

## COVID-19 Vaccination. “Coerced Consent”?

What if thousands of healthcare workers are vaccinated first and have side effects and are in sick bay all at the same time. It could be a catastrophe.

By [Bill Sardi](#)

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*A commonly heard presumption is that [healthcare workers should be vaccinated first](#). But what if.....*

*.....the vaccines induce immediate or latent adverse reactions that sideline these first responders and frontline workers? It could be a catastrophe. And if for some reason the vaccines spread COVID-19 rather than quell it (there is such a thing as [vaccine-induced infection](#)), what a way to create an out-of-control pandemic. Some of the vaccines are just weakened (attenuated) COVID-19. Just what is in the vaccine [if COVID-19 hasn't been shown to exist](#) and the test for it is so unreliable it has created pseudoepidemics? No one can fathom just how fraudulent this pandemic is. Everything related to COVID-19 is a false prop.*

Regardless of how “safe” or effective a vaccine is among healthy Americans, [only 12% of Americans are metabolically healthy](#). One study reveals [45% of American adults have chronic disease and are at increased risk for complications associated with COVID-19 and vaccination](#).

Every doctor, nurse and laboratory technician becomes a Trojan horse as they go back home and spread the virus, or whatever else is in the vaccine. These are experimental vaccines, rushed to market. The immunized are guinea pigs.

The US Code, the Helsinki Agreement and the Nuremburg Code protect citizens from forced vaccination by codifying the right to consent to or refuse vaccination when experimental vaccines like COVID-19 are being employed. The public won't be informed of these legal protections.

What we have today is coerced consent (no travel, no job, no money). Are healthcare workers going to keep their jobs if they object to vaccination?

Are frail, mentally impaired residents at nursing homes who can no longer take care of their own affairs, able to understand a vaccination consent form?

According to a December 1, 2020 issued recommendation, [both healthcare workers and residents of long-term care facilities should be “prioritized” to receive immunization against COVID-19](#), under the presumption healthcare workers and nursing home residents will plead for the vaccine. But health authorities anticipate [4 out of the first 7 licensed COVID-19 vaccines will fail](#).

About [29% of patients with COVID-19 are health-care workers](#) and were assumed to have acquired their infection in the hospital.

Polls indicate [37% of healthcare workers themselves would be hesitant toward COVID-19 vaccination](#). Another study reveals [only 27% of healthcare workers would accept a COVID-19 vaccine when it becomes available](#).

What if..... mass vaccination in nursing homes results in deaths among the frail elderly? The [first time Medicare covered the cost of flu shots in nursing homes in 1993 there was a flu epidemic in care homes that killed thousands](#).

Residents and staff [of long-term care facilities account for 6% of COVID-19 cases but 40% of the deaths](#). This is due to the advanced age and weak immunity of nursing home patients.

[Healthcare workers and nursing home patients represent about 24 million people](#).

Because vaccine effectiveness depends on the quality of the immune response, persons with weak immune systems, such as very young [infants and elderly persons, are likely to be insufficiently protected](#) even with the best vaccines. For example, protection against influenza virus strains is only 29%–46% in persons aged older than 75 years, compared with 41%–58% in persons 60–74 years of age.

What if..... vaccination creates a problem called [immune enhancement](#) whereby a person is vaccinated against one disease and later is exposed to that same pathogen (virus or bacterium) again and develops more severe disease than they would have if not vaccinated.

What if a vaccine produces more cases of COVID-19 than less? Don't say that is impossible – – [more polio cases are now caused by vaccination than by a wild virus in the community](#).

What if..... a [post-vaccination inflammatory syndrome](#) occurs in large numbers? Certain vaccines may produce brain inflammation that result in symptoms of fever, restlessness, anorexia and out-of-control emotions (acute crying).

What if..... There are so many severe side effects emanating from vaccination that these cases fill up hospital wards and are mistakenly reported to represent cases of COVID-19, which is largely diagnosed by symptoms, not a lab test.

Don't think this isn't a problem. The National Academies of Science produced an [865-page book on the problem of vaccine-induced side effects](#).

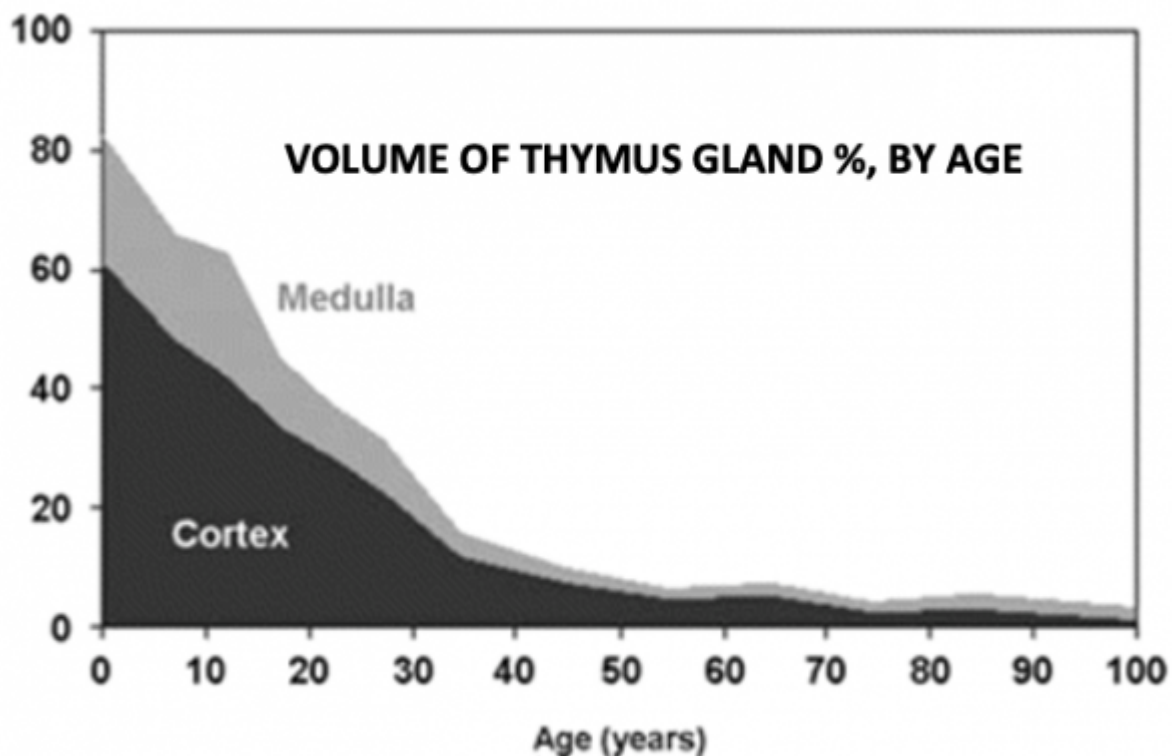
What if just 1% of 325,000,000 vaccinated Americans experience a severe or lasting side effect, or God forbid, get added to the mortality numbers. We are talking about 32,500 deaths. Americans won't learn of any of this till months later because mortality data takes months to tabulate and verify. These deaths will be blamed on the virus, not the vaccine or the vaccination process.

Just admit frail elderly Americans to the hospital and the ordeal (isolation, antibiotic resistance, medication errors, malnutrition, what is called iatrogenic damage or hospital-induced trauma) may lead to the premature demise of many.

Why the elderly won't develop antibodies after vaccination

The strong line of internal defense against infectious disease in the elderly is comprised of T-cells produced in the thymus gland. The thymus gland of elderly Americans has shriveled up and no longer efficiently produces T-cells, especially memory T-cells that produce long-lasting immunity.

The trace mineral [zinc is required for maintenance of the thymus gland](#). Zinc supplementation is generally not practiced by American medicine. Instead of a mandate to fortify the diet of nursing home residents with zinc, we have a mandate to vaccinate feeble patients who can't possibly benefit from vaccination.



Instead, we get more ineffective anti-viral drugs

Blockbuster (get-rich) medicines like [remdesivir](#) (Velkury) and Tamiflu (oseltamivir) are promoted in pandemics.

[One report says](#): "It is inexplicable that despite the lack of scientifically robust data on efficacy and safety of Tamiflu (oseltamivir), reputed organizations like World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), US FDA not only recommended the drug in question for treatment and prophylaxis of influenza but its stockpiling as well."

These are the same organizations responsible for protecting you and your family from COVID-19.

Remdesivir and oseltamivir are "ivir" anti-viral drugs. Big Pharma [withheld data showing Tamiflu is a problematic anti-flu drug](#). "[There is no good evidence Tamiflu saves lives](#)," said an expert reviewer.

But here we are once again with a re-run of another "ivir" drug -- remdesivir.

The end game: mass vaccination

The grim part of this is that the U.S. may be preparing to administer the COVID-19 vaccine house-to-house.

Without a proof of vaccination card, you won't be able to travel, eat at a restaurant, get a job, etc. I would call that "coerced consent," not "informed consent."

US law says Americans have the right to refuse vaccination because these are experimental vaccines. Mass vaccination of the entire population, for which government agencies are already practicing for, is upon us. Vaccine ID cards are in the making. Just how long does immunity against COVID-19 last? Maybe yearly vaccination will be required. And what if the virus mutates? Then what?

Expect the cure to be worse than the disease.

The so-called life saving vaccines will be used to quell a viral pandemic that official counts show 281,000 Americans have died from as of the first week of December 2020, which amounts to 0.00084% or 8.4 deaths in 10,000, of which 94% are deaths from other diseases counted as COVID-19, which leaves 16,860 deaths that are probably cases of tuberculosis which is a similar lung disease being re-categorized as COVID-19, which represents 0.00005% or 5 in 100,000 deaths. Out of 66.7 million cases that have been confirmed by the notoriously inaccurate PCR test, among which 42.9 million have recovered on their own without need of a vaccine, or 65% recover without vaccines. So, vaccination will not be beneficial to these people. Many millions more Americans were never tested, experienced symptoms and recovered. The natural recovery rate exceeds the effectiveness of the vaccine, which will only be about 7%. It would be better to treat the severely ill rather than over-vaccinate the entire population.

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Articles by: [Bill Sardi](http://BillSardi.com)

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