

# To Jab or Not to Jab

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Theme: [Science and Medicine](#)

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## **To Jab or Not to Jab**

*The topic of COVID-19 vaccination is perhaps the most controversial issue at large today. The pro-vax message rules the media airwaves, guidance from government and health authorities, social media gatekeeping, and many company policies. Conversely, to question that agenda, or even to “hesitate” for the sake of caution, risks personal abuse and outright censorship, citing a threat to public safety.*

Therein lies the test for everyone: to assess the facts, the balance of risks and benefits, for the healthiest choice.

*Disclaimer: I’m an editor, not a doctor. Therefore what I offer here is not medical advice, but an effort to critique a range of information for the sake of clarity.*

## **Information**

First, a note about sources of information. Official pronouncements and mainstream media imply a consensus favoring the vaccine. For example, ImmunizeBC:

“While it’s difficult to definitively say whether or not there are long-term side-effects, the medical and scientific community is confident in the long-term safety of the mRNA COVID-19 vaccines.”

In fact many medical and scientific experts do not share such confidence, but their dissenting view is not allowed on centralized and censored media and social media platforms. Fortunately we still have free access to a broader range of information and evidence, from peer-reviewed journals and official sources, that is less publicized. Three sites offering comprehensive research are Vaccine Choice Canada.ca, Childrens Health Defense.org, and Americas Frontline Doctors.org.

GlobalResearch.ca and Off-Guardian.org also cover this and other issues with daily updates, analysis and commentary.

From my own research I will summarize what appear to be the main risks and benefits of both choices before us: to jab or not to jab. The word “vaccine” itself is misleading, since the COVID-19 mRNA injection is not a vaccine in the traditional sense, but an experimental synthetic gene therapy.

The main purported benefit of the injection is protection from COVID-19.

ImmunizeBC states: “In the clinical trials, 95% of people had full protection after getting the vaccine.”

But what does that mean? For context, survival rates even after a COVID-19 infection, without vaccination, range from 99.997% (under age 20) to 94.6% (over 70) (CDC).

To opt for the jab means at least trying to beat those odds. Can it deliver?

The [CDC](#) states in its guidance for fully vaccinated people that there is a “residual risk of fully vaccinated people becoming ill with COVID-19 or transmitting SARS-CoV-2 to others.” Human rights lawyer [P. Jerome reports](#),

“The Centers for Disease Control (CDC), the World Health Organization (WHO), and the National Institutes of Health (NIH) have each publicly stated that the vaccines have NOT been shown to prevent infection or transmission... nor do they prevent symptoms of Covid-19 from appearing.”

The only demonstrated benefit is a possible reduction in one or more symptoms.

A [report by America’s Frontline Doctors](#) finds,

“The only group that really may benefit is the advanced elderly, and there is very limited data on efficacy and almost none on safety in this group.” [The British Medical Journal reports](#): “None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.”

[BC Health](#) and Island Health still tout the unproven benefit of reduced transmission:

“This not only protects you, but also provides greater protection to everyone around you.”

With greater transparency, Salt Spring Island’s Lady Minto Hospital expresses the cautionary disclaimer that the shot offers “no guarantee of full protection against transmission.”

Without or without vaccines, everyone is still required to continue to mask, distance, and isolate, for fear of transmission. Public officials continue to ignore contrary scientific findings, and previous official statements of their own, that asymptomatic, healthy people are not carriers or transmitters of COVID-19.



[Home](#) / [Newsroom](#) / [Q&A Detail](#) /  
Coronavirus disease (COVID-19): Serology

## Coronavirus disease (COVID-19): Serology

9 June 2020 | Q&A

### What is herd immunity?

Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. This means that even people who haven't been infected, or in whom an infection hasn't triggered an immune response, they are protected because people around them who are immune can act as buffers between them and an infected person. The threshold for establishing herd immunity for COVID-19 is not yet clear.



[Home](#) / [Newsroom](#) / [Q&A Detail](#) /  
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## Coronavirus disease (COVID-19): Serology, antibodies and immunity

13 November 2020 | Q&A

### What is herd immunity?

'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. [Read the Director-General's 12 October media briefing speech for more detail.](#)

Source: WHO, @DrEli David, Twitter

Even though the WHO has reversed their definition of "herd immunity" to depend on the role of vaccines, the Covid-19 therapy fails to achieve that benefit. On the one hand, the WHO states:

"To safely achieve herd immunity against COVID-19, a substantial proportion of a population would need to be vaccinated, lowering the overall amount of virus able to spread in the whole population.'

This statement contradicts the WHO's prior admission that 'We do not know whether the vaccines will prevent infection and protect against onward transmission'" (Jerome).

## Risks

Health Canada gave “emergency” approval to the experimental vaccine with less than six months of trial data. New vaccines typically take 15–20 years of research and trials before going to market. This human experiment, lacking the normal animal studies, retains its “trial” status into 2022-23. [The agency](#) admits,

“As with all vaccines, there’s a chance that there will be a serious side effect, but these are rare... less than one time in a million.”

**[ImmunizeBC](#), however, lists a one in 100,000 chance of a severe allergic reaction (“anaphylaxis”) from all vaccines; the rate with mRNA Covid vaccines is 25 times higher.**

With the Moderna vaccine there have been over 300 reported anaphylactic shock events and 450 permanent disabilities after vaccination ([GlobalResearch](#)).

The FDA/CDC reporting system, [VAERS](#), reports 3000 vaccine-associated deaths, among 60,000 adverse events including 8000 serious injuries. [According to CDC](#), these figures are vastly underreported.

Remember the numerous media stories of hospitals “overwhelmed” by Covid cases? With massive vaccinations underway, former [New York Times reporter Alex Berenson](#) says,

“I have now heard from multiple people that VAERS (the vaccine side effect reporting system) is – to be polite – overwhelmed, behind on reports, and hardly functioning.”

Are the benefits worth those risks? In one isolated Kentucky monastery, two nuns died of Covid-19 after receiving the vaccines, despite zero Covid cases in the monastery during the previous ten months. The [CDC has admitted](#) that nearly 6000 people “have still come down with COVID-19 after being fully vaccinated, and 74 people fully vaccinated against COVID-19 have allegedly died from COVID-19.” That doesn’t sound like the “full protection” advertised.

[Dr. Charles Hoffe](#) reports, in an open letter to BC Health Officer Dr. Bonnie Henry,

“In our small community of Lytton, BC, we have one person dead, and three people who look as though they will be permanently disabled, following their first dose of the Moderna vaccine... These people were not sick people, being treated for some devastating disease. These were previously healthy people, who were offered an experimental therapy, with unknown long-term side-effects, to protect them against an illness that has the same mortality rate as the flu. Sadly, their lives have now been ruined.”

Reports of post-vax deaths and injuries continue to pour in from around the world, leading to a pause or halt of the vaccine rollout in dozens of countries. Adverse effects include transverse myelitis, Bell’s Palsy, possibly permanent infertility, and blood clots.

In February VAERS showed a third of the Covid vaccine deaths occurred within forty-eight hours of the shot. One possible cause—amplified autoimmunity, also known as pathogenic priming or antibody dependent or immune enhancement—could have devastating long-term as well as short-term consequences.

The risk is potentially much higher upon later exposure. The [AFD report](#) cautions,

“Initially all seems well. The person seems to have a great immune response but then [it] becomes deadly when the person is exposed to the virus in the wild.”

While animal trials were skipped for the current “emergency” rollout, previous coronavirus vaccine studies that included trials on cats and ferrets produced widespread deaths. [Dr. Mike Yeadon, Pfizer’s former VP](#), says that two to three years down the road, we may see massive genocide-like deaths from mRNA-type injections.

And in other news.....

There is an ongoing SURVEY in Germany that compares the long term health of 17,641 vaccinated children with that of 15,320 unvaccinated children.

The SURVEY shows that vaccinated children are:

- Twice as likely to have allergies
- 7 times more likely to have asthma/chronic bronchitis
- 3 and half times more likely to have hayfever
- 3.8 times more likely to have Hyperactivity
- 19 times more likely to have an Autoimmune disorder
- 10 times as likely to have Skoliosis
- 11 times as likely to have Epilepsy/Seizures
- Twice as likely to have Migranes
- And...oh yes...two and a half times more likely to have Autism.

Here's a link to the SURVEY  
<http://www.vaccineinjury.info/.../resu.../results-illnes ses.html>

Source: [vaccineinjury.info](http://vaccineinjury.info)

It must be emphasized, this so-called Covid vaccine is more accurately described as an experimental gene therapy. [Moderna CEO Tal Zaks](#) in 2017 laid out the concept of the mRNA vaccine: “introduce a line of code or change a line of code... We are actually hacking the software of life.

“The [Moderna website](#) openly boasts of their “technology platform that functions very much like an operating system on a computer.... It is designed so that it can plug and play interchangeably with different programs. In our case, the “program” or “app” is our mRNA drug - the unique mRNA sequence that codes for a protein.”

As these “trials” are ongoing, there is insufficient data on the mid-term or long-term adverse

effects, and on combination effects with other medications and health conditions. When you sign up to receive your vaccine, are you giving your fully informed consent to be part of an experimental gene therapy trial... and, quite literally, to become reprogrammed as a genetically modified organism (GMO)—and as such, a pre-patented commodity?

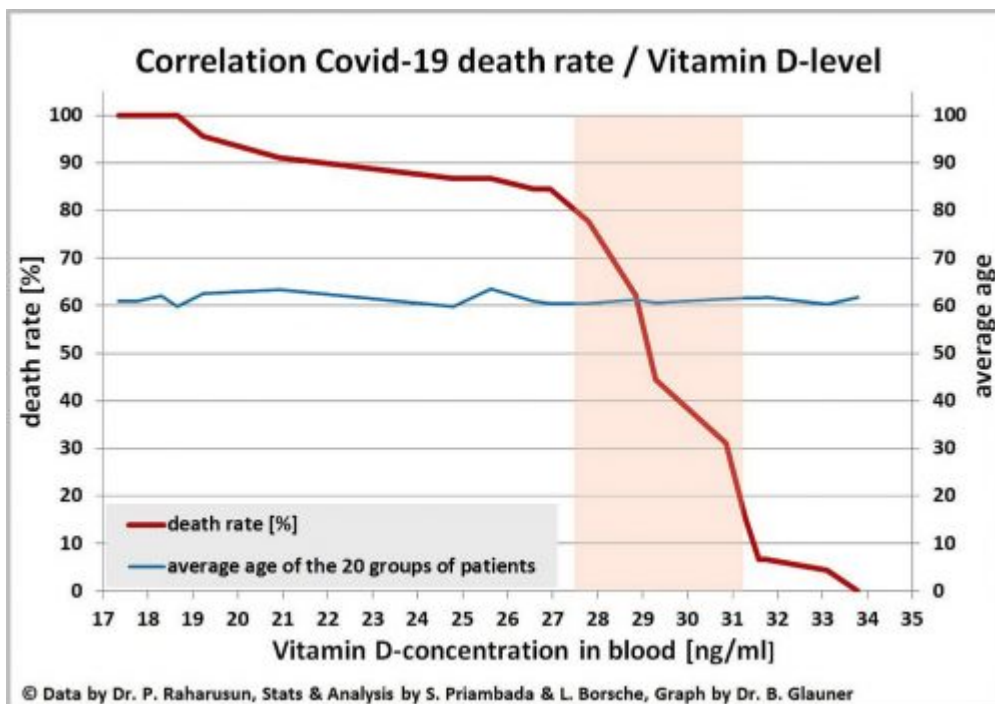
### Bottom Line: Effective & Safe, or Unnecessary & Risky?

What's the bottom line on your own benefit-risk analysis?

In areas with little to no actual impact of COVID-19, it is prudent to ask what you are gaining by an experimental injection that promises no immunity nor prevents transmission. Lytton's Dr. Hoffe concludes, "In stark contrast to the deleterious effects of this vaccine in our community, we have not had to give any medical care whatsoever, to anyone with Covid-19. So in our limited experience, this vaccine is quite clearly more dangerous than Covid-19."

[Children's Health Defense](#) breaks down the risks and benefits, based on the reported injury rate of 1 in every 40 jabs. In short, the 150 shots necessary to avert one mild case of COVID will cause serious injury to at least three people. Trials indicate the rate is likely to increase dramatically after the second shot.

[The American Frontline Doctors' white paper](#) concludes with recommendations by age group, discouraging vaccination as higher risk for all but those aged 70+ with comorbidities, compared to prophylactic treatment with established, safe and proven medications such as HCQ, Ivermectin, zinc and Vitamin D.



Source: Salaf Gilani, Off-Guardian.org

To carefully assess risks and benefits, one must consider information beyond what is filtered to us from a single perspective or authority steering us to a predetermined solution.

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**Nowick Gray** writes from Salt Spring Island, BC. His books of genre-bending fiction and creative nonfiction explore the borders of nature and civilization, imagination and reality, choice and manifestation. Connect at [NowickGray.com](#) to read more. A regular contributor to **The New Agora**, Nowick also offers perspectives and resources on [alternative culture](#) and [African drumming](#), and helps other writers as a freelance copyeditor at [HyperEdits.com](#).

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