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COVID-19 Vaccines and Informed Consent

The fundamental right to make decisions about bodily health and medical treatments

By John Allison and Dr. Robert Malone
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Who Is Robert Malone 26 August 2022

Region: USA
Theme: Law and Justice

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By way of introduction, this substack is written by Mr. Allison (JD). Mr Allison read my lawsuit against the Washington Post and was deeply offended by how the Washington Post has defamed me. So much so, that he wrote to my attorney with the his research/analysis regarding the mRNA COVID-19 vaccines and informed consent. The review of the literature is so outstanding, that I asked if I could share it here.

This analysis is long – 53 pages long. It is Mr. Allison's analysis – not mine, the analysis and opinions in this article are his alone.

I have only published the top level analysis (6 pages) here. The rest of the document, which is extensively referenced can be found here.

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COVID-19 Vaccines and Informed Consent

By John Allison, J.D. Updated July 18, 2022

Introduction

Most Americans have long assumed that they have a fundamental right to make decisions about their own bodily health and the medical treatments they receive. Informed consent is the ethical and legal principle by which that fundamental right is enforceable. To be able to give informed consent a person needs to be informed about the risks and benefits of, and alternatives to the proposed treatment.

The fundamental right to informed consent is particularly important with respect to the COVID-19 vaccines which are available in the United States pursuant to Emergency Use Authorizations (EUAs). Under the federal EUA statute, people are entitled to be informed

about their right to accept or refuse administration of these vaccines, the consequences (if any) of refusing vaccination, and the benefits and risks of alternatives to the vaccines. The manufacturers of EUA vaccines, and the people and organizations administering them, are immune from liability suits. People who suffer severe adverse effects after receiving a COVID-19 vaccine will not be able to recover compensation, for their monetary and emotional distress damages, from the vaccine manufacturers or from the people who vaccinated them. Similarly, the family members of people who die after receiving a COVID-19 vaccine will not be able to recover compensation for their loss.

Qualifications and Experience

I am a retired lawyer, licensed to practice in Washington State and the District of Columbia, with extensive private law firm and in-house experience. Most of my law practice was devoted to the litigation of cases involving medical, toxicological, industrial hygiene and product safety issues. In my in-house role I was Assistant General Counsel in the legal department of a Fortune 100 company with overall responsibility for product liability, environmental and commercial litigation. I was also the lawyer for the company's Medical Department, including Corporate Toxicology, Epidemiology and Product Responsibility.

This memorandum presents the results of research I performed and my opinions based on that research. This memorandum is not intended to give legal advice. People who want legal advice on the issues raised in this memorandum should consult with a lawyer licensed to practice in their jurisdiction.

Opinions

Based on the results of my research to date, I have arrived at the following opinions with respect to the COVID-19 vaccines currently authorized or approved for use in the United States:

1. Government misinformation about the safety and effectiveness of the COVID- 19 vaccines, censorship of credible scientific and medical information about the risks of death and serious adverse effects of the COVID-19 vaccines, and vaccination coercion, are depriving people of their ability to give informed consent to vaccination. Unless the limited effectiveness of the vaccines and the risks of death and serious adverse effects described in this memorandum are disclosed to people before they are vaccinated, informed consent has not been obtained.

2. Safe and effective drugs on the market for many years, such as ivermectin and hydroxychloroquine, have been proven by reputable doctors to be successful in the early treatment of COVID-19. If those affordable drugs had been allowed to be more widely used in the United States before people needed to be hospitalized, many tens of thousands of people who died from COVID-19 would probably be alive today.

3. The COVID-19 vaccines authorized or approved for use in United States do not meet established criteria for establishing their short-term and long-term safety and efficacy. Serious safety signals – red flags – about these vaccines have been ignored, and continue to be ignored, by the FDA and the CDC. The EUAs for the Pfizer-BioNTech, the Moderna and the Johnson & Johnson/Janssen COVID-19 vaccines, and the FDA's approval of Pfizer's Comirnaty vaccine and Moderna's Spikevax vaccine, should be revoked. All of these vaccines should be taken off the market immediately.

- SARS-CoV-2 is the coronavirus that causes COVID-19. Distinctive spike proteins on the surface of the virus enable the virus to penetrate cells and cause infection. The spike proteins mutate, producing the Delta variant which became the dominant form of the virus by the middle of 2021. Continuing mutations of the spike protein produced the Omicron variant which became the dominant form of the virus by the end of 2021. We are now dealing with sub- variants of Omicron.
- The first confirmed case of COVID-19 in the United States was reported in mid-January, 2020. The pandemic spread. COVID-19 vaccines were not available until the middle of December 2020 when the FDA granted emergency use authorization for the Pfizer- BioNTech and the Moderna vaccines. In February 2021 the FDA granted emergency use authorization for the Johnson & Johnson/Janssen vaccine. Early in 2021 these vaccines became widely available in the United States and mass vaccination programs began. By the middle of 2021 millions of Americans, including workers in many different occupations, were fully vaccinated.
- The COVID-19 vaccines do not produce immunity to COVID-19 because they are not designed to trigger an immune response to the SARS-CoV-2 virus. Instead, the vaccines are designed to trigger an immune response to the spike proteins on the surface of the original virus.
- A number of studies demonstrate that the vaccines do not prevent infection or transmission of COVID-19. Fully vaccinated people can become infected and can also spread the SARS-CoV-2 virus to other vaccinated people and to unvaccinated people.
- According to data on the CDC website, in the United States there were 385,670 deaths attributed to COVID-19 in 2020, before the vaccines were widely available. In 2021, when vaccines were widely available and mass vaccination campaigns took place, there were 463,210 deaths attributed to COVID-19 – an increase of 20.1%.
- When the Delta and later the Omicron variants became the dominant form of the virus, government studies in different countries show that most COVID-19 hospitalizations and deaths occur among fully vaccinated people.
- Now that the Omicron variant is the dominant form of SARS-CoV-2, the effectiveness of the mRNA vaccines (Pfizer and Moderna) diminishes significantly over just a few months. According to a Danish study, which has not yet been peer reviewed, vaccinated people, more than 90 days after vaccination, are more likely than unvaccinated people to be infected by Omicron.
- The COVID-19 vaccines contain genetic instructions that cause the body to produce enormous numbers of SARS-CoV-2 spike proteins in order to provoke an immune response to the spike proteins. Unfortunately, it turns out that the spike proteins, themselves, are toxic to cells. For example, endothelial cells line the inside of arteries to make blood flow smoothly. Damage to the endothelial cells caused by spike proteins increases the potential for microscopic blood clots to form. Those microscopic blood clots can travel to the lungs, increasing the risk of developing arterial hypertension which is a serious progressive condition that overtaxes and weakens the heart. There is no known cure for that condition.
- In the mRNA COVID-19 vaccines manufactured by Pfizer and Moderna the genetic instructions that cause the body to produce spike proteins are encapsulated in lipid nanoparticles. A preclinical study on laboratory animals conducted by Pfizer shows that the lipid nanoparticles and mRNA genetic

instructions enter the bloodstream and accumulate in several organs, including the spleen, bone marrow, liver and adrenal glands, and concentrate in the ovaries. The body then starts producing spike proteins wherever the mRNA genetic instructions happen to land.

- A number of serious medical conditions have been associated with the COVID-19 vaccines, including blood clotting disorders, cardiac emergencies, myocarditis, Guillain-Barré Syndrome, autoimmune disease, spontaneous miscarriages, nervous system disorders and female infertility.
- The COVID-19 vaccines also interfere with the natural immune system, making a person more susceptible to viral infections and cancer. This may explain why most COVID-19 symptomatic infections, hospitalizations and deaths are now occurring among fully vaccinated people.
- A recent laboratory study in Sweden indicates that the Pfizer- BioNtech COVID-19 vaccine is able to enter a human liver cell line where it is reverse transcribed into DNA within a matter of hours. As a result, the possibility that the COVID-19 vaccines affect DNA cannot be ruled out.
- The mRNA COVID-19 vaccines also contain problematic ingredients. Both the Pfizer and the Moderna vaccines contain polyethylene glycol (PEG) as an active ingredient. An Expert Panel assessing the safety of PEG recommended against using PEG in ointments applied to damaged skin because some burn patients treated with a PEG-based antimicrobial cream experienced renal tubular necrosis and died of kidney failure. The PEG used in the Moderna vaccine matches the description of a PEG product manufactured by Sinopeg, a company in China. According to the Sinopeg website, that product is for “research use only.” The Moderna vaccine also contains a lipid known by the trade name SM-102. The Pfizer vaccine also contains a lipid known by the trade name ALC-0315. According to the safety information on the website of Cayman Chemical Company, which manufactures SM- 102 and ALC-0315, both of those products are “for research use – Not for human or veterinary diagnostic or therapeutic use.” Yet, in the mRNA COVID-19 vaccines, PEG, SM-102 and ALC-0315 are being directly injected into people’s bodies.
- Because no long-term clinical studies were performed, there is no way of knowing whether or not vaccinated people will suffer severe adverse side effects in the future. This is a significant concern, since the vaccines increase the potential for developing cardiovascular disease and autoimmune disease, which can both take months or years to develop.
- In 1990 the government established the Vaccine Adverse Events Reporting System (VAERS) which is co-managed by the CDC and the FDA. It is intended to be a national early warning system to detect possible safety problems with vaccines in the United States. The number of serious adverse events and deaths that have been reported in VAERS for the COVID-19 vaccines is many times greater than the serious adverse events and deaths reported in VAERS for all other vaccines combined. As of July 1, 2022 more than 29,200 deaths, and more than 212,600 serious injuries, following administration of one of the COVID-19 vaccines have been reported in VAERS. Yet the CDC and the FDA continue to ignore these serious safety signals.
- In contrast, in 1976 the federal government conducted a mass vaccination campaign against the swine flu. After roughly 25% of the population in the United States had been vaccinated, the government terminated the vaccination program due to reports of 25 deaths and 550 cases of Guillain-Barré Syndrome

following vaccination.

- According to a mortality analysis by the Johns Hopkins Coronavirus Resource Center, 98.9% of all the people in the United States with a confirmed case of COVID-19 survived the disease. Most COVID-19 deaths occurred in elderly people who were in poor health with multiple comorbidities.
- The Society of Actuaries collected and analyzed claims data from twenty life insurance companies that provide group term coverage in the United States, representing roughly 90% of the employer-based group term life insurance industry. All-cause mortality data for the pandemic period (April 1, 2020 through September 30, 2021) was compared to all cause mortality data for the baseline period (2017 through 2019). The analysis reveals a dramatic spike in deaths from all causes during the third quarter of 2021 (July 1 through September 30). During that quarter, excess mortality for all policyholders was more than 30% above baseline. The spike in deaths was even more dramatic for working-age people. Excess mortality for people ages 25 to 34 was 81% above baseline, excess mortality for people ages 35 to 44 was 117% above baseline, excess mortality for people ages 45 to 54 was 108% above baseline, and excess mortality for people ages 55 to 64 was 70% above baseline. The dramatic increase in deaths from all causes during the third quarter of 2021, particularly among working age people, undermines the claim that the COVID-19 vaccines are safe and effective...

Click here to read the full article.

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I encourage everyone to to read more of this analysis by Mr. Allison. It will be well worth your time.

Again, thank you – Mr. Allison, for allowing me to share this analysis here.

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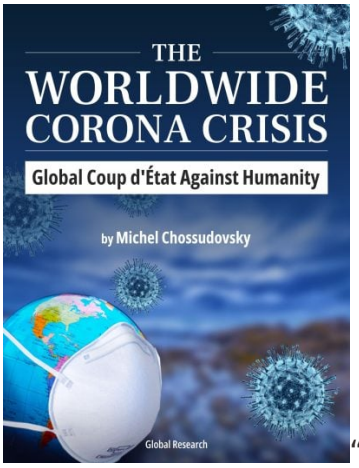

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