



Eric T. Payne, MD, MPH, FRCP(C)  
February 20, 2022

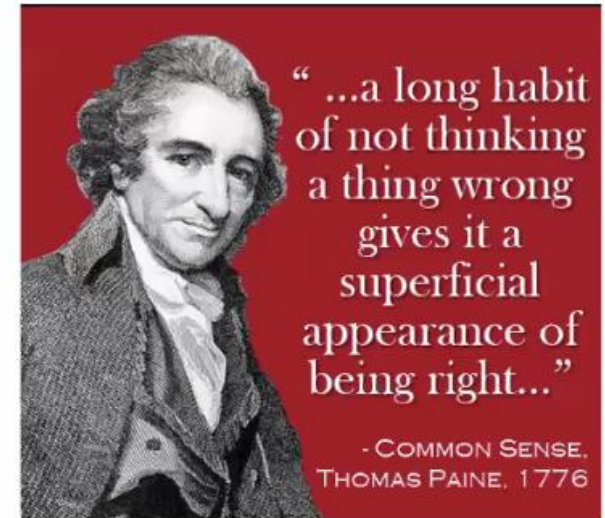
Pediatric Neurologist & Clinical Assistant Professor, Calgary, AB  
Research: Neuroinflammation, refractory epilepsy, critical care EEG monitoring, improved cognitive outcomes.

- Pediatric Neurologist & Epileptologist – Mayo Clinic (2014-2020)
- Master of Public Health (Clinical Effectiveness) – Harvard University (2013)
- Fellowship Pediatric Neurocritical Care & Epilepsy – SickKids Hospital Toronto (2011-2014)
- Residency Pediatric Neurology – Alberta Children's Hospital (2006-2011)
- Medical School - University of Calgary (2003-2006)
- Master of Science – McMaster University (2001-2003) – withdrew to begin M.D.
- B.Sc. + B.P.H.E. – Queen's University (1997-2001)
- *Member of the Canadian Covid Care Alliance Scientific & Medical Advisory Committee*

## Letter September 15, 2021 ,to Alberta Medical College regarding mandatory COVID-19 vaccination – a call for discussion and debate.

- The **medical evidence demonstrates** that the effectiveness of the mRNA vaccines has decreased significantly, they do not prevent SARS-CoV-2 transmission or symptomatic disease, and while evidence for protection against serious illness continues to exist in Calgary, that too is dissipating globally.
- I will discuss that it is the vaccinated driving mutations, not the unvaccinated.
- I will show evidence that those who have been fully vaccinated generate similar or higher viral loads than the unvaccinated when challenged with Delta, and further clinical data suggesting that this widespread use of a “leaky” vaccine during a pandemic is leading to antibody-dependent enhancement, including evidence that this is already occurring with Delta.
- I will highlight some of the long-term safety concerns with these mRNA vaccines in the context of available biodistribution data.
- Finally, I will speak directly to the minuscule possibility of causing harm to my pediatric patients by transmitting SARS-CoV-2.

<https://www.jccf.ca/wp-content/uploads/2021/09/Sep-15-FINAL-PAYNE-CPSA-letter.pdf>



It is **because** I am informed, that I **do not** voluntarily consent to these injections.

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Dr. Eric Payne





Thomas Massie ✓  
@RepThomasMassie

...

Check out @CDCgov's evolving definition of "vaccination." They've been busy at the Ministry of Truth:

**Vaccination (pre-2015):** Injection of a killed or weakened infectious organism in order to prevent the disease.

**Vaccination (2015-2021):** The act of introducing a vaccine into the body to produce immunity to a specific disease.

**Vaccination (Sept 2021):** The act of introducing a vaccine into the body to produce protection from a specific disease.

The CDC caused an uproar in early September 2021, after it changed its definitions of "vaccination" and "vaccine." For years, the CDC had set definitions for vaccination/vaccine that discussed immunity. This all changed on September 1, 2021.

The prior CDC Definitions of Vaccine and Vaccination ([August 26, 2021](#)):

**Vaccine:** A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

**Vaccination:** The act of introducing a vaccine into the body to produce immunity to a specific disease.

The CDC Definitions of Vaccine and Vaccination since [September 1, 2021](#):

**Vaccine:** A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

**Vaccination:** The act of introducing a vaccine into the body to produce protection from a specific disease.

People noticed. Representative Thomas Massie was among the first to discuss the change, noting the definition went from "immunity" to "protection".

Figure 1. Proportional COVID case rate (per 100, 000 persons) by vaccination status in Alberta from March 1, 2021, to March 22, 2022. *This Figure was removed from the Alberta COVID website on March 23, 2022.* (A) By late December 2021 (while the Omicron variant accounted for almost all COVID cases), the **double vaccinated were proportionately most likely to be infected** with COVID. (B) By mid-February, the **triple vaccinated were proportionately most likely to get COVID.**

A.

Case rate per 100,000 population by vaccination status in Alberta, 12+ population only

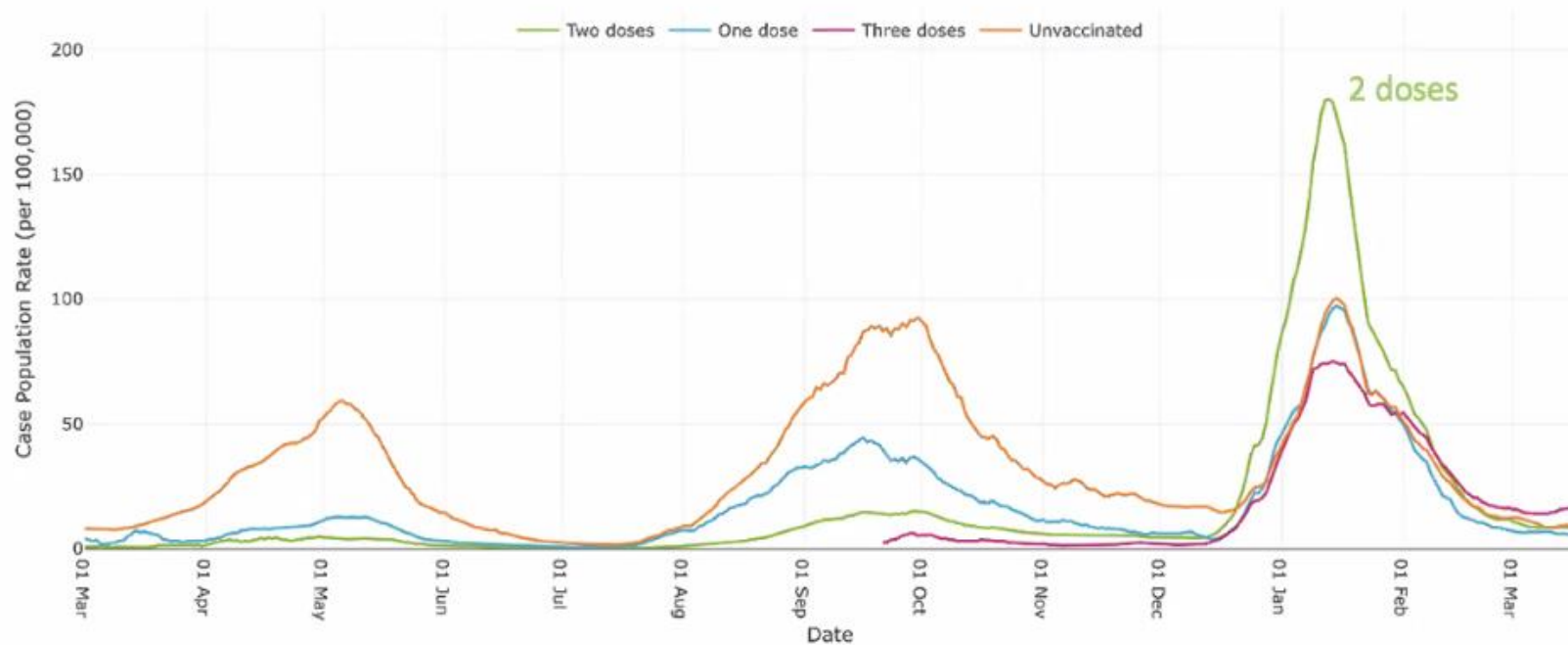
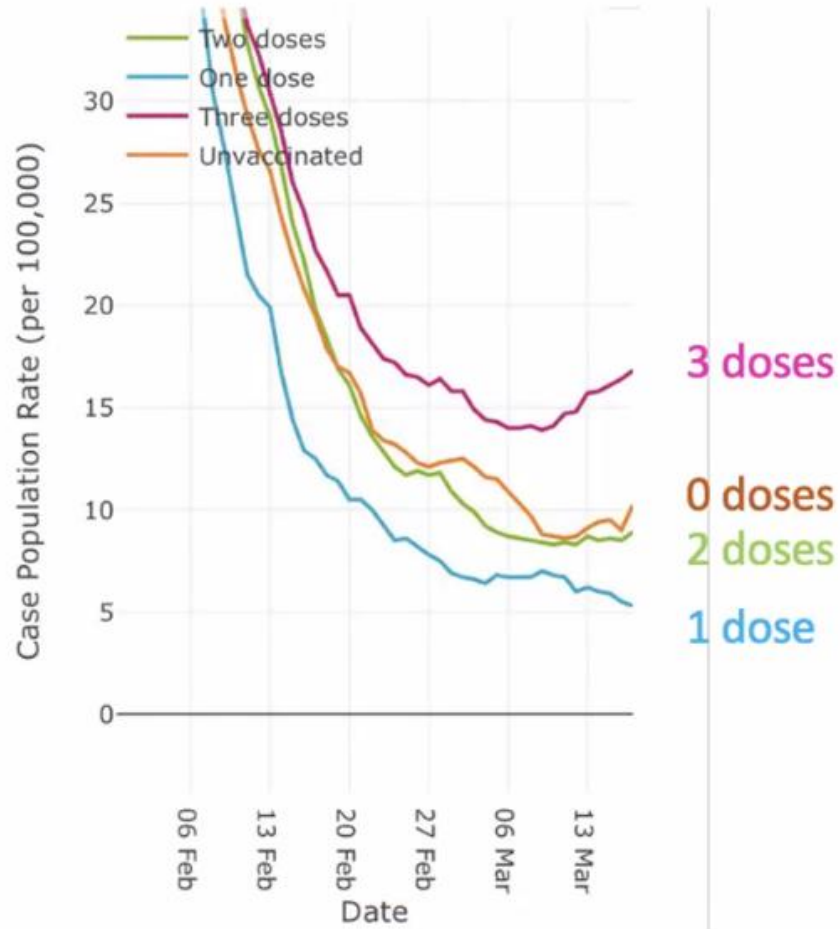


Figure 10: Case rate per 100,000 population by vaccination status in Alberta, 12+ population only. Note: Vaccine status category is based on protection as Table 3

**B.**



<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

Figure 2. Total number of COVID cases by vaccination status in Ontario. In mid-December and January, the fully vaccinated occupied the vast majority of COVID cases.

## COVID-19 cases by vaccination status



**ONTARIO**  
**January 6, 2022**

<https://covid-19.ontario.ca/data/>

See what we mean by: [Unvaccinated cases](#) <sup>?</sup>, [partially vaccinated cases](#) <sup>?</sup>, [fully vaccinated cases](#) <sup>?</sup>

Note: these figures previously publicly available, have been recently removed from the Ontario Health website.

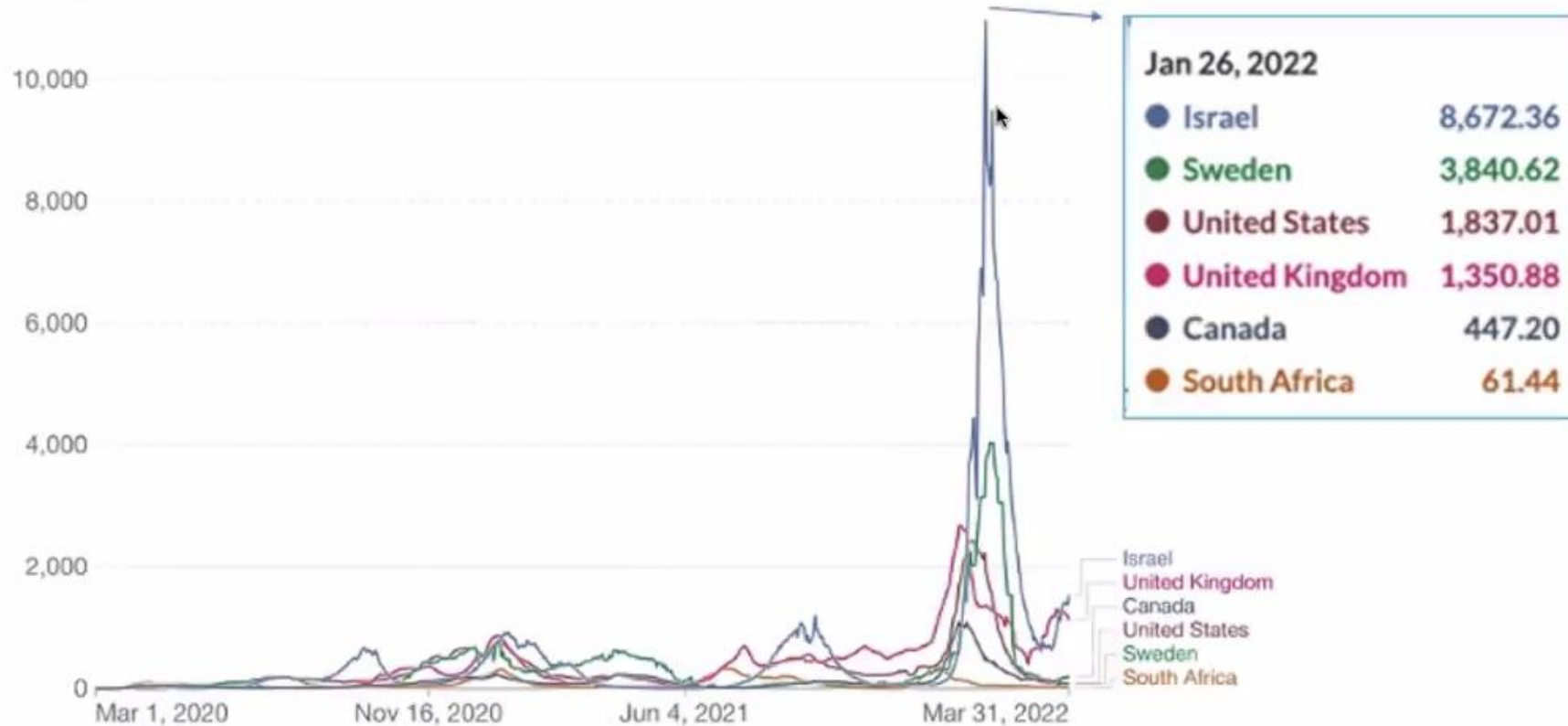


Figure 5. Daily new confirmed COVID-19 cases per million people. Our World in Data (Source: John's Hopkins University).

### Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World  
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

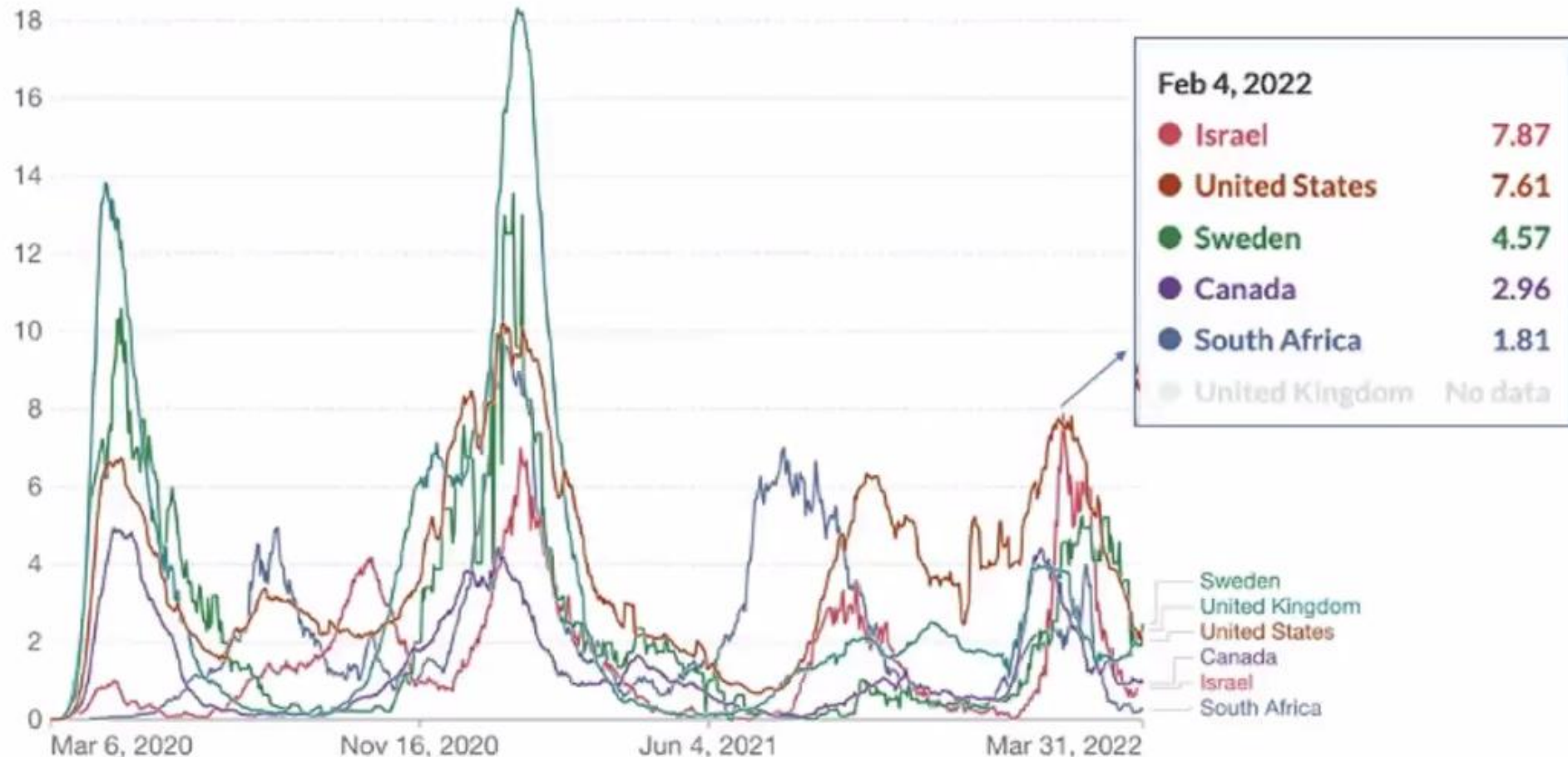
<https://ourworldindata.org/covid-cases>

Figure 6. Daily new confirmed COVID-19 deaths per million people. Our World in Data (Source: John's Hopkins University).

### Daily new confirmed COVID-19 deaths per million people

Our World  
in Data

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

<https://ourworldindata.org/covid-deaths>



Figure 7: Rate of total hospitalizations, ICU admissions, and death among COVID-19 cases in ALBERTA as of Jan 13, 2022

Rate of total hospitalizations, ICU admissions, and death among COVID-19 cases in ALBERTA as of Jan 13, 2022

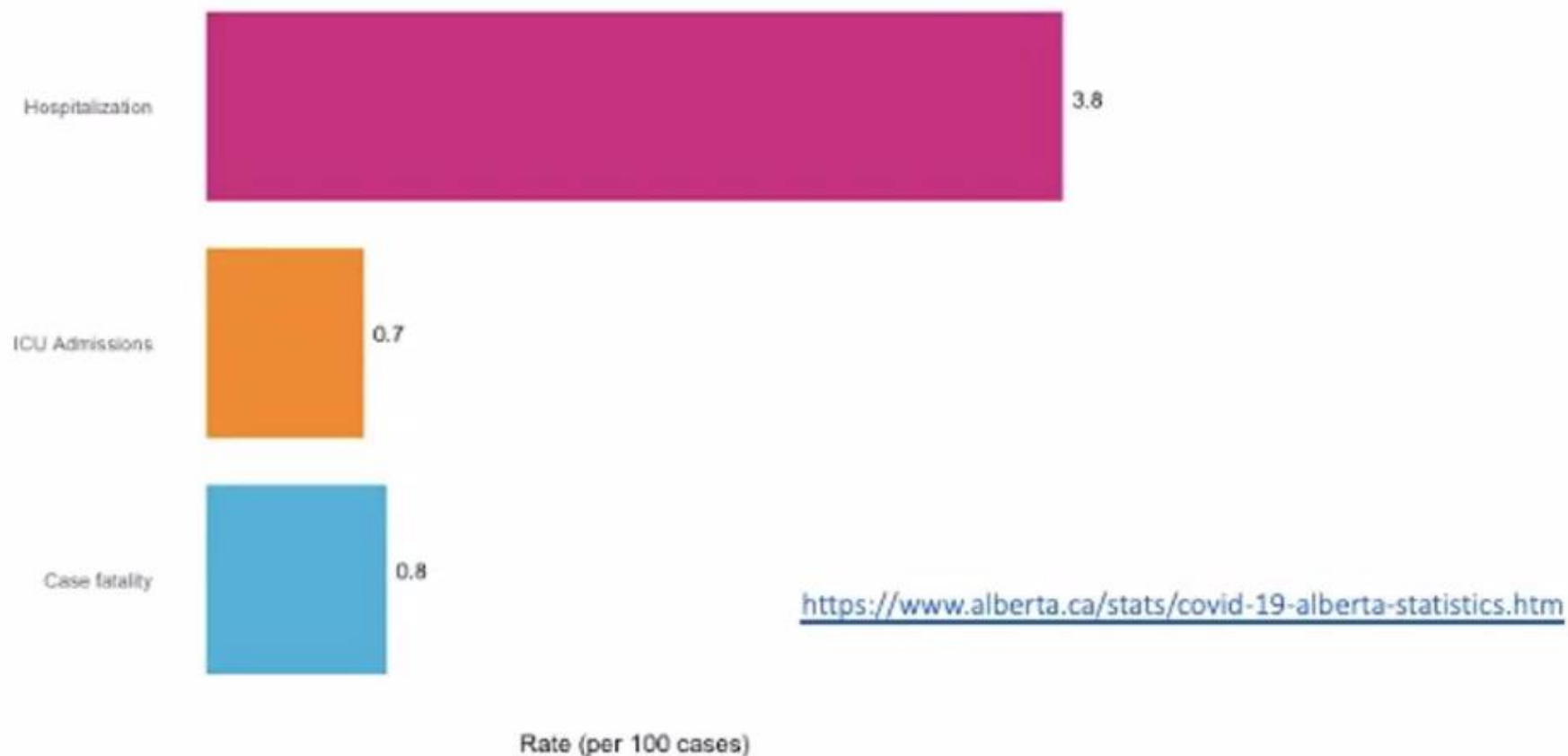


Figure 12: Rate of total hospitalizations, ICU admissions, and deaths among COVID-19 cases in Alberta

Figure 8: Total hospitalizations, ICU, and deaths (ever) among COVID-19 cases in Alberta (A), and Canada (B). In Canada, only 2.8% of all COVID-19 related deaths occurred in those under 50 years old.

A) Alberta (as of Jan 13, 2022). <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

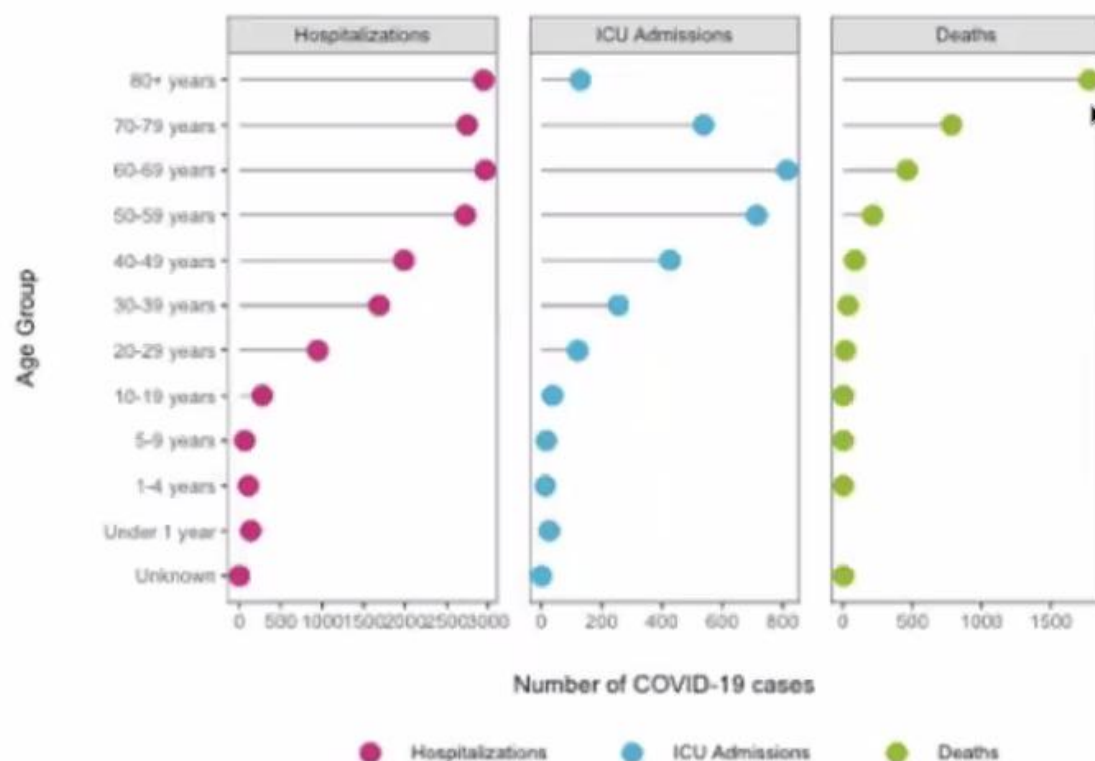


Figure 13: Total hospitalizations, ICU admissions and deaths (ever) among COVID-19 cases in Alberta by age group. Each ICU admission is also included in the total number of hospitalizations. This is based on totals rather than current hospitalizations and ICU admissions.

## B) Canada (as of May 13, 2022)

[health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html](https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html)

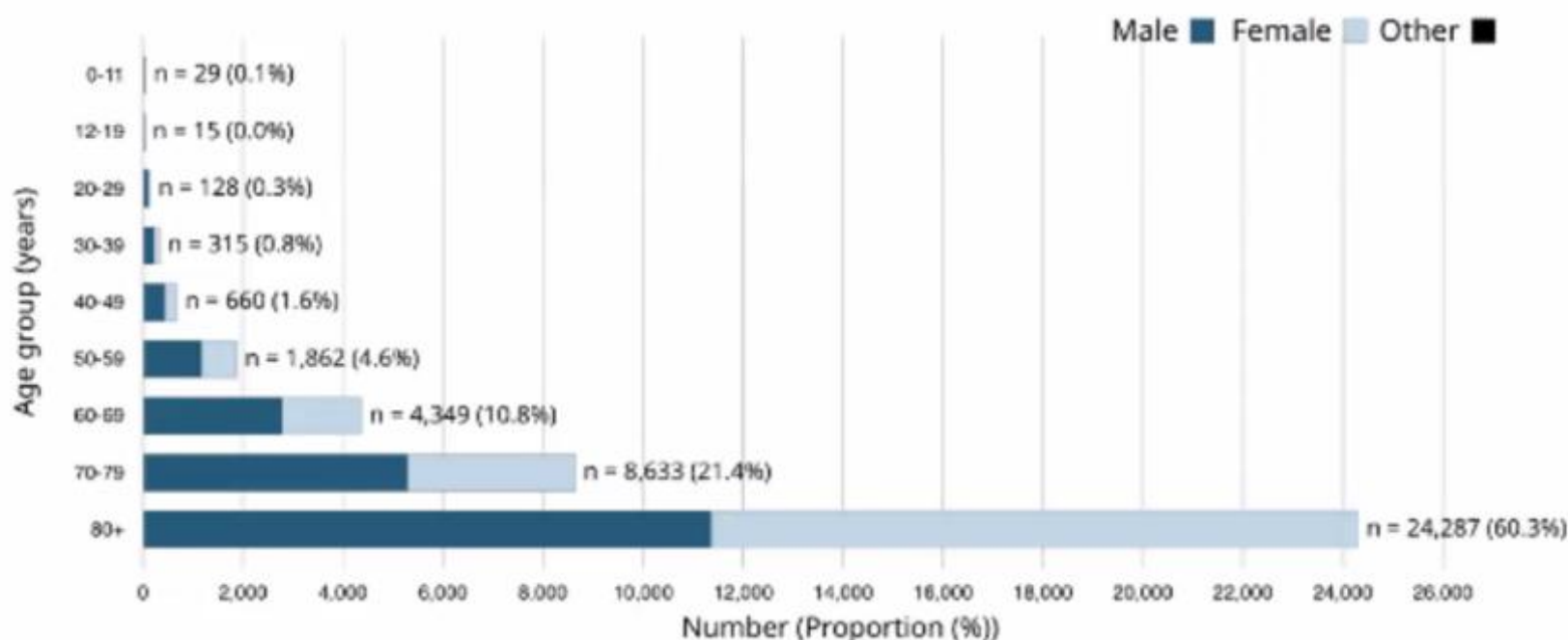
### Hospitalizations and deaths to date

We have detailed case report data with hospitalization status for 3,623,319 cases:

- **158,472 cases (4.4%)** were hospitalized, of whom:
  - **26,578 (16.8%)** were admitted to the ICU

The provinces and territories provided detailed case report forms for **40,361** deaths related to COVID-19.

Figure 7. Age and gender <sup>4</sup> distribution of COVID-19 cases  in Canada as of May 13, 2022, 9 am EST (n=40,278 <sup>1</sup>)



Data note: Figure 7 includes COVID-19 cases hospitalized, admitted to ICU, and deceased for which age and gender information were available. Therefore, some COVID-19 hospitalizations, ICU admissions, and deaths may not be included in Figure 7.



Figure 9. COVID-19 case outcomes in Alberta by vaccine status as of March 31, 2022.

As of Mar 31, 2022:

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccine-outcomes>

Table 2. COVID-19 case outcomes in Alberta by vaccine status. Counts are provided for those currently identified as being hospitalized.

Outcome	Vaccine status	Count (n)	Percent (%)
Currently hospitalized	Three doses	357	37.03
Currently hospitalized	Two doses	296	30.71
Currently hospitalized	One dose	40	4.15
Currently hospitalized	Unvaccinated	271	28.11

*Note:*

\* Vaccine status category is based on protection. Doses administered within 14 days prior to a person's COVID-19 diagnosis are not considered protective; as a result, vaccination categories only include those identified as cases over 14 days past their first or second immunization date.

\* Table does not include those with 1 dose. As a result, percentages across rows or columns may not add to 100.

- The United Kingdom Health Security Agency week 9 report, 9 out of 10 COVID deaths occurred in the fully vaccinated.
- Specifically, among 3957 deaths, 3540 had received at least 1 dose (3429 had received at least 2 doses) = 89.5%, and only 397 deaths occurred among the unvaccinated

*Agency UHS. COVID-19 vaccine surveillance report - Week 9 March 3, 2022.*

Figure 11. COVID genetic vaccines - Vaccine Adverse Event Reporting System (VAERS).

A) As of March 25, 2022, there were 1,205,753 total adverse events associated with COVID-19 vaccines, including 23,396 deaths and 48,852 permanently disabled persons. B) Adverse events reported to VAERS by year for all vaccines since 1990. Note the huge COVID genetic vaccine signal increase in 2020. C) Most reported deaths occurred in the first 3 days post inoculation.

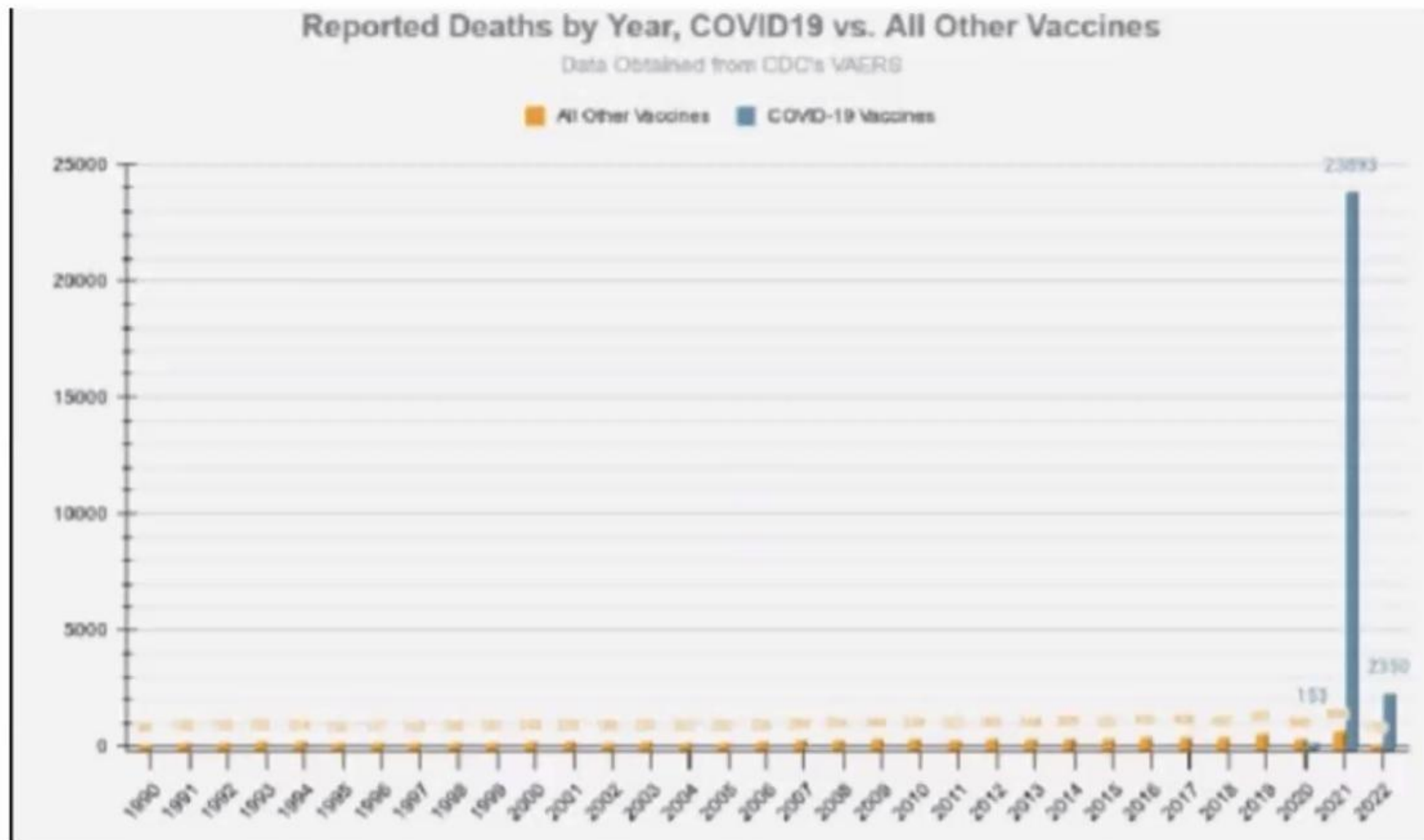
A)



In comparison, consider that on July 16, 1999, the CDC recommended that healthcare providers suspend the use of the licensed RotaShield – a rotavirus vaccine – after only 15 cases of intussusception were reported in VAERS!



B)



c)

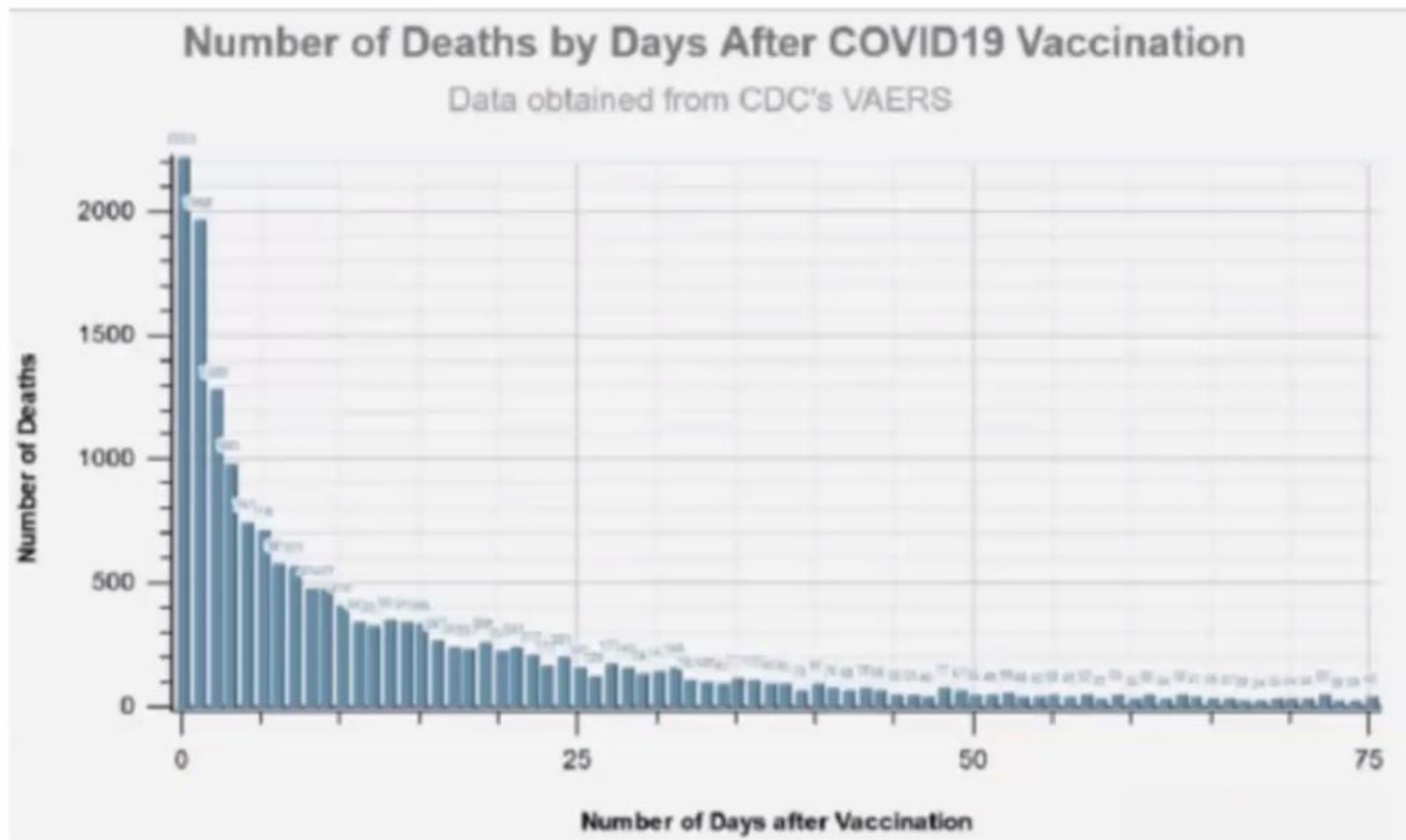


Figure 12. VigiAccess – WHO global database of reported potential side effects of medicinal products. It contains more than 26 million reports dating back to 1968.

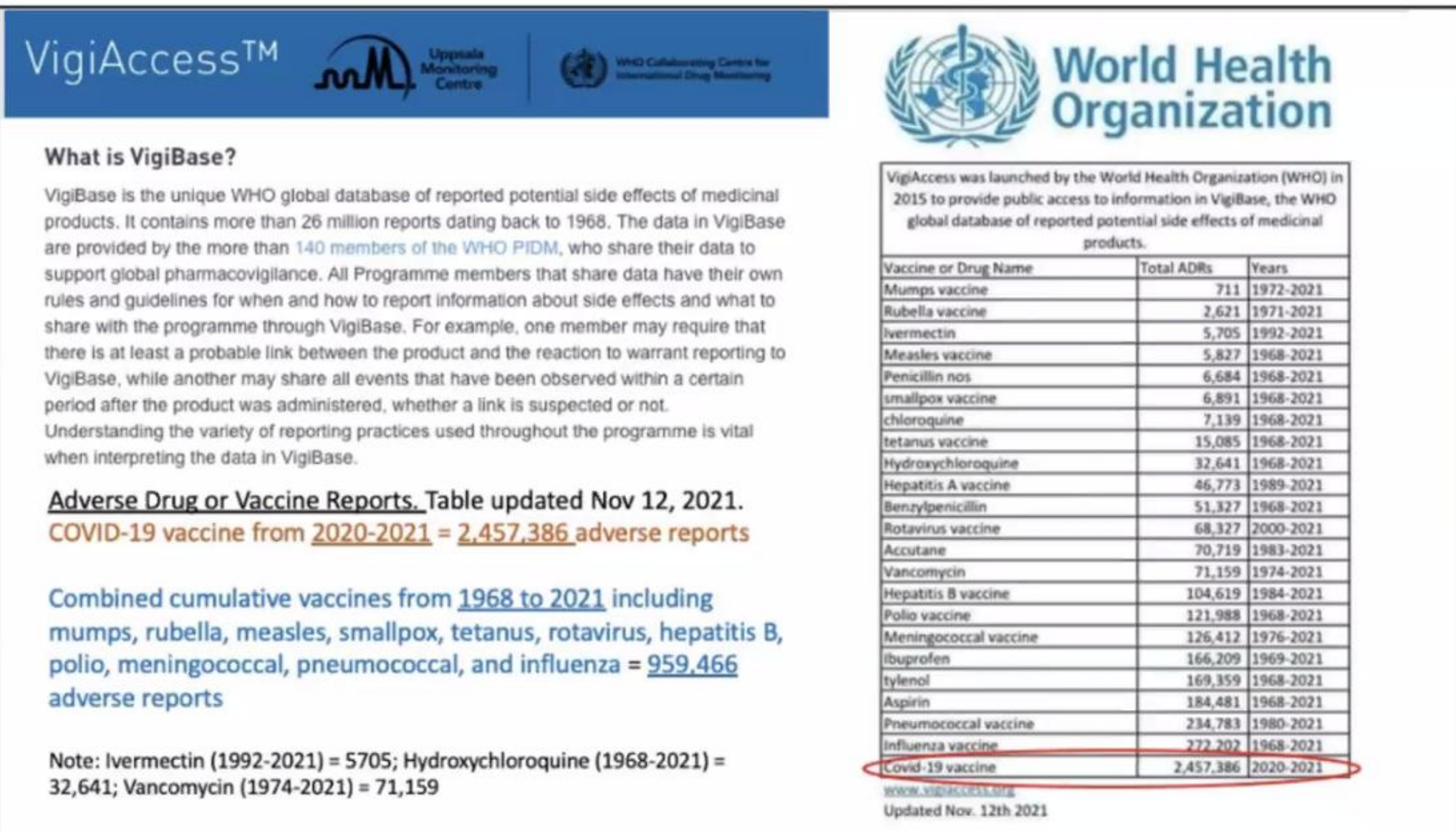




Figure 13. VigiAccess – WHO global database of reported potential side effects of medicinal products. As of March 31, 2022, (LEFT) the total number of mumps vaccine adverse events reported from 1972-2021 was 723. In contrast, from 2020-2021 there are 3, 525, 837 adverse event reports associated with the COVID-19 vaccines. (RIGHT) Distribution of COVID-19 adverse drug reactions reported to the WHO database.

[www.vigiaccess.org](http://www.vigiaccess.org). March 31, 2022

The image shows two screenshots of the VigiAccess website. The top screenshot shows a search for 'mumps vaccine' with the result: 'mumps vaccine contains the active ingredient(s): Mumps vaccine. Result is presented for the active ingredient(s). Total number of records retrieved: 723.' The bottom screenshot shows a search for 'covid-19 vaccine' with the result: 'covid-19 vaccine contains the active ingredient(s): Covid-19 vaccine. Result is presented for the active ingredient(s). Total number of records retrieved: 3525837.'

**VigiAccess™** Uppsala Monitoring Centre WHO Collaborating Centre for International Drug Monitoring

mumps vaccine

mumps vaccine contains the active ingredient(s): Mumps vaccine.  
Result is presented for the active ingredient(s).  
Total number of records retrieved: 723.

**VigiAccess™** Uppsala Monitoring Centre WHO Collaborating Centre for International Drug Monitoring

covid-19 vaccine

covid-19 vaccine contains the active ingredient(s): Covid-19 vaccine.  
Result is presented for the active ingredient(s).  
Total number of records retrieved: 3525837.

## COVID-19 Adverse Drug Reaction Distribution

### Distribution

#### ▼ Adverse drug reactions (ADRs)

- ▶ Blood and lymphatic system disorders (162065)
- ▶ Cardiac disorders (219881)
- ▶ Congenital, familial and genetic disorders (2417)
- ▶ Ear and labyrinth disorders (112337)
- ▶ Endocrine disorders (7202)
- ▶ Eye disorders (126004)
- ▶ Gastrointestinal disorders (653631)
- ▶ General disorders and administration site conditions (2091586)
- ▶ Hepatobiliary disorders (8038)
- ▶ Immune system disorders (57850)
- ▶ Infections and infestations (355020)
- ▶ Injury, poisoning and procedural complications (217243)
- ▶ Investigations (537195)
- ▶ Metabolism and nutrition disorders (73624)
- ▶ Musculoskeletal and connective tissue disorders (946201)
- ▶ Neoplasms benign, malignant and unspecified (incl cysts and polyps) (7409)
- ▶ Nervous system disorders (1411632)
- ▶ Pregnancy, puerperium and perinatal conditions (10110)
- ▶ Product issues (5531)
- ▶ Psychiatric disorders (159857)
- ▶ Renal and urinary disorders (31068)
- ▶ Reproductive system and breast disorders (189973)
- ▶ Respiratory, thoracic and mediastinal disorders (373590)
- ▶ Skin and subcutaneous tissue disorders (449269)
- ▶ Social circumstances (26477)
- ▶ Surgical and medical procedures (72950)
- ▶ Vascular disorders (181658)

Figure 14. Pfizer's 6-month phase III trial data revealing more injuries (A) and death (B) among those who received the experimental vaccine (BNT162b2) vs. placebo. Summary slides from the Canadian Covid Care Alliance's Video – "Pfizer Inoculations for COVID-19 - More Harm Than Good" (<https://rumble.com/vqx3kb-the-pfizer-inoculations-do-more-harm-than-good.html>).

A



PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

## INCREASED RISK OF ILLNESS

Screen capture from Pfizer 6 Month Supplementary Appendix

Adverse Event	BNT162b2 (N=14,900) n (%)	Placebo (N=14,900) n (%)
Any event	4077 (27.3)	3080 (20.6)
Related <sup>a</sup>	1241 (8.3)	1711 (11.5)
Severe	262 (1.7)	150 (1.0)
Life-threatening	31 (0.2)	26 (0.2)
Any serious adverse event	127 (0.8)	116 (0.8)
Related <sup>a</sup>	3 (0.0)	0
Severe	71 (0.5)	66 (0.4)
Life-threatening	31 (0.2)	26 (0.2)
Any adverse event leading to withdrawal	32 (0.2)	36 (0.2)
Related <sup>a</sup>	13 (0.1)	11 (0.1)
Severe	19 (0.1)	19 (0.1)
Life-threatening	3 (0.0)	7 (0.0)
Death	3 (0.0)	5 (0.0)

**Table 10 | Participants Reporting at Least 1 Adverse Event from Day 1 to 1 Month After Day 2 During the Blinded Follow-up Period.** The population included all 116-year-old participants who received (1) dose of vaccine irrespective of follow-up time. a. %number of participants in the specified group. This value is the denominator for the percentage calculations. b. %number of participants reporting (1) occurrence of the specified event category. For "any event", %number of participants reporting (1) occurrence of any event. c. Assessed by the investigator as related to investigational product. d. Moderate injury related to vaccine administration, right axillary lymphadenopathy, and pericardial ventricular arrhythmia (as previously reported). Adverse events for 12-15-year-old participants were reported previously.<sup>10</sup>

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine Through 6 Months - Supplementary Appendix

A **significant increase in illness**, which the Pfizer inoculations were supposed to reduce.

	BNT162b2	Placebo	Risk Change
<b>Efficacy</b> (Meaning number of people diagnosed with COVID-19.)	77	850	<b>-91%</b>
<b>Related Adverse Event</b> (Meaning an investigator has assessed it as related to the BNT162b2 injection.)	5,241	1,311	<b>+300%</b>
<b>Any Severe Adverse Event</b> (Interferes significantly with normal function.)	262	150	<b>+75%</b>
<b>Any Serious Adverse Event</b> (Involves visit to ER or hospitalization.)	127	116	<b>+10%</b>

# INCREASED RISK OF DEATH

Screen capture from Pfizer 6 Month Supplementary Appendix

Reported Cause of Death*	BNT162b2 (N=11,936)	Placebo (N=11,922)
<b>Deaths</b>	<b>11</b>	<b>14</b>
Acute respiratory failure	0	1
Aortic rupture	0	1
Brainstem stroke	2	0
Biliary cancer metastasis	0	1
COVID-19	0	0
COVID-19 pneumonia	1	0
Cardiac arrest	4	1
Cardiac failure congestive	1	0
Cardiopulmonary arrest	1	1
Chronic obstructive pulmonary disease	1	0
Death	0	1
Dementia	0	1
Empyema/abscess cholecystitis	1	0
Esophageal stroke	0	1
Hypertensive heart disease	1	0
Lung cancer metastasis	1	0
Meningitis in liver	0	1
Missing	0	1
Multiple organ dysfunction syndrome	0	2
Myocardial infarction	0	1
Overdose	0	1
Pneumonia	0	2
Sepsis	1	0
Sepsis shock	1	0
Septic sepsis	1	0
Unidentified cause	1	0

Table 14: Causes of Death from Day 1 to Unblinding (Safety Population, ≥18 Years Old). Multiple causes of death could be reported for each participant. There were no deaths among 12-15-year-old participants.

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months. Supplementary Appendix

	BNT162b2	Placebo
<b>Deaths before unblinding</b> <small>(See Table 14 of Supplementary Appendix)</small>	<b>15</b>	<b>14</b>
<b>Deaths after unblinding</b> <small>[Plus 11 deaths, but measured in year of 6-month report. See report below.]</small>	<b>5</b>	
<b>Total Deaths</b>	<b>20</b>	<b>14</b>

"After unblinding" means when the Placebo participants were given the opportunity to "cross over" and take the BNT162b2 inoculation.\*

**"...3 participants in the BNT162b2 group and 2 in the original placebo group who received BNT162b2 after unblinding died."**

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

## Concerning Causes of Death

	BNT162b2	Placebo
<b>Total COVID-19 Related Deaths</b>	<b>1</b>	<b>2</b>
<b>Deaths Related to Cardiovascular Events</b>	<b>9</b>	<b>5</b>



# *COVID-19 genetic vaccines and long-term unknowns*

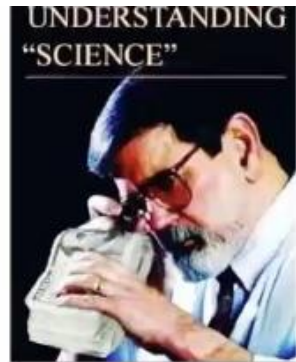
- These COVID genetic vaccines were brought to market extremely quickly in only 6-9 months under President Trump's "Operation Warp Speed".
- It is impossible to have any long-term data in this setting, especially in the context of repeated boosters. Prior to these vaccines, it would usually take 10-12 years to develop a vaccine and test its safety properly.
- On October 26, 2021, during the FDA panel meeting to discuss whether to approve the Pfizer covid vaccine in children aged 5-11, Dr. Eric Rubin (adjunct professor at the Harvard School of Public).

# What we were told...

- That these genetic vaccines were not experimental.
- These vaccines are 100% safe & effective.
- That if you take a COVID genetic vaccine you will not get SARS-CoV-2
- And you will not get seriously ill or die from SARS-CoV-2.
- That the genetic vaccines remains in/near the injection site.
- That the genetic vaccine was designed to tether itself to the cell's membrane and not biodistribute widely.
- Any effect on fertility has been debunked.

- Recently, Pfizer CEO Albert Bourla said this regarding his mRNA vaccine: “It was counterintuitive because Pfizer was mastering or let’s say we had very good experience and expertise with multiple technologies that could give a vaccine...mRNA was the technology that we had less experience with, only two years working on this. And, actually, mRNA was a technology that never delivered a single product until that day. Not vaccine, not any other medicine, so it was very counterintuitive”.

# What we have learned



- Biodistribution – it can circulate widely including the liver, reproductive organs and brain.
- Possible effects on innate immune system (i.e. TLRs).
- Possible interaction with tumor suppressor genes (p53, BRCA).
- Specific diseases associated with COVID-19 genetic vaccines including VITT, ? SADS, nerve inflammation (i.e. GBS, transverse myelitis, Bell's palsy), activation of prior quiescent viruses (i.e. varicella zoster), female menstruation irregularities, decreased exercise capacity, negative effect on male sperm for up to 5 months, possible link to aggressive neurodegenerative disease (i.e. prion disease).
- Spike can continue being produced in lymph nodes 3 months post injection and can circulate for > 12 months.
- In vitro liver cell model showed the Pfizer covid vaccine leads to upregulation of LINE-1 and reverse transcriptase AND that spike protein was seen INSIDE the cell's nucleus.
- Big Pharma and the FDA have gone to court to prevent release of damaging data.
- Increase excess all-cause mortality worldwide in 2021, particularly affecting young adults.
- That the FDA is compromised and will approve whatever data Big Pharma presents to them.
- If you speak out, you will be targeted and punished.
- Uphill battle in the courts.
- That our health authorities and Federal government will continue to discriminate against the "unvaxxed" and are ready to impose measures again this Fall.