



Written by [Dennis Behreandt](#) on March 5, 2021

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Should You Take the COVID Shot?

A young doctor is dead in Memphis, Tennessee.

Dr. J. Barton Williams was only 36 years old. An orthopedic surgeon, he died at Baptist Memorial Hospital in Memphis. Cause of death: “Doctors treating him believe Williams had a delayed immune reaction to having the [SARS-CoV-2] virus earlier, even though he didn’t realize he had it,” reported Mississippi’s *Magnolia State Live* on February 12. The site also reported that Dr. Williams had recently had the COVID vaccine injection. “Williams had received his second dose of the COVID-19 vaccine just weeks before his death.”



AP Images
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But not to worry, the vaccine was not responsible for his death, according to authorities.

“It does seem to be in every case we have seen so far to be related to the virus itself,” Dr. Stephen Threlkeld, who helped treat Dr. Williams, said. “It’s a post-viral, sometimes a few weeks later, a post-viral effect. Not during the first part of it.”

The trouble is, there doesn’t seem to be any evidence that Dr. Williams had contracted the virus itself. “Threlkeld says they never found an active virus in Williams’ body,” WREG News Channel 3 in Memphis reported. Antibodies to the virus were discovered, though. But were they caused by exposure to the virus itself, or were they a result of the COVID vaccine?

What has been reported for certain is that “he never knew he had the virus and he’d been vaccinated,” WREG reported.

Nonetheless, according to Dr. Threlkeld, the way to avoid the sickness that tragically claimed Dr. Williams’ life is to be vaccinated.

“The way to avoid this rare, albeit terrible, illness is to get the vaccine,” Threlkeld said according to WREG.

We are asked to believe in this case that Dr. Williams did not die due to the vaccine, but due to COVID, which he did not know he had and for which he had no symptoms. And of course, he died from this phantom disease despite being vaccinated for it, so it is apparent that in his case, the vaccine, at best, was worse than useless. Still, his doctor is advising others to continue to get the vaccine in order to avoid death, although one could be reasonably suspicious, in this case, that the vaccine may have had some role in the death of Dr. Williams.

Such advice is nonsense, if not outright madness.

Is it any wonder people don’t know what to do in the face of the constant barrage of fear and propaganda that has come to be the hallmark of the pandemic? The current narrative is that all should



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take the vaccine and that we might only get back to something approaching normal, or even the Deep State's desired "new normal," when all are vaccinated and have vaccine passports to prove it.

To emphasize this point, the U.S. government's highest paid employee, Dr. Anthony Fauci, has recently taken to the interview circuit to emphasize that the vaccinated *might* be allowed to enjoy a few crumbs of freedom while the unvaccinated stew in state-imposed tyranny forever. "Common sense tells you that, in fact, you don't have to be as stringent in your public health measures" for the vaccinated, Fauci told CNN in a de facto admission that the government is holding citizens' natural rights hostage in an effort to coerce vaccine acceptance.

Should you take the bait and get the mRNA vaccine if it's available to you? It is, in fact, a new technology, something that will interest those who appreciate innovation. And in the testing it has had, it is *reportedly* safe and effective — something that must be said with the proviso that testing was abbreviated and gaps in understanding of its effects exist. Worse, auguring caution, is the government's approach to distribution, relying on outright censorship of critics coupled with propaganda-based social engineering as a means of "nudging" people toward acceptance.

In a simple world, a vaccine that is proven and openly demonstrated to be safe and effective would be an easy sell — millions, billions, would flock to it. There would be no need for a government propaganda campaign, no military involvement, no censorship. As with everything in a free and open market, people would be free to make an informed choice of their own and would flock to a vaccine product that is proven safe and effective.

We don't have that free and open market today with regard to the new COVID vaccines. What we have instead is a campaign of fear and confusion, of censorship and obfuscation, and of intimidation and coercion. This is reason enough to be worried about the outcome of the mass COVID vaccination effort. Despite the novel and innovative and even promising aspects of the new vaccines, there are plenty of reasons to be cautious.

New Technology

At least from the point of view of innovation, the new vaccines from Pfizer/BioNTech and Moderna are cutting-edge examples of the future of biological and medical science. As has been widely noted, these are mRNA-based vaccines that deliver a bit of messenger ribonucleic acid to cells.

Under normal circumstances, a new vaccine can take years of work before it is ready for use in human populations. "A typical vaccine development timeline takes 5 to 10 years, and sometimes long-er, to assess whether the vaccine is safe and efficacious in clinical trials, complete the regulatory approval processes, and manufacture sufficient quantity of vaccine doses for widespread distribution," says Johns Hopkins University School of Medicine.

Both Moderna and Pfizer/BioNTech announced development of their respective mRNA vaccines in January 2020. With availability beginning before the year was out, development was therefore five to 10 times faster than normal.

Much of the speed of development, proponents argue, comes from the new technology used by these companies. Normal vaccines require growing live viruses using a relatively cumbersome process and are slower to develop and manufacture. By contrast, the newer technology of mRNA vaccines is conducive to more rapid development.



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Not seen, however, is that the technology behind mRNA vaccines has been under development for many years. Writing in the journal *Nature Reviews Drug Discovery* in 2018, Professor of Medicine Norbert Pardi and co-authors from the Department of Medicine at the University of Pennsylvania and from the Duke Human Vaccine Institute at the Duke University School of Medicine noted that early research into mRNA vaccines was completed as far back as 1990. Since then, they wrote, “Over the past decade, major technological innovation and research investment have enabled mRNA to become a promising therapeutic tool in the fields of vaccine development and protein replacement therapy.”

In other words, what seems like rapid development from the limited perspective of the COVID pandemic is really a technological advance built on many years of research.

A Fistful of (Billions of) Dollars

In addition to the years of research that made rapid development in 2020 possible, the vaccine rollout received a significant supercharge from a massive influx of federal (i.e., taxpayer) dollars into the hands of the pharmaceutical companies developing the vaccines.

For example, in August 2020 Stephen Gandel reported for CBS News that “Moderna has received nearly \$1 billion in federal funding to develop and produce its vaccine.”

But a billion dollars was just a start. A *USA Today* fact check admitted that the figure was much higher. “All in all, U.S. agencies committed about \$2.5 billion to help develop Moderna’s vaccine and buy doses,” the paper said, citing the *New York Times*.

A significant portion of the funding came in the form of federal grants. On April 16, 2020, Moderna announced that it had reached “an agreement for a commitment of up to \$483 million from the Biomedical Advanced Research and Development Authority (BARDA), a division of the Office of the Assistant Secretary for Preparedness and Response (ASPR) within the U.S. Department of Health and Human Services (HHS), to accelerate development of the Company’s mRNA vaccine candidate (mRNA-1273) against the novel coronavirus (SARS-CoV-2).”

On July 26, the company announced it would receive additional millions of dollars from BARDA. As the result of “a modification to its contract with the Biomedical Advanced Research and Development Authority (BARDA),” the company said, it had secured “an additional commitment of up to \$472 million to support late stage clinical development including the expanded Phase 3 study of the Company’s mRNA vaccine candidate.”

“We are thankful for BARDA’s support to fund the accelerated development of mRNA-1273, our vaccine candidate against SARS-CoV-2,” Moderna CEO Stéphane Bancel said at the time.

By contrast, Pfizer turned down federal funding, citing concerns over the federal bureaucracy meddling with its research. “I wanted to liberate our scientists from any bureaucracy,” said Pfizer CEO Albert Bourla, according to *The Week*. “When you get money from someone, that always comes with strings. They want to see how we are going to progress, what types of moves you are going to do. They want reports. I didn’t want to have any of that.”

Trials

Both Moderna and Pfizer BioNTech conducted large trials to determine the efficacy of their vaccines.



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The researchers behind the Pfizer vaccine published the results of their trial, one that included 21,720 people receiving the vaccine against 21,728 receiving a placebo, on December 10 in the *New England Journal of Medicine*. They reported the following results:

There were 8 cases of Covid-19 with onset at least 7 days after the second dose among participants assigned to receive BNT162b2 and 162 cases among those assigned to placebo; BNT162b2 was 95% effective in preventing Covid-19 (95% credible interval, 90.3 to 97.6). Similar vaccine efficacy (generally 90 to 100%) was observed across subgroups defined by age, sex, race, ethnicity, baseline body-mass index, and the presence of coexisting conditions. Among 10 cases of severe Covid-19 with onset after the first dose, 9 occurred in placebo recipients and 1 in a BNT162b2 recipient.

Eric Rubin, M.D., Ph.D, editor-in-chief of the *New England Journal of Medicine*, and Deputy Editor Dan Longo, M.D., penned a celebratory op-ed in the *Journal* describing what they believed to be the significance of this vaccine.

“We didn’t know,” Rubin and Longo noted, if mRNA vaccines might be effective or safe. With the results of the new study in hand, they enthused, “Today we have part of the answer, and it is strongly encouraging.” Calling the Pfizer-BioNTech vaccine a “dramatic success,” they concluded that it “holds the promise of saving uncounted lives and giving us a pathway out of what has been a global disaster.”



Still experimental: The group America’s Frontline Doctors has been critical of mRNA vaccine safety. A white paper from the group, co-authored by Dr. Simone Gold (far right), describes the organization’s concern over antibody dependent enhancement (ADE), which could make COVID’s effects worse. “Note that coronaviruses are commonly implicated” in ADE, said the paper. *(Photo credit: Ron Lyon/ZUMAPRESS/Newscom)*

Similarly, the results from the Moderna trial also appeared in the *New England Journal of Medicine*, this time in the February 4, 2021 issue.

For this trial, the study examined 30,420 participants, with 15,210 participants in the Moderna mRNA group and in the placebo group, respectively. For primary results, the authors noted that “196 cases of Covid-19 were diagnosed: 11 cases in the vaccine group ... and 185 cases in the placebo group ...



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indicating 94.1% efficacy of the mRNA-1273 vaccine ... for the prevention of symptomatic SARS-CoV-2 infection as compared with placebo.”

On the basis of these results, the U.S. government issued emergency use authorizations and both vaccines have now been used across the United States. So far, as of February 23, 2021, 64 million doses of the vaccines have been administered in the United States.

But Is It Safe?

Notwithstanding the mainstream media’s obsession with the findings cited above as evidence of the safety and usefulness of the vaccines in question, and also notwithstanding the promise and peril of the technological approach of mRNA vaccines, which like nuclear technology offers great good (energy) and great evil (nuclear weapons) in one technology package, there is evidence that all is not well with the vaccines as they roll out to tens of millions of Americans and, eventually, billions worldwide.

There are popping up, for example, accounts of sudden deaths or deaths shortly after receiving the vaccines:

- Florida obstetrician Dr. Gregory Michael was pro-vaccine, according to his wife, and took the mRNA shot. The healthy 56-year-old died “due to a strong reaction to the COVID vaccine,” his wife wrote on Facebook. Doctors worked for two weeks to try to save his life. “Experts from all over the country were involved in his care,” his wife wrote. “No matter what they did, the platelets count refused to go up. He was conscious and energetic through the whole process but 2 days before a last resort surgery, he got a hemorrhagic stroke caused by the lack of platelets that took his life in a matter of minutes. He was a pro vaccine advocate that is why he got it himself. I believe that people should be aware that side effects can happened, that it is not good for everyone and in this case destroyed a beautiful life, a perfect family, and has affected so many people in the community.”
- In Norway, 23 elderly people died shortly after receiving the vaccine. By mid-January, the Norwegian Medicines Agency had assessed 13 of those deaths and linked them to the vaccine. “The reports might indicate that common side effects from mRNA vaccines, such as fever and nausea, may have led to deaths in some frail patients,” chief physician Sigurd Hortemo of the Norwegian Medicines Agency noted, according to *Norway Today*. The site also reported that at a web-inar for journalists about the vaccines an official with the Norwegian Medicines Agency warned those who are frail away from the vaccine. “If you are very frail, you should probably not be vaccinated,” Steinar Madsen said.
- In California, a 78-year-old woman died immediately after receiving the vaccine. She “received an injection of the COVID-19 vaccine manufactured by Pfizer around noon,” Michael Morris, director of Kaiser Permanente Southern California’s COVID-19 Vaccination Program said, according to KNBC news in Los Angeles. “While seated in the observation area after the injection, the patient complained of feeling discomfort and while being evaluated by medical personnel, she lost consciousness,” Morris said. Not to worry, though: Her death immediately after vaccination was deemed purely coincidental. “Her death is not believed to be related to the vaccine, health officials said,” KNBC reported.
- In Michigan, Karen Hudson-Samuels, former news anchor for WGPR-TV in Detroit, died just one day after getting the vaccine. “The Detroit media icon was found dead at her home by her husband last Tuesday, just one day after taking the COVID-19 vaccine but the official cause of her death is still unknown,” reported CBS Detroit.



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• A particularly mysterious case occurred at St. Walberg Monastery in Kentucky. There, the Benedictine Sisters had closed the monastery to keep COVID out. “We will not be receiving guests, friends, family, and Oblates,” they wrote on the monastery website. “There will be no public religious services or any event during this time.”

Despite being closed, an outbreak of the virus spread through the sisters at the monastery at the turn of the year, with more than two dozen sisters testing positive for the virus, according to the WKRC Local 12 news station. Three of the sisters died.

“The question is: How did the coronavirus get in?” asked Brad Underwood of WKRC. A good question, especially since the outbreak began “just two days after the sisters got their first COVID-19 vaccine shot.”

There are many similar examples that could be cited, but most share a commonality in terms of how they are reported: The deaths following vaccination are merely a curious coincidence. It is as if reporters on discovering that a town was destroyed a day after a tornado tore through an area declared, with complete certainty, that there is no causal relationship between the two facts. The town was not destroyed by a tornado, they insist, but simply was the victim of a rapid unplanned disassembly (RUD) event.

Medical and Scientific Critics

How could an mRNA vaccine designed to train the human immune system to defeat a viral invader actually cause harm, or even death? One answer is provided by doctors Karina Reiss and Sucharit Bhakdi in their essential book *Corona False Alarm*.

Reiss and Bhakdi have impeccable scientific credentials and so cannot be smeared as pseudoscientific rubes. Reiss holds a Ph.D. in cell biology and is a professor of biochemistry at the University of Kiel in Germany. Bhakdi is a medical doctor who worked as a post-doctoral researcher at no less a place than the Max Planck Institute of Immunobiology and Epigenetics. He served as chair of the department of Medical Microbiology at the University of Mainz from 1990 to 2012.

In *Corona False Alarm*, they put the potential danger of an mRNA vaccine for COVID-19 into frightening perspective.

“Safety concerns linked to mRNA vaccines include systemic inflammation and potential toxic effects,” they write. “A further immense danger looms that applies equally to mRNA-based coronavirus vaccines. At some time during or after production of the viral spike, waste products of the protein must be expected to become exposed on the surface of targeted cells. The majority of healthy individuals have killer lymphocytes that recognise these viral products. It is inevitable that autoimmune attacks will be mounted against the cells. Where, when, and with which effects this might occur is entirely unknown. But the prospects are simply terrifying.”

Also warning against the unknown potential dangers of the mRNA vaccines are the medical professionals from the group America’s Frontline Doctors (AFLDS). The organization was founded by Dr. Simone Gold, another medical professional with unimpeachable credentials. A board-certified physician, Dr. Gold graduated from the Chicago Medical School then went on to earn a law degree from Stanford University Law School. She has been relentlessly smeared by the mainstream press and was recently arrested for having the temerity to be among those who attended the January 6 Capitol protest.



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Doctors affiliated with AFLDS released a lengthy white paper on the subject of the safety of mRNA coronavirus vaccines that describes concerns they have with the mass-vaccination program. The 10 co-authors with Dr. Gold on the white paper include Dr. Lee Merritt, a bodybuilder, former Navy doctor, and accomplished surgeon; board certified neurologist Dr. Teryn Clark; and Dr. Geoff Mitchell, former director of the American Academy of Emergency Medicine.

According to these doctors, a major concern with the safety of the mRNA and other coronavirus vaccines is the unknown but real potential for the development of antibody dependent enhancement (ADE). "A well-documented and serious side effect of vaccines is known as pathogenic priming or antibody dependent or immune enhancement," they write.

"Note," they continue, "that coronaviruses are commonly implicated."

ADE, they explain, occurs when vaccine-generated antibodies cause a more severe disease when the vaccinated person next encounters the virus in question in the wild. There are many examples of this happening as a result of attempts to develop vaccines against other diseases, and in some cases ADE led to deaths that should not have occurred.

Of particular note, scientists worked hard to create a vaccine for the original SARS-CoV, "a coronavirus 78% similar to the current SARS-CoV-2," the AFLDS notes. The result? When tested in mice the results seemed promising at first, "but ultimately it was abandoned because although the mice tolerated the vaccine and produced antibodies, when the mice were exposed to the actual virus in the wild, they died due to what we would think of as sudden cytokine storm."

Surely this has been ruled out, though, for the current vaccines being used for COVID-19? According to the AFLDS white paper, the trials for those vaccines did not adequately examine the potential for ADE in the vaccinated.

"The Phase III trials from Pfizer, Moderna and AstraZeneca provide little insight in to ADE and VAH," the white paper's authors argue. "Not only is the sample size of vaccinated participants who developed COVID-19 very small, but, based on the information publicly available, it is unknown which strains of SARS-CoV-2 afflicted the participants in the trials."

Infertility?

Another concern that has been raised by AFLDS is the potential for the mRNA vaccines to cause infertility. AFLDS did not originate this concern, but cited a petition to the European Medicines Agency for a stay of action stopping phase III trials of the Pfizer vaccine until certain matters of concern were tested. The petition was from Dr. Wolfgang Wodarg and Dr. Michael Yeadon. Wodarg is one of Germany's leading medical doctors, and is a specialist in internal medicine and pulmonology who was also a member of the German Bundestag from 1994 to 2009. Yeadon is the former head of allergy and respiratory biology at Pfizer and founder of the pharma company Ziarco, which was ultimately acquired by Novartis.

In their petition, Wodarg and Yeadon highlight a concern that the mRNA vaccines might lead to infertility. Noting that the vaccines are intended to produce antibodies against SARS-CoV-2 spike proteins, they argue that those spike proteins contain syncytin homologous proteins and that as a result, antibodies developed by the vaccines might target syncytin naturally occurring in the human body. "Syncytin-1," they write, "is responsible for the development of a placenta in mammals and



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humans and is therefore an essential prerequisite for a successful pregnancy.” They admit that there “is no indication whether antibodies against spike proteins of SARS viruses would also act like anti-Syncytin-1 antibodies.” Nonetheless, they continue, “If this were to be the case this would also prevent the formation of a placenta which would result in vaccinated women essentially becoming infertile.”

Some critics have attacked Wodarg and Yeadon for spreading misinformation, suggesting that the pair of scientists wrongfully claimed that the vaccines cause infertility. This is not, however, what Wodarg and Yeadon said. Instead, they simply pointed out that the vaccine trials did not deliver any findings that shed light on the issue. Dr. Wodarg emphasized this point on his own website. “It is essential to rule out the possibility that a vaccine against SARS-CoV-2 could trigger an immune response against syncytin-1,” he wrote, “otherwise infertility of indefinite duration could result in vaccinated women.”

Is this a “fringe” point of view as some would suggest? Not unless you count World Health Organization guidance as “fringe” as well. In its “Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19: Interim guidance” document from January 25, WHO admits: “The available data on mRNA-1273 vaccination of pregnant women are insufficient to assess vaccine efficacy or vaccine-associated risks in pregnancy.” The organization concludes: “In the interim, WHO recommends not to use mRNA-1273 in pregnancy, unless the benefit of vaccinating a pregnant woman outweighs the potential vaccine risks, such as in health workers at high risk of exposure and pregnant women with comorbidities placing them in a high-risk group for severe COVID-19.”

Since the rollout of the vaccine, there have been troubling incidents of miscarriages and other impacts on pregnancy reported to the Vaccine Adverse Event Reporting System (VAERS). Robert F. Kennedy, Jr.’s organization, Children’s Health Defense, pointed out on February 23 that “as of Feb. 12, the Vaccine Adverse Event Reporting System (VAERS) had already received 111 reports of adverse events experienced by women who were pregnant at the time of their Pfizer or Moderna injection.”

The VAERS reports on pregnancy and the vaccines are not conclusive, and though they all report a range of alarming symptoms, many indicate that the vaccine recipients seem to have recovered without implications for their pregnancies. But not all. In one case, a 34-year-old Idaho woman who was four weeks pregnant was given the vaccine on December 22, 2020 and suffered a miscarriage just a few days later. The report’s write-up on this case states, “The information currently provided is too limited to make a meaningful medical assessment hence, the events are conservatively assessed as related to the suspect drug BNT162B2 until further information becomes available.” BNT162B2 is the Pfizer mRNA vaccine.

In another case, a 32-year-old New Mexico woman was seven weeks pregnant when she received the vaccine. One day after receiving the second dose, “She began having abdominal pain and vaginal bleeding at 315 sm on 1/8/2021 progressing to a previable (22w2d) preterm birth at 739pm on 1/8/2021,” states the report in VAERS.

Reports like these in VAERS do not demonstrate definitively that the vaccine in question was the direct cause of these outcomes, but they should raise questions.

Abortion

There is another moral and ethical concern, too, about these vaccines that stems from the use in the development of the vaccines of fetal cells that were derived from aborted babies. Testing fundamental



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aspects of the technology used to create the Moderna vaccine, for example, was completed using a cell line known as HEK-293. As *Science* magazine notes, HEK-293 is “a kidney cell line widely used in research and industry that comes from a fetus aborted in about 1972.”

To its credit, Moderna’s vaccine is not manufactured using HEK-293 cells. But the cell line was used in testing and development, as explained in a research article published in the journal *Nature* on August 5, 2020 that was written by Kizzmekia S. Corbett of the Vaccine Research Center, National Institute of Allergy and Infectious Diseases, and Darin K. Edwards of Moderna, along with many other coauthors. Their paper notes, in part, that in their research work, “HEK293T cells were transiently transfected with mRNA encoding SARS-CoV-2 wild-type S or S(2P) protein.” This was done as part of the effort to “detect surface-protein expression.”



Abortion and the vaccines: The mRNA vaccines were tested, though not manufactured, using cells derived from an aborted baby. Some other COVID vaccines, including Johnson and Johnson’s newly available vaccine, were developed, tested, and manufactured using cells from aborted babies. *(Photo credit: Leptospira / iStock / Getty Images Plus)*

Christians and Jews, especially, should be concerned about any tie between vaccines and abortion, regardless of the fact that HEK cells date back to an abortion that happened almost 50 years ago. Evil is not a relative matter that depreciates over time. Using a product developed, even if slightly, using the remains of a murdered baby is disgusting and unconscionable.

Quite scandalously, though, U.S. Catholic bishops have accepted use of vaccines that were either tested using HEK cells or developed using them.

“Neither Pfizer nor Moderna used morally compromised cell lines in the design, development, or production of the vaccine,” wrote Bishop Kevin C. Rhoades and Archbishop Joseph F. Naumann. “A confirmatory test, however, employing the commonly used, but morally compromised HEK293 cell line was performed on both vaccines. Thus, while neither vaccine is completely free from any connection to morally compromised cell lines, in this case the connection is very remote from the initial evil of the abortion.”

Concluding their compromise with evil, they wrote: “Given the urgency of this crisis, the lack of available alternative vaccines, and the fact that the connection between an abortion that occurred decades ago and receiving a vaccine produced today is remote, inoculation with the new COVID-19



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vaccines in these circumstances can be morally justified.”

This flies in the face of Christian pro-life ethics, not to mention pronouncements on the matter from recent Catholic leaders. In 2003, for example, Pope John Paul II commented on the matter to members of the Pontifical Academy of Sciences. “Any treatment which claims to save human lives, yet is based upon the destruction of human life in its embryonic state,” he said, “is logically and morally contradictory, as is any production of human embryos for the direct or indirect purpose of experimentation or eventual destruction.”

Writing for the *The National Catholic Bioethics Quarterly* journal in 2006, Dr. Alvin Wong, M.D., said there could be no compromise with the use of fetal cells such as HEK293 that are derived from abortions. “Anyone who conscientiously objects to abortion, or has a sense of the natural laws, let alone the Faith, could be scandalized by those researchers who use the HEK 293 cell line,” Wong wrote in his influential treatment of the topic. “Their proximate association with those who market these cell lines, and more remotely with abortion providers, even if it is one of passivity, cannot be totally swept under the carpet.”

And make no mistake, we are here talking about a great evil. To see this, it helps to put it in direct terms, something Annamaria Cardinalli did in describing for *Crisis* magazine the creation of HEK293.

“HEK stands for human embryonic kidney,” Cardinalli wrote. “To harvest a viable embryonic kidney for this purpose, sufficiently healthy children old enough to have adequately-developed kidneys must be removed from the womb, alive, typically by cesarean section, and have their kidneys cut out. This must take place without anesthesia for the child, which would lessen the viability of the organs. Instead of being held, rocked, and comforted in the time intervening between their birth and their death, they have organs cut out of them alive.”

Fully Informed?

These are but a few of the many issues and concerns raised by the rapid rollout of vaccines for COVID-19 in just a few months. A more exhaustive review would be considerably longer. Most of this, however, is not just missing from mainstream coverage, but is often censored when it is posted to social media. Under such circumstances it is doubtful that those receiving the new vaccines are making fully informed choices.

Thomas Jefferson gave clearest voice, in the Declaration of Independence, to the absolutely essential and fundamentally important doctrine of individual human rights and dignities when he exclaimed that every person has been equally endowed by the “Creator with certain unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness.”

As a direct consequence of those rights that governments cannot legitimately abridge or undermine, every person has the right to choose what is done to their bodies, including what they may choose to ingest or have injected. Coercion and force, as would be necessary for a mandatory vaccination program, directly undermine the basic natural rights inherent in personhood, but purposeful misrepresentation, obfuscation, and omission of critical information are also corrosive of natural human rights and as such can undermine the ability of each person to make fully informed decisions to consent to medical procedures and treatments.

It is necessary, therefore, for each person to seek out information relevant to medical decisions and



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decide for himself, in conjunction with trusted medical professionals and on the basis of other research and information, whether or not to accept treatments, medicine, or vaccines, especially ones, such as those for COVID-19, that are new and novel and have been “rushed” in order to meet the expectations of a populace that has been needlessly panicked by government and media “authorities.”



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