

12 facts you need to know about the vaccine before you decide to take it



by Dr. Shelly Cole, MD

1.

It is not a vaccine. It does not contribute to herd immunity.

Vaccines are a specialized medicine given to healthy people to stop them from getting a virus. Vaccines are given to prevent transmission of viruses. ***The current COVID-19 vaccines available have not been proven to prevent transmission of SARS CoV2.*** The COVID-19 vaccine does not stop you from getting the virus. ***It is not a vaccine.***

Many are considering getting the vaccine because they want to protect high risk people in the community. Maybe you have heard experts say we need 90% of the population vaccinated?

Taking the vaccine will not help protect others from contracting SARS COV2, the virus. The experimental vaccine does not prevent transmission of the virus, ***it does not aide in achieving herd immunity.***

2.

The experimental “vaccine” only lessens symptoms.

The effective rates reported of 90% or above, refer to minimizing the symptoms of COVID-19, not immunizing you against the virus, SARS CoV2. That is why the CDC is still recommending wearing the mask after you take the “vaccine.” You are still at risk of getting the virus.

3.

You do not need to be vaccinated if you have already contracted COVID-19.

After you have COVID-19 there is one silver lining... ***you don't need to be vaccinated.*** You already have the most robust immune response possible, your natural immune system.

There may be those who argue that you could contract COVID-19 again. Yet, if we look back over science, we find that there is nothing better than the body's own defenses.

You can always support the immune system with Vitamin D and Vitamin C, and Zinc.

The new “vaccine” was purposely studied in those who had not contracted SARS CoV2, that is expected. So, for those who had exposure to SARS CoV2 (the virus) with or without symptoms, taking the “vaccine” is exposing you to a risk that has not been studied. We do not know how the immune system will respond.

4.

The “experimental vaccine” uses new technology. No other vaccine currently available is like it.

All current and past vaccines use antigens, something the body detects as foreign to us. Some of the COVID-19 vaccines use modified RNA to program our cells to make an antigen. Then, after our cells make the antigen, our immune system fights against it.

For the first time, the immune system is trying to attack something our bodies have made. Will the body consider it “self” or “foreign?” This needs to be studied in great measure before subjecting the public to it. The ramifications of autoimmune disease could be great.

Understand, ***you are agreeing to be in a study when you take the COVID-19 vaccine.*** The previous trials did not include people of all age groups. During the Phase 3 trials, healthy individuals were studied, so we do not know how these medications will affect the young, old or those with medical conditions.

5.

The “vaccine” may make you sicker than if you hadn't taken it, especially

the elderly.

The vaccine may cause a paradoxical reaction, called ADE Antibody-dependent enhancement. One type of antibodies, non-neutralizing (or enhanced antibodies) actually aide entry of virus into the cell. It is like a trojan horse, escorting the virus into the cell and increasing the viral load inside the cell.

If the person is infected later with the virus, they can have a more serious reaction than if they hadn't taken the vaccine altogether. Studies show that the elderly may be even more prone to ADE.

The previous unsuccessful attempts to create a vaccine against SARS-CoV1, MERS-CoV and RSV, all coronaviruses, raised similar concerns of antibody-dependent enhancement, or ADE.

6.

Inflammation at the placenta of pregnant women who receive the vaccine have been reported. Caution if you desire future pregnancies.

The "vaccine" is designed to create antibodies to attack the viral s-protein. It is very similar genetically to the proteins made by the placenta. Some reported cases of inflammation have been made.

I urge ***extreme caution for those of you that desire future pregnancies.*** This reaction could affect future childbearing. We just do not know. The "vaccine" has not been studied thoroughly in pregnant women.

7.

There are effective, safe, affordable prevention and treatment medications for COVID-19.

During the pandemic, well over 230 studies have shown that hydroxychloroquine is a safe effective affordable medication to prevent and treat COVID-19. Additional supplements including Vitamin D, Vitamin C, and Zinc have all been found to beneficial in the treatment of COVID-19.

For the cost of over-the-counter supplements, and a generic medication, usually less than \$25, the majority of people can be treated. Doesn't it make sense to take something previously approved by the FDA for other purposes, than use an experimental new technology during a Pandemic?

The rest of the world knows about hydroxychloroquine and they have the lower death rates to prove it.

8.

Deaths due to COVID-19 do not justify the approval of an “experimental vaccine.”

We now know the death rate for COVID-19 in all ages in the US. The death rate is less than 1% for those younger than 70 years of age. 80% of deaths are over the age of 70 with additional diseases associated. We know that 94% of reported COVID-19 deaths in the US have 2+ medical conditions.

Thus, most of the reported COVID-19 deaths died with COVID-19 not from it.

The **death rate is very low for most people, similar to the seasonal flu.** Great news! Would you be willing to take the measures you currently are taking for COVID-19 for the flu? We should focus on the high-risk groups for deaths from COVID-19, those 70 years or older with multiple diseases.

Allowing low risk groups to get the virus, lowers the spread ultimately of the virus in the community. **Those who have already had the disease are no longer susceptible to getting the virus, or spreading it.** We need to focus on preventing the disease in high-risk groups and allow those not at risk to get the virus.

We are told that vaccine herd immunity is necessary to stop the spread of the virus, and natural herd immunity should be avoided? How could a vaccinated herd immunity be better than natural herd immunity? Why do you think boosters are necessary?

The COVID-19 vaccinations have not been studied and proven to decrease transmission of the virus. **Natural herd immunity decreases the risk of exposure for those at high risk.** Some may believe that vaccinations were the primary cause of lowered deaths from infections during the 20th century. In truth, a **96% decline in deaths due to infections had already occurred prior to majority of vaccines in the 1960s.**

9.

The known risks of vaccines can be serious.

Vaccines currently available have reported known risks including neurological diseases such as transverse myelitis, Bells’ Palsy, multiple sclerosis, autism, and Guillain-Barre.

There are already reported cases of Bells’ Palsy and transverse myelitis and even death associated with the COVID-19 “vaccine.” The FDA limited the Phase 3 trials and shortened the traditional trial periods to study the new “vaccines.” Now, we are the subjects of the study.

We are administering the vaccine often to people at low risk of death. These risks need to be known and weighed before someone decides to take the vaccine. How fully informed can someone be of the risk when they are part of the study?

10.

Results of the “vaccine” trials were reported with less than 200 people.

One trial started with ~43,000, but only 170 people were analyzed to draw the conclusion that the vaccine was effective. Another manufacturer started with 30,000 participants. Effectiveness was calculated from results of less than 200 individuals.

Is an analysis of less than 200 people enough to draw conclusions for millions, perhaps billions?

11.

The pharmaceutical companies and those who administer it are not liable for any damages related to complications of the experimental “vaccine.”

The pharmaceutical companies no longer have liability for the vaccines they produce. Physicians or pharmacies who administer the vaccines have no liability either.

What could go wrong with that?

12.

The vaccine should be compared to other therapeutic medications to treat symptoms to determine risk vs benefits of the drug.

Whenever you take any medication, ask yourself, is the risk of taking this medication worth the benefit? If the “vaccine” can only lessen symptoms, it should be compared to other medications that do the same, like Tylenol or hydroxychloroquine.

The latter two win the risk vs benefit comparison hands down.

I remain...

committed to your health,

Shelley G. Cole, MD

References

Wu, Fan, et al. “Neutralizing Antibody Responses to SARS-CoV-2 in a COVID-19 Recovered 2 Patient Cohort and Their Implications.” *Www.Medrxiv.Org*, 6 Apr. 2020, www.medrxiv.org/content/10.1101/2020.03.30.20047365v1.full.pdf.

“How COVID-19 Vaccine Can Destroy Your Immune System.” *Mercola.com*, articles.mercola.com/sites/articles/archive/2020/11/11/coronavirus-antibody-dependent-enhancement.aspx.

“America’s Frontline Doctors Position Paper On COVID-19 Experimental Vaccines.”



America's Frontline Doctors

<https://americasfrontlinedoctors.org>

McKinlay JB, McKinlay SM, *The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century*, The Milbank Memorial Fund Quarterly. Health and Society, Vol. 55, No. 3 (Summer, 1977), pp. 405-428.

Cole, S, "Journey out of the Pandemic, what is real and what is imagined," presentation, January 15, 2020.

Date: 04-07-2021