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Some 51 percent of Americans are either hesitant or opposed to the vaccine. (cortex-film/Shutterstock)

MIND & BODY

The Clamor and Concern Over the COVID Vaccine

Over the COVID vaccine

While some wait with bated breath, others worry about the unprecedented nature of the vaccine

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President Joe Biden [recently announced](#) his “wartime” strategy to confront COVID-19. His weapon: vaccines. The battle plan builds on former President Donald Trump’s arsenal of 400 million vaccines, with a purchase of an additional 200 million more shots so all Americans can get both their recommended doses faster.

To date, more than 60 million vaccine doses have been distributed in the United States and more than 10 million people have received their first of two doses.

Priority favors health care workers and those most at risk from infection, but people at the back of the vaccine line worry their turn for a jab won’t come fast enough. Biden’s purchase aims to alleviate supply concerns by providing enough doses for all 300 million Americans by the end of summer 2021.

But how many doses may go unclaimed? Health officials urge everyone to get vaccinated for COVID-19, but some are not so sure they want it.

This wary cohort is a sizable segment of the population. According to the latest COVID-19 [Vaccine Monitor by the Kaiser Family Foundation](#), 51 percent of Americans are either hesitant or opposed to the vaccine. Most of this group is taking a wait-

and-see approach and watching for any problems that emerge in those who get the shot first.

One in five U.S. adults draw a deeper line in the sand, saying they will either “definitely not” get the new vaccine, or they will concede “only if required” for work, school, or other activities.

In California and Ohio, [about half of frontline workers](#) in hospitals and nursing homes are refusing the vaccine. And the U.S. Department of Defense [reports](#) that many service members are also refusing the shot, but won’t say how many are opting out.

Even some seniors are either on the fence about the shot or simply refuse it altogether. A [survey](#) of people 65 and older found that 16 percent of seniors are unsure they want it, and 6 percent say they definitely won’t get it.

For those eager to get their shot, the people who reject it are puzzling, because the push to take the vaccine is so well-publicized and the pitch so compelling. This government-endorsed medical intervention promises protection from a virus linked to millions of deaths, and health officials warn that restrictive social measures could last forever without it.

However, the reasons for refusing the vaccine have compelling features of their own.

New Kind of Shot

The Kaiser survey breaks down those for and against the COVID-19 vaccine by race, age, and political identity. These demographic

divisions invite speculation and reveal some curious patterns. But for other groups, the line is crystal clear. For example, those suspicious of vaccines in general will obviously be suspicious of this one.

But the shot designed for the COVID-19 virus (also known as SARS-CoV2) has features that give even those who are otherwise supportive of vaccines cause for concern.

Traditional vaccines work by injecting a weak version of a pathogen to trigger an immune response. The goal is to prime the body to protect itself should it ever face a full-blown infection in the future. The formulation and application of this procedure has evolved dramatically over the past few decades, but the basic principle has been around for a few hundred years.

By contrast, the shots developed to protect against COVID-19 takes a form our ancestors would never have imagined. This new technology influences our immune mechanism at the genetic level. Because these vaccines act on our messenger RNA, they are known as mRNA vaccines.

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Before COVID-19, scientists were already researching mRNA vaccines for other diseases in clinical trials. But emergency measures inspired by the pandemic sped up the approval process for candidates designed to protect against SARS-CoV2. Trials were run last year to monitor short-term health effects, but since the public rollout began only a month ago, the **long-term impact remains a mystery**.

This mRNA vaccine technology is designed to mimic natural viral infections in a way that the immune system recognizes, without

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the dangers of exposing the body to a genuine infection. In the case of SARS-CoV2 vaccine, it programs your cells to mimic the signature spike protein found on the surface of the COVID-19 virus, thereby programming your immune system to defend itself against this familiar form whenever it comes in contact with the real virus.

That's what the shot is designed to do, anyway. However, some worry that this still experiential technology may have unintended consequences. One common concern is that mRNA vaccines could alter your DNA. However, according to the U.S. Centers for Disease Control (CDC), this is false.

"The mRNA from a COVID-19 vaccine never enters the nucleus of the cell, which is where our DNA is kept. This means the mRNA cannot affect or interact with our DNA in any way. Instead, COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease," states the CDC.

This response is found on the CDC's list "[Myths and Facts about COVID-19 Vaccines](#)."

Another common point of confusion the health agency addresses is the question of who should take the shot, and who can go without. The CDC says just because someone may have developed an immunity to the virus, doesn't mean they are adequately protected. People who have tested positive for SARS-CoV2 and recovered are still urged to get the vaccine.

"At this time, experts do not know [how long someone is protected](#) from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called

natural immunity, varies from person to person. Some early evidence suggests natural immunity may not last very long,” states the CDC.

To drive this point home, in December 2020, the CDC’s Advisory Committee on Immunization Practices issued a report claiming that Pfizer’s study of its mRNA vaccine proved that it was highly effective for people who’d already had COVID-19.

But Rep. Thomas Massie (R-Ky.) discovered that the CDC was promoting false information. When Massie examined the Pfizer trial, he found that it clearly didn’t demonstrate a benefit for those with evidence of prior SARS-CoV2 infection as the health agency reported.

The congressman confronted the CDC in a [private call](#), and the agency’s principal deputy director, Dr. Anne Schuchat acknowledged the mistake, and apologized for the delay in fixing it. However, as of this report, the CDC’s claim [remains unchanged](#).

In a series of tweets, Massie says that the public needs to know that the CDC is misrepresenting the results of the Pfizer trial. Adding that the very meaning of science “has been perverted for this virus.”

“Baseless claims with no quantification are being made by the government, repeated by the media, and accepted by public,” Massie [wrote on Twitter](#).

As our understanding of mRNA vaccines continues to evolve, the CDC’s claim that the shot doesn’t influence DNA may prove

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wrong as well.

An article published in the January edition of Nature Genetics finds that DNA stability will change if RNA is chemically modified.

Lead researcher Arne Klungland explained to [Phys.org](#) that several research groups are now working together to study what effect this can have on the DNA molecule.

“We already know that R-loop areas are associated with sequences of DNA containing active genes and that this can lead to chromosomal breakage and the loss of genetic information,” Klungland said.

Weighing the Risks

There would be no controversy if vaccines were shown to be 100 percent risk free, but even the most dedicated vaccine supporter has to admit that this medical intervention can do harm. The debate is about how much risk vaccines pose compared to the benefit they deliver.

In several surveys identifying the number of people who are suspicious of the COVID-19 vaccine, the most common concern is side effects. Drugmaker trials showed that reactions do occur, but they were typically mild. According to the U.S. Food and Drug Administration [report from December 2020 on the Pfizer-BioNTech COVID-19 vaccine](#), the most common adverse reactions were injection site reactions, fatigue, headache, muscle pain, chills, joint pain, and fever.

Farmakis added that those reactions – particularly after the second dose – were “not unexpected.”

Experts add that these reactions, particularly after the second shot, are [a good sign](#), signaling that immune protection is kicking in.

However, since the public roll out of the shot, there has also been evidence of severe and unanticipated symptoms that may be associated with the COVID-19 vaccine. According to the [Vaccine Adverse Event Reporting System \(VAERS\)](#), out of nearly 10,000 reports linked to the COVID-19 shot as of Jan. 29, VAERS has recorded 501 deaths, 1066 hospitalizations, 147 cases of anaphylaxis, and 128 cases of Bell's palsy.

VAERS is the primary mechanism for reporting adverse vaccine reactions in the United States, but keep in mind that their numbers may only reveal a small portion of the real story. A [2010 study](#) by the U.S. Department of Health and Human Services found that “fewer than one percent of vaccine injuries” are reported to VAERS.

More than 80 percent of people who test positive for COVID-19 have no symptoms, and most of the remaining group has mild symptoms. COVID-19 has an over 99 percent survival rate for people from zero to 70 without any treatment.

But as health experts remind us, not getting vaccinated carries risks, too. The disease can have [serious, life-threatening complications](#), particularly for those who have two or more comorbidities, especially obesity and diabetes. And if you get sick, you could compromise the health of friends, family, or anyone else you may come in contact with.

So it’s a gamble, but officials say the odds are in the vaccine’s favor. [According to the CDC, clinical trials of all vaccines must](#)

first show they are safe and effective before they can be authorized or approved for use, including the ones for COVID.

“The known and potential benefits of a COVID-19 vaccine must outweigh the known and potential risks of the vaccine,” states the CDC.

However, the risk that remains is all yours. The federal government has granted COVID-19 vaccine manufacturers **immunity from liability if serious reactions occur**. Likewise, government regulators and private companies that make the SARS-CoV2 vaccine mandatory for employees are also protected from litigation in the event of harm.

Considering the Unknowns

While health officials are generally in lockstep support with the new vaccine, many independent doctors say the risk it carries is still too great. One of these doctors is board-certified emergency physician and founder of America’s Front Line Doctors (AFLD), Dr. Simone Gold. In a recent lecture discussing “**The Truth About the COVID-19 Vaccine**,” Gold says the medical establishment ignores serious concerns that hang over this “experimental biological intervention.” One of these concerns include the lack of independently published animal studies for a product that has been rushed to market.

Gold criticizes the “tremendous failure” that has been observed in creating previous coronavirus vaccines but the SARS-CoV1 vaccine relies on a different anagram. Those shots utilized recombinant modified vaccinia Ankara (rMVA), which is not the same as the mRNA technology used in Pfizer’s and Moderna’s products designed to protect

technology used in Pfizer's and Moderna's products designed to protect against SARS-CoV2.

In terms of speed, the new COVID-19 vaccine is a miracle, and is one of the points of concern raised by critics.

In a Q & A for John Hopkins Medicine, [Lisa Maragakis, M.D., M.P.H.](#), senior director of infection prevention, and [Gabor Kelen, M.D.](#), director of the Johns Hopkins Office of Critical Event Preparedness and Response, say that such concerns miss an important point.

“The mRNA technology used to develop the COVID-19 vaccines has been years in development to prepare for outbreaks of infectious viruses. Thus, the manufacturing process was ready very early in the pandemic.”

COVID-19 vaccines created with mRNA technology allows for “a faster approach than the traditional way vaccines are made,” they write.

When it comes to whether somebody should get the shot, John Hopkins encouraged people to talk to their doctor and consult other health care organizations, but said the decision is ultimately up to each person.

“You alone make the decision about whether to get a COVID-19 vaccine.”

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