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# This is not a vaccine

The Israeli people haven't been given information required for a sufficient risk-benefit analysis in this extraordinary endeavor. Opinion

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Contact Editor Ilana Rachel Daniel, Jan 13, 2021 3:42 PM



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in a historic and decisive juncture that will determine the trajectory of this people now and for the foreseeable future. It is an undertaking that cannot be overstated.

As is now widely publicized, revealed initially by former [PM Ehud Barak](#) [1] and then Prime Minister Benjamin Netanyahu himself [2], a deal has been made. In Israel, Pfizer has found a home for its experimental pilot program of expansive human trials. According to Barak, Pfizer has chosen our country for its decades of meticulously recorded medical and vaccination records, which allow it to explain adverse reactions to its product by pointing to previously existing conditions within the patient.

In effect, Bibi has signed up his people, all seven million citizens aged 12 years and over [3], without our informed consent, to become the first country in its entirety to do human testing on a technology which has been, for many decades, attempted and failed in the laboratory. Thus far, the pilot study is moving at truly astonishing speed; some two million people have already been injected under a program that runs daily from early morning until late night, even on Shabbat. [4]



However, the Israeli people have not been given the information required to make a sufficient risk benefit analysis in this extraordinary endeavor. In fact, they have been given little information at all and that includes complete opacity of data on the unfolding outcomes of adverse reactions currently taking place.

Our citizens must first and foremost define the discussion in order to accurately weigh their choices. What they are being asked to inject is not a vaccine as defined by the CDC as “A product that stimulates a person’s immune system to produce immunity to a specific disease.” [5] Rather, it is an experimental and novel technology. By definition of the FDA [6] as a component used as treatment to affect a body’s function, it is in fact a medical device, a physical device that comes in a molecular sized package. Erroneously referring to this intervention as a vaccine exploits the public’s ingrained trust of the vaccination program to solicit knee jerk response and action. It keeps us entrenched in needless debate in place of taking the necessary measures to investigate the impact on our health.

DNA is, in short, the basis for our genetic structure. Inside each cell are codes which transfer its information to make proteins through messenger RNA. Messenger RNA is an intermediary between gene and protein and the protein elicits the immune response, not the RNA. The contents of this shot being given on an experimental basis is a synthetic messenger RNA that is inserted into the human system to activate the cell to manufacture, in this case, a spike protein. [7] An mRNA vaccine is not a vaccine, because it does not elicit an immune response. What it is, is genetic engineering.

There are a number of prominent concerns of serious adverse reactions of which include, in brief summary, some of the following:

In previous clinical trials since the 1960’s [8] attempts to vaccinate against RSV, [9] Dengue, [10] SARS and MERS, the studies each failed during the animal phase. Cats, ferrets, monkeys, and rabbits each and every time experienced Antibody Dependent Enhancement (ADE), also known as pathogenic priming or a cytokine storm. This occurs when the immune system

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creates an uncontrolled and overwhelming inflammatory response upon being confronted with the pathogen in the real world, and the outcome, tragically, is death. The same immune system overreaction took place in a number of infants in clinical trials who received an attempted RSV shot, as well as some six hundred Filipino children who died following early vaccination against Dengue [11] and it remains a viable concern today. [12]

Autoimmune disease occurs when the body's immune system can't tell the difference between its own cells and foreign cells, and causes the body to attack its normal cells. [13] It has been suggested that "molecular mimicry" may contribute to this problem, with antibodies to SARS-CoV-2 cross-reacting with structurally similar host protein sequences and raising an acute autoimmune response against them. [14]

Scientists have determined that the same spike protein found in SARS viruses are also responsible for the development of the placenta in mammals, including humans, and is therefore an essential prerequisite for a successful pregnancy. If a woman's body is primed to attack these protein spikes, the immune system may prevent a placenta from being formed, which would render that woman infertile. [15]

Drs Yeadon and Wodarg further explain; "To my knowledge, Pfizer/BioNTech has yet to release any samples of written materials provided to patients, so it is unclear what, if any, information regarding (potential) fertility-specific risks caused by antibodies is included. According to section 10.4.2 of the Pfizer/BioNTech trial protocol, a woman of childbearing potential is eligible to participate if she is not pregnant or breastfeeding, and is using an acceptable contraceptive method as described in the trial protocol during the intervention period (for a minimum of 28 days after the last dose of study intervention). This means that it could take a relatively long time before a noticeable number of cases of post vaccination infertility could be observed." [16]

We have additionally heard the reports of multiple cases of Bell's Palsy in both trials [17] and administration, numerous cases of anaphylaxis shock even when no previous allergies were detected, as well as several announced incidents of "false positive" HIV tests. [18]

The remaining elephant in the room is that of the greatest unknown, of tampering with the human genome. There is much we have yet to comprehend of the complexity of the human body and immune system. Science has gotten it wrong many times before, having made assumptions about its ability to exert its dominance over nature. It is still and always nature which has the final say. In the human genome project they tried genetic engineering by changing a singular gene which they believed was the defect in the genetic process. Unexpectedly, instead of correcting, it caused a domino effect of uncontrolled regulation onto multiple other genes.

Of the media press release of 95% efficacy taken as gospel and repeated as fact, Peter Doshi of the British Medical Journal posits whether the study trials were designed too poorly not to fail. With 3,410 total cases of suspected, but unconfirmed COVID 19 in the overall study population accounted for makes a relative risk reduction of 19%, far below the 50% required for emergency use authorization. [19]

Pfizer, Moderna, Dr Anthony Fauci and Dr Soumya Swaminathan, the WHO's chief scientist, have made it abundantly clear that the novel mRNA strand entering the cell is not intended to stop transmission but rather as a treatment. However, were we at long last permitted to hold public discourse on the profoundly viable and formerly ubiquitous treatments such as Ivermectin, [20] for one example, and were these treatments not denied us both in access

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and scientific data but disseminated to the global community, we might not have had need for an emergency use technology at all.

If this experiment does prove to cause any or combination of these problems in a year's time or a few more and has already been administered to billions worldwide it will be too late. It cannot be removed and it cannot be turned off, it has been irretrievably unleashed into the cellular system. And there is not a government in the world nor the manufacturer himself who will be held accountable if you find yourself come to grave harm. [21]

In a multitude of monumental changes that have taken place over the course of the last year the one thing that has remained consistent is that the mortal risk a Covid-19 infection poses is, with exception, to those above 65 years or with comorbidity. There is not in existence a reasonable scientific or medical indication to inject an experimental technology forever into the veins of anyone outside that narrow group. I argue that to do so it is a reckless and cynical display of disregard for human life and well being in the perverted name of saving a particular few.

We claim an unbridled love of science and yet we are missing the crater sized gaps in reason. A tremendous risk of known and "known unknown" issues is considered against the singular benefit to avert symptoms in questionable potential at best. Tested on an uninformed populace, this is not a flag for public health. The use of the word "vaccine" and the magic bullet it has come to represent confounds the discussion as does its expeditious administration alongside an exponentially changing world. The brevity with which this technology was so recently produced is long forgotten and I, with many others, face the sobering fact that with a now live totalitarian Green Passport initiative, must choose which of my freedoms to concede, the loss of my self determination or my autonomy of body itself.

I stand for your right to understand the risks and choose to take this intervention. I ask you to stand, equally and emphatically, with my right to understand them and choose not to. However forcefully you may disagree with my perspectives, the risks of my being wrong don't touch the risks of removing the freedoms to choose them. Free choice is what breathes living into life. It is what gives us the opportunity to learn. It is what gives us hope for the future. These are the greatest challenges we will ever meet. Whatever you are called to do to make change, do it soon, do it now. Your choice matters.

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