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A Life Saving Hope or Death Defying Jab? Three Perspectives on the Experimental COVID Vaccine

Transcript available

By Michael Welch, Mary Holland, and Dr. Meryl Nass
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"I believe that people should be aware that side effects can happened, that it is not good for everyone and in this case destroyed a beautiful life, a perfect family, and has affected so many people in the community. Do not let his death be in vain please save more lives by making this information news." – Heidi Neckelmann, wife of Dr Gregory Michael, whose death was attributed to the Pfizer COVID vaccine.

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The vaccine for COVID is here.

While being told or left with the opinion it is the only relief to the burdens imposed over the last year, these new doses coming from the pharmaceutical companies Pfizer-BioNTech and Moderna arrived as a warm Christmas present for the locked down and masked masses.

As of 9:00am on January 22, fully 19,107,959 Americans had gotten at least one shot. More are planning to line up and take their dose in time. However, there are some reported difficulties with the MRNA Mimosas that could pose concern down the line.

In addition to a perfectly healthy 56 year old physician based in Florida who died after receiving Pfizer's COVID vaccine, there was a story of a 41 year old woman in Portugal who died two days after getting the vaccine. And there was a 75-year-old Israeli man who had a heart attack only two days after receiving his dose.

In California, the State's top epidemiologist, Dr Erica S Pan requested a halt on the huge batch of the Moderna vaccine on the grounds that it left people with "higher-than-usual number of possible allergic reactions."

And in Norway, doctors have been advise to re-assess frail and terminally ill patients in the COVID inoculation crew after 33 elderly patients died shortly after the Pfizer-BioNTech injection.

Dr. William Wodarg and Dr. Michael Yeadon put out a petition in early December to call off all SARS-CoV-2 vaccine studies until a study design was put in place to address concerns about the vaccine and the inadequate study design behind it. The lack of testing the drug on

animals, the lack of time to study the long-term effects, the accentuated process of an exaggerated immune reaction to a real or wide virus in a process known as antibody-dependent amplification (ADE), and the polyethylene glycol in the vaccine, a substance to which 70% of people have allergic and possibly fatal reactions, are just some of the concerns under consideration.

But COVID is a matter of life and death! According to some, heroic moves to rescue them with a cure cannot be held back on account of uncertain episodes.

The Global Research News Hour this week endeavours to explore the issue with three individuals all with somewhat different views and vantage points about the harm caused by these Pfizer-BioNTech and Moderna potions.

First up, Dr. Meryl Nass returns to the show outlining what authorities did to endanger patients with the Emergency Use Authorization legislation and the virtually helpless situation they endure if they do get vaccine injured. Second, Dr. Allison McGeer shares her views spotlighting the necessity of supplying the drug in a timely manner and the dangerous consequences of giving in to vaccine hesitancy in the 'Age of COVID.' Finally, Mary Holland, a representative of the Children's Health Defense, spelled out her reasons for disagreeing with the use of the vaccines, given what we know about them so far, and states her objections to what she sees as censorship plaguing her group.

Meryl Nass M.D. is a General Internal Medicine Physician with 40 years of experience. She is an epidemic and anthrax expert and composes a series of blogs for the site Anthrax Vaccine as well as Global Research. She's based in Ellsworth, Maine.

Allison McGeer M.D. is a specialist in internal medicine and is a Canadian infectious disease specialist in the Sinai Health System, She has led investigations into the severe acute respiratory syndrome outbreak in Toronto and worked alongside Donald Low. During the COVID-19 pandemic, McGeer has studied how SARS-CoV-2 survives in the air.

Mary Holland is the vice chair and general counsel for Children's Health Defense.

(Global Research News Hour Episode 303)

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Transcript – Interview with Dr. Allison McGeer, Jan. 19, 2021

Global Research: Should the COVID vaccine be banned in the face of numerous instances of allergic reaction and death?

Dr. Allison McGeer: The answer to that is absolutely not. You know, the…when we introduce new vaccines or start using new vaccines we are very, very careful about safety surveillance. And so that means that whenever we see something, okay, question of increased allergic reactions in California, appears to be associated with blood batch, batch gets pulled, until we sort it. It's probably not anything important, it'll probably go back in. But we just don't know that.

In Norway, there have been a number of deaths in long-term care after vaccine introduction. My understanding from accounts is it's actually less than the expected number of deaths in long-term care for that period of time. So it is entirely appropriate that people report them, that they investigate them that they ask whether there's any potential association with the vaccine because we need to be very careful.

But it's almost certainly true that in Norway those are expected deaths that occur when you vaccinate frail, elderly residents in long-term care, unfortunately, their case fatality rate from all sorts of diseases is relatively high. And so it's unlikely that any of those will turn out to be associated with vaccine.

Norway has not stopped its vaccination program. It's just recommended that a little bit of caution in elderly residents on long-term care specifically in the same way that the UK advocates caution with people who'd had anaphylactic reactions to previous vaccines initially, but now with more experience with knowing that the risk of anaphylaxis, well it's not zero – never is with vaccine or for that matter with any medication you take – but it's low enough that people don't need to be worried about it any longer.

So we can expect with a new, very large vaccine program rolling out, that because of the extreme caution that we apply to new vaccines there's going to be temporary holds on things there's going to be lots of investigations. That doesn't mean there's anything wrong with the vaccine at all. And it certainly in this circumstance doesn't mean that taking the vaccine is not the safer of two choices.

We tend to think that, "okay I'm choosing whether or not to get the vaccine." But that's not actually the choice. The choice is "I am choosing to get vaccinated or I am choosing to live exposed to COVID-19." And living exposed to COVID-19 is not a risk free thing to do. COVID-19 is a dangerous virus. Three thousand people a day are dying from it in the United States. And so it's a balance. You know, which is a riskier thing to do, get the vaccine or get COVID. And no question from the data we have at the moment. For a great many adults, particularly older adults, getting the vaccine is the safer option.

GR: Are they adequately being warned of this risk? I mean if they could get anaphylaxis or possibly even a remote chance of dying before they take this (vaccine) and they can decide would you rather have the vaccine or would you rather have COVID.

AM: Yes, I think the answer is yes. Whenever we give somebody a vaccine it should come with adequate information. I think there's been lots of discussion which has been very useful about allergic reactions to vaccine. A lot of information about how (inaudible) they are. I think…anytime

that a health care provider offers you medication for people…a health care provider of any sort offers you any intervention whether it be medication or vaccine or manipulation or injections there should always be a discussion about risk benefits and people should be making an informed choice. And I would hope that that's what people are doing with respect to COVID vaccines.

GR: The first vaccines are involving messenger RNAs. They've never been used before. First time that they're going out. They weren't using lab animals. The FDA, the Health Canada, they approved it. Is it possible that in some way they've operated in haste? They're so active, so much of a hurry to get this vaccine, that, you know, better a bad vaccine than no

vaccine at all. What do you say to that?

AM: Well, we do actually use mRNA vaccines the better name practice, a number of mRNA vaccines that people are using, we've been investigating them in humans for a long time. Most commonly in humans they're used in testing in cancer vaccines so the attempt to vaccinate you against your own cancer cells so that your body will attack and kill cancer. But there are also some mRNA vaccines for influenza, for instance, that are in development, have not been widely in humans, in part because we didn't expect them to work very well.

So, we can expect to see a lot more mRNA vaccines out there now that we've found they've worked so well against COVID-19. But they have been subject to exactly the same and very stringent safety assessments that any vaccine comes from our (inaudible) has.

This is not that we have not applied the same safety standards to these vaccines. It's just that because COVID is out there and because we know how dangerous it is we've been careful to do that really quickly so it's involved a great many people, and a lot of their time, but we haven't cut corners on any of the safety assessments. These vaccines got tested in animals, they got tested in humans in small numbers initially, they've been through the entire usual process for vaccines. It's just been more quickly than we usually do it.

GR: Two prominent doctors, there was William Wodarg, the former chair of the Parliamentary Assembly of the Council of Europe Health Committee and Michael Yeadon a former chief science adviser they submitted a petition in early December to stop the roll out of the Pfizer-BioNTech vaccines on the grounds that there were four perceived dangers. They include the formation of non neutralizing anti bodies which could result in exaggerated immune reaction if confronted by the real virus, the antibody-dependent amplification. Also they contain polyethylene glycol to which 70% of people are allergic and could develop a fatal reaction to the immunization. Also the vaccines contain antibodies against SARS-CoV-2 spike proteins, however, they could trigger an immune reaction to syncyntin-1 which is essential for the formation of placenta in humans and could leave them infertile.

And the short duration of the study does not allow for a realistic assessment of the late effects, as happened a decade ago with vaccinations to H1N1.

European Medical Agency didn't agree with them. Should they have been? What do you say to those concerns? WAS IT charged TOO SOON OUT OF THE GATES?

AM: So, the answer to that is unequivocally no.

You know, it is true that there are some allergic reactions to that vaccine, but we will know what that number is now, it's about ten per million doses of vaccine administered. That's a little bit higher than with some other vaccines, but it's still very low. It's still…again in the balancing act though – risk of COVID, risk of vaccine – it does not change that balance at all. So yes, allergic reactions do happen but they are distinctly uncommon and well within the range of making us decide that we should take the COVID vaccine.

The fact that we don't know how long the COVID vaccine lasts is absolutely true. That is always true when we introduce new vaccines. And in this particular setting, even if the COVID vaccine only lasted for a year, that would be a very significant benefit, you know? That would get us back to normal and then we'd have to get re-vaccinated. Well okay, we get vaccinated against flu every year. You know? We can manage that.

And so if the price of getting our lives back to normal, getting our economy going is getting a shot every year to protect us from COVID, I think most people would be willing to accept that as reasonable. I actually think the evidence suggests now that the vaccine will last considerably longer than that but we will have to see. Nonetheless, every time we introduce a new vaccine, we don't know how long it's going to last, okay?

We introduced Hepatitus B vaccine in the 1980s, right? We had no idea how long it was going to last. If we waited to know we'd still be waiting, because the vaccine's good for a lifetime, okay? So, you have to introduce vaccines and then you have to do the assessment.

It is also true that we don't know whether this vaccine protects you from asymptomatic infection and transmission, and that is really important if you want to prevent transmission of this disease. But again, if all the vaccine does is prevent serious illness, and doesn't prevent transmission, that's not great, but it's a lot better than nothing and that'll mean that we'll switch away from these vaccines ultimately to some other vaccine that does protect you. But if in the meantime all those vaccines do is prevent people from dying from COVID-19 for the six or eight months until we get other vaccines, that's still well worth having.

GR: That was Canadian infectious disease specialist Allison McGeer.

Transcript – Interview with Mary Holland, January 21, 2021.

Global Research: Since the vaccines have been released there have been a number of severe allergies and even some deaths and your associate The Defender printed them up. Are you…are they related to any of the fears that you had in your list of concerns. I mean, what is a scenario that you foresaw?

Mary Holland: Sadly Michael, it was a scenario we foresaw.

So, the only two COVID vaccines available in the United States, and in Canada and in many countries right now are what are called messenger RNA vaccines. Many people say they should not be called vaccines. They are not traditional, typical vaccines in any way.

Some people say that it should be called simply genetic engineering. This is literally injecting into the human body for the first time in history ever, on very, very radically short clinical trials. Genetic information to tell individual cells to create a protein against which the body will develop antibodies. This is not the traditional technology. The observational period in the clinical trials is about three months. There are many problems with the clinical trials I'd be happy to talk with you about. And so we're very concerned.

There have been reports of widespread death in the elderly community. So there's been an attempt to target nursing homes. We have information that there were just thirty three deaths in a Norweigan nursing home. Norway has now called for patients to be assessed on their frailty to see if they're actually fit for vaccination because this is a very severe immune system event.

China has called for suspension of using the Pfizer vaccine in the elderly population. In New York State, where I'm located, there is a story about a nursing home in Upstate New York that just had over twenty deaths immediately after giving the vaccine. And in there are

cases of younger, healthy people. A 56-year-old obstetrician in Florida who died within weeks of getting the vaccine. He developed thrombocytopenia, something that is known as a severe adverse event from vaccination.

A younger woman, 42, in Portugal, died two days after getting the vaccine.

One of the things that we warned about, our founder Robert F Kennedy Jr and our chair, he wrote a letter to the FDA and to the NIH back in March saying we knew that they were going to be using something called polyethylene glycol in the lipid nanoparticle envelopes around the messenger RNA in the Moderna vaccine. And so he wrote to FDA and to NIH saying we know that 80 percent of the population has severe allergic reactions to PEG.

Many, many medications are what they call PEGillated. They contain PEG which is thought to be inert but the research now is suggesting it's not inert at all. It can cause severe allergic reactions. We know that that's going to cause anaphylaxis in 80 percent of people and they're going to die if they don't get epinephrine. And in fact, we said you have to screen people for PEG sensitivity and that wasn't done. And immediately after the roll-out of these COVID vaccines in the United Kingdom, what it received: two people with severe anaphylactic shock. And those aren't the only problems.

The real bottom-line is Michael, they skipped over animal trials, they had about three months of observations in predominantly extra-ordinarily healthy people, they exclude people with co-morbid conditions for political trials, and we don't know what's going to happen. But in the short period of time that we've already observed these products to be on the market, these mRNA vaccines, the CDC has reported about one in forty two serious adverse events, health outcome events they call it. One in forty two, that's more than 2 percent. That's a lot! And we've already got sixty-six reported deaths in our adverse event reporting system.

GR: A doctor from Mount Sinai Hospital, I mean, she was going over that and she said that a lot of these sorts of instances can be expected because they're very frail, and if you give one of them a shot, well, you don't even know that… that the shot was responsible for killing them, according to her, because we got to get these people vaccinated right away. That the risk due to the vaccine is not like the risk due to COVID. So, what do you say to that?

AM: So, what we say to that is this is by its very definition, Michael, this is an experimental use authorization product. It is by its very definition experimental and we subscribe to the Nuremburg Code, the foundation of ethical medicine which says consent of the individual is absolutely essential.

So now in Norway they're recommending that people who have a short life span ahead of them, they shouldn't get this vaccine. Why should somebody's life be cut short just because they're frail. There's no reason for that! So I think it's an individual choice. I think the reality is is that we don't know all of the adverse effects that are likely from this vaccine, and people are taking a calculated risk.

COVID is treatable! Ivermectin has now been recognized as an appropriate treatment by the FDA. Certainly there's good science in other countries, not the US but about the hydroxychloroquine being used. Vitamin D deficiency is very closely associated with COVID morbidity and mortality. There are interventions for people who get COVID! The survival rate is in the high 90 percent.

So it's an individual choice. Do people want to take the risk of taking the vaccine, or do they want to preserve the risk that they might get sick but that there are therapeutics available. That's an individual choice, given that this is at this point still an experimental prize. .

GR: Do you think that the people are hearing the risk? I mean, anytime somebody, even doctors read…anytime somebody gets a shot, they should be warned of all the risk. Do you think that's actually happening?

MH: No, I don't think that people are being adequately given…I don't think people are given sufficient information. I don't think people are always being told that this is an experimental use authorization vaccine. It has not been licensed by the FDA. And that it is by its very nature experimental. And there may be known and unknown side effects, including death. I don't think people are getting that information sufficiently. And that's what they need to be told. In order to be able to give true, informed consent.

Consent implies that you have enough information on which to base a judgement, and if people are being told, "oh, there's just going to be a little pinch in your arm but there's nothing else that can go wrong," that's just false information.

GR: I was wondering, could you mention any of the other conflicts that causes your group to have doubts about accepting the vaccine?

MH: Well obviously, for instance the Moderna vaccine, which is the second one on the market in the U.S., it's a co-production with the National Institute for Health. So this is a public-private partnership. Sadly, there's an obvious conflict of interest that the government is not eager, likely, to decide that it's own product is inadequate or is excessively dangerous. That's an inherent conflict. It's a very serious one.

Also, like I said, they skipped over animal trials. You know, the observation period's very short. They didn't do clinical trials in the target population. One of the target populations is the elderly. People of colour. They didn't actually have large percentages of people in the clinical trials from those two target groups. So, we have to expect that there are going to be adverse events that we didn't see in the clinical trial.

And furthermore, very problematic information that's come to light in the British Medical Journal in the last couple of weeks by the Associate Editor Peter Doshi who did a deeper dive in information that's just been published about the size of clinical trial by the FDA in four thousand pages, he uncovered that many people had suspected COVID but they didn't have a matching polymerase chain reaction test that confirmed that COVID…well if you add any of the suspected COVID cases, which are people who have clinical symptoms, you know, fever, achiness, you know, sick, if you add in all of those people, you ended up with an efficacy rate of nineteen percent, or maybe twenty nine percent if you excluded some right after the Vaccination. That's a world of difference from the ninety five percent efficacy that has been touted around the world.

So, there are just so many questions about this product that has been pushed out in this aggressive manner, as if we know that it's going to solve the pandemic, when in point of fact we have no clue if it's going to solve the pandemic.

Also, it was not tested for whether or not it stopped transmission. It was tested for whether it averted mild symptoms. What it's going to do in terms of stopping transmission we have

no idea.

GR: You know, one of the points that were raised in the conversation with Dr. McGeer was the fact that just because somebody gets the vaccine, well we don't know for sure that they died from the vaccine. I mean there could have been other potential possibilities and that's possible. But, it seems to me that when it comes to COVID, it doesn't matter how you died. If you had COVID, it was COVID. So that it seems as if there's a bit of a double-standard there. I mean, I don't know. What do you think?

MH: I agree with that completely! I mean Dr. Birks from the COVID task force said that, you know, we are going to count anyone who dies with COVID as a COVID death. So literally, if somebody dies in a motorcycle accident because a car ran into them, but they test positive at death or on after death with COVID, that's characterized as a COVID death.

That's ridiculous! And yet that is what we have in the United States at least.

GR: Now, one of the other things she said, she talked about how long the COVID vaccine will actually be effective, and she herself said that if it only works against the virus for six or eight months, we may have to go out and get another vaccine. So, we are looking at every year, potentially, unless we're really lucky, but every year potentially, we could have to go for our vaccine. Do you have any concerns that, not only about the vaccine but having to take it again an again and again?

MH: We have grave concerns about that! So, you know, we do a lot of study and put out a lot of information about the annual flu vaccine. So, this is not comparable, the ones that have come out on the market right now. These are novel technologies, these mRNA. But the flu vaccines we know cause the majority of the injuries in the national vaccine injury compensation program. It's the majority of injuries that are compensated by the U.S. government.

Flu vaccines, people die from the flu vaccines. If we now have annual COVID vaccines or joint annual flu/COVID vaccines, you can be sure that they will cause injuries. I mean that's just, you know, it is acknowledged that vaccines are unavoidably unsafe. No one knows exactly how the given individual will react to this medication.

You know, we never give prescription medications without examining the individual patient. And yet,

somehow, we imagine that we can give "vaccines," a particular type of medication, on a one size fits all basis. It doesn't work that way! It just doesn't work that way! You actually have to examine the patient to figure out whether this medication is really appropriate for this individual.

And fortunately, the Norwegian health authorities have now said that about COVID vaccine. You need to examine whether this particular patient is fit for vaccination. If they are very frail, they are not fit for vaccination.

GR: A little while ago you mentioned there were alternatives to vaccines. You mentioned things like ivermectin and Vitamin D and so on. But, I mean, surely you have to have…these things have to go through peer review at the very least before you can authorize it. Is that the case? Can we legally go along with this or is there a potentially a down side that has not been explored?

MH: I'm only talking about things that have been robustly peer reviewed Michael. So, the literature on Vitamin D and COVID and other respiratory conditions is robust. This is peer reviewed science. And I'm telling you that the FDA…. I'm sorry…the NIH, the National Institute of Health in the U.S., just issued a statement saying that ivermectin is now considered appropriate for use against COVID. The United States has not embraced hydroxychloroquine, however many physicians and scientists around the world have. And again there is robust peer reviewed science showing that hydroxychloroquine and other chloroquine drugs are effective against COVID.

There's no such thing as a perfect drug that doesn't cause side effects in some people. But there are now therapeutics. I mean, the peak of this pandemic was almost a year ago – was March, April of 2020. We're now not in the peak, and we have discovered effective, you know, combinations of things that seem to work effectively to prevent death and severe cases.

GR: There's been a tendency on the part of the media to avoid talking about harm, it seems to me. Plenty of pro-vaccination points, but the anti-vaccination point is generally ignored. Could you talk about your experiences dealing with media.

MH: Yes! So, we know that the media has really embraced the narrative of the pandemic and, you know, COVID 24/7, and the deaths and the horror. And we know that they have not published about anything about the therapeutics and have taken a very taken a very jaundiced view towards anyone whose critical in any way about the vaccines or disputing the numbers and so on.

I think it's a disservice to talk about the anti-vaccine movement. We don't consider ourselves at Children's Health Defense to be anti-vaccine. We're pro-science! We want to see robust science! We want to see robust discourse! We believe you can only arrive at the right conclusion if you have free and open discourse about these issues and you publish all of the science. The media has really fallen down on its job in covering this story about the pandemic from our perspective.

The media has really fallen down on its job in covering this story about the pandemic from our perspective. And because the media has so fallen down, we created at the end of 2020 an online newspaper that comes out five times a week called The Defender. And we are covering the adverse events. And people can put in their comments "we can want to have conversation" so it's www.childrenshealthdefense.org/defender. And we think that it's crucial we talk about the adverse event, and we talk about if the vaccine is working great. But we have reservations based on the critical trials and about the suppression of information that's critical.

GR: Are there any other ways that you've been having difficulty in the pandemic era?

MH: Well, we are actively, Michael, we are actively censored! I mean we were thrown off of mailchip. We have been closed down on vimeo. On our facebook page for Children's Health Defense. We are routinely blocked from putting up certain stories and videos and they are labelled as 'false.' So we are battling censorship on a daily basis. Robert F Kennedy Jr our chair has been demeaned and criticized in an Op-Ed in the New York Times and was unable to publish any kind of response. So we are facing very real censorship that is critical.

I grew up believing that in a democracy, the loyal opposition is essential. You cannot get to

the right public policy conclusions without robust debate, or the 'cauldron of debate' as Robert Kennedy called it. That's been dismissed! You know now we in sort of the cancel culture world and the idea that censorship is somehow good for the public, you know these ideas are very disturbing.

The Global Research News Hour airs every Friday at 1pm CT on CKUW 95.9FM out of the University of Winnipeg. The programme is also podcast at globalresearch.ca .

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1. www.facebook.com/heidi.neckelmann/posts/10157817790183977

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