

18 Reasons I Won't Be Getting a COVID Vaccine

By Christian Elliot, The Defender, 19 April 2021

"I'm not here to pick a fight with anyone, just to walk you through some of what I've read, my lingering questions and explain why I can't make sense of these COVID vaccines."

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A few friends have asked my thoughts on the COVID jab(s) so I thought it was time to write an article on the topic.

Knowing how contentious this issue is, part of me would rather just write about something else. But I believe the discussion/news is so one-sided that I should speak up.

As I always strive to do, I promise to do my best to be level-headed and non-hysterical.

I'm not here to pick a fight with anyone, just to walk you through some of what I've read, my lingering questions and explain why I can't make sense of these [COVID vaccines](#).

Three ground rules for discussion:

If you care to engage on this topic with me, excellent. Here are the rules. I am more than happy to correspond with you if:

- You are respectful and treat me the way you would want to be treated.
- You ask genuinely thoughtful questions about what makes sense to you.
- You make your points using sound logic and don't hide behind links or the word "science."

If you do respond, and you break any of those rules, your comments will be ignored/deleted.

With that out of the way, let me say this: I don't know everything, but so far no one has been able to answer the objections below. So here are the reasons I'm opting out of the COVID vaccine:

1. Vaccine makers are immune from liability

The only industry in the world that bears no liability for injuries or deaths resulting from their products are vaccine makers.

As first established in 1986 with the [National Childhood Vaccine Injury Act](#), and reinforced by the [Public Readiness and Emergency Preparedness \(PREP\) Act](#), vaccine makers cannot be sued — even if they are shown to be negligent.

The COVID vaccine makers are allowed to create a [one-size-fits-all](#) product, with no testing on sub-populations (i.e. people with specific health conditions), and yet they are unwilling to accept any responsibility for any [adverse events](#) or [deaths](#) their products cause.

If a company is not willing to stand behind its product as safe, especially one [rushed to market](#), I am not willing to take a chance on that product.

No liability. No trust. Here's why ...

2. The checkered past of vaccine companies

The four major companies who are making COVID vaccines are/have either:

- Never brought a vaccine to market before COVID ([Moderna](#) and [Johnson & Johnson](#)).
- Are serial felons ([Pfizer](#), and [AstraZeneca](#)).
- Are both ([Johnson & Johnson](#)).

Moderna had been trying to “[Modernize our RNA](#)” (thus the company name) for years, but had never successfully brought any product to market. How nice for the company to get a [major cash infusion](#) from the government to keep trying.

In fact, all major vaccine makers (save Moderna) have paid out tens of billions of dollars in damages for other products they brought to market when they knew those products would cause injuries and death — see [Vioxx](#), [Bextra](#), [Celebrex](#), [Thalidomide](#) and [opioids](#) as a few examples.

If drug companies willfully choose to put harmful products in the market — when they can be sued — why would we trust any product where they have no liability?

Three of the four COVID vaccine makers have been sued for products they brought to market even though they knew injuries and deaths would result.

- [Johnson & Johnson has lost major lawsuits in 1995, 1996, 2001, 2010, 2011, 2016, 2019](#) (For what it’s worth, the company’s vaccine also contains tissues from [aborted fetal cells](#), perhaps a topic for another discussion).
- [Pfizer](#) has the distinction of the biggest criminal payout in history. The company lost so many lawsuits it’s hard to count. You can [check out its rap sheet here](#). Maybe that’s why Pfizer is demanding that [countries where they don’t have liability protection](#) put up collateral to [cover vaccine-injury lawsuits](#).
- [AstraZeneca](#) has similarly lost so many lawsuits it’s hard to count. Here’s [one](#). Here’s [another](#)...you get the point. And in case you missed it, the company had its COVID vaccine suspended in [at least 18 countries](#) over concerns of blood clots, and it [completely botched its meeting with the FDA](#) with numbers from their study that didn’t match.
- Oh, and apparently Johnson & Johnson (whose vaccine was granted [Emergency Use Authorization](#) in the U.S.) and AstraZeneca (whose vaccine is not approved in the U.S.), [had a little mix up in their ingredients](#) ... in 15 million doses. Oops.

Given the free pass from liability, and the checkered past of these companies, why would we assume that all their vaccines are safe and made completely above board?

Where else in life would we trust someone with that kind of reputation?

To me that makes as much sense as expecting a remorseless, abusive unfaithful lover to become a different person because a judge said deep down they are a good person.

No. I don’t trust them. No liability. No trust. Here’s another reason why I don’t trust them ...

3. Ugly history of attempts to make coronavirus vaccines

There have been many attempts to make viral vaccines in the past that ended in utter failure — which is why we did not have a coronavirus vaccine in 2020.

In the 1960s, scientists attempted to make an RSV ([respiratory syncytial virus](#)) vaccine for infants. [In that study](#), they skipped animal trials because the trials weren’t required then. In the end, the vaccinated infants got much sicker than the unvaccinated infants when exposed to the virus in nature, with 80% of the vaccinated infants requiring hospitalization. [Two of them died](#).

After 2000, scientists made many attempts to create coronavirus vaccines. For the past 20 years, all ended in failure because the animals in the clinical trials got very sick and many died, just like the children in the 1960s.

You can read a summary of this history/science [here](#). Or if you want to read the individual studies you can check out these links:

- In 2004, attempted vaccine produced [hepatitis in ferrets](#).
- In 2005, [mice](#) and [civets](#) became sick and more susceptible to coronaviruses after being vaccinated.
- In 2012, the [ferrets](#) became sick and died. And in [this study](#), mice and ferrets developed lung disease.
- In 2016, [this study](#) also produced lung disease in mice.

The typical pattern in the studies referenced above is that the children and the animals produced beautiful antibody responses after being vaccinated. The manufacturers thought they hit the jackpot.

The problem came when the children and animals were exposed to the wild version of the virus.

When that happened, an [unexplained phenomenon](#) called antibody dependent enhancement, also known as [vaccine enhanced disease](#), occurred where the immune system produced a “[cytokine storm](#)” (i.e. overwhelmingly attacked the body) and the children/animals died. Here’s the lingering issue: The vaccine makers have no data to suggest their rushed vaccines have overcome that problem.

In other words, never before has any attempt to make a coronavirus vaccine been successful, nor has the gene-therapy technology in [mRNA](#) “vaccines” been safely brought to market. We might assume that because the companies received [billions of dollars](#) in government funding, they must have figured out that problem. Except they don’t know if they have ...

4. The ‘data gaps’ submitted to FDA by vaccine makers

When vaccine makers submitted their papers to the U.S. Food and Drug Administration (FDA) for the [Emergency Use Authorization](#) (which is not the same as a full FDA approval), among the many “data gaps” they reported was that they have nothing in their trials to suggest they overcame that pesky problem of vaccine enhanced disease.

They simply don’t know if the vaccines they’ve made will also produce the same cytokine storm (and deaths) as previous attempts at such products.

As Dr. Joseph Mercola [points out](#) ...

“[Previous attempts](#) to develop an mRNA-based drug using [lipid nanoparticles](#) failed and had to be abandoned because when the dose was too low, the drug had no effect, and when dosed too high, the drug became too toxic. An obvious question is: What has changed that now makes this technology safe enough for mass use?”

If that’s not alarming enough, here are other gaps in the data — in other words, there is no data to suggest safety or efficacy regarding:

- Anyone younger than age 18 or older than age 55.
- Pregnant or lactating mothers.
- Autoimmune conditions.

- Immunocompromised individuals.
- No data on transmission of COVID.
- No data on preventing mortality from COVID.
- No data on duration of protection from COVID.

In case you think I'm making this up, or want to see the actual documents sent to the FDA by Pfizer and Moderna for their Emergency Use Authorization, you can check out [this](#), or [this](#) respectively. The data gaps can be found starting with page 46 and 48 respectively. For now let's turn our eyes to the raw data the vaccine makers used to submit for emergency use authorization ...

5. No access to raw data from trials

Would you like to see the [raw data](#) that produced the “90% and 95% effective” claims touted in the news?

Me too. But the companies won't let us see that data.

As pointed out in [the BMJ](#), something about the Pfizer and Moderna efficacy claims smells really funny. There were “3,410 total cases of suspected, but unconfirmed COVID-19 in the overall study population, 1,594 occurred in the vaccine group vs. 1,816 in the placebo group.”

Wait ... what? Did they fail to do science in their scientific study by not verifying a major variable?

Could they not test those “suspected but unconfirmed” cases to find out if they had [COVID](#)? Why not test all 3,410 participants for the sake of accuracy?

Can we only guess they didn't test because it would mess up their “90-95% effective” claims?

Would it not be prudent for the FDA to expect (demand) the vaccine makers test people who have “COVID-like symptoms,” and release their raw data so independent third parties could examine how the manufacturers justified the numbers?

It's only every citizen of the world we're trying to get to take these experimental products — why did the FDA not require that? Isn't that the entire purpose of the FDA anyway?

Good question. Foxes guarding the hen house? No liability. No trust.

6. No long-term safety testing

With products that have been on the market only a few months, we have no long-term safety data.

In other words, we have no idea what this product will do in the body months or years from now — for any population.

Given all the risks above (risks that all [pharmaceutical products](#) have), would it not be prudent to wait to see if the worst-case scenarios have indeed been avoided?

Would it not make sense to want to fill those pesky “data gaps” before we try to give this to every man, woman and child on the planet?

That would make sense. But to have that data, they need to test it on people, which leads me to my next point ...

7. No informed consent

What most who are taking the vaccine don't know is that because these products are still in clinical trials, anyone who gets the shot is now part of the clinical trial — part of the experiment.

Those (like me) who do not take it, are part of the control group. Time will tell how this experiment works out.

But, you may be asking, if the vaccines are causing harm, wouldn't we be seeing that all over the news? Surely the FDA would step in and pause the distribution? (Editor's note: federal health officials on Tuesday [paused](#) the Johnsons & Johnson vaccine over concerns related to blood clots).

If the [Vaccine Adverse Events Reporting System](#) (VAERS) — the government-run system for reporting deaths and injuries after vaccines — worked, maybe things would be different, but ...

8. Under-reporting of adverse reactions and deaths

According to [a Harvard study](#) (commissioned by our own government), less than 1% of all adverse reactions to vaccines are actually submitted to VAERS.

While the [problems with VAERS](#) have not been fixed (as you can read about in [this letter to the CDC](#)), at the time of this writing, [VAERS reports](#) over [2,200 deaths](#) from the current COVID vaccines, as well as close to 60,000 adverse reactions.

If those numbers represent only 1% of the total adverse reactions (or .8% to 2% of what [this study](#) published recently in the JAMA found), you can do the math — but that equates to somewhere around 110,000 to 220,000 deaths from the vaccines to date, and a ridiculous number of adverse reactions.

Bet you didn't see that on the news.

That death number would currently still be lower than the 424,000 deaths from medical errors that happen every year (which you probably also don't hear about), but we are not even six months into the rollout of these vaccines yet.

If you want a deeper dive into the problems with the VAERS reporting system, you can [check out this](#) or [this](#).

But then there's my next point, which could be argued makes these COVID vaccines seem pointless ...

9. The vaccines don't stop transmission or infection

Aren't these vaccines supposed to be what we've been waiting for to "go back to normal"? Nope.

Why do you think we're getting all these [conflicting messages](#) about needing to practice social distancing and wear masks after we get a vaccine? The reason is because these vaccines were [never designed](#) to stop transmission or infection.

If you don't believe me, I refer you again to the papers submitted to the FDA I linked to above which show that the primary endpoint (what the vaccines are meant to accomplish) is to lower your symptoms.

Sounds like just about every other drug on the market right? That's it ... lowering your symptoms is the big payoff we've been waiting for. Does that seem completely pointless to anyone but me?

- It can't stop us from spreading the virus.
- It can't stop the virus from infecting us once we have it.
- To get the vaccine is to accept all the risk of these [experimental products](#) and the best it might do is lower symptoms?

There are plenty of other things I can do to lower my symptoms that don't involve taking what appears to be a really risky product.

Now for the next logical question: If we're worried about asymptomatic spreaders, would the vaccine not make it more likely that we are creating asymptomatic spread?

If it indeed reduces symptoms, anyone who gets it might not even know they are sick and thus they are more likely to spread the virus, right?

For what it's worth, I've heard many people say the side effects of the vaccine (especially the second dose) are worse than catching COVID.

I can't make sense of that either.

Take the risk. Get no protection. Suffer through the vaccine side effects. Keep wearing your mask and social distancing ... and continue to be able to spread the virus.

It gets worse ...

10. People are catching COVID after being fully vaccinated

Talk about a bummer. You get vaccinated and you still catch COVID.

- It's happening in [Washington State](#).
- It's happening in [New York](#).
- It's happening in [Michigan](#).
- It's happening in [Hawaii](#).
- It's happening in [several other states too](#).
- It happened to [80% of 35 nuns who got the vaccine in Kentucky](#). Two of them died by the way.

In reality, this phenomenon is probably happening everywhere, but those are the ones making the news now.

Given the reasons above (and what's below), maybe this doesn't surprise you, but bummer if you thought the vaccine was a shield to keep you safe.

It's not. That was never the point.

If [66% of healthcare workers](#) in L.A. are going to delay or skip the vaccine ... maybe they aren't wowed by the rushed science either.

Maybe they are watching the shady way deaths and cases are being reported ...

11. Overall death rate from COVID

According to the CDC's own numbers, COVID has a [99.74% survival rate](#).

Why would I take a risk on a product, that doesn't stop infection or transmission, to help me overcome a cold that has a .26% chance of killing me — which actually in my age range is has about a .1% chance of killing me (and .01% chance of killing my kids).

With a bar (death rate) that low, we will be in lockdown every year ... i.e., forever.

But wait, what about the 500,000-plus deaths, that's alarming right? I'm glad you asked ...

12. Bloated COVID death numbers

Something smells really funny about this one. Never before in the history of death certificates has our own government changed how deaths are reported.

Why now, are we reporting everyone who dies with COVID in their body, as having died of COVID, rather than the co-morbidities that actually took their life?

Until COVID, all coronaviruses (common colds) were never listed as the primary cause of death when someone died of heart disease, cancer, diabetes, auto-immune conditions or any other major comorbidity.

The disease was listed as the cause of death, and a confounding factor like flu or pneumonia was listed on a separate line.

To bloat the number even more, the World Health Organization and the CDC changed their guidelines such that those who are [suspected or probable](#) (but were never confirmed) of having died of COVID, are also included in the death numbers.

If we are going to do that then should we not go back and change the numbers of all past cold and flu seasons so we can compare apples to apples when it comes to death rates?

According to the [CDCs own numbers](#), (scroll down to the section “comorbidities and other conditions”), only 6% of the deaths being attributed to COVID are instances where COVID seems to be the only issue at hand.

In other words, reduce the death numbers you see on the news by 94% and you have what is likely the real numbers of deaths from just COVID.

Even if the [former CDC director](#) is correct and COVID-19 was a [lab-enhanced virus](#) (see Reason #14 below), a .26% death rate is still in line with the viral death rate that circles the planet every year.

Then there's this [Fauci guy](#). I'd really love to trust him, but besides the fact that he hasn't treated one COVID patient, you should probably know ...

13. Fauci and others at NIAID own patents on the Moderna vaccine

Thanks to the [Bayh-Dole Act](#), government workers are allowed to file patents on any research they do using taxpayer funding.

Tony Fauci owns more than 1,000 patents (see [this video for more details](#)), including patents being used on the Moderna vaccine ... for which he approved government funding.

In fact, the National Institutes of Health (NIH) — which oversees the National Institute of Allergy and Infectious Diseases (NIAID), of which Fauci is the director — [claims joint ownership](#) of Moderna's vaccine.

Does anyone else see this as a major conflict of interest, or criminal even?

I say criminal because there's also this pesky problem that makes me even more distrustful of Fauci, NIAD, and the NIH in general ...

14. Fauci is on the hot seat for illegal gain-of-function research

What is “[gain-of-function](#)” research? It’s where scientists attempt to make viruses gain functions — i.e. make them more transmissible and deadlier.

Sounds at least a touch unethical, right? How could that possibly be helpful?

Our government agreed, and 2014, [banned the practice](#).

So what did the Fauci-led NIAID do? They pivoted and [outsourced the gain-of-function research](#) (in coronaviruses no less) to China — to the tune of a \$600K grant.

Mr. Fauci, you have some explaining to do ... and I hope the cameras are recording when you have to defend your actions.

For now, let’s turn our attention back to the virus ...

15. The virus continues to mutate

Not only does the virus (like all viruses) continue to mutate, but according to world-renowned vaccine developer [Geert Vanden Bossche](#) (whom you’ll meet below if you don’t know him) it’s mutating about every 10 hours.

How in the world are we going to keep creating vaccines to keep up with that level of mutation? We’re not.

Might that also explain why fully vaccinated people are [continuing to catch COVID](#)?

Why, given that natural immunity has never ultimately failed humanity, do we suddenly not trust it?

Why, if I ask questions like the above, or post links like what you find above, will my thoughts be [deleted](#) from all major social media platforms?

That brings me to the next troubling problem I have with these vaccines ...

16. Censorship and the complete absence of scientific debate

I can’t help but get snarky here, so humor me.

How did you enjoy all those nationally and globally televised, robust debates put on by public health officials, and broadcast simultaneously on every major news station?

Wasn’t it great hearing from the best minds in medicine, virology, epidemiology, economics and vaccinology, from all over the world. as they vigorously and respectfully debated things like:

- Lockdowns
- Mask wearing
- Social-distancing
- Vaccine [efficacy](#) and safety trials
- How to screen for susceptibility to vaccine injury
- Therapeutics, (i.e. non-vaccine treatment options)

Wasn’t it great seeing public health officials (who never treated anyone with COVID) have their “science” questioned?

Wasn’t it great seeing the FDA panel publicly grill the vaccine makers in prime time as they stood in the hot-seat of tough questions about products of which they have no liability?

Oh, wait ... you [didn't see those debates](#)? No, you didn't. Because they never happened. What happened instead was heavy-handed censorship of all but one narrative.

[Mark Zuckerberg can question vaccine safety](#), but I can't? When did the [First Amendment](#) become a suggestion?

It's the FIRST Amendment, Mark — the one our founders thought was most important.

With so much at stake, why are we fed only one narrative. Shouldn't many perspectives be heard and professionally debated?

What has happened to science?

What has happened to the scientific method of always challenging our assumptions?

What happened to lively debate in this country, or at least in Western society?

Why did anyone who disagrees with WHO, or the CDC get censored so heavily?

Is the science of public health a religion now — or is science supposed to be about debate?

If someone says “the science is settled” that's how I know I'm dealing with someone who is closed minded. By definition science (especially biological science) is never settled.

If it was, it would be dogma, not science.

I want to be a good citizen. I really do.

If lockdowns work, I want to do my part and stay home.

If masks work, I want to wear them.

If social distancing is effective, I want to comply.

But, if there is evidence they don't ([masks for example](#)), I want to hear that evidence, too. If highly credentialed scientists have different opinions, I want to know what they think. I want a chance to hear their arguments and make up my own mind.

I don't think I'm the smartest person in the world, but I think I can think. Maybe I'm weird, but if someone is censored, then I really want to hear what they think. Don't you?

To all my friends who don't have a problem with censorship, will you have the same opinion when what you think is censored?

Is censorship not the technique of dictators, tyrants and greedy, power-hungry people?

Is it not a sign that those who are doing the censoring know it's the only way they can win?

What if a man who spent his entire life developing vaccines was willing to put his entire reputation on the line and call on all global leaders to immediately stop the COVID vaccines because of problems with the science?

What if he pleaded for an open-scientific debate on a global stage?

Would you want to hear what he has to say? Would you want to see the debate he's asking for?

17. World's leading vaccinologist is sounding the alarm

Here is what may be the biggest reason this COVID vaccine doesn't make sense to me.

When someone who is very pro-vaccine, who has spent his entire professional career overseeing the development of vaccines, is shouting from the mountaintops that we have a major problem, I think the man should be heard.

In case you missed it, and in case you care to watch it, [here is Geert Vanden Bossche](#), explaining:

- Why the COVID vaccine may be putting so much pressure on the virus that we are accelerating its ability to mutate and become more deadly.
- Why the COVID vaccines may be creating vaccine-resistant viruses (similar to antibiotic resistant bacteria).
- Why, because of previous problems with antibody dependent enhancement, we may be looking at a mass casualty event in the next few months/years.

If you want to see/read about a second, and longer, interview with Vanden Bossche, where he was asked some tough questions, you can [check this out](#).

If half of what he says comes true, these vaccines could be the worst invention of all time.

If you don't like his science, take it up with him.

I'm just the messenger.

But I can also speak to COVID personally ...

18. I already had COVID

I didn't enjoy it. It was a nasty cold for two days:

- Unrelenting butt/low-back aches
- Very low energy
- Low-grade fever

It was weird not being able to smell anything for a couple days. A week later, coffee still tasted a little "off."

But I survived.

Now it appears (as it always has) that I have [beautiful, natural, life-long immunity](#) — not something likely to wear off in a few months if I get the vaccine. In my body, and my household, COVID is over.

In fact, now that I've had it, there is evidence the COVID vaccine [might actually be more dangerous](#) for me.

That is not a risk I'm willing to take.

In summary

The above are just my reasons for not wanting the vaccine. Maybe my reasons make sense to you, maybe they don't.

Whatever does makes sense to you, hopefully we can still be friends.

I for one think there's a lot more that we have in common than what separates us.

- We all want to live in a world of freedom.
- We all want to do our part to help others and to live well.
- We all want the right to express our opinions without fearing we'll be censored or viciously attacked.
- We all deserve to have access to all the facts so we can make informed decisions.

Agree or disagree with me, I'll treat you no differently.

You're a human just as worthy of love and respect as anyone else. For that I salute you, and I truly wish you all the best.

I hope you found this helpful. If so, feel free to share.

If not, feel free to (kindly) let me know, in the comments below, what didn't make sense to you.

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The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.