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Mandatory experimental shots – Canadians are being tricked not treated

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Coercing COVID-19 vaccination in schools, colleges, universities, and workplaces makes little sense and could cause significant harm. Yet, this is where Canada is headed this Hallowe'en 2021.

The COVID-19 vaccines currently available were developed on an accelerated timeline, with clinical trials compressed from years to months, and expedited approvals granted based on the preliminary results provided by the pharma industry. As an example, the study completion date for the Phase 1/2/3 trial for the Pfizer/BioNTech RNA vaccine is May 2023. Meanwhile, Pfizer received “full” approval from the US Food and Drug Administration on the condition it completes 13 additional safety and efficacy studies with final report submissions as late as May 2027, more than five years from today.

Anyone who disputes that these genetic-based injections are indeed still experimental ignores this reality.

The FDA approval letter also requires Pfizer to report adverse events that occur after administration of their product. At the time of writing, the official reporting system in the United States, VAERS, contained 7,848 domestic death reports associated with COVID-19 vaccines. Under-reporting in VAERS is estimated at factors from 10, 30-40, to as high as 100. Even by a moderate estimate, it is possible that 100,000 or more people died in conjunction with COVID-19 vaccination in the US alone. Around the globe, the UK's Yellow Card system, the EU's EudraVigilance, and the WHO's VigiAccess contain thousands of death reports and over two million adverse events after COVID vaccination. The purpose of these databases is to generate *safety signals* for further analysis.

Meanwhile, Health Canada reports a mere 197 deaths following vaccination, of which all but six are labelled as unrelated, insufficiently documented, or still under investigation. The scope of under-reporting in Canada is anyone's guess. It's as if public health authorities don't want to know to what extent the vaccines may be harming Canadians.

The 13 studies Pfizer must complete by 2027 include six studies regarding myocarditis, a serious heart condition. On 29 September 2021, the Ontario government surprised us with a recommendation to avoid the Moderna injection in young adults due to a 1 in 5,000 incidence of myocarditis. At the time, the Pfizer product was estimated to cause myocarditis in 1 in 28,000 vaccinated youths. However, the latest Public Health Ontario report still pegs myocarditis events for 18-24 year old males---after the second dose alone---at 173.3 per million, which translates to 1 in 5,770. For comparison, the province stopped the AstraZeneca vaccine when it was estimated to cause blood clots in 1 in 59,000 people, a ten-fold lower risk.

The fact that heart inflammation is now recognized as an adverse event bears out the concern that mRNA products may circulate in the blood stream beyond the infection site and interact with cells in the heart region. We should insist that public health agencies carefully investigate this and other serious concerns raised by independent health scientists and MDs.

Mandating vaccines is irresponsible if they are unsafe, and anti-science if they cannot prevent the spread of SARS-CoV-2.

As a matter of fact, unlike many traditional, sterilizing childhood vaccines, the COVID-19 vaccines are unable to stop virus transmission. In part, this is attributed to poor access of the vaccine-induced antibodies to the virus, which initially attacks the respiratory tract. Hence, these *leaky vaccines* cannot prevent viral replication or spreading of SARS-CoV-2 to others.

As a result, vaccinated people present as much of an infection risk to each other as do the unvaccinated.

It gets worse: the latest COVID-19 vaccine surveillance report from Public Health England suggests that in age groups from 40 to 79 years, COVID-19 case rates in fully vaccinated individuals are approaching or already exceeding those in the unvaccinated. This growing number of *break-through cases* in the UK foreshadows a veritable pandemic of the vaccinated. Already, 59% of ER visits and 76% of deaths with a positive test were fully vaccinated by early October, according to the same report.

It is high time our governments and employers realize the folly of coercing experimental vaccines. The alternatives are well-established: promote existing safe, effective, and inexpensive early multi-drug treatment protocols; support employees staying at home when sick; develop humane protection for the most vulnerable groups and institutions; and recognize and celebrate natural immunity acquired through recovery from COVID-19.

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