

Ten Reasons to Reject a Mandatory COVID-19 Vaccine

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1. **There is little recourse for those who will be injured by any vaccine**—In 1986, the US granted complete indemnity to all vaccine makers. The [PREP Act](#) created the [Countermeasures Injury Compensation Program \(CICP\)](#). Like the 1986 US [Vaccine Court](#), on which it is modeled, few of those affected are able to use it, no discoveries are allowed, and [fair award judgments are nearly impossible to obtain](#).
2. **Illegal mandatory vaccination**—This is a violation of the right of [informed consent](#) set forth in the [Nuremberg Code](#) and [Declaration of Helsinki](#). Since governments do not like to let go of their questionable self-increased powers via executive orders, this fact is being suppressed.
3. **Untested technology**—This is not your fathers' vaccine—that is, a simple antigen or attenuated virus injected into the body to elicit an immune response. These messenger RNA 'vaccines' do not fit the definition of a true vaccine. They are actually, in the manufacturer's own words, a form of 'gene therapy technology'¹ using nano-technology to alter human RNA.

Some have speculated that due to the existence of reverse transcriptase in human cells, the host's DNA could be altered—the basis of life.

Once administered, genetically engineered RNA enters into the body's cells carrying the virus's spike protein's genetic code forcing cells to replicate the protein in large amounts.

No one knows if the transcriptions elicited in the initial vaccine event will continue to trigger cellular production of the protein. No one knows what the immune system will do to our body that is producing a protein that it deems hostile. (That is, if the RNA messenger tells our own bodies to create a protein that our immune system then attacks, will some of us acquire an autoimmune disorder?) What ongoing genetic messaging will ensue? What elements of the RNA will end up passed on generationally?

Ex-Pfizer VP, Michael Yeadon, PhD, says: *“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.”*

4. **Viral Enhancement**—This topic was mentioned by Dr. Anthony Fauci on March 27, 2020. It can be an inadvertent consequence of vaccines—causing infections to be significantly amplified, creating a larger risk to some. RNA vaccines can act as a primer to the body and when the pathogen is encountered, the body mounts an overly vigorous immune response, resulting in a more severe case of the disease.
5. **Adverse reactions**—Like all medicines, all vaccines carry risks—some more than others. In the Moderna Phase 2 trial, 20% of the high dose group had serious side effects—some required hospital intervention. If this number were even 2% in the US alone, that would be 6.6 million.

Transverse myelitis is a paralytic polio-like debilitating condition triggered by the Oxford Astrazeneca vaccine. Vaccine injuries can be lifelong—autoimmune diseases, etc. while most Covid-19 cases are days or weeks in duration. Our immune system is delicate—attempting to “upgrade” the immune system also risks backfiring. Unlike most cases of COVID-19, this would not be a temporary change.

6. **A rushed and dubious testing and trial process**—Normally, clear data is obtained from studies to prove that vaccines will prevent death, hospitalization and transmission. Unfortunately, these data don't. While normal animal testing was skipped on the Moderna vaccine, the Astrazeneca trial tested Macaque monkeys, which injured a high percentage. These animals are meant to be a test balloon—a canary in the mine—incrementally advancing of the testing process, and a warning to humans where danger might exist. Injured and dead animals should be a stop sign.

¹ <https://www.westonaprice.org/podcast/its-gene-therapy-not-a-vaccine/>

It is rare to find a vaccine that has been safety tested against an inert saline placebo. Generally the stand-ins are the vaccine's adjuvant alone (the chemical used in most vaccines to stimulate the immune system, most of which are toxic), or a different vaccine, also containing toxins.

Skipping or ignoring negative findings, as has occurred in these vaccine trials, is clearly careless. Additionally, in the trials, virtually all the participants were healthy. Many were young—exactly the cohort who is *not* at risk. While this is a safer cohort, what value is a trial with healthy participants when those at risk are the elderly and the vast number of people now with chronic illnesses?

From DDT to glyphosate. From tobacco to Vioxx. Business has a long track record of not protecting the health of citizens. The head of the FDA vaccine panel that approves the vaccines is an ex-vaccine company CEO. Can the public health sector be trusted?

7. **Unnecessary**—The suppliers claim that these vaccines are around 90% effective in reducing the symptoms of Covid-19 (once infected). They do not suggest that vaccinated people will not catch or spread the disease—just that they may have less severe symptoms. Thus this vaccination has little effect on other people.

Those under 65 on average face a 1 in 300,000 chance of dying of COVID—half the chance of dying by lightning strike. A 22-year-old faces a 4 times greater chance of dying from a lightning strike. Most people face a million times higher risk of having cancer than dying from Covid-19.

8. **Loss of Control Groups**—One unfortunate consequence of a uniform rollout of this current group of RNA vaccines will be the loss of the control groups because when members of that group realize they didn't get the vaccine, they will get vaccinated and lost as controls. If we go through with this reckless project—at the very least, one to ten years later—to be able to see any differences we need to be able to measure a comparable separate control group that did not participate and compare their compare health outcomes.

Many countries are experiencing what has been mislabeled as a second wave—it's a normal seasonality of viral diseases that occurs every year as the weather cools. It will have a lesser effect and be far less lethal. By the third seasonal cycle of cold, both cases and deaths should be significantly diminished. A vaccine is unnecessary, and the risk of harm from it is greater than the risk of the virus.

9. **Diminished return for the elderly**—Based on their risk profile, those under 50, 60, or even 70, probably don't need a vaccine. Children have nearly zero risk—why disrupt their immune system? Those over 70 might benefit, as many of them have diminished immune systems. But will the vaccine elicit as robust a response from the immune system in the elderly? If not, it is unlikely to be effective for them.

10. **Alternatives to vaccines**—Well-tested, cheap medicines are readily available to reduce the illness's severity, many being produced by India and being used around the world in large amounts. Some specifics are [here](#).

Prevention's even more crucial. Exercise, time outdoors, clean air, vitamins and a healthy diet go a long way to preventing or reducing our symptoms if we contract coronavirus, just like any other virus.

Terrain theory suggests that focusing on creating healthy immune systems and investing in making our bodies resilient to viral infections is paramount. Thus having the ability to quickly clear pathogenic encounters is the safest and most sustainable long-term solution to living in a multifaceted microbial world.

Vitamin D—Serum levels of vitamin D between 50–80 nanograms/ml offer high levels of protection from infection and complications. Vitamin D deficiency is widespread in North America, and poses a major risk of both acquisition and severity of Covid. Supplementing with 5,000IU/day can maintain adequate levels. Zinc and Vitamin C are also safe and cheap approaches to avoiding or lessening a viral infection.