GlobalResearch
Center for Research on Globalization

Forced Vaccination Plan Unveiled

By Bill Sardi
Global Research, July 10, 2020
LewRockwell.com

Region: USA
Theme: Law and Justice, Science and Medicine

Stanford University Legal & Medical Authorities Join Forces To Fashion An Indiscriminate Mandated Mass-Vaccination Plan That Would Frighten The Public, Disregard Lawful Protections Of Informed Consent And Result In Needless Deaths.

***

Our health overlords propose a dangerous infectious disease control plan that mandates indiscriminate immunization for all Americans, a plan that is far more dangerous than the COVID-19 coronavirus epidemic itself.

Writing in the prestigious New England Journal of Medicine, Stanford Law School and Health Policy departments propose priority vaccination for high-risk groups that comprise the population that are least likely to benefit and most likely to experience side effects and hospitalization from COVID-19 coronavirus immunization, or from any vaccine for that matter.

Initially voluntary then mandated

The Stanford plan would initially roll out as a completely voluntary inoculation scheme to be followed by compulsory vaccination that would penalize refusers with employment suspensions and/or stay-at-home orders.

Prospect of benefiting from vaccination

Their plan calls for a future FDA-licensed vaccine, a vaccine whose side effects will not be completely known until it is widely used, that according to another Stanford University study, would benefit only a miniscule portion of the population. That study showed, as validated by blood tests, the COVID-19 coronavirus only infects Americans at the rate of 1 in 3868 encounters (range 626 to 31,800) with others who are already infected and results in death in only 1 in 6,670,000 contacts among middle-age Americans (range 1.68 to 97.6 million). Despite the fear generated by TV news reports, the risk of acquiring COVID-19 coronavirus infection is remote.

A perfectly safe vaccine may kill frail individuals

With presumption the vaccine is 100% effective, those numbers put a limit on the percent of vaccinated subjects who could possibly benefit from vaccination – – 19 million would be need to be vaccinated for 1 person to avoid death.

Even if only 1% experience side-effects that result in hospitalization, in a population of 328

million Americans, that would result in 3,280,000 vaccine-induced hospitalizations, which would overwhelm the 1-million bed healthcare system.

Using data from prior flu-vaccine studies, about 1% of those vaccinated may require hospitalization after vaccination and 1% of the hospitalized (1 in 200) would die, which would result in 32,800 needless deaths that would likely be blamed on the COVID-19 coronavirus.

The vaccine itself may be perfectly safe when received by healthy subjects. But frail, elderly, malnourished (vitamin and mineral-deficient) individuals would be the most prone to suffer side effects and death when admitted to the hospital with its inherent problems of antibiotic resistance, medication errors, ventilator lung trauma and failure to check for vitamin and mineral deficiencies prior to admission.

High-risk individuals least likely to benefit from vaccination

While it may appear wise to vaccinate high-risk individuals (diabetics, hypertensives, obese, autoimmune), these are the very people whose immune systems do not respond well to vaccines and are subject to side effects.

For example, flu shots are not very effective for the very young and the very old. Flu vaccines are 40-60% effective in the population at-large and as low as 23% effective for certain strains of the flu, says a CDC report. As an aside, flu vaccination may actually increase the risk for coronavirus infection via a mechanism called viral interference (by 36% said one recently published study).

But despite the fact you can read that study for yourself, proponents of vaccination deny any such link between prior flu shots and subsequent COVID-19 coronavirus infections. Viral interference is reported in other studies. For example, those individuals who were vaccinated against the flu in the previous fall of 2010 were 1.4 to 2.5 times more likely to become ill from the H1N1 strain of the flu in the following year, which happens to be the predominant influenza strain in circulation this year 2020.)

These high-risk groups have inherent problems activating antibodies against any infectious disease, which is why most vaccines require multiple inoculations and include toxic adjuvants to provoke an immune response.

Also on the priority list for forced vaccination are prisoners, people with prior respiratory problems, nursing home patients and healthcare workers.

Why current treatments are being rejected

The Stanford plan would require evidence that existing treatment or prevention of COVID-19 coronavirus is ineffective, which at the moment is solely comprised of archaic quarantine and lockdown measures and limiting contact with the virus itself by employing face masks and social distancing.

Obesity, further induced by lockdown, increases the risk for COVID-19 related deaths. Indoor lockdown deprives people of sunshine vitamin D that impairs immunity and increases risk for death. Quarantines and lockdowns are counterproductive.

Any prospective treatments, such as hydroxychloroquine and HCQ +zinc, nebulized hydrogen peroxide, as well as vitamin and mineral regimens (zinc, vitamin D, vitamin C, selenium) are ignored and dismissed outright by the CDC, categorized as unproven, even potentially dangerous. There is sufficient evidence for nutrient therapy in the prevention and management of COVID-19 infections.

Natural immunity, T-cells and nutrients

But without a vaccine or an approved treatment, vitamins and minerals have vanished from retail store shelves without widespread reports of any side effects. Zinc therapy alone is authoritatively cited as a remedy or preventive for COVID-19 coronavirus infection. Zinc lozenges are included in the hospital protocol for treatment of COVID-19.

What researchers have discovered during this outbreak of a newly mutated coronavirus that the population is said to have no antibodies against, is that it is not antibodies but rather zinc-dependent T-cells generated in the thymus gland that produce memory immunity against this viral pathogen. The effectiveness of vaccines is commonly determined by antibodies, which some health authorities now question.

Public demand for a vaccine

According to the Stanford report, only about half of the U.S. population plans to be vaccinated against COVID-19 coronavirus. This is why hospitals are over-stating the deaths attributed to COVID-19 and why news agencies create continued fear over a common-cold virus that results in few if any symptoms upon infection and only kills a very few. Our modern healthcare system is over-committed to vaccination. The prospect of a vaccine is dimmed by the fact 90% of vaccines that enter human trials fail to make it to market. Given the remote possibility a safe and effective vaccine ever materializes, the nation may await an imagined vaccine at the expense of finding an effective treatment.

Mortality rate is far lower than quoted

Despite the horridness of COVID-19 induced death (drowning in lung fluid), the accumulated mortality rate as of early July 2020 is still only 131,065 deaths, or 0.00039% deaths in the entire population. Very few of these reported deaths are attribute to COVID-19 coronavirus alone.

Most COVID-19 related deaths occur among high-risk groups who already have life-threatening conditions. Data from the U.S. and other foreign countries estimate ~80+% of COVID-19-related deaths are caused by co-morbid conditions. Subtract 80% of those 131,065 U.S. COVID-19-related deaths and you come up with only 26,213 COVID-19-only deaths

Many COVID-19 cases are believed to be miscoded cases of tuberculosis. (The CDC is not reporting TB-related deaths which produces similar symptoms as COVID-19.) The BCG TB-vaccine reduces the risk for death from COVID-19 by 3-fold and drugs used to treat TB (azithromycin, hydroxychloroquine) are successfully used to treat COVID-19, leading some analysts to conclude many of COVID-19-reported deaths are really tuberculosis. Geographically, COVID-19 hot-spots, such as Wuhan, China; Modena, Italy and New York City, have been battling TB outbreaks in recent times.

Is COVID-19 really TB?

The world is focusing on a viral disease that produces mild to no-symptoms in most cases and a very low mortality rate with no approved treatments or vaccine, overshadowing tuberculosis which affects 2 billion and kills over 1.3 million a year, and has an approved vaccine and successful antibiotic treatment. The infectious disease control industry has gone mad. The currently misdirection is to prioritize a threat that kills in six figures over a threat that kills in seven figures.

The U.S. doesn't inoculate for TB because it believes there is a low rate of infection. But an estimated 13 million Americans have latent (dormant) tuberculosis (a majority of these are immigrants from foreign lands). It could be many of the reported cases of COVID-19 are actually TB.

Rights of informed consent

The Stanford report that calls for mandated vaccination overlooks certain rights to informed consent that are required by Title 21 of the Code of Federal Regulations for persons who receive newly licensed vaccines in a clinical study. Since all vaccinated Americans will be enrolled in a surveillance study (stage 4) in order to gain full FDA approval, informed consent will be legally required.

Informed consent consists of the right to reject vaccination, disclosure of alternatives to vaccination (in this instance, natural antibodies), and confidentiality (privacy of the vaccination record).

Furthermore, doctors should individually assess the chances a person has of benefiting from vaccination. And patients have the right to reject hold-harmless clauses that would then make health practitioners legally liable should they proceed to vaccinate an individual who has little chance of benefiting from immunization.

A model INFORMED CONSENT/REFUSAL form has been written and published for the public to present to their doctors when and if a vaccine is licensed and available in the U.S. at covid19consent.com

This is not what the vaccine industry or the Centers for Disease Control, that latter a co-holder of COVID-19 related patents, wants to be known.

*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Bill Sardi, writing from La Verne, California.

Articles by: Bill Sardi