

Below is a list of reasons why it would not impede mission readiness, nor disrupt my physical capacity to perform, if I do not receive a COVID Vaccine.

1. The Low Mortality Rate of the Disease

The particularly low mortality rate of the disease, but also its distribution by age, clearly denote that vaccination, whenever it becomes feasible, must be targeted. This percentage is fictitiously over-evaluated for the time being (~2.5%) : on the one hand, due to the over-representation of severely positive cases of the virus [\[1\]](#), and on the other, given that the death toll from COVID has also included the deaths of cases found positive for COVID but with other, underlying diseases (not the SARS respiratory syndrome). The Center for Disease Control (CDC) admits this, saying only 5% of deaths involving COVID-19 had COVID as the exclusive cause of death [\[2\]](#). Recent studies which have estimated the number of deaths in relation to the actual number of people exposed to the virus - based on serological tests (antibody tests) in a specific geographical area - have determined that this percentage is of the order of magnitude of seasonal flu (certainly <1%) [\[3\]](#) The fact of the matter is that COVID has a 99.74% survivability rate, so saith the CDC [\[20\]](#).

2. COVID Mainly Affects People in the Third and Fourth Age Groups

COVID mainly affects people in the third and fourth age groups, where the phenomenon of immune senescence [\[4\]](#) occurs - that is, the reduction in size, quality and duration of their immune response-protection - which can occur, after being vaccinated. In other words, the vaccine-induced active immunity may not be capable of protecting the elderly, who are the par excellence "target" of the corona virus; hence, the finding of an anti-viral therapy should be a priority - assuming that the protection of the elderly is in fact what is desired. The youth are affected very marginally, almost not at all.

3. Asymptomatic Transmissions of COVID are too Insignificant to Warrant the Mandate of a Vaccine

Researchers at Nature Communications [\[5\]](#) and the Journal of the American Medical Association [\[6\]](#) both found that asymptomatic transmissions of Coronavirus are less than one percent. In the case of JAMA, 0.7% of transmissions were among households, which would undoubtedly be lower in the general population or, hypothetically, a short time in a workplace where we are already spread apart, or an even

shorter time in close proximity due to the infrequency or nature of such gatherings. Previously I spoke about deaths due to the virus, but it is probably even less likely that I would spread it to another person, if I had it, than the likelihood that I would die from it. The vaccine's main purpose is to prevent the spread of the disease to others, but that is already incredibly unlikely, not only due to natural herd immunity, but also because, at this point in time, most people who have desired the vaccine have received it, making any mandate of it among those who do not want it frivolous.

4. Among the Seriously Ill, the Vaccine May Actually Cause More Harm Than Good

With seriously ill patients, acute respiratory failure occurs through an immuno-pathological mechanism (a "storm" producing inflammatory cytokines and reducing CD4 and CD8 T-mediated immune response [\[7\]](#)). There are serious concerns that vaccination will exacerbate this immune complication in the event of a subsequent viral infection and will consequently worsen the patient's clinical course. A similar effect was observed with the FeCoV coronavirus vaccine, which affects cats and causes peritonitis. [\[8\]](#).

5. In the 12-29 Age Group, there has been a notable risk of heart inflammation due to the COVID Vaccine [\[9\]](#)

The CDC reports that there have been many reports of myocarditis and pericarditis following the reception in mRNA vaccine recipients. These are inflammation of certain heart muscles, the myocardium and the pericardium respectively. The vaccine has caused multitudes of people who are not allergic to any product in them to suffer heart inflammation. Many have even died. Therefore, the COVID Vaccine is not only a spiritual threat, as indicated in the prior documents, but also a physical threat. It seems to me very impractical, inconsiderate, and even abusive to mandate a vaccine that has such a high rate of physical harm to a recipient.

6. The Vaccine is Temporary and Will Go Obsolete, Will You Mandate Future Developed Vaccines for Future Mutations of COVID?

The logic of eradicating an infectious disease through global vaccination, on the one hand presupposes the existence of a very safe and very effective vaccine, and on the other hand, most importantly that there be no other hosts of the virus in the natural environment. That is, man

has to be the only species that can host the virus. This is true of the polio virus, but it does not apply to the coronavirus, because all research suggests that the virus originated from bats. Unknown and controversial remains the intermediate link (host?) which had transported it from the bats' caves of Wuhan city. In any case, the disappearance of the virus through global vaccination would only be temporary - in other words, a terrible waste of resources, inasmuch as it could transfer from its natural refuge (the bats or the intermediate host) to the human population at any given moment, capably mutated for bypassing the existing herd immunity and initiating a new pandemic.

Coronaviruses, being RNA viruses, mutate rapidly, gaining genetic and therefore antigenic diversity. This diversity, especially for coronae, also increases through RNA recombination, due to the particularly inconsistent mode of transcription of viral RNAs. Two types have already been identified for SARS-Cov2, S and L [\[10\]](#)[\[11\]](#). It is doubtful that a vaccine can provide both equal coverage for all strains of the virus that emerge, as well as permanent protection over time, hence underlining one more time the importance and priority of finding anti-viral drugs against coronavirus. It is quite likely, therefore, that over time, a global vaccination evolve into regular global vaccinations.

Could this perhaps be the aim? Perhaps the corona is the long-awaited pretext for launching the universal transition to a hybrid human biology, where the human body will be protected, strengthened and ultimately dependent on platform technologies (genetic engineering, digital interfacing) through regular vaccinations-updates. But why all the rush for a vaccine that not only does not promise much, but is the cause for concern in the scientific community, especially if it is produced in a hurry and implemented en masse? Finally, do the pharmaceutical industries serve man, or does the opposite apply?

7. Multiple, Eminent Health Authorities From All Across the World Have Warned Against the Safety and Efficacy of Coronavirus Vaccines

Dr. Peter Hotez [\[12\]](#), UK scientist Hilda Bastian [\[13\]](#), and former Vice President of vaccine-manufacturer, Pfizer, Dr. Michael Yeadon [\[14\]](#) have all warned against the safety of the COVID Vaccines due to the nature of their creation.

Vaccine development usually takes many years or decades, whereas the coronavirus vaccine has been manufactured in

less than 12 months. I am not comfortable with receiving a "fast-tracked" product, as by definition, fast-tracking a product means there is no data on long-term safety.

8. Current Pfizer CEO Unable to Say if Vaccine Will Mitigate COVID Transmission [\[15\]](#)

Albert Bourla, CEO of Pfizer, was unable to confirm if any of effectiveness of the COVID Vaccine. It is evident from the above that the vaccine has a negligible effectiveness and a great chance of harm caused to a recipient of the Vaccine. The Vaccine certainly has greater risks than it does benefits.

9. Adverse Reactions and Death Caused by the Vaccines are Underreported

According to a study done by Harvard [\[16\]](#), at the commission of the United States Government, less than 1% of all adverse reactions to vaccines are actually submitted to the National Vaccine Adverse Events Reports System (VAERS). These problems have yet to be fixed.

It is unpredictable what negative effects will be suffered from the reception of the vaccine, therefore I find that it would be inappropriate to mandate the vaccine and, in fact, harmful.

Much of this has been derived from arguments presented by Monk Paul of the Holy Mountain, Biologist, MD Molecular Biology and Biomedicine [\[17\]](#), Christian Elliot's article listing many reasons why to be skeptical of the Vaccine [\[18\]](#), and an anonymous hospital worker's letter requesting an exemption from the Vaccine [\[19\]](#).

I believe that this is sufficient evidence to conclude that it would not be against the best interests, nor would it be a threat to the health and safety, of the environment, workplace, or my compatriots for me to not receive the COVID Vaccine.

The following is a list of sources demonstrating that not receiving the vaccine would not be a threat to the organization:

1: That COVID Deaths are over-evaluated due to false positive tests for the virus -

<https://www.bmj.com/content/368/bmj.m1113.long>

2: That only 5% of Deaths had COVID as the only cause -

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

- 3: That COVID has a death rate of less than 1% - <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2>
- 4: That COVID only marginally affects the youth - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2265901/>
- 5: That COVID has an almost zero percent chance of asymptomatic transfer - <https://www.nature.com/articles/s41467-020-19802-w>
- 6: That COVID has a less than one percent chance of asymptomatic transfer among individuals living together within the same household - <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102>
- 7: How Acute Respiratory Failure Occurs - <https://www.sciencedirect.com/science/article/pii/S205229752030024X>
- 8: That FeCov Worsens a Subject's Clinical Course - <https://pubmed.ncbi.nlm.nih.gov/16322745/>
- 9: That mRNA Vaccines have a chance of causing Heart Inflammation - https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm?s_cid=mm7027e2_e&ACSTrackingID=USCDC_921-DM60791&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20July%206%2C%202021&deliveryName=USCDC_921-DM60791
- 10: Mutations in COVID - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7108124/>
- 11: Mutations in COVID [part 2] - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7108196/>
- 12: Dr. Peter Hotez on the unsafe nature of the Vaccine - <https://uk.reuters.com/article/uk-health-coronavirus-vaccines-insight/as-pressure-for-coronavirus-vaccine-mounts-scientists-debate-risks-of-accelerated-testing-idUKKBN20Y1I1>
- 13: Scientist Hilda Bastian on the unsafe nature of the Vaccine - <https://www.wired.com/story/the-astrazeneca-covid-vaccine-data-isnt-up-to-snuff/>
- 14: Former Vice President of Pfizer, Dr. Michael Yeadon on the unsafe nature of the Vaccine - <https://health.economictimes.indiatimes.com/news/diagnostics/no-need-for-vaccines-covid-effectively-over-ex-pfizer-vp/79445839>
- 15: Current Pfizer CEO Unable to Say if Vaccine Will Mitigate COVID Transmission - <https://www.dailymail.co.uk/health/article-9018547/Pfizer-CEO-not-certain-covid-shot-prevents-transmission.html>
- 16: That Adverse Reactions and Deaths due to the Vaccine are underreported - <https://www.icandecide.org/wp-content/uploads/2020/12/Lazarus-report.pdf>
- 17: Monk Paul of Mount Athos Against the Vaccine - <https://orthodoxethos.com/post/de-mystifying-the-vaccine-for-corona-virus>

- 18: The Worth in Being Skeptical About the Vaccine - <https://www.deconstructingconventional.com/post/18-reason-i-won-t-be-getting-a-covid-vaccine>
- 19: Anonymous Exemption Request - <https://miriaf.webs.com/hospital-worker-test-vaccine>
- 20: 99.74% Survivability Rate of COVID - <https://www.nbc26.com/news/coronavirus/cdc-estimates-covid-19-fatality-rate-including-asymptomatic-cases>