Introduction

The goal of this Family Financial Form is to ensure that an adverse event or death of one family member does not translate into long-lived or permanent financial destruction for the entire family.

This form was created to assist families to communicate regarding and to prepare for the family-wide financial impact of adverse events, if any, resulting from a Covid-19 injection. Examples of adverse events from Covid-19 injections include Covid-19 infection; anaphylaxis; neurological disorders; autoimmune disorders; other long-term chronic diseases; blindness and deafness; infertility, fetal damage, miscarriage, and stillbirth; and death (see Table 1 for examples of each).

Traditionally, informed consent forms for vaccination do not provide disclosure or statistics related to financial costs of possible injury, disability, or death, nor do they discuss the impact on family time, resources, health, and wealth—impacts that may include reduced career potential, divorce, and effects on siblings' education and future plans.

Consequently, it is essential that prior to receiving a Covid-19 injection, parents and family members with financial responsibility for children and spouses not only perform thorough due diligence—providing adequate disclosures to their families regarding the potential costs to family members of adverse events or death—but also take steps to protect themselves and family members from the material adverse financial consequences of an adverse event or death.

What Are the Covid-19 Injections?

The leading Covid-19 injections currently in use in the U.S. and other OECD countries are experimental messenger RNA (mRNA) injections developed by Pfizer (with German partner BioNTech) and by biotechnology company Moderna (in partnership with the National Institute of Allergy and Infectious Diseases). The two experimental products are being distributed through emergency use authorizations (called "conditional marketing authorization" in the EU and "provisional approval" in Australia) granted following abbreviated clinical trials and without long-term safety testing. As yet, neither injection has received full approval or licensure from the FDA or any other national regulatory agency.

Though marketed as "vaccinations," the Covid-19 mRNA injections are experimental gene therapy. Vaccine developers openly describe the never-before-authorized mRNA approach as a means of "programming a person's cells"[1] or, using Moderna's terminology, deploying new "software."[2] In prior research, mRNA injections have displayed an intrinsic inflammatory component that has made it difficult to establish an "acceptable" risk/benefit profile.[3]

The mRNA approach requires an in-built "gene delivery system" (also called a "carrier system") to deliver the synthetic mRNA into the cells' cytoplasm before the mRNA breaks down. The

Pfizer and Moderna Covid-19 injections use lipid nanoparticles (LNPs) for this purpose; the LNPs not only shield the mRNA and promote cellular uptake but also function as adjuvants, "revving up" the immune system. Pfizer's and Moderna's LNPs are coated with polyethylene glycol (PEG), a synthetic, nondegradable, and controversial polymer associated with adverse immune responses. Moderna acknowledges that its LNPs "could lead to significant adverse events."[4] The FDA has identified PEG as the possible culprit responsible for anaphylactic reactions to the Covid-19 injections.[5]

In late February, the FDA authorized a third Covid-19 injection for emergency use in the U.S., manufactured by Johnson & Johnson's Belgium-based pharmaceutical subsidiary, Janssen. J&J's injection is an "adenovirus-vectored" vaccine that, like the mRNA injections, is intended to "trick" the cells into making coronavirus spike protein. The injection uses a genetically modified live common cold virus as a Trojan horse to "shuttle" spike protein DNA (genetic instructions) into human cells. In late 2019, the FDA approved an adenovirus-vectored Ebola injection, and the technology has also been featured in experimental—and problematic—Zika and HIV injections.[6] The J&J Covid-19 injection is the first adenovirus-vectored injection to be authorized (on an emergency basis) for general population use.[7]

In Europe, the EU has granted conditional marketing authorization to a different adenovirus-vectored Covid-19 injection—using an adenovirus that usually infects chimpanzees—developed by AstraZeneca and Oxford. AstraZeneca called several time-outs during its Covid-19 vaccine clinical trials because trial participants developed transverse myelitis, a condition that damages the insulating material around nerves[8] and is associated with pain, muscle weakness, paralysis, and bowel and bladder problems; two-thirds of the individuals who experience it remain permanently disabled.

Dozens of other Covid-19 injections are under development, including RNA-based, DNA-based, and viral vector injections as well as injections using other technologies.

The World Health Organization (WHO) has granted emergency authorization to both the Pfizer and AstraZeneca Covid-19 injections, opening the door for the injections to begin rolling out in poorer countries.

Adverse Event Reporting

As these Covid-19 injections are new, adverse event reporting is still in its early stages. However, compilations of news accounts[9] and reports submitted to national databases such as the Vaccine Adverse Event Reporting System (VAERS) in the U.S.[10] [11] already provide representative information about the Covid-19 injections' potential health impact. See Table 2 for a list of selected public databases that make reports of adverse events available to the public and/or are collecting reports of injuries and deaths following Covid-19 injection.

From: [*Adult Family Member*]

To: [*Adult Spouse and Children*]

DUE DILIGENCE

I have completed my due diligence on the Covid-19 injection that I propose to take.

____ I have reviewed the available databases provided of material adverse events from Covid-19 injections, including deaths reported to date for people who have received these injections.

____ I understand that this Covid-19 injection is being distributed under an emergency use authorization and that it has not been approved by [FDA/national regulatory agency].

____ I understand that this Covid-19 injection is made by:

___ Moderna – a company that in 10 years had never brought a single product to market prior to the coronavirus vaccine[12]

___ Pfizer – a company with a demonstrated history of enforcement settlements for fraudulent marketing[13]

___ Johnson & Johnson – a company with a demonstrated record of health care fraud[14]

___ AstraZeneca – a company that paid one of the top 10 pharmaceutical company settlements ever[15]

____ If Pfizer or Moderna: I understand that this Covid-19 injection is an experimental gene therapy.

____ I understand that the injection has only been designed to protect against moderate symptoms of Covid-19 and that it may not protect me from more severe symptoms.[16]

____ I understand that Covid-19 injections may not protect against transmission.[17]

____ I understand that by agreeing to this injection, I may be required to take further Covid-19 injections as indicated by the manufacturer's protocol or requirements, including potential annual "booster shots."[18]

____ I understand that this Covid-19 injection is not designed to address mutating versions or additional variants of the coronavirus.

____ I have attached a copy of the manufacturer's fact sheet [traditionally called a package insert] for the Covid-19 injection, which states that the injections are not FDA-approved, describes the ingredients, outlines potential material adverse events, and acknowledges that

not all risks are known. I am willing, able, and available to review and explain the fact sheet to you.

Moderna: **https://www.fda.gov/media/144638/download**

Pfizer: **https://www.fda.gov/media/144414/download**

Johnson & Johnson: **https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-HCP-fact-sheet.pdf**

AstraZeneca: **https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca**

____ I also understand that prior to Covid-19 injection, health care providers are legally required to communicate information "consistent with the fact sheets" to patients and either provide a hard copy or direct patients to the appropriate website.

____ I understand that because some of the ingredients of these Covid-19 injections are proprietary and may, therefore, be secret, the ingredients listed in the manufacturers' fact sheets may be incomplete. I also understand that prior research on other vaccines has demonstrated the presence of nanoparticles, heavy metals, fetal tissue, and other substances not disclosed (or not fully disclosed) in "vaccinations."[19]

____ [U.S. only] I understand that under the 1986 National Childhood Vaccine Injury Act and the 2005 PREP Act, it will be difficult if not impossible to hold the manufacturer of this Covid-19 injection responsible for any damage to my health or death resulting from this injection.[20]

____ [Non-U.S.] I have reviewed the policies or agreements in place in my country regarding indemnification and compensation; I understand that depending on these policies or agreements, it may be difficult if not impossible to hold the manufacturer of this Covid-19 injection responsible for any damage to my health or for death resulting from this injection.

____ I understand that it will be difficult if not impossible to hold the health institutions, doctors, and nurses that distributed this Covid-19 injection to me responsible for any damage to my health or for my death.

____ I understand that it will be difficult if not impossible to hold federal, state, and local health care officials and regulators responsible for any damage to my health from the Covid-19 injection or for my death.

____ I understand, therefore, as a practical matter that I and my closest relatives will experience and shoulder the full cost in terms of time and money of any financial adverse impact of a material adverse event resulting from my taking this Covid-19 injection.

For Families Planning on Having Additional Children

____ Pfizer and Moderna Covid-19 injections: I understand that this injection has the potential to alter my DNA in ways that no one yet understands and that this injection could alter the DNA of my unborn children or any woman who carries my unborn children.

____ Pfizer and Moderna Covid-19 injections: I understand that knowledgeable experts have shared serious concerns in a petition filed with the European Medicines Agency that components of the Covid-19 mRNA injections could trigger an immune reaction against syncytin-1, a protein responsible for development of the placenta and essential for a successful pregnancy, resulting in potential infertility.[21]

____ Johnson & Johnson Covid-19 injection: I understand that this injection is produced in genetically modified human embryonic retinal cells (PER.C6 TetR) and that the presence of fetal DNA fragment contaminants in injections has been linked to autism spectrum disorder.[22]

____ AstraZeneca Covid-19 injection: I understand that this injection is produced in genetically modified human embryonic kidney cells (HEK 293).

____ My spouse has agreed to assume the risks of such alterations of my DNA and any impact it may have on our ability to have children or on our unborn children.

Material Adverse Events

____ I understand and have reviewed the material adverse events reported in connection with the Covid-19 injections. Known adverse events include Covid-19 infection; anaphylaxis; neurological disorders; autoimmune disorders; other long-term chronic diseases; blindness and deafness; infertility, fetal damage, miscarriage, and stillbirth; and death (see Table 1 for examples of each; see also endnote #9).

Reasons for Taking Injection

____ I understand that Covid-19 has a statistical probability of death[23] of 0.003% for youth (ages 0-19), 0.02% for those ages 20-49, 0.5% for individuals aged 50-69, and 5.4% for seniors age 70 and older.[24]

____ I also understand that there are multiple, low-cost, non-injection therapeutic drug protocols for early intervention and prophylaxis that have a high rate of success in helping defend against or recover from Covid-19.[25]

____ Nevertheless, I want to take these Covid-19 injections. The reason(s) why is (are):
_____
_____

HEALTH CARE

____ Due to the difficulties of accessing the appropriate care in an emergency, I have identified and arranged health care providers who will be available on a timely basis in the event of a material adverse event from the Covid-19 injection:

Covid-19 Infection

Contact Info:

Anaphylaxis

Contact Info:

Neurological Disorders

Contact Info:

Autoimmune Disorders

Contact Info:

Other Long-term Chronic Diseases

Contact Info:

Blindness and Deafness:

Contact Info:

Infertility, Fetal Damage, Miscarriage, and Stillbirth (women only)

Contact Info:

HEALTH CARE PROXY

____ I have reviewed the Aging with Dignity planning process and filled out the Five Wishes planning form (**https://agingwithdignity.org** and **https://fivewishes.org**) and have provided a Health Care Proxy to you along with detailed instructions on resuscitation and extreme measures at end of life.

____ I have reviewed this form with the following people who have authority in my Health Care Proxy and have agreed to assume responsibility in the event of a material adverse event or death resulting from the Covid-19 injection.

[List Here]

_____

_____
_____

INSURANCE

In the event of a material adverse event from Covid-19 injection, my **health care insurance** ___ will cover ___ will not cover all health care and hospitalization expenses.

My insurance broker has confirmed that page ___ of my ____ policy states that taking an experimental or emergency-use Covid-19 injection ___ will ___ will not impact my insurance coverage.

In the event that I am unable to work for a period of time or lose my job, profession, or business, my **disability insurance** will cover the following amounts for ___ months/years:

_____

I have reviewed my decision with my insurance broker and additional health care and disability or other insurance ___ is available ___ is not available to cover any material adverse event from a Covid-19 injection on the following basis:

_____

In the event of my death from Covid-19 injection, my **life insurance** will provide the following protection to you:

_____

I have reviewed my decision with my insurance broker and additional life insurance ___ is available ___ is not available to cover any material adverse event or death from Covid-19 injection on the following basis: **26**

_____

____ I have provided sufficient time and resources for my family and I to arrange for other available insurance that my family members and I believe are prudent.

FINANCIAL INVESTMENT

Loss of Income

In the event of a material adverse event from Covid-19 injection, the potential range in the loss of income is estimated to be [provide range if unable to work for 1 year, 5 years, or permanently]:

Covid-19 Infection: _____

Anaphylaxis: _____

Neurological Disorder: _____

Autoimmune Disorder: _____

Other Long-term
Chronic Disease:[27] _____

Blindness & Deafness: _____

Infertility, Fetal Damage,
Miscarriage, Stillbirth
(women only): _____

Death: _____

Health Care Expenses

In the event of a material adverse event from Covid-19 injection, the potential range of health care expenses not covered by our health care insurance is estimated to be [estimate potential expenses for 1 year, 5 years, or long-term]:

Covid-19 Infection: _____

Anaphylaxis: _____

Neurological Disorder: _____

Autoimmune Disorder: _____

Other Long-term
Chronic Disease:[28] _____

Blindness & Deafness: _____

Infertility, Fetal Damage,
Miscarriage, Stillbirth
(women only): _____

Death: _____

Long-Term Care

If a material adverse event from a Covid-19 injection results in the need for long-term care, this is how I propose to arrange such care and fund it:

_____
_____

Investment of Family Time

In the event of a material adverse event from a Covid-19 injection, here is the time I would request from my family or professional caregivers paid by my family to assist me:

Covid-19 Infection: _____

Anaphylaxis: _____

Neurological Disorder: _____

Autoimmune Disorder: _____

Other Long-term
Chronic Disease: _____

Blindness & Deafness: _____

Infertility, Fetal Damage,
Miscarriage, Stillbirth
(women only): _____

Death: _____

Proposed Sources of Financial Support

If a material adverse event from a Covid-19 injection results in adverse financial events—loss of income and/or increased expenses—these are my estimates of costs and my arrangements to fund them:

Covid-19 Infection: _____

Anaphylaxis: _____

Neurological Disorder: _____

Autoimmune Disorder: _____

Other Long-term
Chronic Disease: _____

Blindness & Deafness: _____

Infertility, Fetal Damage,
Miscarriage, Stillbirth
(women only): _____

Death: _____

DEATH

____ In the event of my death from a Covid-19 injection, I have finalized an estate plan, have reviewed it with my attorney and executor, and have provided instructions for my funeral and disposition of my remains as follows:
_____

Having completed my due diligence on the Covid-19 injection and having made my decision to proceed, I am available to review my findings and arrangements with my family.

I am responsible for my health care choices and am committed to taking responsibility for the true costs of my choices and their impact on those I love and not shifting these costs and risks to them without their full knowledge, due diligence, and consent.

Please let me know when you would like to review and discuss.

Your loving [spouse/parent]

Signed

Date: