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Dear Police, First Responders and Healthcare Workers

Re: COVID-19 Vaccine Concerns

I am writing on behalf of **Vaccine Choice Canada** to express our deep concern for you and your colleagues.

We understand that first responders and frontline healthcare workers are being targeted to receive the initial deployment of the COVID-19 vaccine. After a thorough review of the available scientific literature, it is our contention that the Pfizer and Moderna products authorized for 'interim' use in Canada carry substantial risks.

We recognize the importance of first responders and frontline workers and feel a sense of urgency to share this information with those we rely on most during times of emergency. The attached document addresses the following concerns:

- **Human experimentation:** The Pfizer and Moderna vaccines granted 'interim approval' by Health Canada have not been adequately tested for either safety or efficacy. This means that the use of the COVID-19 vaccine is **human experimentation**.
- **The Vaccine May Not Prevent Infection or Transmission:** COVID-19 vaccine makers are not required to demonstrate that their product prevents either infection or transmission of the virus.
- **COVID-19 – A Low Lethality Illness:** The coronavirus is statistically shown to be far less deadly than portrayed by mainstream media and health officials.
- **Health Canada Oversight Insufficient:** The safety testing of the COVID-19 vaccine products is incomplete and less rigorous than that for other vaccines.
- **No Individualized Risk-Benefit Analysis:** A proper risk-benefit analysis has not been conducted. Implementing a 'one-size-fits-all' policy fails to recognize that the risk of COVID-19 varies greatly depending upon several variables including age and pre-existing conditions.
- **Informed Consent:** Those advocating for mandates and coercive measures that remove the right to consent are undermining essential individual rights and freedoms. This is a clear violation of the Canadian Charter and also medical ethics.

Our intention in writing this letter is to bring to your awareness the experimental nature of this vaccine. It is our hope that this information will help to protect your right to voluntary informed consent, free of any coercion or constraint. Thank you for your service to Canadians.

Sincerely,

Vaccine Choice Canada

I. The COVID Vaccine Is Human Experimentation

The Pfizer and Moderna vaccines have been granted 'interim approval' by Health Canada even though they have not been adequately tested for either safety or efficacy. This means that the use of these COVID-19 vaccines is technically considered to be **human experimentation**.ⁱ

The normal development timeline of a vaccine product is 5 - 10 years. It is impossible to identify the effects of a vaccine in the few months the product has existed. The most significant concern with the Pfizer and Moderna vaccines is the introduction of '**messenger RNA/DNA technology**'. This technology has never before been injected into humans on a mass scale. The consequences of injecting genetic altering technology into a human body is **unknown**.

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

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

Normal protocols to test the safety of vaccines include testing in animals prior to testing in human subjects. This protocol is even more essential for a coronavirus vaccine. All previous efforts to develop a coronavirus vaccine over the last 60 years have failed because the vaccine caused an exaggerated immune response upon re-exposure to the virus.ⁱⁱⁱ This 'pathological priming' resulted in severe injury and death to the test animals. In the rush to develop a COVID vaccine, Health Canada has permitted vaccine makers to bypass animal testing and move directly to testing on humans.

Health Canada has also granted Pfizer and Moderna permission to deploy their vaccines in the general population **without completing Phase III trials**. This is unprecedented in vaccine development. Health authorities admit that long-term safety data does not exist for the vaccine.^{iv} There is no data that defines the vaccine's interaction with other vaccines or prescription medications.^v COVID-19 vaccines have not been tested for their ability to cause cancer, induce organ damage, change genetic information, impact the fetus of a pregnant woman or to impair fertility. William Haseltine, a former Harvard Medical School professor states that, "*These protocols seem designed to get a drug on the market on a timeline arguably based more on politics than public health.*"^{vi}

II. The Vaccine May Not Prevent Infection or Transmission

Many individuals eager to receive a COVID-19 vaccine are under the notion that the vaccine will protect them from the SARS-CoV-2 virus. The reality is that COVID-19 vaccine makers are not required to demonstrate that their product prevents either infection or transmission of the virus. Vaccine

manufacturers are also not required to demonstrate that the vaccine will result in a reduction in severe illness, hospitalization, or death.^{vii viii ix}

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

This begs the question – what benefit will the COVID-19 vaccine actually confer?

Public health authorities have stated that vaccine recipients will still be required to wear a face covering, maintain physical distance, and avoid crowds. CDC’s own data confirms that over 80% of individuals who test positive for COVID-19 are asymptomatic. For these individuals a risk-benefit analysis could only conclude that a COVID-19 vaccine will result in substantially more risk than benefit.

III. COVID-19 Is A Low Lethality Illness

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

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

What is also rarely acknowledged by our government, public health officers, and the corporate media is that safe and effective drugs and vitamin and mineral supplementation for the prevention and treatment of COVID-19 have been identified.^{xiv xv xvi xvii} Such treatments negate the need for an ‘emergency use’ vaccine. These treatments are rarely discussed, much less encouraged. Even more disconcerting is that Canadians are not given access to effective treatments such as HCQ and Ivermectin.^{xviii} The only Health Canada recommended intervention is oxygen therapy and ventilation.^{xix}

IV. Health Canada Oversight Insufficient

Many Canadians assume Health Canada provides rigorous oversight and would never permit a vaccine to be introduced to the Canadian public without robust testing to ensure both safety and effectiveness. The fact is that Health Canada does not conduct its own clinical trials to determine the safety and efficacy of a vaccine. Instead, Health Canada relies on the data provided by the vaccine manufacturers. Health Canada also holds the perspective that it is not necessary for vaccine makers to test their products against a neutral placebo, the gold standard for safety testing.

Canadians may not be aware that vaccine producers such as Pfizer, Merck and GlaxoSmithKline have paid billions in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks, and false advertising.^{xx xxi} In 2009, Pfizer paid \$2.3 billion to

resolve criminal and civil allegations in what was then the largest health care fraud settlement in history.^{xxii} Canadians may also not be aware that the Vaccine Injury Compensation Program in the United States has paid out more than \$4.4 B in compensation for vaccine injury and death since 1989, and that Canada is one of only two G20 Nations without a national vaccine injury compensation program. While a vaccine injury compensation program has been promised, the program has yet to be implemented.

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

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

V. No Individualized Risk-Benefit Analysis

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

Further, implementing a ‘one-size-fits-all’ policy assumes the risk-benefit is the same for everyone. This fails to take into consideration the established fact that the risk of COVID-19 varies greatly depending upon several known variables, most especially age and pre-existing conditions. These variables must be considered when assessing the risk and benefit of this medical device.

VI. Informed Consent Is Essential

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

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

Secondly, we hold that any medical intervention requires voluntary consent. Canada is a signatory to **The Universal Declaration of Bioethics and Human Rights** which describes consent as follows: “Any

*preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason **without disadvantage or prejudice.***"

According to the **Nuremberg Code**, developed in response to the medical abuses of the Nazi regime, informed voluntary consent means that *"the person involved... should be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or **other ulterior form of constraint or coercion.**"*

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

We would be glad to provide you with further documentation should you wish.

For more information, visit: www.vaccinechoicecanada.com

References:

- ⁱ <https://off-guardian.org/2021/01/03/what-vaccine-trials/>
- ⁱⁱ <https://q107.com/news/7521148/coronavirus-vaccine-safety-liability-government-anand-pfizer/>
- ⁱⁱⁱ childrenshealthdefense.org/defender/pfizer-COVID-vaccine-trial-pathogenic-priming/
- ^{iv} <https://www.fda.gov/media/144416/download>
- ^v [COVID-vaccine.canada.ca/info/pdf/pfizer-biontech-COVID-19-vaccine-authorisation.pdf?fbclid=IwAR0vCv09_332PjR41OUBJOy1k1ESQg--CbAqcGpk1ZWY71xBztuLDE05oE](https://www.covid-vaccine.canada.ca/info/pdf/pfizer-biontech-COVID-19-vaccine-authorisation.pdf?fbclid=IwAR0vCv09_332PjR41OUBJOy1k1ESQg--CbAqcGpk1ZWY71xBztuLDE05oE)
- ^{vi} <https://www.washingtonpost.com/opinions/2020/09/22/beware-covid-19-vaccine-trials-designed-succeed-start/>
- ^{vii} <https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/>
- ^{viii} <https://www.nytimes.com/2020/09/22/opinion/covid-vaccine-coronavirus.html>
- ^{ix} <https://stopmedicaldiscrimination.org/home#af86c044-aed2-496d-92bb-e1d76dca284e>
- ^x <https://www.bmj.com/content/371/bmj.m4037>
- ^{xi} https://www.cihl.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf?emktg_lang=en&emktg_order=1
- ^{xii} <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>
- ^{xiii} <https://www.breitbart.com/politics/2020/09/25/cdc-data-shows-high-virus-survival-rate-99-plus-for-ages-69-and-younger-94-6-for-older/>
- ^{xiv} <http://www.americasfrontlinedoctors.com/hcq-protocols/>
- ^{xv} <https://www.youtube.com/watch?v=BLWQtT7dHGE>
- ^{xvi} <https://anthraxvaccine.blogspot.com/2021/01/first-country-bans-ivermectin-lifesaver.html>
- ^{xvii} <https://www.hsgac.senate.gov/imo/media/doc/Testimony-Kory-2020-12-08.pdf>
- ^{xviii} <https://www.americasfrontlinedoctors.com/hcq/>
- ^{xix} <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/clinical-management-covid-19.html>
- ^{xx} www.corp-research.org/merck
- ^{xxi} https://www.theguardian.com/business/2012/jul/03/glaxosmithkline-fined-bribing-doctors-pharmaceuticals?CMP=share_btn_fb
- ^{xxii} <https://abcnews.go.com/Business/pfizer-fined-23-billion-illegal-marketing-off-label/story?id=8477617>
- ^{xxiii} <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf>