FDA, “under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.”¹³
- **Two of the FDA's top vaccine regulators will retire in November 2021 after expressing frustration** over White House announcements about COVID-19 vaccine boosters ahead of FDA input. “Dr. Marion Gruber, the director of the F.D.A.'s vaccines office, will retire at the end of October, and her deputy, Dr. Philip Krause, will leave in November.... One reason is that Dr. Gruber and Dr. Krause were upset about the Biden administration's recent announcement that adults should get a coronavirus booster vaccination eight months after they received their second shot, according to people

familiar with their thinking. **Neither believed there was enough data to justify offering booster shots yet**, the people said, and both viewed the announcement, amplified by President Biden, as pressure on the F.D.A. to quickly authorize them.”¹⁴

Long-Term Studies on COVID-19 Vaccines

- **There are no long-term safety studies on COVID-19 vaccines at this time.** “Because the COVID-19 vaccines have only been administered in the United States since December 2020, the long-term effects are unknown at this time,” according to Healthline Media.¹⁵
- As of this writing, **there has not been enough time for the full extent of the phase 3 clinical trial follow ups for the COVID-19 vaccines to have occurred.** Phase 3 trials often include tens of thousands of volunteers. Participants in COVID-19 vaccine **phase 3 clinical trials will have follow-up continuing for two years or more** to assess long-term safety and efficacy.¹⁶
- In June 2021, **a group of clinicians and researchers in both the U.S. and in Europe have petitioned the FDA to delay the full approval of any COVID-19 vaccine until Phase 3 trials have completed.** They wrote, “trials by vaccine manufacturers were designed to follow participants for two years, and should be completed before they are evaluated for full approval, even if they are now unblinded and lack placebo groups. These phase III trials are not simply efficacy studies; they also are necessary and important safety studies.”¹⁷
- The COVID-19 vaccines were developed and brought to market in less than 1 year.¹⁸ Vaccine development is typically a long, complex process, often lasting 10-15 years.¹⁹ Researchers have to employ three phases to create vaccines, beginning with testing animals before slowly moving to testing on people.²⁰ Previously, the fastest produced vaccine was the mumps vaccine, which took 4 years to develop.²¹

COVID-19 Vaccines and Aborted Fetal Cells

- According to an LA County Department of Public Health document, “early in the development of mRNA vaccine technology, **fetal cells were used** for ‘proof of concept’ (to demonstrate how a cell could take up mRNA and produce the SARS-CoV-2 spike protein) or to characterize the SARS-CoV-2 spike protein.” However, the mRNA COVID-19 vaccines produced by Pfizer and Moderna do not use of any fetal cell cultures in order to manufacture (produce) the vaccine. In contrast, “the non-replicating viral vector vaccine produced by Johnson & Johnson **did require the use of fetal cell cultures**... in order to produce and manufacture the vaccine.”²²

COVID-19 Vaccines Side Effects

COVID-19 Vaccines Side Effects in Children

- According to the Centers for Disease Control and Prevention's (CDC) own data, **in 12–15-year-olds, “grade ≥ 3 , or severe, local or systemic reactions within 7 days following either vaccination, were reported by 10.7% [or 1 in 9] of vaccine recipients”** and occurred more frequently in the vaccine group compared to 1.9% in the placebo group.²³
- Grade 3 systemic events included fever, vomiting, diarrhea, headache, fatigue, chills, new or worsened muscle pain, and new or worsened joint pain. It also included fever $>38.9^{\circ}\text{C}$ to 40.0°C ($>102^{\circ}\text{F}$ to 104°F), vomiting that requires IV hydration; diarrhea of ≥ 6 loose stools in 24 hours; severe fatigue, severe headache, severe muscle pain, or severe joint pain that prevents daily activity.²⁴
- **Children are more at risk for multiple inflammatory syndrome (MIS-C).** “Multisystem inflammatory syndrome in children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs,” according to the CDC.²⁵ In a CDC report of 3 patients who developed MIS after COVID-19 vaccination and SARS-CoV-2 infection, it recommended that MIS incidences continue to be monitored, “especially as vaccines are administered to children who are at higher risk for MIS.”²⁶
- Out of 15,988 12-15 year olds, 0.2% were hospitalized or needed medical care in the ER after the 2nd Pfizer vaccine dose, according to data gathered by the CDC between May 11 (when the Pfizer vaccine was made available to 12 and older) and June 13, 2021.²⁷ The cumulative COVID-19–associated adolescent hospitalization rate was 49.7 per 100,000 children and adolescents during March 1, 2020–August 14, 2021.²⁸

Fertility and COVID-19 Vaccination

- According to a study published in The New England Journal of Medicine, 827 women who had taken the Pfizer or Moderna EUA vaccines reported a completed pregnancy. Of these 827 women, 700 received the first dose of the vaccine in the 3rd trimester, leaving 127 women who received a first dose in the 1st and 2nd trimesters. For women under 20 weeks of gestation, 104 of them reported a miscarriage (i.e. spontaneous abortion).²⁹
- “The National Institutes of Health announced this week [August 30, 2021] that it awarded funding to five institutions to study whether the coronavirus vaccines are causing menstruation changes” months after people began sharing their stories online of experiencing abnormal menstruation following COVID-19 vaccination, reports the Chicago Tribune.³⁰
- **Pregnant women were excluded from the first clinical trials for the Pfizer vaccine under EUA.**³¹ In February 2021, Pfizer stated that “available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-

associated risks in pregnancy.” As of this writing, Pfizer and BioNTech are conducting a safety trial on pregnant women and their babies.³²

- In a study done by UC San Diego School of Medicine, “a small proportion of women following the first dose of either vaccine brand [Pfizer-BioNTech or Moderna] reported a **reduction in milk supply**, and significantly more women reported a reduction in milk supply following the second dose of Moderna,” however, milk supply came back fully within 72 hours. “**Irritability and poor sleep were reported in some breastfed children**, but no serious adverse events” (emphasis added).³³

Deaths Associated with COVID-19 Vaccination

- **VAERS** (Vaccine Adverse Event Reporting System by the federal government) **received 7,653 reports of death** (0.0020%) among people who received a COVID-19 vaccine from December 14, 2020, through September 13, 2021.³⁴ When submitting a VAERS report, the online submission form states “**Warning:** Knowingly filing a false VAERS report with the intent to mislead the Department of Health and Human Services is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.”³⁵
- “In just the first four months of this year, the U.S. government has recorded **more deaths after COVID vaccinations than from all other vaccines** administered in the United States between mid-1997 and the end of 2013,” reported FOX News (emphasis added).³⁶
- “We now know the death rate for COVID-19 in all ages in the US. According to the CDC, the chance of surviving SARS-CoV-2 without any treatment at all: **age 0-19 (99.997%) 20-50 (99.98%) 50-69 (99.5%) and >age 70 (95%.) 80% of deaths are over the age of 70 with an average of 2.6 other serious medical conditions.** Only 6% of deaths occur in persons without known serious problems. The average age of death of a COVID-19 patient exceeds the average national life expectancy,” explains America’s Frontline Doctors (emphasis added).³⁷
- In 1976, concerns about a possible swine flu pandemic in the U.S. resulted in a large-scale vaccination program by the U.S. government, with 45 million people vaccinated in 10 weeks. The vaccine caused about one Guillain-Barré case in every 100,00 persons vaccinated, **resulting in 53 deaths, after which the vaccination program was abruptly stopped.**³⁸

Blood Clotting Side Effects after COVID-19 Vaccination

- The Johnson & Johnson vaccine was paused on April 13, 2021, but resumed on April 23 with a new **warning of rare blood clotting events with low platelets**, occurring primarily among women ages 18 to 49 years. The American Academy of Pediatrics wrote, “six males are among 28 patients who developed thrombosis [blood clots blocking veins or arteries] with thrombocytopenia (TTS) [low blood platelet count] after receiving Johnson & Johnson/Janssen COVID-19 vaccine, and three patients died, according to a federal vaccine safety expert.”³⁹

- According to a CDC report, “TTS [Thrombosis with thrombocytopenia syndrome] is a rare, clinically serious and potentially life-threatening condition; current evidence suggests a **plausible causal association** with the Janssen COVID-19 Vaccine” (emphasis added).⁴⁰

Myocarditis/Pericarditis (Heart Inflammation) after COVID-19 Vaccination

- A preprint paper uploaded to *medRxiv* on September 8, 2021, found “**the risk of cardiac adverse events following the second dose of the mRNA vaccine could be around 3.7 times more likely than hospitalization due to COVID-19 in healthy 12-15-year-old boys** during periods when the pandemic is better under control 2.1 times in 16-17-year-olds. The group found that this trend remains even when SARS-CoV-2 transmission rates are high, with **vaccination being riskier than hospitalization from COVID-19**” (emphasis added).⁴¹
- “Data from VAERS show that in the 30-day window following dose 2 mRNA COVID-19 vaccination [Pfizer-BioNTech and Moderna], there was **a higher number of observed than expected myocarditis/pericarditis** cases in 16–24-year-olds” according to the CDC’s website on May 24th, 2021 (emphasis added).⁴² The FDA then decided to include a **warning statement** about myocarditis and pericarditis on the patient and provider fact sheets for each vaccine.⁴³
- “Dr. Tom Shimabukuro, deputy director of the CDC’s Immunization Safety Office... suggests a **rate of 12.6 cases per million** in the three weeks after the second shot in 12- to 39-year-olds” (emphasis added).⁴⁴
- According to the Myocarditis Foundation, “myocarditis is a disease that causes inflammation of the heart muscle. This inflammation enlarges and weakens the heart, creates scar tissue and forces it to work harder to circulate blood and oxygen throughout the body.”⁴⁵
- According to Oregon State University, “if a cell is damaged to a greater extent than can be repaired by satellite cells, the muscle fibers are replaced by scar tissue in a process called fibrosis. Because scar tissue cannot contract, muscle that has sustained significant damage loses strength and cannot produce the same amount of power or endurance as it could before being damaged.”⁴⁶
- **The Israeli Ministry of Health reported 148 myocarditis cases occurring within 30 days of the mRNA vaccine**, mostly in men aged 16-30 (particularly 16-19 years old). 27 cases were reported out of ~5.4 million first doses, and 121 cases were reported after ~5 million second doses.⁴⁷

Where the COVID-19 mRNA Vaccines Go in the Body: Circulating in Blood, Accumulating in Ovaries, Bone Marrow, and Other Tissues

- Pfizer’s biodistribution study submitted to the Japanese authorities shows that the vaccine’s lipid nanoparticles, which encase the spike-protein-producing mRNA, do not stay entirely contained in the deltoid muscle, as assumed by vaccine developers, but they

circulate throughout the body and accumulate in tissues and organs. At 48 hours after injection, the lipid nanoparticles **were found in high concentrations in the adrenal glands, liver, ovaries, spleen, and bone marrow.** ^{48 49} The nanoparticles contain the mRNA, which, once in the cell, give instructions to the cell to make the “spike protein,” a protein found on the surface of the SARS CoV-2 virus.⁵⁰

- A European Medicines Agency assessment report for Pfizer’s Comirnaty vaccine from February 2021 states that “over 48 hours, distribution was mainly observed to liver, adrenal glands, spleen and ovaries, with maximum concentrations observed at 8-48 hours post-dose. Total recovery (% of injected dose) of radiolabeled LNP+modRNA outside the injection site was greatest in the liver (up to 21.5%) and was much less in spleen ($\leq 1.1\%$), adrenal glands ($\leq 0.1\%$) and ovaries ($\leq 0.1\%$).”⁵¹
- The Salk Institute reported “SARS-CoV-2’s distinctive ‘spike’ proteins help the virus infect its host by latching on to healthy cells.”⁵²
- The Ogata et al., 2021 study reveals that the Moderna mRNA vaccine produced detectable levels of subunit S1 antigen (a part of the spike protein⁵³) in plasma of 11 participants and spike protein in plasma of 3 of 13 participants. ^{54 55}
- The circulation of free spike protein is in direct contrast to previous expectations, where it was assumed that “the Spike protein is not released to wander freely through the bloodstream by itself, because it has a transmembrane anchor region that (as the name implies) leaves it stuck.”⁵⁶ **However, the Pfizer biodistribution study and Ogata et al. study show that the spike protein produced by the vaccine is freely circulating in the blood.**

Neurological Side Effects after COVID-19 Vaccination

- In the Pfizer-BioNTech vaccine clinical trial, “Bell’s palsy [unexplained episode of facial muscle weakness or paralysis] was reported by four vaccine participants and none in the placebo group.”⁵⁷
- In the Moderna vaccine clinical trial, “As of the scheduled final analysis, 3 cases of Bell’s palsy were reported in vaccine recipients, and one in placebo recipients. Although there is no clear basis upon which to conclude a causal relationship at this time, FDA recommends further surveillance if vaccine is authorized for widespread use.”⁵⁸
- “During the phase III Pfizer-BioNTech and Moderna COVID-19 trials, seven cases of facial paralysis or Bell’s palsy were reported in the vaccine groups (seven of 35,654), and one case was seen in the placebo groups (1 of 35,611).”⁵⁹
- The FDA added a **warning** to the Johnson & Johnson’s COVID-19 vaccine fact sheets stating that the vaccine **may trigger Guillain-Barré syndrome** (GBS) in a small number of people.⁶⁰
- 279 cases of Guillain-Barré syndrome, characterized by “a disproportionately frequent and severe bilateral facial paresis” have been reported to the Vaccine Adverse Event Reporting System (VAERS) – 59 J&J, 97 Moderna, 121 Pfizer, 2 unknown. In the clinical

trial of the Johnson and Johnson COVID-19 vaccine, 1 woman reported Guillain-Barré syndrome 10 days after receiving the vaccine.⁶¹

- Guillain-Barré syndrome was reported in two reports after administration of the AstraZeneca COVID-19 vaccines – four cases in Nottingham, England⁶² and 7 cases in Kerala, India.⁶³

Immune System Side Effects after COVID-19 Vaccination

- “Reports of lymphadenopathy [swelling of the lymph nodes] were imbalanced with notably more cases in the vaccine group (64) vs. the placebo group (6), which is plausibly related to vaccination,” according to an FDA Briefing Document regarding the Pfizer-BioNTech vaccine.⁶⁴
- In the Moderna vaccine clinical trial, lymphadenopathy was reported more frequently in the vaccine group compared with placebo.⁶⁵
- **Development of past coronavirus vaccines has a bad track record.** “Since the 1960s, tests of vaccine candidates for diseases such as dengue, respiratory syncytial virus (RSV), and severe acute respiratory syndrome (SARS) have shown a paradoxical phenomenon: **Some animals or people who received the vaccine and were later exposed to the virus developed more severe disease than those who had not been vaccinated.** The vaccine-primed immune system, in certain cases, seemed to launch a shoddy response to the natural infection. ‘That is something we want to avoid,’ says Kanta Subbarao, director of the World Health Organization Collaborating Centre for Reference and Research on Influenza in Melbourne, Australia. This immune backfiring, or so-called immune enhancement, may manifest in different ways such as antibody-dependent enhancement (ADE), a process in which a virus leverages antibodies to aid infection; or cell-based enhancement, a category that includes allergic inflammation caused by Th2 immunopathology. In some cases, the enhancement processes might overlap....

Experts generally agree that animal experiments and human clinical trials of candidate vaccines for COVID-19, which is caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), should include a careful assessment of possible immune complications before releasing the vaccine to the public,” as written by Proceedings of the National Academy of Sciences of the USA (emphasis added).⁶⁶

COVID-19 Illness in Children

Children Have Very Low Rates of Transmission, Severe Illness, and Death from COVID-19 Illness

- “Given that the risk of a *healthy* child dying is between zero and infinitesimally rare, it's understandable that many parents are appropriately asking, why vaccinate healthy kids at all?” says Editor-in-Chief of MedPage Today, Marty Makary, MD, MPH, who is also a professor at the Johns Hopkins School of Medicine.⁶⁷
- **There are no long-term safety or efficacy data on the COVID-19 vaccines for young children.** According to epidemiologist Paul E. Alexander, “the science as to exceedingly low risk for children is defined and is settled. Yet we have zero, zero long-term studies on the safety of these vaccines both in adults and now threateningly, our children.”⁶⁸
- “Parents must be brave and be willing to assess this purely from a benefit versus risk position and ask themselves: ‘If my child has little if any risk, near zero risk of severe sequelae or death, and thus no benefit from the vaccine, yet there could be potential harms and as yet unknown harms from the vaccine (as already reported in adults who have received the vaccines), then why would I subject my child to such a vaccine?’”⁶⁹
- **“Young children do not appear to be important transmitters of covid.** Population-based studies in Iceland showed that children younger than 10 were far less likely to be infected with the virus or transmit it to others. Similar results were found in Israel,” according to the Washington Post, and others (emphasis added).⁷⁰
- An Icelandic study of 40,000 people found that “children under 15 were about half as likely as adults to be infected, and only half as likely as adults to transmit the virus to others. **Almost all the coronavirus transmissions to children came from adults....** This analysis is one in a recent flurry of large-scale studies that support the conclusion that infected adults pose a greater danger to children than kids do to adults” (emphasis added).⁷¹
- More than one-third of kids who tested positive for COVID-19 were asymptomatic, according to a University of Alberta study.⁷² In one study, “a mass screening programme of more than 10 million residents of Wuhan, China, performed after SARS-CoV-2 was brought under control, has identified 300 asymptomatic cases of covid-19, none of which was infectious.... The researchers found no ‘viable virus’ in cultures from asymptomatic samples.... Further swab testing of 1174 **close contacts of the 300 asymptomatic positive cases were all negative**” (emphasis added).⁷³
- In one study, children ages 4-9 were found to have **less** cell surface enzyme angiotensin-converting enzyme 2 (ACE2) receptors in their nasal epithelium, one of the first sites of SARS-CoV-2 infection. The virus attaches to ACE2 receptors. ACE2 expression was higher with each subsequent age group after adjusting for sex and asthma.⁷⁴
- In the United States, there have been **439 deaths attributed to COVID-19 in 0-17 year old children** as of September 15, 2021, **out of 658,754 total deaths** in all age ranges. Children 0-17 years old account for 0.067% of the total deaths in the U.S.⁷⁵

- According to the CDC, per 100,000 people, “COVID-19 death rates were lowest among children aged 1–4 years (0.2) and 5–14 years (0.2) and highest among those aged ≥85 years (1,797.8).”⁷⁶
- A study on **Sweden**, which famously did not lock down, mandate masks, or close schools, found that **no child infected with COVID-19 died** out of 1,951,905 children in Sweden.⁷⁷
- “Given the case-report level rarity of a healthy child dying of COVID-19, I would not recommend a two-dose vaccine regimen for a healthy child ages 0 to 12 years until we have more data. Each parent will have to assess their own child's individual risk, but in my opinion, the case to vaccinate young healthy kids is not compelling right now,” said Editor-in-Chief of MedPage Today, Marty Makary, MD, MPH.⁷⁸
- In an opinion by three doctors and researchers, they expressed, “unlike for adults, however, the likelihood of severe outcomes or death associated with covid-19 infection is very low for children, undermining the appropriateness of an emergency use authorization for child covid-19 vaccines. Emergency use authorization in the US requires that an intervention address a serious or life threatening condition, and for known and potential benefits of the intervention to be balanced against the known and potential harms.”⁷⁹

COVID-19 Illness

Asymptomatic Transmission

- In one study, “a mass screening programme of more than 10 million residents of Wuhan, China, performed after SARS-CoV-2 was brought under control, has identified 300 asymptomatic cases of covid-19, none of which was infectious.... The researchers found no ‘viable virus’ in cultures from asymptomatic samples.... Further swab testing of 1174 **close contacts of the 300 asymptomatic positive cases were all negative**” (emphasis added).⁸⁰

COVID-19 Breakthrough Infections

- A vaccine breakthrough infection is defined as someone who tests positive for SARS-CoV-2 at least 2 weeks after all recommended vaccines doses. State health departments voluntarily report vaccine breakthrough infections to CDC. A total of **10,262 SARS-CoV-2 vaccine breakthrough infections** had been reported from 46 U.S. states and territories **between January 1, 2021-April 30, 2021** – a space of four months. But beginning May 1, 2021, CDC transitioned from monitoring all reported COVID-19 vaccine breakthrough infections to investigating only those breakthrough infections among patients who are hospitalized or who die.⁸¹
- **As of October 18, 2021, the CDC received 41,127 reports of patients with COVID-19 vaccine breakthrough infections who were hospitalized (30,270) or who died (10,857).**⁸²
- It is important to note that the CDC definition of a “vaccine” is “a suspension of live (usually attenuated) or inactivated microorganisms (e.g. bacteria or viruses) or fractions thereof administered to **induce immunity and prevent infectious diseases** and their sequelae” (emphasis added).⁸³ Although the COVID-19 vaccines may not fit the definition of a “live or inactivated microorganism or fractions thereof” because of the new technologies used, **the COVID-19 vaccines also do not prevent infection.** Although vaccination reportedly prevents severe illness and death, one may still become infected and sick with the virus, even after vaccination, as reported by the New York Times.⁸⁴
- Reporting on a study out of the University of Oxford, MedicalNewsToday wrote, “the new study found that **virus levels in a fully vaccinated person who has contracted the Delta variant are similar to those of a person who has not had a vaccination.** This is a concern, as a person with a high viral load may be **more likely to pass on the virus**” (emphasis added).⁸⁵
- Forbes reported that the University of Oxford study “findings support previous research on delta’s ability to evade the protection given by vaccines and add to growing evidence that **fully vaccinated people could be able to transmit the delta variant just as easily as the unvaccinated**” (emphasis added).⁸⁶

- Forbes reported that, “virologists at several of the Netherlands’ leading academic medical centers have observed that fully vaccinated healthcare workers who contract coronavirus can transmit it, whether they are symptomatic or asymptomatic. Transmission can take place from fully vaccinated to partially and unvaccinated persons, but also between fully vaccinated persons. Therefore, the implications of breakthrough infections for further transmission are quite evident. Though the Dutch virologists acknowledge that most of the source of the spread of the virus is among the unvaccinated, it’s clearly not confined to that group.”⁸⁷

¹ Bruesewitz v. Wyeth LLC, 131 S. Ct. 1068, 179 L.Ed.2d 1 (2011).

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¹¹ “Pfizer-BioNTech COVID-19 Vaccine Comirnaty® Receives Full U.S. FDA Approval for Individuals 16 Years and Older,” Pfizer (Pfizer, August 23, 2021), accessed September 9, 2021, <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-biontech-covid-19-vaccine-comirnatyr-receives-full>.

¹² “Emergency Use Authorization for Vaccines Explained,” U.S. Food and Drug Administration (FDA, November 20, 2020), accessed August 12, 2021, <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>.

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Celeste McGovern, "Vaccine Researcher Admits 'Big Mistake,' Says Spike Protein Is Dangerous 'Toxin'," LifeSite (LifeSite, July 30, 2021), accessed September 15, 2021, <https://www.lifesitenews.com/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin>. The translated version of the Japanese biodistribution study is found here: <https://www.lifesitenews.com/wp-content/uploads/2021/06/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf>.

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Independent MP in Canada, Derek Sloak, held a news conference to raise awareness about the censorship of doctors, scientists, and researchers, while also hosting doctors and scientists to speak. In this conference, Dr. Byram Bridle raises awareness of the findings in the Pfizer COVID-19 vaccine biodistribution study. This video is a prime example of information from credible doctors and researchers that has been censored by major media platforms, like YouTube. You can also find the video in the source below:

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