

We Would Get a COVID-19 Vaccine, If...

Draft

- 1- We decide that a COVID-19 Vaccine is a **net benefit** for us (*just like we annually decide whether or not to get a Flu Vaccine*), as well as it being a scientifically-proven benefit to others that we come in contact with.
- 2- The COVID-19 Vaccine is manufactured and tested in the traditional, scientifically-proven manner (*e.g., like the Shingles Vaccine*).
- 3- Alternatively, if the COVID-19 Vaccine does **not** take the traditional route and instead takes an Emergency Use Authorization (EUA) path, then the Medical Establishment will fully comply with all federal EUA requirements. (*So far that has **not** happened with the experimental COVID-19 injections.*)
- 4- After we are presented with a **legal** EUA COVID-19 Vaccine, then the Medical Establishment will fully inform the public:
 - a) that this is **not** a traditional vaccine, but rather a different, emergency use authorized (EUA), experimental injection,
 - b) what shortcuts were taken from the traditional vaccine research and clinical studies methodology,
 - c) about the safety risks of these shortcuts and other differences,
 - d) what chemicals and other compounds are in the EUA injection,
 - e) about the safety risks of those ingredients,
 - f) how getting the EUA injection will affect a recipient's immune system,
 - g) how getting the EUA injection will affect a recipient's chances of getting infected with all known COVID-19 variants,
 - h) the likelihood of an EUA injection recipient (who then gets infected with COVID-19), then being hospitalized or dying,
 - i) the likelihood of an EUA injection recipient (who then gets infected with COVID-19), then transmitting COVID-19 to others,
 - j) how the safety and efficacy compares between those getting the EUA injection, to those who have been infected with COVID-19, and then follow a scientifically-documented effective therapy protocol (starting from initial infection), *and*
 - k) the answers to these questions for each of the COVID-19 Vaccines.

- 5- The Medical Establishment convinced us that they are genuinely interested in our health (as *vs* profits of influential pharmaceutical companies). They could do this if they:
- a) fully informed the public of the critical importance of maintaining a healthy immune system,
 - b) fully informed citizens how to optimize their immune systems,
 - c) fully informed the public about the scientifically documented differences between those who chose to accept a COVID-19 Vaccine, and non-vaccine recipients who were infected with COVID-19, recovered, and now an an acquired immunity,
 - d) fully supported all COVID-19 therapies that have a reasonable scientific basis (i.e., at least as much scientific evidence as Remdesivir, which the FDA has officially approved);
 - e) went to great lengths to make sure all COVID-19 data is accurate (e.g., those dying *with* COVID-19 are not combined with those dying *from* COVID-19. Also different age groups and those with different health profiles, have not been lumped together.)
 - f) Actively opposed mandates of any type of an experimental injection. If the Medical Establishment believes that it is in citizens' interest to get such an injection, then they should focus on communicating their best science-based arguments, rather than extracting a citizen's democratic rights and freedoms to chose what goes into their body.
 - g) Actively opposed any retail pharmaceutical stores that refuse to fill a legal prescription (i.e., one made by a licensed physician).
 - h) Actively oppose any censoring of any medical professionals who expressed views that differed from theirs. Real Science is about hashing out disagreements in public, not censoring them.

Note that nothing in this document should be misconstrued as giving medical advice. We recommend that for all medical issues that citizens consult with a licensed physician.

For all medical decisions patients should be well-educated — including getting information from different perspectives — so that with their physician they can make informed health decisions. This is essentially what is spelled out in the [Nuremberg Code](#).