Letter from an American MD regarding the Covid 19 Vaccine

Dear Patients and Friends,

Last week I must have been asked 20 times about the new COVID vaccines. Here are my thoughts. Please pass this information onto many as you can. People need to have fully informed consent when it comes to injecting foreign genetic material into their bodies.

1. The COVID vaccines are mRNA vaccines. mRNA vaccines are a completely new type of vaccine. No mRNA vaccine has ever been licensed for human use before. In essence, we have absolutely no idea what to expect from this vaccine. We have no idea if it will be effective or safe.

2. Traditional vaccine simply introduce pieces of a virus to stimulate an immune reaction. The new mRNA vaccine is completely different. It actually injects (transfects) molecules of synthetic genetic material from non-humans sources into our cells. Once in the cells, the genetic material interacts with our transfer RNA (tRNA) to make a foreign protein that supposedly teaches the body to destroy the virus being coded for. Note that these newly created proteins are not regulated by our own DNA, and are thus completely foreign to our cells. What they are fully capable of doing is unknown.

3. The mRNA molecule is vulnerable to destruction. So, in order to protect the fragile mRNA strands while they are being inserted into our DNA they are coated with PEGylated lipid nanoparticles. This coating hides the mRNA from our immune system which ordinarily would kill any foreign material injected into the body. PEGylated lipid nanoparticles have been used in several different drugs for years. Because of their effect on immune system balance, several studies have shown them to induce allergies and autoimmune diseases. Additionally, PEGylated lipid nanoparticles have been shown to trigger their own immune reactions, and to cause damage to the liver.

4. These new vaccines are additionally contaminated with aluminum, mercury, and possibly formaldehyde. The manufacturers have not yet disclosed what potential toxins they contain.

5. Since viruses mutate frequently, the chance of any vaccine working for more than a year is unlikely. That is why the flu vaccine changes every year. Last year’s vaccine is no more valuable than last year’s newspaper.

6. Absolutely no long term safety studies will have been done to ensure that any of these vaccines don’t cause the cancer, seizures, heart disease, allergies, and autoimmune diseases seen with other vaccines.

7. Many experts question whether the mRNA technology is ready for prime time. In November 2020, Dr. Peter Jay Hotez said of the new mRNA vaccines, "I worry about innovation at the expense of practicality because they [the mRNA vaccines] are weighted toward technology platforms that have never made it to licensure before." Dr. Hotez is Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine, where he is also Director of the Texas Children’s Hospital Center for Vaccine Development.

8. Michal Linial, PhD is a Professor of Biochemistry. Because of her research and forecasts on COVID-19, Dr. Linial has been widely quoted in the media. She recently stated, "I won't be taking it [the mRNA vaccine] immediately – probably not for at least the coming year. We have to wait and see whether it really works. We will have a safety profile for only a certain number of months, so if there is a long-term effect after two years, we cannot know."

9. In November 2020, The Washington Post reported on hesitancy among healthcare professionals in the United States to the mRNA vaccines, citing surveys which reported that: "some did not want to be in the first round, so they could wait and see if there are potential side effects", and that "doctors and nurses want more data before championing vaccines to end the pandemic".

10. Since the death rate from COVID resumed to the normal flu death rate way back in early September, the pandemic has been over since then. Therefore, at this point in time no vaccine is needed. The current scare tactics regarding "escalating cases" is based on a PCR test that because it exceeds 34 amplifications has a 100% false positive rate unless it is performed between the 3rd and 5th day after the first day of symptoms. It is therefor 100% inaccurate in people with no symptoms. This is well established in the scientific literature.

11. The other reason you don’t need a vaccine for COVID-19 is that substantial herd immunity has already taken place in the United States. This is the primary reason for assuming the end of the pandemic has come.

12. Unfortunately, you cannot completely trust what you hear from the media. They have consistently got it wrong for the past year. Since they are all supported by Big Pharma and the other entities selling the COVID vaccines, they are not going to be fully forthcoming when it comes to mRNA vaccines. Every statement I have made here is fully backed by published scientific references.

13. I would be very interested to see verification that Bill and Melinda Gates with their entire family including grandchildren, Joe Biden and President Trump and their entire families, and Anthony Fauci and his entire family all get the vaccine.

14. Anyone who after reading all this still wants to get injected with the mRNA vaccine, should at the very least have their blood checked for COVID-19 antibodies. There is no need for a vaccine in persons already naturally immunized.

Here's my bottom line: I would much rather get a COVID infection than get a COVID vaccine. That would be safer and more effective. I have had a number of COVID positive flu cases this year. Some were old and had health concerns. Every single one has done really well with natural therapies including ozone therapy and IV vitamin C.. Just because modern medicine has no effective treatment for viral infections, doesn’t mean that there isn’t one.

Yours Always,

Frank Shallenberger, MD, HMD