



**COVID-19 Vaccines:
Advocating for Ethical
Alternatives, Conscience
Protections, & Learning about
Preventative Measures**

***“Taking Responsibility for Your
Healthcare Decisions”***

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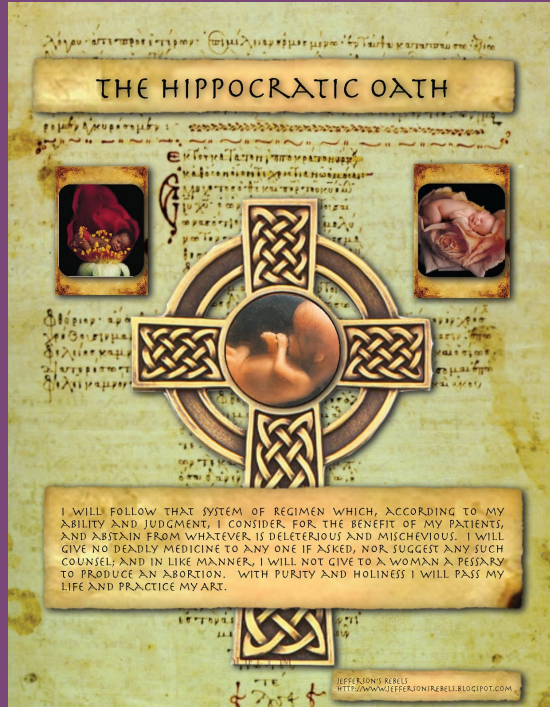
Rocky Mountain Research & Prevention Institute

+ My Background & Why I am here





Hippocratic Oath / CMA Hippocratic Oath



- With regard to healing the sick, *I will devise and order for them the best diet*, according to my judgment and means;
- I will take care that they suffer no hurt or damage.
- *Nor shall any man's entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so.*
- Moreover, I will give no sort of medicine to any pregnant woman, with a view to destroy the child.
- Further, I will comport myself and use my knowledge in a godly manner.
- Whatsoever house I may enter, *my visit shall be for the convenience and advantage of the patient;*
- I will willingly *refrain from doing any injury or wrong from falsehood*



Realms of Informed Decision Making

- Moral
- Religious
- ***Medical***
- Legal
- Financial
- Political



+ Medical Perspective – Informed Consent

- Clearly state that this has not received full FDA Approval - Emergency Use Authorization – what it means and their rights
- Mechanism of Action
- Reasonably Expected Benefits
- Reasonably foreseeable Risks or Discomforts
- No Promise of Compensation for Injury
- No Liability for Vaccine Manufacturer
- Alternative Treatments
- Should you decide not to receive it, it will not change your standard medical care.

+ What is an Emergency Use Authorization?

- An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, FDA may allow the use of **unapproved** medical products, or **unapproved** uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. Taking into consideration input from the FDA, manufacturers decide whether and when to submit an EUA request to FDA.

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+ Efficacy– Terms & Definition

EFFICACY

- Efficacy rates indicate how well a vaccine met specified primary and secondary “end point(s),” which, in lay terms, are the goals determined at the outset of a clinical trial: what the study is measuring. In the case of COVID-19 pandemic, these goals had to do with the ability of the vaccines to lower the risk of a symptomatic disease — especially a severe one — hospitalization and death.

Pfizer/BioNTech Phase 3 clinical trial

- **PRIMARY END POINT:** The efficacy rate of the vaccine in preventing symptomatic COVID-19 (including mild, moderate and severe disease) with the onset at least seven days after the second dose.
- **SECONDARY ENDPOINT:** On this trial was the efficacy rate against severe COVID-19.

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Johnson & Johnson Vaccine

- In the case of the Johnson & Johnson vaccine, which requires only one shot,
 - **PRIMARY END POINT:**
Was defined as **protection against moderate and severe COVID-19**
 - Assessed at **Day 14** and
 - **Day 28** after the vaccination.

+ Define Safety

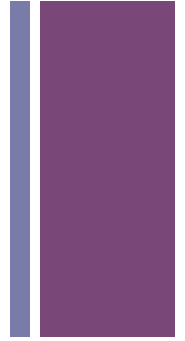
First Two Blocks



Beyond Two Blocks



+ Types of Prevention



- Primary Prevention – Before Illness or Injury
- Secondary Prevention – During Exposure or Illness/Injury
- Tertiary Prevention – After Illness/Injury



I-MASK + Prophylaxis & Early Outpatient Treatment Protocol

FLCCC
ALLIANCE

FRONT LINE COVID-19 CRITICAL CARE ALLIANCE
PROPHYLAXIS & TREATMENT PROTOCOLS FOR COVID-19

I-MASK+

PROPHYLAXIS & EARLY OUTPATIENT
TREATMENT PROTOCOL FOR COVID-19

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PROPHYLAXIS PROTOCOL

Ivermectin ¹	Prophylaxis for high risk individuals 0.2 mg/kg* per dose – one dose today, 2nd dose in 48 hours, then one dose every 2 weeks ² Post COVID-19 exposure prophylaxis ³ 0.2 mg/kg* per dose – one dose today, 2nd dose in 48 hours ²
Vitamin D3	1,000–3,000 IU/day
Vitamin C	500–1,000mg twice a day
Quercetin	250 mg/day
Zinc	30–40 mg/day
Melatonin	6mg before bedtime (causes drowsiness)

EARLY OUTPATIENT PROTOCOL⁴

Ivermectin ¹	0.2 mg/kg* per dose – one dose daily, minimum of 2 days, continue daily until recovered (max 5 days) ²
Vitamin D3	4,000 IU/day
Vitamin C	500–1,000mg twice a day
Quercetin	250mg twice a day
Zinc	100mg/day
Melatonin	10mg before bedtime (causes drowsiness)
Aspirin	325mg/day (unless contraindicated)
Pulse Oximeter	Monitoring of oxygen saturation is recommended (for instructions please see page 2 of this file)

For optional medicines and an overview of the developments in prevention and treatment of COVID-19, please visit flccc.net/optional-medicines.

* = 0.09 mg/lb per dose – please see conversion table on page 2 to calculate the appropriate ivermectin dose (take it with or after meals).

¹ The safety of Ivermectin in pregnancy has not been established. A discussion of benefits vs. risks with your provider is required prior to use, particularly in the 1st trimester.

² The dosing may be updated as further scientific studies emerge.

³ To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask.

⁴ For late phase – hospitalized patients – see the FLCCC's MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net

Please regard our disclaimer and further information on page 2 of this document.

www.flccc.net

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Behavioral Prophylaxis



WEAR MASKS

Must wear cloth, surgical, or N95 mask (without valve) in all indoor spaces with non-household persons.

Must wear a N95 mask (without valve) during prolonged exposure to non-household persons in any confined, poorly ventilated area.



KEEP DISTANCE

Until the end of the Covid-19 crisis, we recommend keeping a minimum distance of approx. 2 m/6 feet in public from people who are not from your own household.



WASH HANDS

We recommend, after a stay during and after outings from home (shopping, subway etc.), a thorough hand cleaning (20–30 sec. with soap), or also to use a hand disinfectant in between.

PREVENTIVE SUPPLEMENT LIST

- Ivermectin (by Rx)
- Vitamin D3: 1000-3000IU a day
- Vitamin C: 500-1000mg 2 x d
- Quercetin 250mg/day
- Zinc Caps: 30-40mg a day
- Melatonin: 6mg before bed

Source: www.flccc.net

+ MATH+ Hospital Treatment Protocol for COVID-19

MEDICATION	INDICATION/INITIATION	RECOMMENDED DOSING	TITRATION/DURATION
METHYLPREDNISOLONE	A. Upon oxygen requirement or abnormal chest X-ray	Preferred: 80 mg IV bolus, then 40 mg IV twice daily Alternate: 80 mg / 240 ml normal saline IV infusion at 10 ml/hr Follow COVID-19 Respiratory Failure protocol (see flccc.net/respiratory-support-c19)	A1. If no improvement in oxygenation in 2-4 days, double dose to 160 mg/daily. A2. Upon need for $\text{FiO}_2 > 0.6$ or ICU, escalate to "Pulse Dose" below (B) A3. Once off IMV, NIPPV, or High flow O_2 , decrease to 20 mg twice daily. Once off O_2 , then taper with 20 mg/day \times 5 days then 10 mg/day \times 5 days
	B. Refractory illness/ Cytokine Storm	"Pulse" dose with 125-250 mg IV every 6 hours	Continue \times 3 days then decrease to 160 mg IV daily dose above, taper according to oxygen requirement (A). If no response or CRP/Ferritin high/rising, consider mega-dose IV ascorbic acid and/or "Therapeutic Plasma Exchange" below
ASCORBIC ACID	$\text{O}_2 < 4\text{L}$ on hospital ward	500-1000 mg oral every 6 hours	Until discharge
	$\text{O}_2 > 4\text{L}$ or in ICU	50 mg/kg IV every 6 hours	Up to 7 days or until discharge from ICU, then switch to oral dose above
	If in ICU and not improving	Consider mega-doses: 25 grams IV twice daily for 3 days	Completion of 3 days of therapy
THIAMINE	ICU patients	200 mg IV twice daily	Up to 7 days or until discharge from ICU
HEPARIN (LMWH)	Upon admission to hospital	1 mg/kg twice daily — Monitor anti-Xa levels, target 0.6-1.1 IU/ml	Until discharge then start DOAC at half dose \times 4 weeks
IVERMECTIN*	Upon admission to hospital and/or ICU	0.3 mg/kg per dose — daily for 5 days (Take with or after a meal)	Completion of 5 days of therapy
Vitamin D	Hospitalized patients	Calcifediol preferred: 0.5 mg PO day 1, then 0.2 mg PO day 2 and weekly thereafter Cholecalciferol: 20,000-60,000 IU single dose PO then 20,000 IU weekly	Until discharge
Atorvastatin	ICU Patients	80 mg PO daily	Until discharge
Melatonin	Hospitalized patients	6-12 mg PO at night	Until discharge
Zinc	Hospitalized patients	75-100 mg PO daily	Until discharge
Famotidine	Hospitalized Patients	40-80 mg PO twice daily	Until discharge
Therapeutic Plasma Exchange	Patients refractory to pulse dose steroids	5 sessions, every other day	Completion of 5 exchanges

Legend: CRP = C-Reactive Protein, DOAC = direct oral anti-coagulant, FiO_2 = Fraction of Inspired oxygen, ICU = Intensive Care Unit, IMV = Invasive Mechanical Ventilation, IU = International Units, IV = Intravenous, NIPPV = Non-Invasive Positive Pressure Ventilation, O_2 = oxygen, PO (per os) = oral administration

* The safety of Ivermectin in pregnancy has not been established thus treatment decisions require an assessment of the risks vs. benefits in a given clinical situation.

For optional medicines and an overview of the developments in prevention and treatment of COVID-19, please visit flccc.net/optional-medicines

For updates, references and more information on MATH+ (Hospital Treatment Protocol for COVID-19) and on our I-MASK+ (Prevention & Early Outpatient Treatment Protocol for COVID-19) please see

www.flccc.net

MEDICATION LIST

- Methylprednisolone
- Ascorbic Acid (Vit C)
- Thiamine
- Heparin
- Ivermectin
- Vitamin D & more

Source: www.flccc.net

+ Vaccine Adverse Event Reporting System (VAERS)



Reporting Adverse Events Following COVID-19 Vaccination

The federal government takes all reports of adverse events following vaccination seriously. Both the U.S. Food and Drug Administration (FDA) and CDC are monitoring the safety of COVID-19 vaccines. CDC uses numerous [vaccine safety monitoring systems](#), including [VAERS](#), to monitor adverse events occurring after vaccination.

1. What is VAERS?

VAERS is the nation's early warning system used by FDA and CDC to collect reports of adverse events after vaccination. VAERS can provide scientists with valuable information to assess possible safety concerns related to vaccines, including new COVID-19 vaccines. VAERS is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might signal a possible safety problem with a vaccine.



2. Who should submit a report to VAERS?

FDA **requires** healthcare providers to report **certain adverse events** that occur after administering COVID-19 vaccine, but **anyone can submit a report to VAERS**. Healthcare professionals, health departments, vaccine manufacturers, vaccine recipients, patients and parents or family members of people who have received a vaccine are encouraged to submit a **VAERS report** when an adverse event occurs after vaccination.



CS32308A 03/09/21

3. Types of adverse events to report

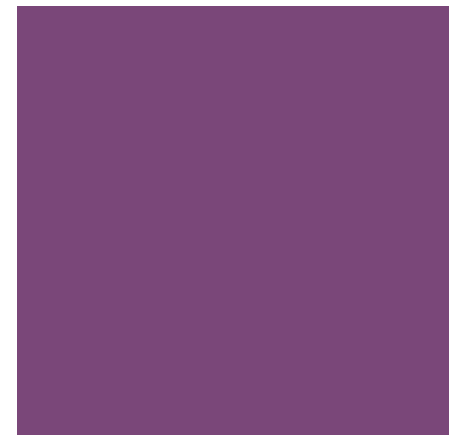
Healthcare providers are **encouraged** to report any adverse event they think is medically important or clinically significant, even if they think the event might not be related to the vaccine. However, healthcare providers are **required** to report the following adverse events after COVID-19 vaccines, in accordance with the [emergency use authorization \(EUA\)](#) for COVID-19 vaccines:

- Vaccine administration errors, whether associated with an adverse event or not
- Serious adverse events (as defined by federal law), regardless of causality, including:
 - death
 - a life-threatening event
 - inpatient hospitalization or prolongation of existing hospitalization
 - persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
 - congenital anomaly/birth defect
 - an important medical event that, based on appropriate medical judgement, may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above
- Cases of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)
- Cases of COVID-19 that result in hospitalization or death

Learn more about [what to report to VAERS](#) and [how to submit a report](#).

www.cdc.gov/coronavirus/vaccines

Symptoms	Events Reported	Percent (of 30,938)
Total	144274	466.33%
HEADACHE	6378	20.62%
PYREXIA	4785	15.47%
FATIGUE	4611	14.90%
CHILLS	4545	14.69%
PAIN	4127	13.34%
NAUSEA	3891	12.58%
DIZZINESS	3793	12.26%
INJECTION SITE PAIN	2770	8.95%
PAIN IN EXTREMITY	2692	8.70%
MYALGIA	2282	7.38%
DYSPNOEA	2007	6.49%
PRURITUS	1775	5.74%
ARTHRALGIA	1727	5.58%
INJECTION SITE ERYTHEMA	1706	5.51%
RASH	1608	5.20%
VOMITING	1534	4.96%
PARAESTHESIA	1498	4.84%
SARS-COV-2 TEST POSITIVE	1328	4.29%
INJECTION SITE SWELLING	1317	4.26%
ASTHENIA	1315	4.25%
DEATH	1174	3.79%
HYPOAESTHESIA	1172	3.79%
URTICARIA	1164	3.76%
MALaise	1159	3.75%
ERYTHEMA	1113	3.60%
DIARRHOEA	1109	3.58%
COUGH	1060	3.43%
INJECTION SITE PRURITUS	1030	3.33%
FLUSHING	959	3.10%
HYPERHIDROSIS	921	2.98%
FEELING ABNORMAL	915	2.96%
SARS-COV-2 TEST NEGATIVE	912	2.95%
PALPITATIONS	906	2.93%
HEART RATE INCREASED	887	2.87%
CHEST DISCOMFORT	863	2.79%
INJECTION SITE WARMTH	862	2.79%
COVID-19	856	2.77%
LYMPHADENOPATHY	805	2.60%
TACHYCARDIA	778	2.51%
FEELING HOT	723	2.34%
CHEST PAIN	722	2.33%



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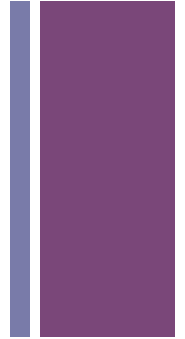
Consequences

Intended and Unintended Outcomes
Spiritual-Physical-Mental-Financial

+ Questions? Comments? Concerns?



+ For More Perspectives:



- **World Over - 2021-03-04 - Fr. Tad Pacholczyk with Raymond Arroyo** <https://youtu.be/CGtkPnx3Pl4>
- **Catholic - Vaccine And Conscience (Fr Cristino Bouvette)** <https://youtu.be/jNHZ0a660nY>
- **Dr. Scott Jensen #DoseOfDrDrew Special** https://www.youtube.com/watch?v=xjpvDwY_XCI
- **WCAT TV presents . . . The Ethics of COVID-19 Vaccines with Dr. Stacy Trasancos & Melissa Moschella** https://www.youtube.com/watch?v=lguTVne_6Bw

+ Resources:

- **Hippocratic Oath**

<https://doctors.practo.com/the-hippocratic-oath-the-original-and-revised-version/>

- **COVID-19 vaccine FAQs: Efficacy, immunity to illness vs. infection (yes, they're different), new variants and the likelihood of eradication**

<https://theconversation.com/covid-19-vaccine-faqs-efficacy-immunity-to-illness-vs-infection-yes-theyre-different-new-variants-and-the-likelihood-of-eradication-154569>

- **Statement of Conscience - To Awaken Conscience**

<https://mailchi.mp/7742dd12483f/statement-of-conscience-to-awaken-conscience>

- **Discernment and COVID Vaccines [The National Catholic Bioethics Center (NCBC)]**

<https://www.ncbcenter.org/messages-from-presidents/vaccinediscernment>