

Vaccine Safety FAQ

By Vaccine Truth

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This is a living document last updated Jul 20, 2021 . If you find any errors, please email us.

CAUTION

The CDC and FDA do not want you to read this article. They do not want you to know the truth about the large number of deaths and serious conditions caused by these vaccines.

They don't want you to know that for the alpha variant, **vaccination only makes sense if you are over 30 years old**. Otherwise, we'll kill more people (from the vaccine) than we will save. For the delta variant, because it is nearly 7 times less deadly, vaccination makes no sense at all: for all ages, it will kill more people than it will save. Finally, early treatments are the superior alternative: they are proven in practice to have a higher risk reduction and better safety profile than any of the current vaccines. The NIH and WHO are deliberately suppressing this information in order to push the "vaccination is the only solution" false narrative.

Latest headlines

[Covid Vaccines are killing people at a 79% higher rate than Covid-19 in the UK according to statistics](#)

This doesn't surprise us at all.

[5,522 people have died within 28 days of having a Covid-19 Vaccine in Scotland according to Public Health Scotland](#)

The population of Scotland is only 5.5M people. Assuming a 100% vaccination rate (to be conservative), this is yet another confirmation of a kill rate of more than 1 in 1,000 (73% in Scotland have had one dose). This is what we've seen from doctors office surveys, end user surveys, JetBlue pilot data, British Airways pilot data. There is too much consistency here to ignore. This suggests that in the US there are well over 150,000 deaths from the vaccine so far.

Executive summary

The COVID vaccines should be stopped immediately because they are unsafe: **over 9,000 deaths** and 438,000 adverse events reports have been reported into the VAERS system (the Vaccine Adverse Event Reporting System), the official database relied on by the FDA and CDC

for tracking vaccine adverse events. There are also over 400 reports of Guillain-Barre syndrome which leads to whole body paralysis and then death.

A simple examination shows the vaccines are, in fact, very unsafe and causing the vast majority of the reported events. The FDA and CDC are looking the other way. They see no safety signals other than myocarditis. They are inept.

Using repurposed drugs given early (as soon as possible after symptoms) is a far safer and more effective approach to the pandemic that is being deliberately ignored. For example in Italy, over 66,000 COVID patients were treated early and there were only 4 deaths. That is far more effective and safer than any vaccine and the numbers are too large for anyone to ignore.

Typically, over 50 deaths will halt a vaccine in the US. For example, the swine flu vaccination program was halted in 1976 after just [32 people were estimated to have died](#).

Unfortunately, the FDA and CDC have dropped all safety requirements for these vaccines. The vaccines can kill millions of people and they will not be stopped because there is no stopping condition (we've asked...there isn't one).

It doesn't even matter anymore **even if the vaccines kill more people than the virus**.

Today, some doctors report that **the cure is now worse than the disease**: they have more patients with vaccine injuries than with COVID injuries. Fareed and Tyson report a 1:10 ratio of COVID cases to vaccine cases.

Or an entire country like Australia: 1 COVID death since Jan but 77 vaccine deaths?



A [detailed analysis of the safety data from VAERS and COVID mortality data from the CDC](#) shows that **for people under 30 and people who have already had COVID**, the current gene-based vaccines are **more likely to kill people than save them**.

However, because early treatment protocols reduce risk by over 98% across all variants without lasting side effects and [do not encourage the creation of variants](#), the superior approach for all age groups is to **skip vaccination and, in the event you get COVID, use a proven early treatment protocol**.

If the current vaccines were perfectly safe, the risk benefit calculations would be different.

Unfortunately, the current gene-based COVID vaccines approved for use in the US are not safe for use on humans. These vaccines cause the body to produce spike protein for up to 48 hours in all major organs including the brain, heart, lungs, and ovaries. The spike protein breaks free and becomes freely circulating spike protein. The spike protein is toxic and **can cause inflammation and blood clots in every organ of your body**. This is an established fact in the peer reviewed scientific literature, has been [confirmed with measurements at Harvard](#), and is not subject to debate. This is what is causing the high rates of neurological and cardiovascular symptoms.

Because VAERS is not 100% reported, a correction factor is needed to get the true number of deaths. Using a conservative under-reporting factor of 4.5X and subtracting out the 250 "background deaths" normally reported in a 6 month period and the 410 reports that were recently added that we can confirm as being from foreign sources), we estimate that at least **40,000 or more deaths** have been caused by the vaccines and that over 2,000,000 people have been injured.

Reported Deaths post COVID Vaccine: Total 9,048

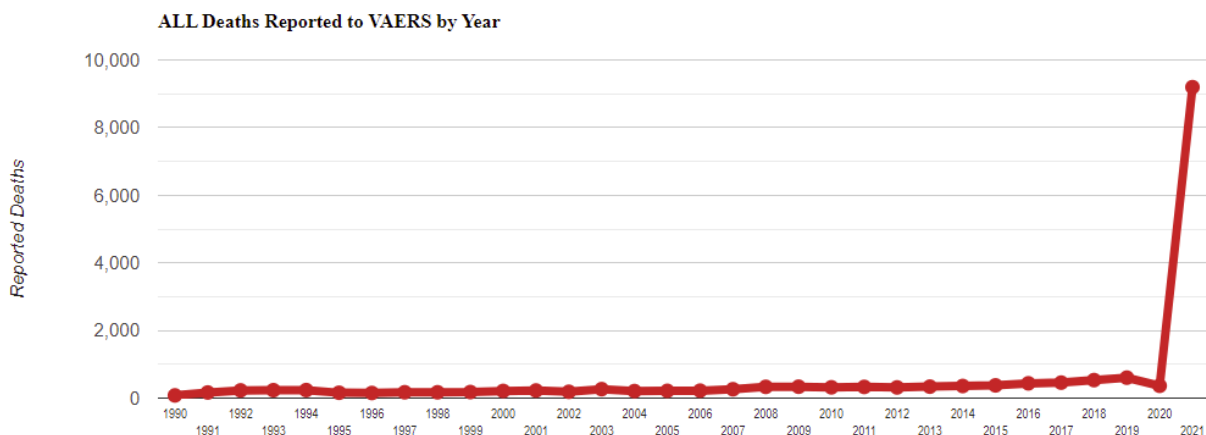


Figure 1a: Deaths reported to VAERS from 1990 thru July8, 2021.

Of the total number of over 400,000 adverse event reports in the Vaccine Adverse Event Reporting System (VAERS) system related to the Covid vaccines, **47% had at least one neurological event** and **42% had at least one cardiovascular event** (info from recent VAERS analysis done by [Jessica Rose](#)).

The event rate for thrombosis (blood clots) with these vaccines is more than **250 times the normal incidence rate in all previous years** (see below for detailed table of the excess incident rates for many adverse events).

What is most troubling is neurological damage. From 1990 to 2020, there were 1,773 reports of Bell's Palsy in VAERS in the description field. In 2021, there were 1,685 (search on Jul 11, 2021). That's a rate that is **30 times normal**.

It seems very clear that the spike proteins can damage your heart, lungs, and brain and in some cases, irreversibly.

Some people produce more spike protein than others, which is why most people are not seriously affected. Dr. Charles Hoffe found that [62% of his patients had elevated d-dimer four to seven days after getting the vaccine](#) (d-dimer is a sign of recent blood clotting which is a smoking gun for all these symptoms). This means that the vaccines are causing blood clotting in most patients; clotting like this should never happen in any safe vaccine.

The high rates of clotting and inflammation explain the high rate of adverse events reported in VAERS, the causality observations, the black swan events, the double black swan events, the conditions that don't respond to conventional treatments, and more.

The CDC's claim, that these vaccines are perfectly safe and all these adverse events are anecdotes, fails to explain these observations. They cannot explain a single anecdote.

One doctor (name redacted for fear of retribution) wrote: "In a low covid environment (now) the vaccine's effects are worse. Paramedics report off the record lots of calls for vaccine injuries. I have more associated hospitalizations in 4 months with vaccines than hospitalizations from Covid since the beginning of the pandemic. I have had no Covid deaths in my practice [of ~1,000 patients], but two vaccine-related deaths." George Fareed in Imperial County, CA (with one of the highest COVID fatality rates in the country) reports the same thing: vaccine deaths outnumber COVID deaths and urgent care visits are 10:1 vaccine-to-COVID.

Once you consider the extraordinary safety and effectiveness of early treatments against all variants, the cost-benefit analysis shows clearly that **nobody in the US should be vaccinated with the currently approved gene-based vaccines. Instead, doctors should be instructed to prescribe a proven early treatment protocol for treating COVID.**

Treating COVID with early treatments will result in fewer fatalities, fewer disabled, a faster end to the pandemic, and does not require masking or social distancing. Natural immunity is broad and long-lasting and the Delta variant is a perfect opportunity to quickly get to herd immunity with a low relative fatality rate (over 6X lower) compared to the original alpha variant.

The [Fareed-Tyson early treatment protocol](#) reduces [risk by a factor of 416X in actual practice](#) (i.e., a 99.76% risk reduction). Using a very conservative 98% risk reduction (50X), had early treatments been used at the start of the pandemic by all physicians, we'd have fewer than

12,000 deaths from the virus rather than over 600,000. That is [1/3 of the number who die from the flu in an average year.](#)

Robert Steiner reported on July 15 (in a Zoom call with over 20 physicians) that in Italy, 66,000 people infected with COVID were treated with an early treatment protocol and only 4 people died. This is a 99.9% risk reduction.

In short, if the NIH had advised early treatment for COVID, **we could have avoided all the lockdowns, job losses, parts shortages, social distancing, masking, and other pandemic losses.** NIH and WHO are still doing absolutely nothing to promote successful early treatment drugs and successful protocols. Early treatments are perfect for both the vaccine hesitant, as well as breakthrough cases.

Ivermectin can also be used for prophylaxis by both vaccinated and unvaccinated people. Experts (including the [inventor of the mRNA vaccine, Robert Malone](#)) estimate that if just 70% of the country took ivermectin prophylaxis, we could completely eliminate COVID as a problem.

Once Novavax is available in the US, the cost benefit calculation may shift dramatically. Novavax has a superior safety profile because it does not manufacture spike protein inside your brain, heart, lungs, and other organs.

How credible is this document?

It has been reviewed for accuracy independently by both a senior scientist and a faculty member at one of the nation's most respected universities. Both are domain experts.

Both have requested anonymity for fear of retaliation. This paper documents the retaliation tactics used on others so this request shouldn't be a surprise after you've read the entire document.

Note: Because this is a living document, some newer additions have not been reviewed. However, the bulk of the information presented in this document is publicly available and can be easily replicated.

About this document

This document is a good-faith effort to **estimate** the casualty rates of the current vaccines in the US using the same two data sources VAERS and CMS, as the FDA and CDC rely upon for their analysis (along with additional data sources).

This is not a rigorous analysis. That would take longer and is in process. It is very tricky to do right and we are taking the time to do it right. However, we wanted to share what we have so far today since the data is both consistent and extremely troubling.

Those who attack this effort as not being "scientifically rigorous" are simply being disingenuous. What they never do is to present their own "correct" analysis. We welcome such analyses. We are solely interested in seeking the truth. We are not interested in entertaining arguments designed to decrease transparency and increase obfuscation.

This document **draws extensively on information from [a previous document \(Vaccine Safety Evidence\)](#)** that goes into great detail in analyzing the VAERS data by age group and has many primary scientific sources. So for a complete picture, you should read that document as well. For example, it goes into great detail on how the 4.5X factor for VAERS reports was derived. It has the Moderna MTA agreement. It has the scientific references that back up the claims in this document, etc.

What we found should be frightening to people all over the world. The lack of a response from the FDA or CDC on these observations (most of which is readily available to the general public hiding in plain sight) is very telling. Furthermore, no one in the press or academia asking about any of these observations is also extremely telling. How do you explain that?

Summary of the main points of this document

1. The VAERS database, [relied upon by the FDA and CDC to track adverse events](#), has recorded over 9,000 deaths that may be associated with the vaccines. Subtracting the

reporting background deaths of 250 over 6 months and recent foreign additions, and multiplying by a conservative under reporting value (4.5X), we **estimate that the COVID vaccines have collectively killed close to 40,000 previously healthy Americans.**

This compares with 10 people per year who would have been killed by a safe vaccine such as the influenza vaccine.

2. [Doctors are required by the CDC to enter all significant adverse events](#) following vaccination into VAERS. However, from [CDC data](#), 2.8M deaths/yr divided by 2 (since half are vaccinated) divided by 2 (since 6 months) divided by 6 (since report in 30 days of vaccination) = 116K death reports expected at a minimum in the first half of 2021 based on background deaths alone. But there are only 9,000 deaths reported, **so obviously there is at least a 10X rate of under-reporting if there were no vaccine deaths at all.** And since most doctors are convinced that the vaccines are safe (or think vaccines are good for society), they are reluctant to make any VAERS reports.
3. From what we can determine, the propensity to report is the same this year as in previous years and from reading the reports they appear to be generated by events that the doctors believe are strongly related to the vaccine. The propensity to report is derived using the frequency of “unrelated events” which are not exacerbated by the vaccine (such as ear ache and hepatitis). Secondly, of the 9195 deaths in VAERS as of Jul 15, 2021, there are only 166 from all other vaccines combined. This is lower than the same period in recent years. That is a second, independent method that indicates that there isn’t an over-reporting bias. Even more spectacular is that the [rates of influenza vaccinations are up in 2020-2021 to a record level](#) that is much higher than the level for COVID. “The survey results indicate much of the increase in flu vaccine uptake is being driven by people 60 years old and older.” So it isn’t just younger people getting jabbed. Yet no safety signals on that one! So why are we ONLY seeing safety signals for the COVID vaccines? Nobody can figure that out!
4. One of our statisticians believes there is an 80% chance that over 100,000 people have died from the vaccines. This is consistent with the 1 in 1,000 death rate reported in physician surveys. Public surveys where we ask people # of deaths from COVID vs. # of deaths from the vaccine come out with the # of deaths from COVID being 20% higher than the # of deaths from the vaccines. You don’t have to believe us. If you do your own survey, you’ll likely find similar numbers.
5. In the last 40 years, the stopping condition for a vaccine is **25 to 50 deaths**. If a child’s toy kills 4 kids, the toy is recalled. **Yet for these vaccines, there is no stopping condition according to the FDA.** The vaccines can kill hundreds of thousands of Americans and nobody is authorized to pull the plug. No one in Congress will say “enough.” This should be alarming.
6. The vaccines are not only deadly, but they disable people, potentially permanently. Physicians are at a loss to treat **the wide range of cardiovascular and neurological effects**. The rate of severe disability is many times the fatality rate; it is likely between 0.1% and 2%, i.e., well over 150,000 Americans so far.
7. Based upon the fatality rates due to the vaccine as reported in VAERS alone (and comparing them to the projected lives saved based on CDC data), the current vaccines can only be justified for those over 30. However, since early treatments work so well

(well over 98% relative risk reduction), **it is impossible to justify the vaccines for anyone of any age.**

8. People under 30 should never be vaccinated with the current vaccines because the vaccines will kill more people than they save. **Vaccination mandates (employee, student, etc) should end immediately.** Congress should make these illegal.
9. [Children especially should not be vaccinated](#). Even the WHO agrees with this (before they were forced to recant for political reasons).
10. Anyone who has already had COVID should not be vaccinated. There has never been any analysis showing the cost benefit for this, nor have there been any clinical trials proving this is beneficial. Mandating an experimental vaccine for a benefit that is not scientifically proven is unethical. It is a violation of the Nuremberg Code.
11. As of July 11, there is only one vaccine, Pfizer which is authorized for use for ages 12 to 18. However, the adverse event data in that trial was misreported as one of the 12-year old participants ([Maddie de Garay: see her VAERS record](#)) was paralyzed less than 24 hours after vaccination. Pfizer did not report this to the FDA. The FDA knew about the case by June 23, 2021 or earlier, but as of July 10 has not yet made any contact with the family to investigate what happened. There were only 1,131 kids who received the vaccine. In our view, a 1 in 1,131 rate of paralysis should be unacceptable. A repeat trial with a larger number of participants would be required to resolve this. However, the FDA will not require this; they are content to experiment on the public where the events can then be written off as anecdotes since they aren't in randomized trials.
12. For ages 19 and under right now it is 24 deaths, as per VAERS. However, you need to multiply by 5 to get the minimum number of REAL deaths (120 children so far) due to VAERS being backlogged. Note, vaccination will save fewer than 120 kids ([fewer than 80 according to the CDC's own numbers on slide 14](#)). Therefore, we are already under water. Even if early treatment didn't work at all, vaccinating anyone under the age of 30 is really troubling, no two ways about it. Even the WHO agrees children shouldn't be vaccinated (before politics forced them to change their recommendation). [Watch this video](#) and [this video featuring Peter McCullough](#).
13. Early and aggressive treatment is by far the superior approach to treating COVID. There are several early treatment protocols with over 98% efficacy without any long-term side effects.
14. Early treatments have been suppressed. The NIH and other government agencies have not paid attention to any of the most successful early treatment protocols. Even after ivermectin passed the highest tier in evidence based medicine, neither the NIH or WHO acknowledged that fact. [Andrew Hill, the WHO's own top consultant on ivermectin had to publish the results on his own](#). On July 8, 2021, Pierre Kory [tweeted](#): "WHO's ivermectin research team lead... independently publishes on 24 ivermectin RCT's in a major journal – reports large decreases in mortality, hospitalization, time to recovery, viral clearance. Newspaper /TV station editors around the world told not to cover.. and they obey."
15. Because early treatments work remarkably well, early treatments achieve the same set of benefits (and more) of vaccination, but with higher efficacy and safety. There is no need to vaccinate anyone. It doesn't make any sense. Early treatment means fewer variants, broader immunity, no need for boosters, no more need for masking or social

distancing. We can immediately re-open fully. The case fatality rate is less than the flu but nobody wants to look at the numbers because it would destroy the case for vaccination (we look at this in detail below).

16. The VAERS database is not overreported; there are more entries this year because there are more events. It appears that VAERS and other worldwide databases are under-reported by at least a factor of 5.
17. There is a lot of misinformation flying around and the most trusted authorities are not being listened to.
18. Variants are [likely being driven by the vaccinated, not the unvaccinated](#) (see also [Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens](#) and [Point #9 in this UK government report](#) and [this article from 20 years ago on variants](#)).
19. However, variants are not a problem at all for early treatment with repurposed drugs since none of these treatments are variant specific making them ideal for treating Delta, Delta+, and more. In fact Delta is a “gift” because the death rate is almost 7X lower than alpha (original variant), so almost any early treatment will work and then people will get broad natural immunity.
20. If a safe, sterilizing vaccine is developed, it would be a superior alternative to early treatment. We aren’t there yet. None of these vaccines are sterilizing (which means if you are vaccinated, you cannot get the disease so it doesn’t promote the creation of variants like the current vaccines).
21. **Novavax is a much safer vaccine** that is just as effective as the other vaccines. The FDA likely won’t allow it in the US since it would take all the market share from Pfizer and Moderna. It will only be allowed outside the US.
22. The censorship by social networks is not helping solve the problem. Social networks censor based on their own rules, not on scientific facts. Even after ivermectin has passed the highest level of evidence in evidence based medicine, YouTube continues to censor videos about ivermectin’s benefits (including the Nobel Prize winner, Satoshi Ōmura, who invented the drug). One scientist wrote, “the truth is that I can no longer freely discuss science on that platform knowing that the Sword of Damocles hangs over my head ready to strike at any time. Freedom of speech of our top scientists is gone.”
23. Congress could address the censorship problem by enabling a private right of action to sue social networks with over 100M users for \$50,000 for each instance where beneficial medical information is censored, or where groups discussing drug side effects are removed.
24. Science has been hijacked. Scientists with alternative views are being retaliated against and/or silenced. Papers exposing the truth from experts like John Ioannides are being ignored, not because their views are wrong, but because their views differ from the false narrative.
25. Statements from the CDC show that they don’t have any idea as to the dangers and risks of the current COVID vaccines on the market. They think no one has died and their estimated rates of side effects being studied are off by almost two orders of magnitude at the most.
26. Anyone who disagrees with the conclusions here has been unable to present more credible information as to the rates of deaths and adverse side-effects.

27. There is no informed consent for vaccination, which is a violation of federal law. The test subjects need to be told about the actual risks of death and disability and other serious side effects.
28. The proper animal testing of the vaccines was never done. We still have no clue what the distribution is of the spike protein in the human body. The FDA made a colossal mistake by treating the vaccine as a vaccine rather than the vaccine as a gene-therapy. The FDA insiders admit this, but it does not cause a halt in the vaccination program.
29. We have absolutely no idea how dangerous the long-term side effects are to these vaccines.
30. They are recommending the vaccines to pregnant women even though the required testing has not been completed. As far as we know today, the spontaneous abortion rate is > 82% for less than 20 weeks. In the past, we have always tested in trials before rolling out to the public and claiming it is safe. This is extremely irresponsible, yet few in academia are complaining. [Now on July 14, Moderna have started the trial](#). Why would they do that if the CDC has already said it is safe?
31. The FDA approves an ineffective Alzheimer's treatment (over the objection of their own statisticians), [makes NAC prescription only](#) (even though it has not killed anyone in 60 years and is used in over 1,100 products which now have to be reformulated by all the manufacturers), and makes an unsafe vaccine that kills people available without a prescription. Only the Alzheimer's decision is being investigated.
32. The mainstream media will not cover any of the above. While there are reporters at various newspapers and NPR who want to write about it, they are not allowed to by their editors, so the story never gets out.
33. [Victim stories are being suppressed](#). Mainstream media will not cover.
34. Very senior scientists throughout the world support the above, but are afraid to speak out publicly for fear of retribution and retaliation.
35. What is happening today is a clear violation of the [Nuremberg Code](#).
36. The FDA has said that they have experts who have found nothing wrong, but their reports cannot be disclosed outside of the agency. We don't know why not.
37. We reached out to the FDA's Office of Biostatistics and Epidemiology (five different people, including the Director, Steven Anderson) by phone and email offering to share what we found in our VAERS analysis. **Apparently, we presume there is no interest in hearing points of view that would shed light on the data as none of them replied.** So if you thought that the FDA was minding the store, rest assured that they are absolutely looking the other way (with their eyes closed).
38. Attempts to present to academia have been countered with silence. Professors signing letters in support of the safety of the COVID vaccines have refused to publicly debate the topic.
39. No autopsies are ever done on those that die proximate to the vaccine. Don't you find that odd? The closest thing to an [autopsy is this 18 year old who died after vaccination](#). The surgeon had never seen anything like it.
40. V-SAFE is the official reporting app, but if you have an adverse event and were seen by a physician or healthcare professional, they instruct you to enter your report into VAERS so all significant adverse events will be found in VAERS.

41. 62% of people who get the vaccine have elevated d-dimer after getting the vaccine. That explains the high rate of cardiovascular and neurological events. It should never happen in a safe vaccine. Lung, heart, and brain tissues don't regenerate once they are scarred from severe inflammation: the damage is permanent. The damage to the lungs explains why people get fatigued so easily after getting vaccinated.
42. The CDC is inept. The data is screaming causality over a huge range of events, yet the CDC finds nothing.
43. COVID vaccine victims are almost always classified as COVID deaths. 100% of the 250 randomly selected VAERS reports that the [Mclachlan report](#) analyzed were coded this way. This makes the vaccine appear to be free of any deaths, and it creates more urgency to get vaccinated. As an upper bound, we estimate that between 30,000 to possibly up to 150,000 people have been killed by the COVID vaccines in the US. However, even on the very low end of that scale, this is a vaccine that should be immediately stopped due to breach of the 50 person normal stopping condition for a vaccine. **Vaccines are never supposed to kill people in such massive numbers. Never. And they should never be given to age groups where it can be shown that it will kill more people than it will save.**
44. If you want to sue your employer or university for mandating vaccination, [read this for how to do it and win](#) (it describes how the Houston Methodist lawyers screwed up)
45. Doctors, if they aren't required to as a condition of employment, are avoiding vaccination [according to this survey](#).
46. As of July 8, there are over [9,000 deaths recorded in VAERS, with 2,063 deaths added in the past week alone, a new record](#). This translates into nearly 40,000 vaccine-related deaths using a very conservative 4.5X multiplier to compensate for under-reporting. And the deaths added this week are basically ~200X greater than any week in the past 30 years (prior to 2021). Note: Of the most recent 2,063 additions, 410 are from foreign sources (380 from [MHRA](#) and 30 from [EudraVigilance](#) and the rest appear to be from American sources).
47. There weren't any animal studies done on the vaccines. The animal studies that they did do were not using the actual vaccine. So it was tested in humans; they skipped the animal part. Better that we not know if it is safe or not.
48. We don't think there is a conspiracy going on here. It's clear that the clued in academic know what is going on. They simply believe that killing 100,000 people from the vaccine is better than losing 600,000 from COVID. But that's completely brain dead because for people under 30, the vaccine is completely stupid: it will kill more people than it will save. And nobody has come up with an analysis that is believable that shows otherwise. If you find one, let us know.
49. ADE is looking more and more likely especially after reading [this article](#). What this means is that vaccination will help you get infected really badly. So not only will the vaccine be more likely to kill you, but if you do get COVID, you'll be more likely to die. After reading that article, the question Fauci should be asking the American people is "why would you ever want to get vaccinated?"
50. Even if we assume the vaccines cause no deaths, still not justifiable for people under 30. See [this tweet](#).

The number of previously healthy Americans **killed by the vaccines so far appears to be close to 40,000** and the number of Americans who have been significantly injured could well be over 1 million. Even the [official reporting system used by the WHO](#) also found adverse event rates more than 50 times higher than normal for these vaccines (and the events were very serious in nature).

We found (and others have independently confirmed) that the **propensity to report** adverse events into the VAERS database is **slightly lower this year than previous years** (which are estimated through [analysis commissioned by the US government to be normally under-reported by a factor of 100X](#): “Likewise, fewer than 1% of vaccine adverse events are reported”). We estimate that the under-reporting (using multiple methods) is a **factor of 4.5X or more** for the systems used in the US, EU, and UK. This is obviously a very conservative factor. This means, for example, that of the 9,048 deaths in VAERS for the first 6 months, the actual number of real deaths is over 39,591 computed as $(9,048 - 250) \times 4.5$ where 250 is the expected normal number of “background deaths” reported per 6 months (that rate has been gradually increasing for the last 30 years).

More importantly, this document shows different ways that we can **show causality** for a variety of **very serious neurological and cardiovascular events**. Our methods are similar to what the FDA itself uses to ascribe excess myocarditis events to the vaccine (i.e., showing an incidence rate significantly above baseline).

The analysis here raises **serious issues that are impossible to ignore**. The precautionary principle of medicine says that until more definitive analysis is available, we should assume the current analysis is correct. This means **we should not mandate forced vaccinations for students or employees anywhere in the world until these issues are clearly resolved**.

The alternatives to taking an unsafe COVID vaccine are waiting for a safe vaccine, prophylaxis to reduce the risk of getting COVID, and **early treatment if you do get COVID**. These alternatives (which are not mutually exclusive) are both more effective and safer than the current vaccines, leading to fewer deaths and fewer side effects.

A variety of early treatment protocols are proven in practice in the real-world and can be used with a high degree of efficacy as long as the patient gets treated before the inflammatory phase of the virus begins. **Unfortunately, the knowledge of such treatments is suppressed with relatively few physicians in America knowing about these highly successful protocols (99.76% efficacy against all variants, extremely low death rate, and no long-term side effects)**. No one from NIH, CDC, and FDA have ever inquired into the real-world protocols used by the most successful physicians in the US (not even an email or phone call).

We have confronted leading academics with our analysis. **They do not point out any flaws, along with not presenting us with their own cost-benefit analysis. Furthermore, they have never analyzed the VAERS or CMS safety data and they are completely uninterested in**

seeking out the true numbers. This lack of scientific curiosity to seek the truth for something of such great public interest is troubling, especially since these very same institutions are requiring their students to be vaccinated. We recommend that any student or employee who is required to be vaccinated ask for the cost-benefit analysis justifying the decision; that cost-benefit analysis must take into account the adverse events (including death) associated with vaccination and should include a comprehensive analysis of both the VAERS and CMS data in order to be credible. Such analyses do not exist. This should be troubling on its face.

We are also troubled by the lack of informed consent. It's pretty clear from our analysis that these vaccines are not safe. It is a violation of federal law to not disclose the significant adverse events and the frequency of these events. It is equally troubling that 12-year olds can consent to vaccination without the consent of their parents. Those consents do not include any acknowledgement that the vaccines have caused serious disability and death.

The lack of transparency from regulatory agencies is also very troubling. The "warning signs" have been flashing "red alert" since January 22, 2021 with 27 million injected. Yet, as of July 3, 2021, America is still in the dark, with the CDC still maintaining that the spike protein is "harmless" (despite proof of the opposite in peer reviewed journals and the opinion of world experts) and that there have been no deaths due to these vaccines. We have proof that VAERS records, where people have died 15 minutes after injection, have been removed from the VAERS database. There is no transparency or accountability for these manipulations.

Finally, we find that the adverse event reporting systems in other countries are very consistent with the reporting in the US (with remarkably similar rates of under reporting) and have similarly been flashing "red alert" and have been similarly ignored by regulators. For example, Dr. Tess Lawrie examined the Yellow Card data in the UK and concluded that the [vaccines were unsafe for human use](#).

What is the purpose of this document?

This document contains the analysis behind the assertions listed above. I was prepared in early July 2021.

If you are skeptical, you can see how each assertion was derived. If you find a mistake, please let us know; our contact information is located at the start of this article.

This document is targeted to the intellectually curious who want to understand what is really going on related to the safety of the gene-based COVID vaccines in the US. It summarizes a more detailed [analysis that has been done](#), adds some new queries to VAERS that reveal previously unknown information, and arms you with the facts you need to know to be able to respond intelligently to misinformation that is being spread about the safety of these vaccines, including by the so-called "fact checkers." That document has primary sources as well as the detailed calculations which are summarized here.

This document uses multiple independent paths that all arrive at the same conclusion: the vaccines are extremely dangerous and have likely killed at least 40,000 previously healthy Americans. We also show causality, that the vaccines cause both neurological and cardiovascular problems. Sadly, the CDC has concealed all of these risks from the public. They have been hiding in plain sight the entire time, but few people have been interested in taking a look.

Of the total number of over 400,000 adverse event reports in the VAERS system related to the Covid vaccines, **47% had at least one neurological event** and **42% had at least one cardiovascular event**. Typically, there is one report per person, and the report contains one or more adverse events. By comparing with the CMS database (and [other methods detailed here](#) in the section titled “Eight ways we get a 5X multiplier of the VAERS death data”), we’ve found that it’s likely that the VAERS database is more than 4.5X under reported, so **the total number of affected individuals could be more than 1.8 million**.

Through the analysis described in this paper (along with additional [reference 1](#) and [reference 2](#)), it is clear that the current vaccines have a mechanism of action consistent with a wide range of neurological and cardiovascular symptoms. We found strong evidence of causality (detailed in this document) for serious adverse events including (but not limited to):

<u>Neurological</u>	<u>Cardiovascular</u>	<u>Other</u>
Blindness	Heart damage (myocarditis and pericarditis)	Spontaneous abortion
Guillain-Barre Syndrome (GBS) which can quickly spread, eventually paralyzing your whole body. There is up to a 7% mortality rate.	Heart attack	Heavy menstrual bleeding (across all age ranges which is extremely unusual).
Seizure	New onset hypertension	Dysmenorrhea (painful menstrual periods)
Chills	Atrial fibrillation	Reactivation of latent viruses (such as shingles)
Paraesthesia (numbness, “pins and needles”)		Thrombocytopenia (low platelet count)
Bell’s Palsy (loss of use of half your face that can last 6 months)		Anaphylactic reactions (severe allergic reaction requiring immediate treatment or you will die)
Headache		Thrombosis (micro-blood clotting found everywhere in the body)

		Reactivation of latent viruses especially shingles (herpes zoster)
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We didn't look at all adverse events. These were just some of the very first ones we investigated.

The CDC denies all adverse events except for the myocarditis link. Today, the CDC still insists the vaccines are "safe." This reminds us of what the CDC said during the Swine Flu panic where there were only a few cases, yet the CDC inoculated 44 million Americans completely unnecessarily with a very dangerous vaccine that they claimed was safe. If you don't remember this, here's [a link to the 60 Minutes episode](#). It's instructive. They've done it before and we are letting them do it again.

This document shows that because the vaccines cause serious adverse reactions including death, it is our position that **they can only be justified for patients over 30** (on a death analysis alone). However, It should be noted that if early treatments reduce your relative risk by 6X or more (which they do), then **we will save more lives with early treatment than with vaccination regardless of age**. It is our contention that early treatment is the superior alternative to vaccination.

It should also be noted that the current focus on vaccines exclusively means that **tens of thousands of formerly healthy people have sacrificed their lives unnecessarily** because they were urged to do so by US government agencies.

Early treatment can achieve all the same goals as a vaccination program would achieve (detailed below), but with both greater relative risk reduction ("effect size") and higher safety ("fewer deaths and disabilities") than the current vaccines.

If the vaccine was perfectly safe, however, then we could make a case that vaccination is a viable alternative to early treatment. However, this is simply not the case as this document demonstrates. Novavax can change the calculus, but it is unlikely that the FDA will permit Novavax to be used in the US as it would reduce the revenues from Pfizer and Moderna.

Are there any examples of before/after?

Plenty. **Please watch both videos. They are short.**

- BEFORE: [Julie Noble before her vaccine shot](#).
- AFTER: [Julie after being vaccinated](#).

Tragically, these cases are a lot more common than anyone would want you to believe. And they are totally unnecessary since we should never be vaccinating anyone, including children. There are better ways to achieve the same set of goals.

Here's what happened to a participant (Brianne Dressen) in one of the clinical trials (click image to watch the video). She is one of tens of thousands of people with life-altering injuries.

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LOCAL NEWS

Woman suffers 'life-altering injuries' after COVID vaccine, teams up with Utah senator to demand answers

f t w s m e +

Utah senator demands answers from CDC, FDA after hundreds of vaccine patients suffer 'life-altering injuries'

2 minutes left

COVID-19 PANDEMIC
SEARCH FOR ANSWERS

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Scott HALE
ROCK SPRINGS NOW Haze 79° TONIGHT Mainly Clear 55° FORECASTS

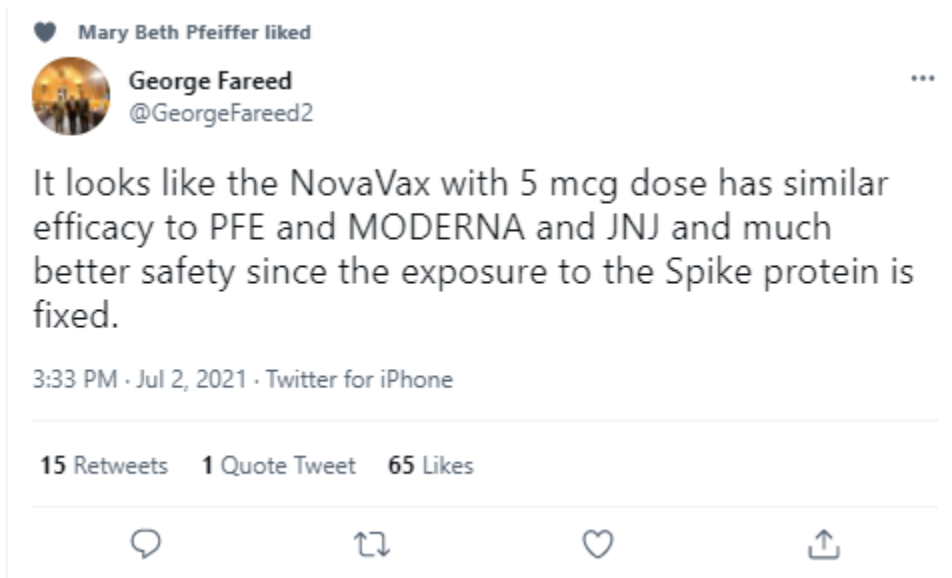
by: Jillian Smukler

Why aren't you revealing who you are?

So we can avoid the ad hominem attacks and focus solely on the evidence being presented. These arguments in this document should be evaluated solely on their merits and not on who is making the arguments.

Are you anti-vax?

No, we are opposed to the current gene-based vaccines solely because they are unsafe. We are not opposed to Novavax, for example, which has the same efficacy but without any of the safety issues. Why isn't anyone talking about it???



How confident are you that the current US vaccines are unsafe and have killed thousands of previously healthy people?

Very. The evidence from multiple angles is all consistent. The adverse event reports exactly align with the mechanism of action of the vaccine.

It would be extremely difficult to dispute the evidence in this document and credibly argue that these vaccines are safe. This document addresses the top questions we've heard from people. If you don't like our numbers, you can repeat the process yourself and verify the numbers yourself.

Any hypothesis that the vaccine is safe simply doesn't fit the evidence. Conversely, the hypothesis that the vaccine is unsafe fits the observed evidence like a glove.

Are there any peer-reviewed scientific studies or authorities that support your point of view?

Yes, this [peer-reviewed paper looked at the real cost-benefit analysis](#) and found vaccination makes no sense. Although this paper was (improperly) retracted by the journal (which did not follow the industry-standard guidelines for doing a retraction, e.g., they didn't allow the authors to tweak the wording based on the objections), the conclusions were similar to what we found:

when [you look at the data](#) you find that the VAERS fatality reports were primarily due to the vaccines. The death rates are such that the current vaccines can only be justified for people over 30 and that even a modest benefit from early treatment makes the case for the current vaccines untenable for any age group. The objection to the paper is that they didn't prove causality, but because these are unapproved vaccines, causality should be assumed unless proven otherwise.

Secondly, the [Mclachlan report showed 86% of the deaths reported in VAERS could reasonably be caused by the current vaccines](#) supports the paper's contention that the deaths were caused by the vaccine. We suspect it is higher than that (because they don't understand the full mechanisms at play, e.g., suicide can be triggered by the vaccine, etc. They didn't do the full causality analysis we did). But they didn't include the VAERS IDs of their study so we can't assess if they got it right.

A new modelling study published in the European Centre for Disease Prevention and Control's (ECDC) medical journal has concluded that the [dangers presented to younger people by the AstraZeneca vaccine are greater than the benefits](#).

This [op-ed by epidemiologist Professor Paul Alexander](#) makes the case that the case for vaccination has not been made for young people. Therefore, until we convincingly make that case, it should not be used.

The **WHO also recommended children not be vaccinated**. However, they were forced to recant less than 24 hours later for political reasons. Facts and evidence don't matter for that organization as **they cite no new scientific evidence justifying the rapid reversal of their position**. This shows that their recommendations are not science-based. This is why they cannot justify their recommendations with a scientific rationale.

[AAPS wrote an open letter to universities to reverse the vaccination mandates](#).

Ben Marten posted a graph that shows what we found from the VAERS data (the younger the person, the less justified it is to be vaccination):

Pinned Tweet



Ben Marten
@BenMarten

...

A chart that says it all!

Since vaccination started, age groups with

- lower mortality: 65+

+ higher mortality: 0-64

Source: [USMortality.com](https://usmortality.com)

[@AlexBerenson](#) [@BretWeinstein](#) [@stkirsch](#)

[#Covid](#) [#Covid19](#) [#Corona](#) [#Coronavirus](#) [#Vaccine](#)



11:01 PM · Jun 30, 2021 · Twitter Web App

25 Retweets 2 Quote Tweets 58 Likes



Finally, a [Texas Senate had a hearing on May 20, 2021 that agrees with the key points presented here that the current vaccines are unsafe.](#)

Are you saying the FDA and CDC are wrong? I don't believe you.

Yes, they are wrong. The CDC is not focused on safety or they would have stopped the vaccines in January when the reports in VAERS (the official vaccine adverse event reporting system) went through the roof. As we show below, it is trivial to prove that the VAERS data was not over reported and the deaths were due to the vaccines. A few queries could establish that as we demonstrate below. Thus, the CDC should have taken action in January. They ignored it.

The FDA can be corrupted by money as is recently and clearly demonstrated in the articles [Biased and misleading](#) and [The Regulatory Capture of the FDA](#).

Even the [FDA commissioner Janet Woodcock admits](#) to the corruption:



Janet Woodcock calls for independent investigation into Biogen and FDA relationships in unprecedented move

Once we stop the blind trust in these organizations and instead look at the publicly available government data, we can find the truth.

We are not asking you to believe us. We are asking you to seek the truth. There are over 40,000 excess deaths we can infer from the 69,000 deaths reported in the VAERS system. **All but 250 of those deaths were not over reporting of existing deaths** as we will demonstrate below in a way that you can verify yourself.

So the CDC needs to tell us, **if it wasn't the vaccine that killed all these people, then what did?** They are silent on this. The press isn't asking them any questions because the press

incorrectly still believes that the VAERS numbers are high simply because of overreporting of the normal background death rate. The press has no interest in reading this article. We know of only one US newspaper reporter who is covering this and he's verified all our claims and would be happy to chat with any other reporters who are skeptical. Nobody else will look.

There are over 9,000 deaths in VAERS but the fact-checkers say that people die every day and the heightened awareness of the vaccines has caused overreporting. So none of the deaths in VAERS are due to the vaccine but just background deaths. Don't you agree that's possible?

No, that theory makes absolutely no sense. We definitely need fact-checkers to check the fact-checkers. If the events in VAERS were all just background, they would distribute evenly over time. It wouldn't explain why fatality rates peak on the second day, and why half the deaths are within 3 days of vaccination.

Also, we did a [Twitter post just to do a quick "reality check."](#) We asked people how many people they know personally that died from COVID and died from the jab. To our surprise, the numbers were very comparable, with # dead from COVID only slightly more than the number dead from the vaccine (within 10%). We verified that the test was valid by only considering data from people we knew. That data was skewed more towards COVID deaths. Of course, we never rely on any single datapoint, but this one was interesting because it is very easy for anyone to replicate themselves and verify.

Let's look at the past data first, then zoom in on the data for this year. Then we'll go into the arguments that prove that the fact checkers are dead wrong.

Reported Deaths post COVID Vaccine: Total 9,048

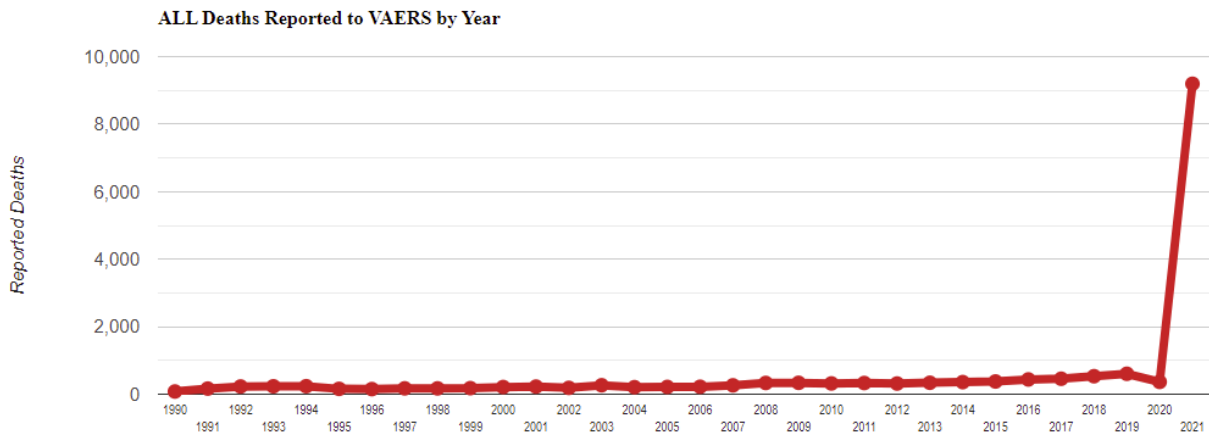


Figure 1a: Deaths reported to VAERS from 1990 thru July 8, 2021.

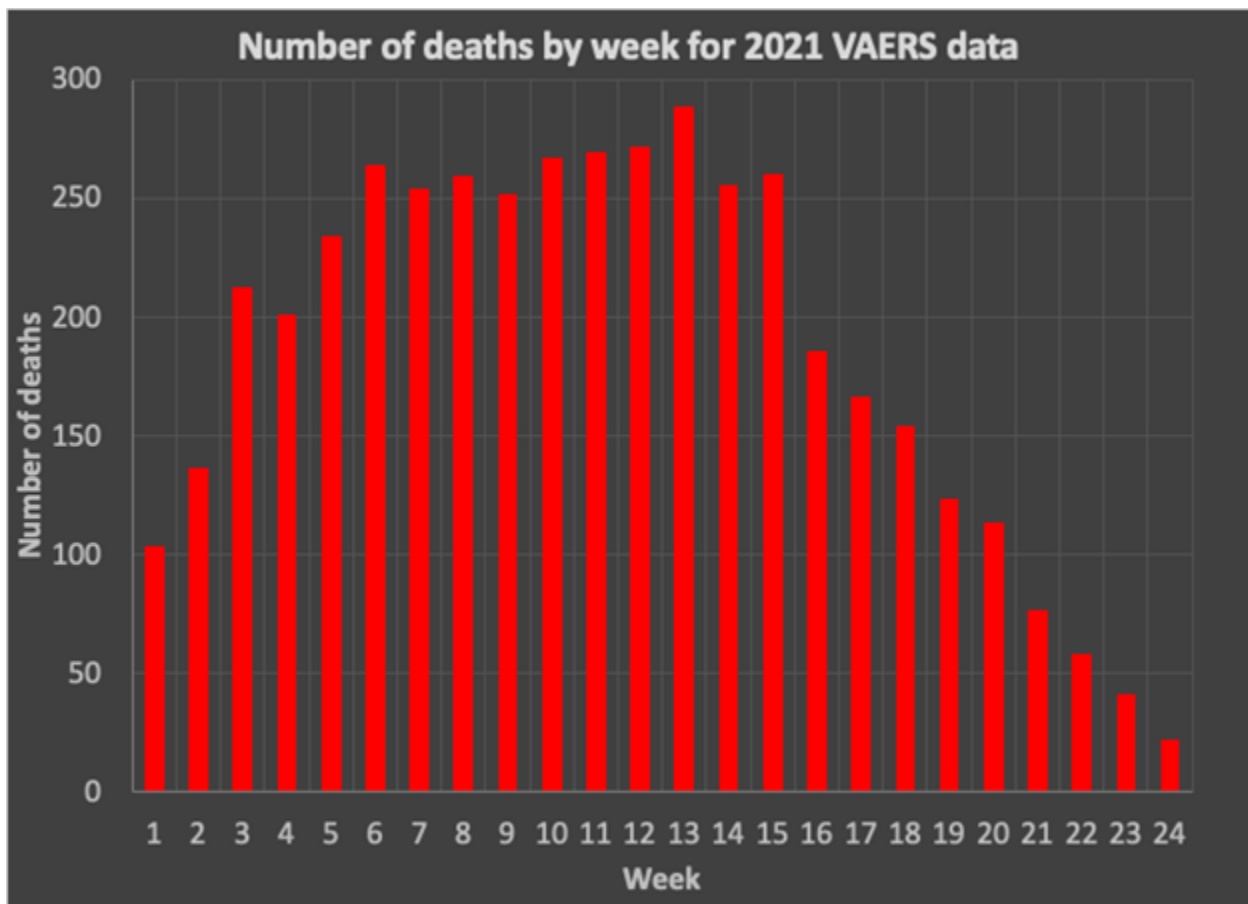


Figure 2: Weekly deaths reported to VAERS for the first 24 weeks of 2021. Note: There is a backlog involving recent weeks of the VAERS data.

Results

1.1 General information

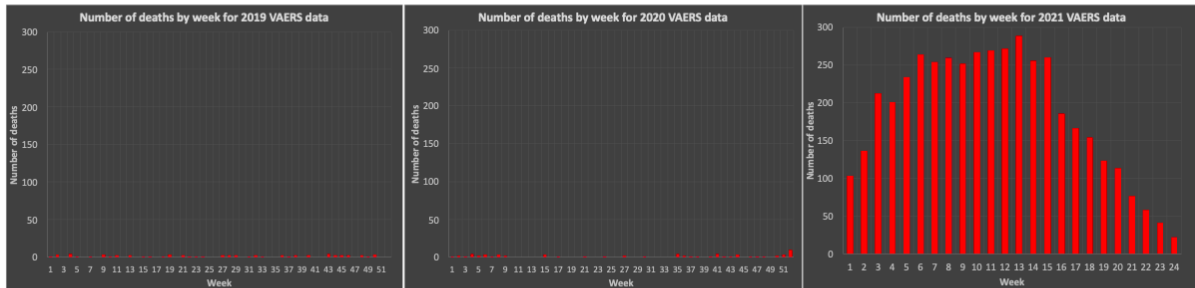


Figure 1: Bar plots showing the number of VAERS reported deaths per week for 2019, 2020 and 2021.

Analysis: Dr. Jessica Rose

1. For the past 30 years, people have reported at the average rate of fewer than 10 reports a week. A sudden 25X spike in the reporting rate into VAERS (from fewer than 10 per week for the past 30 years to over 250 per week over just 7 weeks) makes no sense... there wasn't any advertising and/or training to do that. That's a massive behavioral change that would require billions of dollars in advertising and special classes, videos, etc. So the reporting rate went up by 10X (from 10 to 100 per week) in just the first week! It's impossible to create a 10X behavioral change in one week for every physician in America. All done without a single ad, video, or leaflet. If you are skeptical of this, then please feel free to explain how that happened?
2. The establishment wants to promote a narrative that vaccines are safe. It would be completely counterproductive to the narrative to promote anything that would cause doctors to know about or use the VAERS system. This is why you see nothing from the NIH, CDC, or FDA encouraging doctors to report. So with no external pressure, why would doctors go out of their way to report when they are so busy? They wouldn't. There is nothing to change their behavior here to report more.
3. Doctors are pressured to not report adverse events because no one wants to increase vaccine hesitancy.
4. Most doctors want to convince everyone that the vaccines are safe and effective. So they are less likely to report adverse events. This is what the data shows (see the "fever" query below).
5. I've never heard of a doctor who was encouraged by management to report more adverse events to VAERS than they normally would. By contrast, I've heard and read lots of stories about how you are punished if you report. So you'd have to show evidence that's opposite from my random polls.
6. If you survey any group of 25 or more doctors at random, you'll find that they are reporting more events because there are more events to report, not because 24 out of 25 are new to VAERS and 100% of the group decided to report (which could explain the 25X increase). I wasn't able to find any evidence that we went from just 0.8% of doctors reporting into VAERS and now 20% of all doctors are reporting into VAERS. And the [Lazarus report](#) would have a much lower range.

7. VAERS reporting has always been troublesome. It takes 30 minutes or more just to enter each VAERS report, which is very frustrating. With all the chaos going on with the pandemic, all the doctors are pressed for time and are less likely to report, even if there are more events to report. Still over 80% of the reports in VAERS this year are from doctors according to CDC insiders.
8. If they were all over reports of the background deaths, then what happened to all the real deaths from the vaccines which are estimated using several methods to be 1 in 5,000 or so (see question below for how this rate is derived). So that's 40,000 deaths which is a good match to the corrected number of deaths (39,591). So clearly the deaths are all causal (beyond background rate) since that's the only option left on the table.
9. Data from Holland is among the best data there is in the world. There is nearly full reporting by doctors (due to compliance with EU law) which shows that these vaccines aren't safe at all: 700 reports out of 100,000 doses (each report can contain multiple adverse events). But the drug companies aren't following the law and are reporting 0 reports rather than contributing 55%. So $700/0.45=1,555$ reports per 100,000 doses. In VAERS, we have the records of 150 million patients (somewhat less since there is a backlog), so we'd expect to have 4.5 million case reports (in 300 million doses) with full reporting. With over 400,000 reports, it means we are under reporting the cases by a factor of 10. Thus the 4.5X ratio we get from the US CMS (Centers for Medicare and Medicaid Services) data is extremely conservative; it could easily be twice as high or more. Our 3% case report rate (i.e., 3% of people have a significant adverse event worthy of reporting) is likely an underestimate.
10. **Analysis of rates this year vs. the last 5 years.** In the table below, we have three sections: random events at the top (blue), comorbidities (green), and then causal events (black). The table is explained in detail below. It shows causality for a wide range of events. How do the fact checkers explain that if the vaccine is safe? Well, they can't.

Note that in the Pfizer trial, they also had an abnormally high rate of Bell's Palsy (4 cases very proximate to the vaccine vs. 0 in placebo). All chance? Very unlikely. Four cases in a year maybe, but not 4 cases proximate to the injection.

For example, [Brady Smith is a dentist in Portland, OR](#) with around 10,000 active patients. Two of his patients called him within hours after getting the Moderna vaccine complaining that half their face was paralyzed and seeking his advice. He said that has never happened in his entire 12 year career. And it coincidentally happens to both patients within hours of the second jab of Moderna?

None of the people who claim the vaccine is safe can explain the cause of these events. When you combine all these unlikely events, any single one of which you can explain away, you must conclude that causality is the only viable explanation. Most normal people would call all this evidence causality.

But trained academics will call it anecdotal and will dismiss it. They want to do a double blind randomized clinical trial. They will attempt to discount the VAERS database without

noting that this is the primary database relied on by the CDC and FDA to track adverse events. The fact that the VAERS database matches reality observed by doctors...that's just accidental of course.

11. Note that the rates of adverse events (from .22X to infinity) also suggests these are not simply "background" events because the rates shouldn't vary; they should all be roughly the same regardless of event type. Clearly, something is causing a massive number of adverse events.
12. Yet another independent confirmation is the [Mclachlan report showing 86% of the deaths reported in VAERS could reasonably be caused by the current vaccines](#). This paper has not yet been peer reviewed. The methodology was statistical sampling and manual evaluation of each adverse event report for possible causality. So if we make the most conservative estimate on deaths (assuming VAERS is 100% reported), that's a bit less than 9,048 deaths possibly caused by the vaccine which is far more than the stopping condition of 50 for an unsafe vaccine. As we will show in the causality section below, there is no question that the vaccines are causing deaths and other serious symptoms.

Each of the arguments alone is compelling. The fact that all are true makes the "it's safe, it's just overreporting" argument ludicrous. It won't stop the fact checkers from using it, unfortunately. To defeat this argument, you'd have to disprove all arguments. Good luck doing that.

What is the Bradford-Hill test for causality?

You cannot infer causality from data unless you satisfy all these conditions (known as the Bradford-Hill criteria):

1. **Temporal relation:** the patient did not have the condition BEFORE the injection and the condition is new AFTER the injection. Note the condition could be an exacerbation of an existing condition, e.g., worsening of insulin resistance.
2. **Strength of association:** the rates should be higher than normal and the absolute numbers are large enough that it wasn't just random small numbers chance
3. **Consistency:** The results are consistent (e.g., it isn't just from one region or reports all from the same doctor or one batch of drug or happened in the first week and not any other week)
4. **Specificity:** The event shouldn't occur on its own or as a result of just the action of getting an injection or visiting the doctor, e.g., anxiety could be associated with the vaccination itself and would thus be not specific to the injection. So it should be a reaction that is specific to getting vaccinated such as a severe headache that starts within hours after the injection
5. **Biological plausibility:** The mechanism of action of the vaccine for how it harms patients should be able to explain the outcome. For example, mercury poisoning isn't caused by vaccines. However, a wide range of neurological and cardiovascular events are within scope as are organ failures including multiple organ failure. Dysfunction of the brain, heart, and lungs, especially are suspect.

What did you find when you looked at VAERS for adverse events?

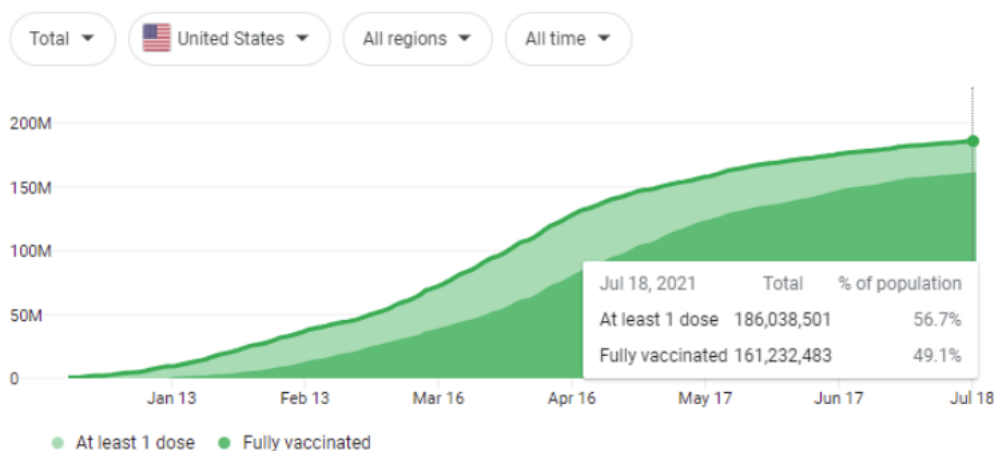
Here's a summary in tabular form of various events showing incidence rates in 2021 vs. the 5 years of previous history. All queries were done on Jul 13 to 16, 2021. The rightmost column shows the increase over the average of the last 5 years. So 1 means not significant (same as previous years), 2 means twice as high, etc.

This is a fair test since [if we only look at flu vaccination rates in previous years](#) (see chart below), it was quite comparable to the rate of COVID vaccination this year (49% fully vaccinated as shown in the first chart). This is especially true for the elderly who have much higher vaccination rates for influenza.

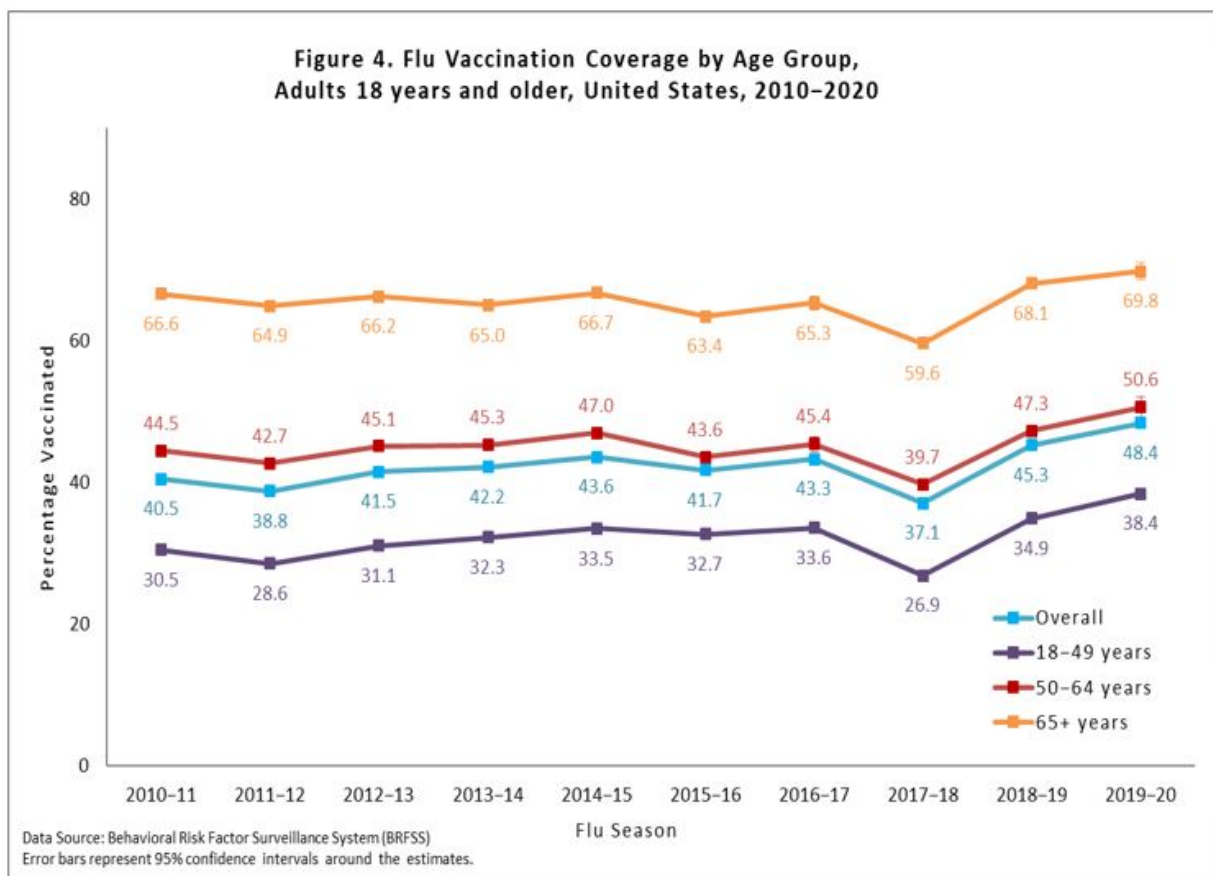
Statistics

Vaccinations

From [Our World in Data](#) · Last updated: 2 days ago



This data shows how many people have received at least 1 dose of a vaccine. People who are fully vaccinated may have received more than 1 dose. · [About this data](#)



Also, the [rates of influenza vaccinations are up in 2020-2021 to a record level](#) that is much higher than the rate of COVID vaccination. "The survey results indicate much of the increase in flu vaccine uptake is being driven by people 60 years old and older." So it isn't just younger people getting jabbed. So why are we ONLY seeing safety signals for the COVID vaccines? Nobody can figure that out! (Answer: it's because the COVID vaccines are toxic).

Using Bradford-Hill, we appear to have causality for nearly everything we looked at with GBS being one of the weakest associations (and ironically, this is [one of the few safety signals the FDA picked up](#)). That was a factor of 2.6 and when you look at the individual reports you can see clear causality leading up to the GBS diagnosis.

Generally, you'd want to hand check every single association by reading case reports just to be certain. However, the precautionary principle of medicine requires that we should alert the public now to any symptom with a 10X or greater excess incidence rate (rightmost column). The FDA and CDC won't do that because their goal is to reduce vaccine hesitancy, not safety.

Death had one of the strongest associations.

In the table below, we separated things out into 3 tables.

Unrelated events (blue): The goal for symptoms like metal poisoning, hepatitis, and otitis media (shown in blue) is to look for the propensity to over report this year. If this was just over reporting we'd see a rate increase for these symptoms that are unrelated to the vaccines and are not comorbidities. We don't. That's very telling.

Pre-existing comorbidities (green): These conditions like diabetes and cancer in the table below increase simply because of the increased number of people filing reports in 2021.

Symptoms: For all symptoms (Deaths and others), we **limited the search to 20-60 year olds** since these people are less noisy with respect to symptoms and younger people aren't yet vaccinated. Note that we used the Symptom field in all these queries (this is coded from the description by HHS) and used the exact term listed in the table for the query. For dyspnea, we searched the description field.

Not all symptoms listed are causal for the symptom, but could be for aggravation of a symptom. As we noted above, causality can ONLY happen for patients if the condition didn't exist before the vaccination, so **for gout, eczema flare up, shingles flare up, etc. it may be exacerbating the condition**, not causing it.

Therefore this chart should be used as a starting point for further investigation (e.g., to examine individual records to look for causality or specific exacerbation of a pre-existing condition). Why doesn't the CDC have a chart like this?

List of "background events" that should **not** be affected by the vaccines. These are useful because it shows that there is not substantial "over-reporting" this year. The propensity to report seems about the same as in previous years as "wart" and "otitis media" and "cancer" indicate.

Also, we have to take into account age skew as well. For example, if in 2021 we only vaccinated very old people and in other years we vaccinated only very young people, the death rates would be higher in 2021 because of that. This is one of the main reasons we limited the age range to 20-60 to avoid any of that bias in our queries to avoid a false signal due to the increased emphasis on vaccinating the very elderly in 2021. The [CDC stats show that the typical rate of flu vaccination reaches around 45%](#) in a year for ages 18 and older which is comparable to where we are with the COVID vaccines in 6 months. We were not able to find the age breakdown of people who got vaccinated in previous years vs. this year.

Symptom	2021	2015-2019	Rate increase
Metal poisoning	2	47	0.22
Otitis media	48	255	0.94
Hepatitis	331	1457	1.13

Bursitis	189	395	2.4
Conjunctivitis	172	278	3.1
Caesarean section	38	97	1.9
Wart	1	7	0.71
Rotator cuff syndrome	55	148	1.8
Breech delivery	0	3	0

List of comorbidities that are not caused by the vaccines but are reported at an increased rate because people with these conditions are simply more likely to have side effects (and because the total number of reports are increased this year). So having cancer doesn't seem to elevate your risk, but obesity will increase your chance that you will have an adverse event.

Symptom	2021	2015-2019	Rate increase
Cancer	31	132	1.17
Diabetes	155	284	2.7
Obesity	14	9	7.7
Lyme disease	42	53	3.9

List of symptoms that did not (in most reports) exist before vaccination, that we believe are likely to be caused by vaccination:

Symptom	2021	2015-2019	Rate increase
Death	1046	90	58.1
Blindness	520	86	29.1
Aphasia (inability to talk)	576	55	52.3
Deafness	1047	117	44.7

Dysstasia (difficulty standing)	741	133	27.8
Paralysis	1317	411	16.0
Pulmonary embolism	946	10	473.0
Deep vein thrombosis	740	14	264.3
Dyspnea (difficulty breathing)	1101	194	28.4
Guillain-Barre syndrome (GBS)	200	378	2.6
Speech disorder	502	146	17.2
Slow speech	76	7	54.3
Thrombosis	2255	45	250.5
Chills	43063	4725	45.6
Headache	57787	6231	46.4
Bell's Palsy (search used Description field because symptom field unreliable)	975	133	36.6
Appendicitis	320	11	145.5
Cardiac arrest	210	14	75
Paraesthesia	14402	2440	29.5
Neuropathy	438	195	11.2
Myalgia	18242	3208	28.4
Convulsion	39	12	16.3
Myocarditis	631	73	43.2
Pericarditis	440	49	44.9
Seizure	2328	431	27.0

Cough	6417	1002	32
Tinnitus	5486	282	97.3
Blue toe syndrome	10	0	INFINITE
Swelling	32299	11250	14.3
Multiple organ dysfunction syndrome (and checking death)	82	37	11.1
Diarrhoea	14945	6262	11.9
Insulin resistance	13	6	10.8
Suicide	11	3	18.3
Fatigue	46617	4575	50.9
Abortion Spontaneous	811	90	41.3
Parkinson's disease	55	5	55.0

Existing conditions that are not caused by the vaccine, but are exacerbated by the vaccine (or cause a latent flare up):

Symptom	2021	2015-2019	Rate increase
Eczema	174	51	17.1
Crohn's disease	48	18	13.3
Gout	105	15	35
Herpes Zoster	2537	700	18.1

Sometimes the causality is very obvious. This is particularly troubling for GBS:

VAERS ID: 1458373

ONSET: 56 days AGE: 54 SEX: M

To begin, I have always been a healthy, middle-aged male, with no history at all of neurological problems. What follows is a comprehensive summary of all that happened to me shortly (7 days) after getting the Janssen COVID vaccine and the supporting documentation to support the diagnosis of my having developed Guillian-Barre' Syndrome (GBS) as a direct and obvious consequence of the vaccine. THURSDAY, 5/13/21: Received the J&J vaccine at 10:00 AM (LOT NUMBER 205A21A). FRIDAY - THURSDAY, 5/13 ...

READ FULL REPORT >

VACCINE TYPE(S): COVID19

VACCINE NAME(S): COVID19 (COVID19 (JANSSEN))

SYMPTOM(S): ABDOMINAL DISCOMFORT, BELL'S Palsy, COMPUTERISED TOMOGRAPH THORAX, FACIAL PARESIS, MOTOR DYSFUNCTION, NEUROPATHY PERIPHERAL, X-RAY, ABDOMINAL PAIN, BLOOD TEST, DYSCHIZIA, GAIT DISTURBANCE, MUSCULAR WEAKNESS, PAIN IN EXTREMITY, ARTHRALGIA, CHEST X-RAY, DYSURIA, GUILLAIN-BARRE SYNDROME, MUSCULOSKELETAL PAIN, PARAESTHESIA, BACK PAIN, COMPUTERISED TOMOGRAPH, ELECTROMYOGRAM, HYPERTENSION, MYALGIA, SLEEP DISORDER, BALANCE DISORDER, COMPUTERISED TOMOGRAPH ABDOMEN, EYELID DISORDER, HYPOAESTHESIA, NERVE CONDUCTION STUDIES, THINKING ABNORMAL

We received this report which was NOT put in VAERS but should have been. This is a perfect example of under-reporting. Clearly the doctors knew it should have been reported too (note the "uneasy" remark), but they did not so they don't create vaccine hesitancy.


I saw your posts asking questions about injuries from the vaccine on Nextdoor. I haven't died from the vaccine. In case you're keeping a log or some data:

I did have a stroke in my eye a couple weeks after the Moderna vaccine. The diagnosis is NAION. I was sent to the ER at Stanford by my doctor and they kept me overnight. I mentioned the curious proximity of my condition to the administration of the vaccine and it clearly made people uneasy.

Anyway, thanks for being outspoken on behalf of public health. You have my support for what it's worth. My husband and I own a small business and are not really wanting to speak publicly about my experience for obvious reasons which makes us appreciate your work even more. You are speaking for us.

My best,

Another one not reported to VAERS. The CDC hasn't figured out the vaccines cause paralysis yet even after one of the 1,000 kids in the Pfizer trial was permanently paralyzed less than 24 hours after getting the 2nd dose. Note that this person had a friend who was paralyzed and it is so common she knew of other cases like this (which means it is VERY common).



I have a family friend that became paralyzed after receiving the 2nd dose of the vaccine. He was hospitalized for several weeks and now moving into a long term care facility.

There have been other stories like his where people suffer paralysis after receiving the vaccine.

Kindly,
April

You really have to wonder who is analyzing the VAERS data and how could they NOT be seeing the safety signal for paralysis when the “other stories” are well known to patients.

Who has the burden of proof for causality?

It is the responsibility of the FDA and CDC to monitor the VAERS data for safety signals. These organizations are inept. They haven't found a single death that they have asked the drug companies to look into. That's unbelievable.

We found we could prove causality via Bradford-Hill criteria for a huge range of adverse events. These events were off the charts. [We even asked if anyone could find a death coded with the vaccine where the vaccine didn't play a role in the death. There were no responses.](#) How can the CDC find nothing suspicious in 11,000 death reports?!?!? There are two papers, one by [Jessica Rose](#), the other by [Scott Mclachlan](#), both showing likelihood of causality for death.

We have our own research. We asked the CDC committee members and the FDA stats department if they were interested. They did not respond to repeated requests.

The precautionary principle means the safest course for the public in the interim, is to assume that all of these events are caused by the experimental vaccines. This would then require the FDA to immediately shut down the trial for safety concerns.

It is unethical for the CDC not to at least warn the public of the data observed above.

The CDC has no proven/demonstrated case for vaccine safety, much less a net benefit. Where are the autopsies showing there was no spike protein and no elevated d-dimer in those who died after getting the vaccine (and [nearly half of them die within 72 hours according to the VAERS data](#)).

So when corrected for full reporting, we have over 2M adverse events in 150M people. And all we have is a myocarditis warning?!

You talk about a 4.5X underreporting rate, but I don't have access to the CMS data to tell if you are telling the truth. Is there another way you can demonstrate that?

[Eight ways are shown in this doc.](#) Search for "Eight ways we get a 5X multiplier."

How high could the real death rate from the vaccine be? How low could it be?

Our lead statistician thinks there is over an 80% chance that the death count is >100,000.

We know several doctors who report death rates of 1 in 1,000.

Four BA pilots dead in a month out of 4,000 pilots in the worst case (nobody knows how many have been vaxed so we'll pick the most conservative number), and [5 JetBlue Pilots dead](#) out of [3714](#) pilots. So again 1 in 1,000 is certainly possible.

We know of a woman with 3 relatives who died suggesting a number < 1 in 1,000 (otherwise statistically impossible to have found the woman unless we knew everyone).

When we did a survey asking people # died from COVID and # died from the vaccine, the totals were only 20% higher for COVID.

We know the number has to be $< 250,000$ since those are the CDC numbers for COVID deaths which is where they are hiding the vaccine deaths.

So a reasonable upper bound on the number killed from the vaccine is 150,000.

For a reasonable lower bound we can go with our best (lowest death rate) physician reported number: just 1 vaccine death in 3,000 patients. So if we pad that to be conservative to 1 in 5,000 we get **at least 30,000 deaths**. Note, we survey physicians who are "aware" how the vaccine kills people. There are many physicians with thousands of patients who do not "see" any vaccine related deaths because they don't make the association; they see only heart attacks, strokes, etc. Young people who die in their sleep less than 24 hours after being vaccinated are simply "that was odd."

The problem with death rate estimates is always attribution. People never die from the vaccine per se; they die from heart attacks, stroke, pulmonary embolism, organ failure, etc. So this makes estimating the death rate pretty challenging. This is why the British Airways pilot deaths are so interesting. These are healthy, well monitored people whose deaths were all very suspicious and where it is rare for anyone to die in an entire year.

Statistician Mathew Crawford now thinks the max number of deaths could be over 100,000. [Here's what changed his mind.](#)

How accurate are the CDC adverse event estimates?

Not very. They believe no one has died from the vaccines and [only 20 to 30 children per million will get mild myocarditis](#). The Israeli Ministry of Health estimated the rate is 1 in 3,000 and that seems very optimistic. The fact that it wasn't hard for us to find a family where all three kids had myocarditis after vaccination (we didn't have to look) suggests the rate is more than 1 in 1,000 which means that CDC head Rochelle Walensky is off by a factor of 50 in terms of kids adversely impacted.

Should kids under 18 be allowed to make a decision to be vaccinated?

No. Pretty much every full professor in the medical community has no idea as to the number of deaths caused by the vaccines by age. So they can't make a cost benefit analysis for any age group.

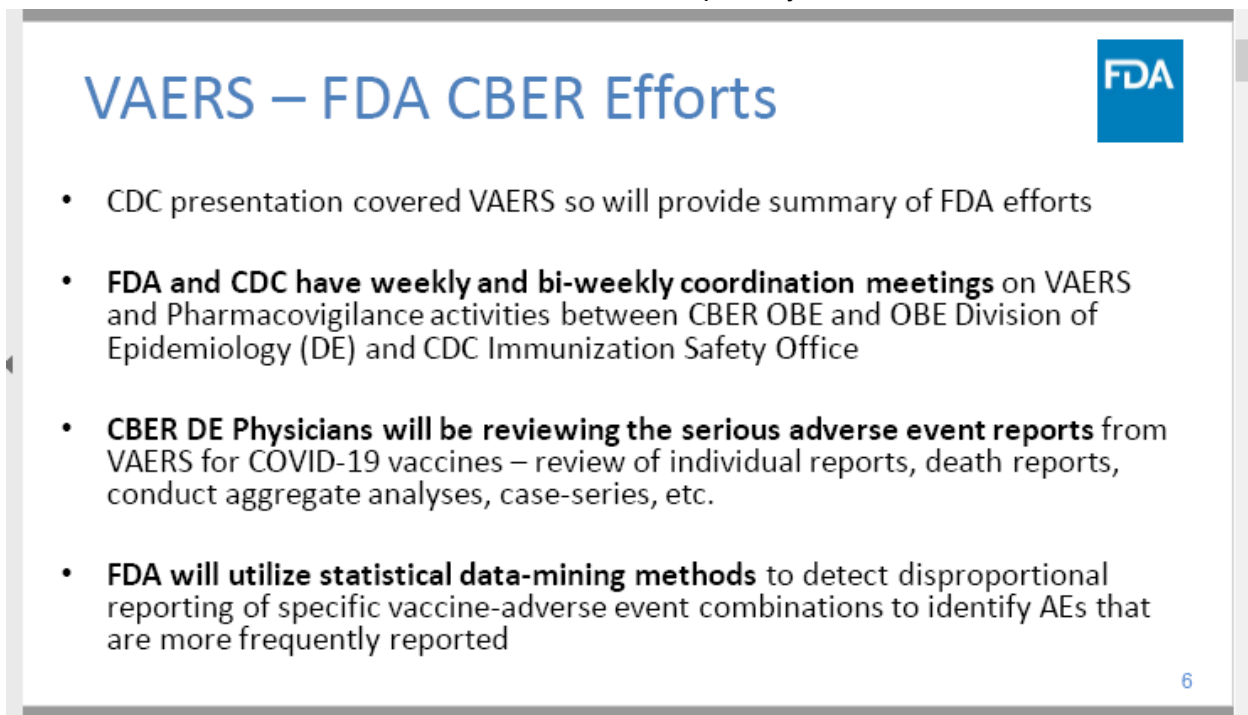
So how is a 14-year old kid going to get the right answer?

The data is pretty clear... If you're under 30 years old, the vaccine is more likely to kill you than to save your life.

However, if your 14-year old can look at the CDC and VAERS data and calculate a different outcome, sure, she should show her parents her work who can then make the right decision on her behalf.

Some people say the data in VAERS is too unreliable to make any assessments.

We disagree. The FDA would disagree too. The [FDA itself relies on VAERS to make safety assessments](#). VAERS is the official database. It is the primary data source.



The slide is titled "VAERS – FDA CBER Efforts" in blue text. In the top right corner is the FDA logo, which consists of a blue square with the letters "FDA" in white. Below the title is a list of four bullet points. The first bullet point is "CDC presentation covered VAERS so will provide summary of FDA efforts". The second bullet point is "FDA and CDC have weekly and bi-weekly coordination meetings on VAERS and Pharmacovigilance activities between CBER OBE and OBE Division of Epidemiology (DE) and CDC Immunization Safety Office". The third bullet point is "CBER DE Physicians will be reviewing the serious adverse event reports from VAERS for COVID-19 vaccines – review of individual reports, death reports, conduct aggregate analyses, case-series, etc.". The fourth bullet point is "FDA will utilize statistical data-mining methods to detect disproportional reporting of specific vaccine-adverse event combinations to identify AEs that are more frequently reported". In the bottom right corner of the slide is a small blue number "6".

- CDC presentation covered VAERS so will provide summary of FDA efforts
- **FDA and CDC have weekly and bi-weekly coordination meetings** on VAERS and Pharmacovigilance activities between CBER OBE and OBE Division of Epidemiology (DE) and CDC Immunization Safety Office
- **CBER DE Physicians will be reviewing the serious adverse event reports** from VAERS for COVID-19 vaccines – review of individual reports, death reports, conduct aggregate analyses, case-series, etc.
- **FDA will utilize statistical data-mining methods** to detect disproportional reporting of specific vaccine-adverse event combinations to identify AEs that are more frequently reported

Figure 2: VAERS - FDA CBER Efforts slide from Vaccines and Related Biological Products Advisory Committee Meeting Presentation (October 22, 2020)

How much are the deaths in VAERS underreported?

Based on doing the same query for deaths in VAERS and in the 100% reported CMS database, VAERS is underreported by a factor of at least 4.5. Others, including Stanford Professor John Ioannidis believe it is significantly higher than that. But we can make our case with the very conservative 4.5X multiplier alone.

We can also use the Holland data to calculate the underreported rate which turned out to be 5.72 (shown above). So the numbers are close.

To be conservative, we have $9,000 \text{ deaths in VAERS} \times 4.5 = 40,500$

We could also use the Bell's Palsy number to estimate the correct underreporting number. We know the incidence rate from the Pfizer trial of 4 cases of Bell's Palsy per 20,000 people, so 1 in 5,000. Since there are 2.85 times as many death reports, we can now do a rough estimate of the absolute death rate from the vaccine as 1 in 1,754 (skewed to the elderly). So our estimate of 40,000 fatalities could very well be 85,000 deaths ($150M/1754$). In short, the VAERS deaths could very well be under reported by a factor of 9. This assumes that the deaths in VAERS were primarily vaccine related.

There are several things that support this number, e.g., the British Airways pilot statistics (4 dead in an estimated 3,000 pilots vaccinated) and our favorite doctor who has had 2 vaccine-related deaths in 700 patients+staff. Even [Dr. Hoffe](#), who we don't know personally, had 1 death in 900. So there are confirmatory data points that suggest that this number isn't so ridiculous at all. George Fareed, who didn't have a death before now, has 1 vaccine death in 5,000 patients. He's the doctor with the lowest death rate that we know (of the doctors with 1 or more deaths).

[Vaccine Safety Evidence](#) shows many other methods for coming up with the same number.

OK, as of July 10, if there are now close to 40,000 real deaths, how many are likely caused by the vaccine?

We're halfway through the year, and we're pretty sure there is no overreporting as noted above. Doctors are reporting more events because there are more events to report, not because they changed their habits), then there are 9048 deaths - 250 background deaths (since 500 background deaths per year) $\times 4.5 = 39,591$.

39,591 is a lot of excess deaths. There is really nothing that would have caused those deaths other than the vaccine. And we know the vaccine causes massive numbers of deaths because we can clearly see it from the Holland data which is fully reported.

And the propensity to report hasn't suddenly jumped either as we show by our queries like otitis media which are unrelated to the vaccine. And all reports from other vaccines given this year are lower than in previous years (9195 total deaths - 9029) = 166 deaths from all other vaccines combined in the first 6 months.

Have you looked at individual death reports in VAERS? Surely they will show no causality, right?

You cannot prove causality from any single report. Causality is proved through statistical analysis of the data which we do elsewhere.

What you can get from individual reports is a sense for whether the mechanism of action of the vaccine might have caused or accelerated the death of the person.

Here are a few examples:

1. If the person dies shortly after the vaccine from a blood clot and there were no other risk factors that would have caused that, it is highly likely he died from the vaccine.
2. If the person was vaccinated and less than 24 hours later he died in a car accident and he was driving the car, the vaccine could have caused a stroke which led to the car accident.
3. If the person committed suicide shortly after vaccination, that also could be caused by the vaccine since why would someone who was going to kill themselves get vaccinated? It's possible the person was so despondent due to the pain or paralysis they wanted to end their misery. Note: Gardasil showed high suicide risk as well.
4. If the person died because he was in an airplane as a passenger and wasn't flying the plane, the vaccine is very unlikely to have caused the death.

If you look at the reports below, you'll see a clear pattern: the causes of death are all inexplicable if it wasn't the vaccine.

And it's not just our analysis. See the [Mclachlan report](#) which found the same thing.

We did a death query for COVID19 on Jul 15, 2021. Here are the first 5 VAERS IDs that were returned. Do your own query and your own analysis. You'll find the same results. We could have included more results, but they would have been similar to the reports below. We encourage you to randomly check for yourself if you don't trust us.

What we found is that all the deaths were consistent with the mechanism of action of how the vaccines kill people.

VAERS id	Details
----------	---------

1442734	<p>Got vax jun 19. Started having severe symptoms on same day. Died of multiple organ failure on jun 22. No other plausible causes other than the injection. 49 year old. “no concomitant medications were reported. on 19-jun-2021, the patient experienced tachyarrhythmia absoluta, asystole, shock and metabolic acidosis. on 22-jun-2021, the patient died from multiple organ failure.” JANSSEN vaccine.</p> <p>Our comment: It's a 49 year old. Think about it... how does he suddenly get multiple organ failure out of the blue? The doctor has no plausible explanation. This death is consistent with the mechanism of action of the vaccine. It's in our table (11X increase over normal so the vaccine causes multiple organ dysfunction syndrome).</p>
1442722	<p>Vax may 28. Jun 7 for “admitted with covid-19 pneumonia”. 71-year-old. Died jun 13. They wrote: “Covid-19 pneumonia that occurred just a few days earlier may have contributed to the patient's demise. covid-19 pneumonia and shortness of breath are unrelated to bnt162b2” Pfizer vaccine.</p> <p>Our comment: The physician clearly did not understand that the vaccines cause COVID symptoms. This death is consistent with the mechanism of action of the vaccines which cause COVID symptoms. The vaccine is essentially mini-COVID. This is the most plausible explanation.</p>
1442721	<p>Vax Jun 18. Died Jun 21. 73-year old. “the patient experienced dark vomit, dark stools, fatigue on 20jun2021. the patient was hospitalized on 20jun2021. the following day, 21jun2021, the patient developed diarrhoea which was dark in colour, the condition of the patient suddenly changed and the patient succumbed to illness (death) on 21jun2021. the patient died on 21jun2021.” The physician wrote that the vaccine was unlikely have caused the death.</p> <p>Our comment: The physician could not come up with any plausible explanation for the death. This death is consistent with the mechanism of action of the vaccine (which can cause Diarrhoea at a rate of 11.9 from our table). This is the most plausible explanation especially when you consider our table of vaccine induced symptoms.</p>
1442361	<p>“on an unspecified date, the patient died from the vaccine due to unknown cause of death and could never got the second shot.”</p> <p>Our comment: They did our work for us: “the patient died from the vaccine”. The doctor didn't understand how the vaccine kills since the doctors are never educated on the mechanism of action for how the vaccines kill people.</p>
1442349	<p>Direct quote from the report: “three patients were developed blood clot after vaccination” All three died.</p> <p>Our comment: The vaccines absolutely cause blood clots. The thrombosis rates from our table is 250X. Three deaths on this one.</p>

And here is proof we didn't cherry pick the search results:

OpenVAERS

OpenVAERS DataCOVID Vaccine DataF.A.Q.Blog

VAERS ALL COVID VACCINE REPORTS

(Vaccine Adverse Events Reporting System, USA)

438,440 Reports
Through July 7, 2021

*

Page 1 of 753 Results 1 - 12 of 9029

search COVID reports1X reset...

DeceasedRecovered

VAERS ID: 1442734

AGE: 49 SEX: M

TACHYARRHYTHMIA ABSOLUTA; ASYSTOLE; SHOCK; METABOLIC ACIDOSIS; This spontaneous report received from a physician via a Regulatory Authority concerned a 49 year old male of unspecified race and ethnicity. The patient's height, and weight were not reported. The patient's past medical history included coronary disease, and allergy to insect sting. The patient received Covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: XD985 expiry: unknown) dose was not ...

READ FULL REPORT

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (JANSSEN))

SYMPTOM(S): ATRIAL FIBRILLATION, CARDIAC ARREST, METABOLIC ACIDOSIS, SHOCK

VAERS ID: 1442722

ONSET: 16 days AGE: UNK SEX: M

This is a spontaneous report from a contactable healthcare professional. A 71-years-old male patient received BNT162b2 (COMIRNATY) dose 1 administration on 28May2021 10:17 (Lot Number: FA7812; Expiration Date: 30Sep2021) as single dose for covid-19 immunization. Medical history included hypertension and hypercholesterolemia. The patient's concomitant medications were not reported. The patient was admitted with Covid-19 pneumonia, hospitalization on 07Jun2021, the patient was reported to have experienced ...

READ FULL REPORT

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): COVID-19 PNEUMONIA, DEATH, DYSPNOEA

VAERS ID: 1442721

ONSET: 2 days AGE: 73 SEX: M

This is a spontaneous report from a contactable other hcp. A 73-year-old male patient received BNT162b2 (PFIZER-BIONTECH COVID-19 VACCINE) unknown number dose at the age of 73-year-old on 18Jun2021 (Batch/Lot Number: FD0927) as single dose for covid-19 immunization. Medical history included hypertension, gout, iron deficiency, blood dyscrasia. The patient's concomitant medications were not reported. The patient experienced dark vomit, dark stools, fatigue on 20Jun2021. The patient was hospitalized ...

READ FULL REPORT

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): DIARRHOEA, DISCOLOURED VOMIT, FAECES DISCOLOURED, FATIGUE

VAERS ID: 1442361

AGE: UNK SEX: F

DEATH; This spontaneous report received from a consumer via a company representative concerned a female of unspecified age, race and ethnicity. The patient's height, and weight were not reported. No past medical history or concurrent conditions were reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: Unknown) dose, 1 total, start therapy date were not reported for prophylactic vaccination. The batch number was not reported. ...

READ FULL REPORT

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (JANSSEN))

SYMPTOM(S): DEATH

VAERS ID: 1442349

AGE: UNK SEX: U

BLOOD CLOTS; This spontaneous report received from a consumer via a Business partner (Pfizer Inc.) on 25-JUN-2021 concerned three patients of unspecified age and gender. The patient's weight, height, and medical history were not reported. The patient received covid-19 vaccine ad26.cov2.s (suspension for injection, route of admin not reported, batch number: unknown and expiry date: unknown) dose was not reported, 1 total, start therapy date was not reported for prophylactic vaccination. The batch ...

READ FULL REPORT

VACCINE TYPE(S): COVID19

VAERS ID: 1442203

ONSET: 2 days AGE: UNK SEX: M

Malaise/did not feel well; Cardiac arrest; Chest pain; This is a spontaneous report from a contactable consumer downloaded from the Regulatory Authority-WEB, regulatory authority number NL-LRB-00586576. A 67-year-old male patient received bnt162b2 (COMIRNATY), dose 2 via an unspecified route of administration on 12Jun2021 as dose 2, single for covid-19 immunisation. Medical history included ex-smoker, there is a lot of high blood pressure in the family of 9 brothers and sisters. He does not know ...

READ FULL REPORT

VACCINE TYPE(S): COVID19

Page 40

Are there deaths that are not related to the COVID vaccine?

Probably, but no one has identified them yet.

In response to our challenge to come up with a VAERS ID of a COVID vaccinated person that died from a cause that was not vaccine related, “badvaers” on twitter responded:

← Tweet



badvaers @badvaers · Jul 16

I didn't have to - you inferred it was from VAERS by stating as such and posting an image from a different site.

As for proof: that is the role of the CDC and FDA, they determine causation. You're assuming the vaccine is the cause which is both assine and dangerous

3



Vaccine Truth @VaccineTruth2 · 4h

... and how come you can't find even a single death in VAERS that was NOT caused by the vaccine??? That's baffling to us. How do you explain that?

1



1



badvaers
@badvaers

Replying to @VaccineTruth2

Details for VAERS ID: 0958443-1

Took all of 10 minutes. Anything else I can do for you?

Details for VAERS ID: 0958443-1

Event Information			
Patient Age	1.08	Sex	Female
State / Territory	Unknown	Date Report Completed	2021-01-06
Date Vaccinated	2020-12-24	Date Report Received	2021-01-08
Date of Onset	2020-12-26	Date Died	2020-12-26
Days to onset	2		
Vaccine Administered By	Other	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	No	Serious	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER(BIONTECH)	NONE	UNK		

Symptom
COMPLETED SUICIDE
DEATH
GUN SHOT WOUND

Adverse Event Description
death by suicide Narrative: death by suicide; 12/26/20, self inflicted gun shot wound; found deceased by family member

We then tweeted this:



Tweet



Vaccine Truth

@VaccineTruth2



Replying to [@badvaers](#)

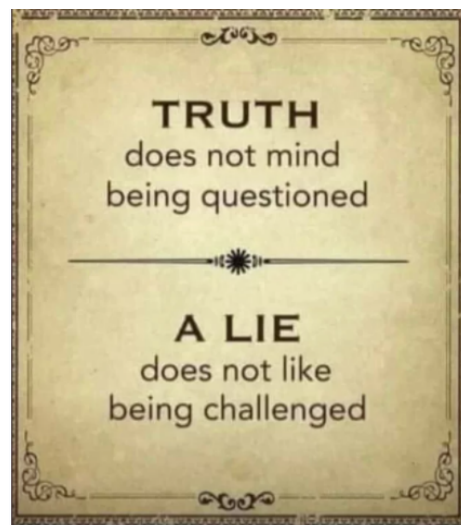
Excellent work! Now explain why anyone who was going to kill himself would get vaccinated just 2 days before he kills himself! Answer: nobody would do that. He was in probably in such great pain after vax, he thought suicide was only way out. We see this all the time.

10:17 AM · Jul 17, 2021 · Twitter Web App

View Tweet activity



Within 120 seconds of our response, [@badvaers](#) had blocked us.



OK so there were (as of July8), only 438,441 VAERs unique IDs that are still in the database associated with the vaccines. When you multiply by 4.5, that's only 1.97 million people with adverse reactions. There are over 150 million vaccinated people so only 1% adverse event rate. That's still better than getting COVID, isn't it?

There are generally more than one adverse event per person. There can be as many as 15 per person. The average is 5. So that's a lot of adverse events (8 million).

It all depends on the severity of the adverse events. We show elsewhere the breakdown of even categories.

For example, [Maddie de Garay](#) was in a trial with 1000 kids who got the drug. That's 1 paralysis in 1,000. Since there are 40 million kids from ages 10 to 19, that works out to 40,000 previously healthy kids we disabled for no good reason (since we can show from the VAERS data that the vaccine kills more people than it saves for people under 30).

What about ADE? Could vaccination be making things worse?

We don't know yet.

[The latest statistics show that vaccination could be making people more susceptible to getting COVID.](#) Could this be caused by antibody dependent enhancement (ADE)?

ADE occurs when the antibodies generated during an immune response recognize and bind to a pathogen, but they are unable to prevent infection. Instead, these antibodies act as a "Trojan horse," allowing the pathogen to get into cells more easily and exacerbate the immune response.

We've asked the FDA why they aren't doing autopsies on vaccinated patients who die from COVID.

You may ask, why are we seeing this popping up now?? Answer: [It is during the waning phase of vaccine-induced immune response that the risk of ADE is highest.](#)

So we could be in for a very bad surprise.

Lots of your arguments are based on data analysis and anecdotes. Real scientists believe in large phase 3 randomized control trials.

Phase 3 trials can be gamed by choosing very healthy patients, skewing the population of 65 and older to closer to 65, meeting the FDA's requirement of at least one comorbidity with exactly one comorbidity, and most importantly, dropping anyone with a bad first reaction from getting a second dose. **This way, the vaccine test population represents a healthy subset and ONLY those people who are "immune" to the spike protein.**

They can exclude serious events like a 1 in 1,000 paralysis rate in the case of Maddie de Garay who was in the Pfizer Phase 3 trial, but her paralysis wasn't counted. It's called cheating.

Events that happen at a rate of 1 in 10,000 are very hard to detect in sample sizes of 20,000. This is why there is an EUA period to detect these events which can be quite serious. For example, if permanent paralysis occurs at the rate of 1 in 10,000, it could not show up at all in the trial. But when you vaccinate 300 million people, you're looking at 30,000 cases of that one symptom. Here we know there were Facebook groups of vaccine side-effect victims totalling over 200,000 people. Facebook made the groups vanish so it would look like the vaccines are safe, but they couldn't vanish the people who joined those groups.

If the clinical trials were so definitive, why did the Facebook side effects groups have any members at all? Unfortunately, thanks to the censorship of victims, we'll never know. Facebook employees are apparently very proud of their company for censoring the victims as nobody is complaining.

Anecdotes are data. If the hypothesis is accurate, it should explain the anecdotes.

Amateur critics often like to dismiss anecdotes as 'unscientific', but this is wrong: anecdotes are weaker evidence than trials, but they are not without value and are often the first sign of a problem (or an unexpected benefit).

Bad Pharma by Ben Goldacre, p189

Your numbers must be wrong. I don't know anyone who has died from the vaccine and I know a lot of people. How do you explain that?

Over 600,000 people have died from COVID. We speculate that over 40,000 have died from the vaccine. That's a ratio of 15:1.

Do you know 15 people who have died from COVID? If so, then you might know one person who died from the vaccine.

However, unless you know at least 30 people who have died from COVID, it's not so unusual that you may not know of a single person who has died from the vaccine.

How can you be so sure the vaccine is causing any deaths at all?
How can you prove causality?

Many independent ways, **including the widely accepted [Bradford-Hill criteria](#)** (see below).

First, it is instructive to review how the FDA itself established causality for myocarditis in their analysis. Basically, they observed rates of myocarditis associated with vaccinated patients were above the normal rate expected compared to normal background rates within that time window (typically close to zero). In short, lots of events happening shortly after vaccination that would be statistically unlikely to happen naturally (there would be far fewer events and they would not all be clustered just after vaccination). This makes sense. The same method can be applied to other neurological and cardiovascular symptoms. When we do that (comparing rates of various events this year vs. previous years), the results are shocking as we saw from the big table above.

The rates for Bell's Palsy documented above were particularly troubling. That simply doesn't happen by chance. It shows beyond any doubt that these vaccines are getting into our brains causing neurological damage.

Despite this crystal clear evidence, President Biden and the CDC are intent on vaccinating our kids, causing needless unknown amounts of brain damage to mitigate a risk that is microscopic (potentially saving one life in a million that could have been easily saved by using safe repurposed drugs). Where is the cost-benefit analysis? This is really unconscionable.

There are other ways to show causality. One simple way is to show the effect is proportional to dose. So by looking at the event rate after the first dose vs. the second dose, if the event rate is higher after the second dose, the drug is causing the event. If the event rate was the same after each dose, the intervention had no effect. Here we can clearly see a much higher event rate after the second dose. If the drug were a saline solution, the heights of both the red and blue

bars would be identical (sometimes red would be higher than blue, sometimes blue higher than red).

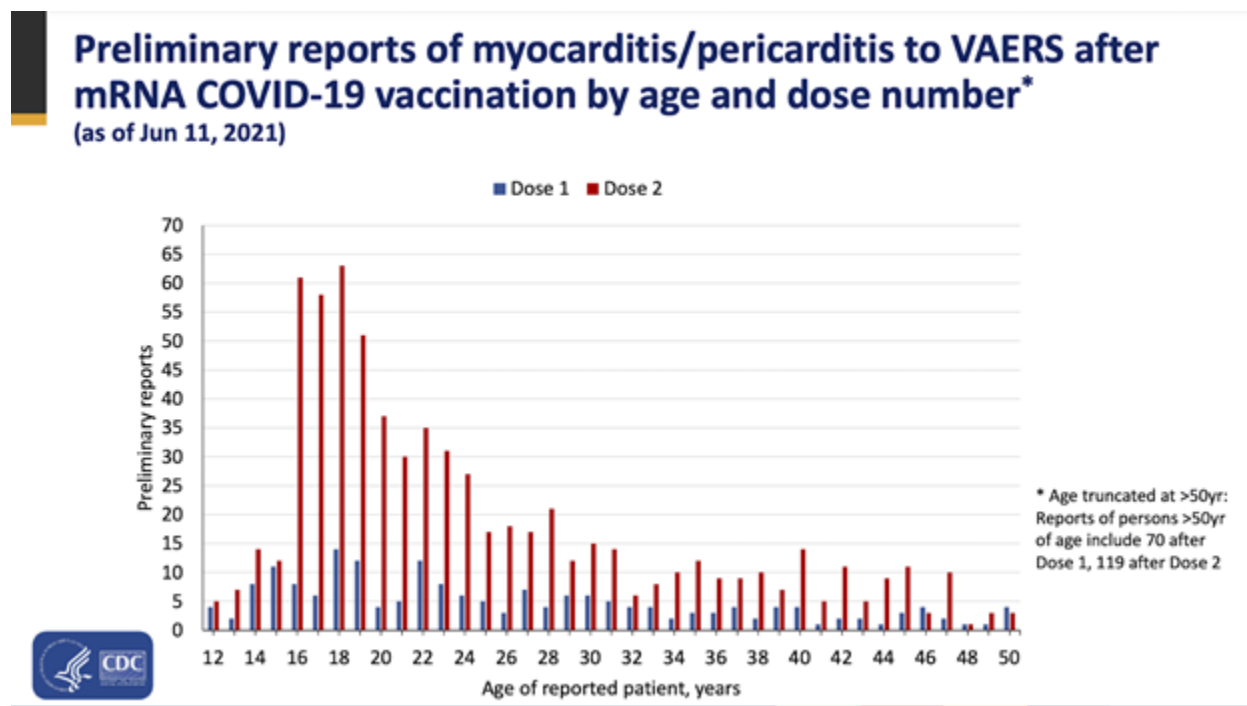


Figure 3: Preliminary reports of myocarditis/pericarditis to VAERS after mRNA COVID-19 vaccination by age and dose number (June 11, 2021)

A second way is to compare event rate after vax with event rate in previous year. We did this above with several cardio and neurological events. If the vaccine was safe and not creating any neurological harm, this sort of result is absolutely impossible. How does anyone explain that? They can't.

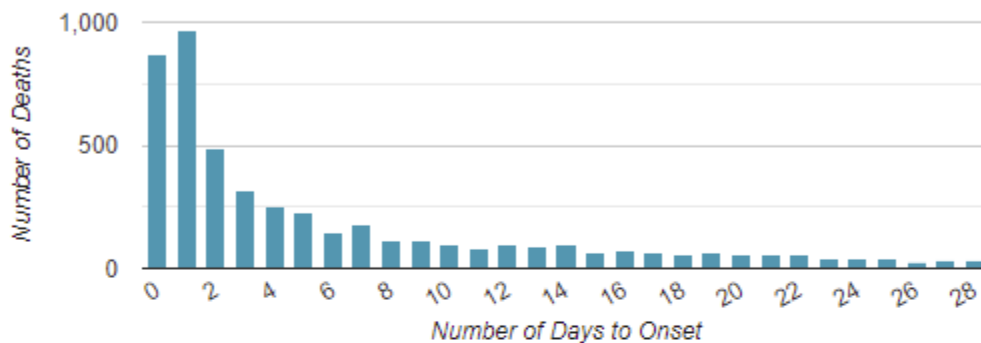
The propensity to report appears to be slightly lower this year than previous years (as shown above when we looked at fever and otitis media for example). And if it was all propensity to report, then where are the 1 in 5,000 deaths independently estimated from physician surveys, pilot death stats in plain sight of everyone, black swan events in plain sight of everyone, etc. If there are no real deaths from the vaccine, how can people have 3 relatives die within days after being vaccinated? It doesn't make a lot of sense. How can 2 patients of a 10,000 patient practice both have complete facial paralysis on half their face within hours after the 2nd Moderna jab?

Critics like John Jelsevac write [a very misleading article](#) by making speculations about propensity to report without ever showing how his hypothesis better fits the events observed than the "vaccines are dangerous" hypothesis. He simply points out that his hypothesis is a better fit to expert opinion and therefore it must be right. So we agree, his hypothesis better fits expert opinion, but he's wrong about the experts all being right. Science is about observed data. In science, you fit the hypothesis to the observed data, not to expert opinion.

An excellent way to see causality is with [these dose 1 and dose 2 charts for any symptom and see a similar result](#) (thanks to Jessica Rose for these charts and annotations). These charts are very interesting and very compelling from a causality point of view. You'll note that in most cases, the first dose and the second dose are very different. If there was no causality, they would be roughly the same....e.g., for 18 year olds, you might have dose 1>dose 2 and for 20 year olds you might have the opposite. It would be completely random. There would be no consistency as to whether 1>2 or 2>1. The results are stunning.

A third way is to look at the [fatality reports](#)

VAERS COVID Deaths by Days to Onset All Ages



VAERS COVID Deaths by Days to Onset <=70 Years

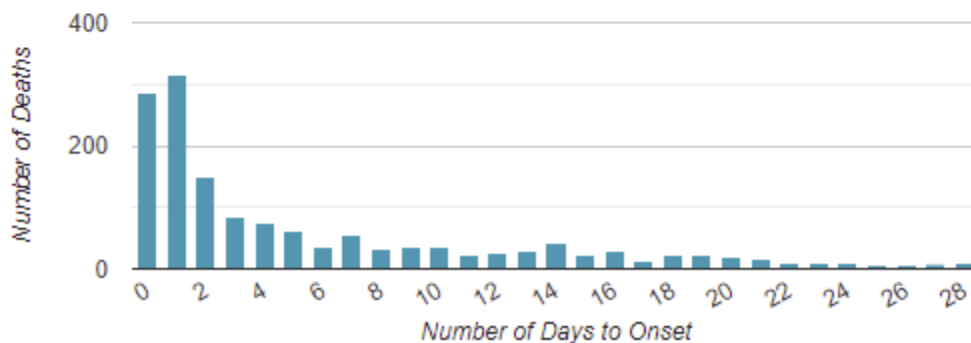


Figure 4: VAERS COVID Deaths by Days to Onset; a) All Ages; b) 70 years old or younger

See how they peak on Day 1 and not Day 0? If this were just propensity to report more if there is a proximal event, then we would expect Day 0 to be very high, and Day 1 to be lower since it is less obvious and so on. But we know the mechanism of action and most of the deaths would

be expected more than 24 hours after injection when the amount of spike protein produced starts to plateau. So the reports are perfectly consistent with the vaccine's mechanism of action for killing people. This particular analysis doesn't prove that all the reports are causal, but it does show causality. We have to look at the analysis above to determine that nearly all of the death reports are due to the vaccine (all but around 250 background deaths over the 6 months since we proved there was no over reporting and so the rate of background deaths should be applied this year as well).

You don't need a clinical trial for these three methods (even if academics will insist on it).

There are traditional statistical techniques for proving causality that are respected by the medical community. Watch this [video produced by Jessica Rose](#) that has never been challenged (even though she's openly invited challenges). Read her accepted paper, [A Report on the U.S. Vaccine Adverse Events Reporting System \(VAERS\) of the COVID-19 Messenger Ribonucleic Acid \(mRNA\) Biologicals](#). It uses the **Bradford-Hill criteria - a group of nine principles used to establish epidemiological evidence of causation**.

Today, Jessica has a lot more information than she had before and every analysis she does is more and more troubling showing the vaccines are causing huge numbers of serious adverse events.

Equally troubling is the lack of interest of any mainstream academic to do the same rigorous causality analysis on the VAERS data and come up with a different conclusion. The academics all say the vaccine is safe, but none of them have done the analysis on the data to prove it. Isn't that bizarre? All the safety and causality analysis is built on no analysis whatsoever of the primary data source.

And chi square test to disprove null hypothesis that distribution of death, for example, should be equally likely to occur regardless of time frame surrounding injection. That is, if you plot the percentage of AEs against the difference in days between injection and onset of AE, if no causation, straight line meaning likelihood of dying the same no matter the time frame surrounding injection. This is being debated as being not due to causality but due to the psychology of reporting. That's possible, but not the case here. As can be seen when you look at first shot vs. second shot reports as shown above. The propensity to report should be the same in both cases. But clearly the reaction is greater after the second shot. You can also look at the data from Holland where reporting is required in all cases to see that this is not the case. Unfortunately, people are focused on identifying mechanisms (real or not) that support their point of view, when in fact they should be looking for ways to identify the truth by looking at ways to eliminate bias as we have done above (and by looking at the data from Holland). Looking at the Bell's Palsy adverse event reports in previous years vs. this year is another way to identify whether the vaccine is causing neurological problems, or is it just over reporting. It's unambiguous: the vaccine causes neurological problems. The only way it can do that is if it is getting into the brain. This should alarm everyone. But will people look for ways to discredit this?

Of course. But the truth seekers are the ones who will look for additional evidence that confirms this observation.

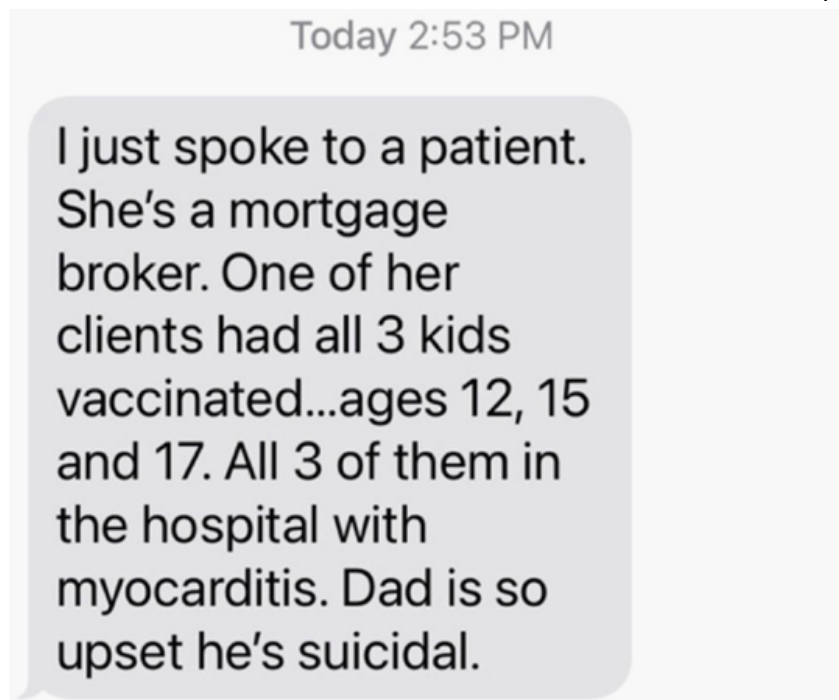
So even if you play by “their rules of causality” and formally establish a link, your arguments are completely ignored because it goes against the false narrative. It no longer matters if you are right scientifically. The question in science today is whether you are right politically.

Another way to show causality is to look for “Black Swan” events, like a 20year old dying in his sleep less than 12 hours after injection. These events rarely, if ever, happen.

How does a [previously healthy 18-year old girl develop severe brain problems just days after vaccination](#)? It was so bad, the surgeon had never seen anything like this before in his career.

Or that 3 relatives of @livliga6 died shortly after being vaccinated. She doesn’t have that many relatives.

Black Swan events are happening again and again. It is so frequent that the doctor we talk with the most has such a staff member (24-year old dies in sleep <24 hours after vaccination). So we didn’t have to go far to find an event that would never happen if the vaccine was safe. And this same doctor sent us another “Black Swan” event from one of his patients:



How “unlucky” can one doctor be? It’s not like we had to find this doctor out of hundreds of doctors. He’s the doctor we talk with the most. How can one parent have 3 kids with myocarditis?? The Israeli’s say that the [rate is no more frequent than 1 in 3,000](#). **So the chance of the event above is 1 in 27 billion.** In short, it is impossible for us to have found this since it never would have even occurred once in the entire world. We are left with the only

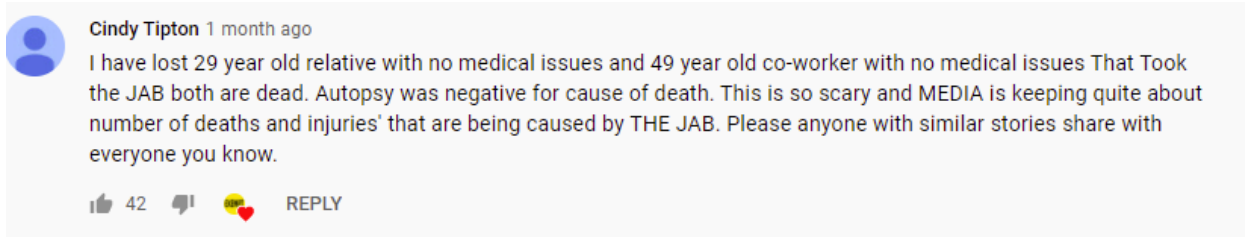
possibility left which is that the rate of myocarditis is far more frequent than anyone ever thought. It might be 1 in 1,000, but it is likely far more frequent than that for us to have known about this event from our friend.

Recently, we spoke with Dr. Brady Smith. He had two patients who reported getting full Bell's Palsy (meaning COMPLETE numbness on the entire half of the face which is only possible if you affect the brain) within approximately 30 minutes after being vaccinated. Both cases lasted around 3 days and then resolved. So if that isn't evidence of causality, I don't know what is. And, of course, we also have the massive spike in Bell's Palsy reports in VAERS which further confirms the Black Swan.

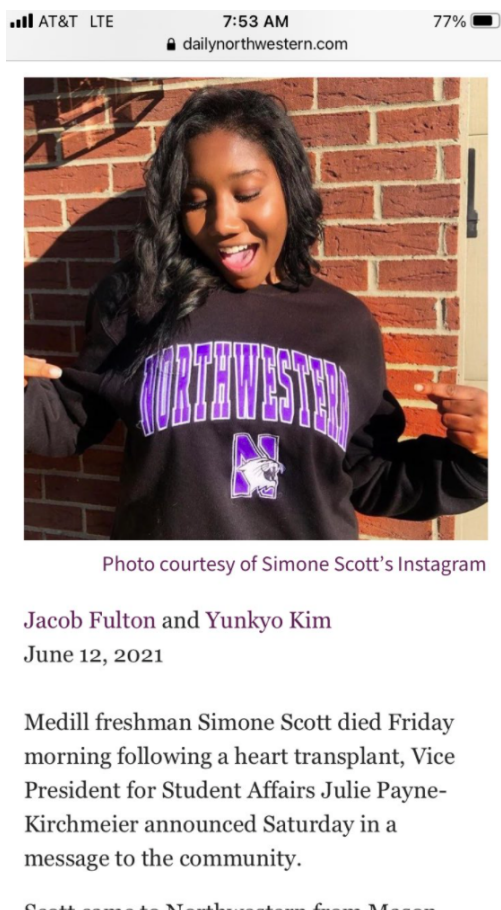
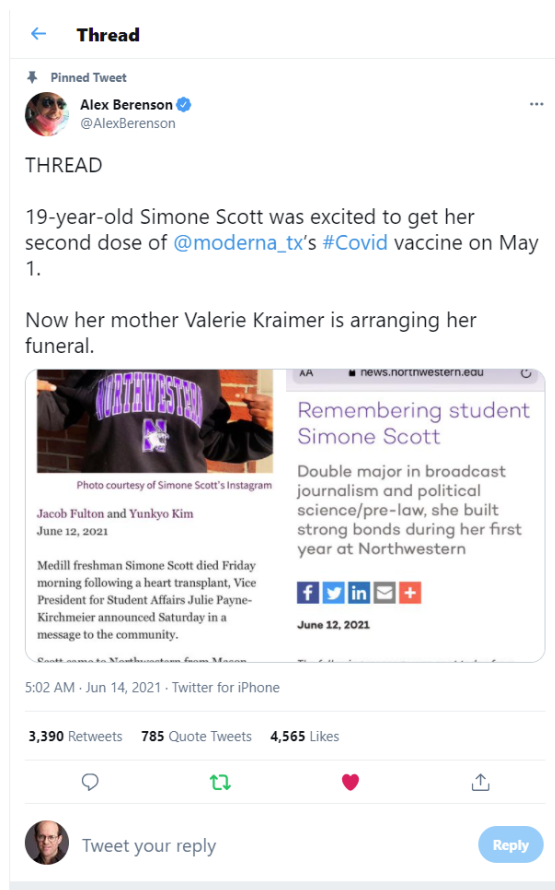
Another Black Swan:



Another black swan:



How do we explain the death of 19-year old Simone Scott?



How does a healthy 13-year old die in his sleep? The FDA has already acknowledged the link with myocarditis. So how are they still investigating this death? Why haven't they said he died from the vaccine? Jacob Clynick died on June 16, 2021. It's now [July 4 and they are still trying to figure out what might have killed him.](#)

Look, if the vaccine can **kill a perfectly healthy 13-year old in his sleep**, imagine what it can do for your children. Young people never die in their sleep.



How do you explain that the creator of V-Safe died just days after his second dose? You think THAT was a coincidence too???



Alex Lightman

26m · 🌐

Creator of app to remind others to get vaxxed (v-safe) dies after second injection of vax. But Joe Biden says it's "perfectly safe"...

The word "perfect" doesn't seem to mean what it used to be.

"Joel R Kallman, head of the software development department for Oracle APEX, has died "of Covid" just days after taking the second injection of messenger RNA against the new coronavirus, writes Vlad Parau on the ActiveNews portal based on Natural News's information.

On March 26, 2021, Kallman was announcing his Twitter followers that he had had his first injection against Covid-19 and was proud of creating "v-safe", a smartphone app that would have them



Joel R. Kallman
1966-2021

Vicepreşedintele Oracle: Joel R. Kallman, a murit „de Covid” după ce i s-a administrat a doua doză de „vac...

informatialibera.ro

Leeze (below) is another vaccine proponent. At least she practices what she preaches. People should pay attention to what is happening with these vaccine promoters. You should ask the question: what was the cause of these deaths? And why is nobody curious to ask that question, especially the mainstream media? Why do they shy away from seeking answers?



RIP, 39yrs sudden shock death

Jun 21, 2021, 12:07 AM

Or the **DOUBLE BLACK SWAN EVENT** where 2 members of a vaccinated cricket team drop and begin convulsing within 5 minutes of each other. There are only 11 players on each side. How do you explain that?

Another way to show the vaccine causes deaths is to calculate the death rate. You can do that by calling doctors' offices at random, tallying the number of vaccinated patients and the number

of deaths reported. This isn't perfect but it gives a good ballpark estimate. I got 3 deaths in 6,000 patients/staff or 1 death per 2,000.

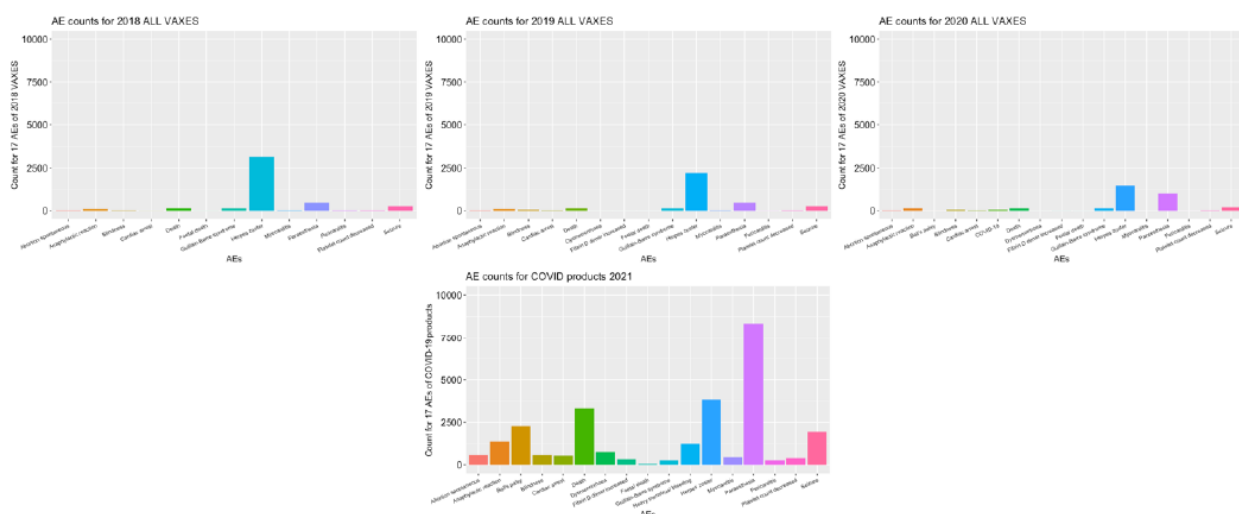
Another way is to look at news reports, e.g., pilot deaths. So British Airways vaccinated 3,655 and four of them died shortly AFTER vaccination (none died before). Assuming just one of these died from the vaccine and the others just happened to die all after the vaccine is a death rate of 1 in 3,655. It is suspicious that BA claims that these were not vaccine related yet refuses to disclose the vaccination dates of the pilots. If they weren't proximate, releasing that information would reduce vaccine hesitancy. So we should assume the vaccinations were all proximate. Also, one pilot of the four committed suicide. Think about it...**Why would someone contemplating suicide get vaccinated just before killing himself? That makes no sense at all.** But what makes perfect sense is that after vaccination, his body was so messed up and physicians were unable to help him that he couldn't deal with the pain so suicide was the only option left. For example, Chris Martenson told us the story of a musician who lost the use of his legs and hands after the vaccine, and then committed suicide to end his misery.

Another is to look at extremes and reduce by 10X. So for Dr. Bernstein, he has 700 patients and two vaccine related deaths, where he can ascribe causality (e.g., 24-year old dies in sleep <24 hours after vax). So the rate is 1 in 350. Discount by 10X and you get 1 in 3,500.

Therefore, the number we estimated, 1 in 5,000 will be killed by the vaccine, is conservative.

Are there other ways to show it isn't just overreporting?

Yes, you can look at the symptom footprint of the vaccine. You do that by listing adverse events on the X-axis and AE counts on the Y-axis. If it is over-reporting this year, the shape of the boxes will be the same, they will just be higher. As you can see, that is not the case here. This vaccine is definitely causing a lot of trouble. Here we show 2018, 2019, 2020, and 2021.



For a more detailed set of vaccine fingerprints (COVID vs. other vaccines), see [these charts](#) from Jessica Rose.

The Washington Post wrote “No study or case has established this” referring to deaths associated with the COVID vaccines. Are they wrong?

We sent an email to Sal Rizzo on Jul 20, 2021 saying his statement is incorrect:

1. There is this [video by Jessica Rose](#) which has NEVER been disputed.
2. There is this paper which was accepted for publication in peer reviewed journal showing Bradford hill causality:

Powerful Research Findings on Covid Vaccine Dangers – Jessica Rose with James Lyons Weiler & Ted Kuntz – In a recent video presentation, Vaccine Choice Canada and James Lyons Weiler PhD hosted a highly informative and truly remarkable presentation by Canadian scientist Jessica Rose PhD, MSc, BSc currently living in Israel. Her video presentation is a summary of her recently completed study, submitted for publication, and accepted, entitled: *A report on the U.S. Adverse Events Reporting System (VAERS) of the COVID-19 Messenger RNA (mRNA) biologicals*. [Read the full study here.](#)

Conclusion: Analysis suggests that the vaccines are likely the cause of reported deaths, spontaneous abortions and anaphylactic reactions in addition to cardiovascular, neurological and immunological AEs

3. And then there is the [Scott McLaughlin](#) paper:

https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis

Despite this, **there were only 14% of the cases for which a vaccine reaction could be ruled out as a contributing factor in their death.**

Are there any scientific papers of case studies confirming these effects?

Plenty. Here are just a few we are aware of:

Parkinson's disease

<https://scivisionpub.com/pdfs/covid19-vaccine-associated-parkinsons-disease-a-prion-disease-signal-in-the-uk-yellow-card-adverse-event-database-1746.pdf>

“These results are consistent with monkey toxicity studies showing infection with SARS-CoV-2 results in **Lewy Body formation**. The findings suggest that **regulatory approval, even under an emergency use authorization, for COVID vaccines was premature and that widespread use should be halted** until full long term safety studies evaluating prion toxicity have been completed.”

Small Fiber Neuropathy:

<https://onlinelibrary.wiley.com/doi/10.1002/mus.27251?fbclid=IwAR2XlnOIDL2VHQd8zOEx6JMif9PFIVD5XnJfGPO5MDUvssJn5jOEdfVipSM>

POTS:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8101507/?fbclid=IwAR1DWjqDhAUyjg3U1B6kMvJLBliLoo5UB58_i4NTyo51pFZRzTKtLdj_aj8

General Neuro Complications:

https://onlinelibrary.wiley.com/doi/full/10.1111/ane.13451?fbclid=IwAR1CemFwLUpsMK19GMZa_xPF775Q4B0liksbrziKUplRXhYR5cDQFFfVAQ

GBS:

<https://onlinelibrary.wiley.com/doi/pdf/10.1002/ana.26144>

Visual Disturbances:

<https://link.springer.com/article/10.1007/s00011-021-01476-9>

Steven Johnson Syndrome:

<https://pubmed.ncbi.nlm.nih.gov/34081806/>

Tinnitus / Hearing Disturbances:

<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2780288>

Phantomia:

<https://pubmed.ncbi.nlm.nih.gov/34096896/>

Transient Akathisia After Pfizer:

<https://pubmed.ncbi.nlm.nih.gov/34113842/>

MS Flare:

<https://link.springer.com/article/10.1007/s00415-021-10648-w>

Trigeminal Neuralgia and Cervical Radiculitis:

<https://pubmed.ncbi.nlm.nih.gov/34155020/>

Facial Palsy:

<https://academic.oup.com/fampra/advance-article-abstract/doi/10.1093/fampra/cmab068/6311086>

Acute Macular Neuroretinopathy after AstraZeneca:

https://www.nature.com/articles/s41433-021-01610-1.epdf?sharing_token=mal-c-NID_ey9HI6hSRardRgN0jAjWel9jnR3ZoTv0PaAEykq0tXivlUSm8ut2XQzNlfu_lqPzJNLF1CehbDIp4pYxW54wUJaZ0bX0J8Dnby44KABwuVGHcoLiZC6lhg6zszPqigL85HPhcDK0t9O991UMH29mMZXuAmzHOy7k0%3D

Acute Central Serous Retinopathy after Pfizer:

<https://pubmed.ncbi.nlm.nih.gov/34151047/>

Autoimmunity:

https://res.mdpi.com/d_attachment/vaccines/vaccines-09-00435/article_deploy/vaccines-09-00435-v2.pdf

Immune Mediated Disease Flares:

https://www.mdpi.com/2076-393X/9/5/435/htm?fbclid=IwAR0OBqE4FpP_T2MVTCGert0RMT9w4ZCWOkt07k-IQ2zKlaHDKbdQCkp55U

Other Non-Neuro Reactions Worthy Of Note:

Gastroparesis following Pfizer:

https://journals.lww.com/ajg/Citation/9900/Gastroparesis_After_Pfizer_BioNTech_COVID_19.28.aspx

13 cases of Cervical lymphadenopathy:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8241354/>

Unilateral Lymphadenopathy

<https://pubmed.ncbi.nlm.nih.gov/33713605/>

Axillary lymphadenopathy following mRNA vaccination:

<https://pubmed.ncbi.nlm.nih.gov/34156552/>

Cervical lymphadenopathy following Pfizer:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8204135/>

Autoimmune hepatitis following Moderna:

[https://www.journal-of-hepatology.eu/article/S0168-8278\(21\)00424-4/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(21)00424-4/fulltext)

Autoimmune Hemolytic Anemia:

<https://pubmed.ncbi.nlm.nih.gov/34150386/>

Immune Mediated Thrombocytopenia Exacerbation:

<https://pubmed.ncbi.nlm.nih.gov/34075578/>

Immune Thrombocytopenia

<https://pubmed.ncbi.nlm.nih.gov/34155844/>

DVT and PE and positive HIT panel following mRNA Vaccine:

<https://pubmed.ncbi.nlm.nih.gov/34117206/>

Perimyocarditis in teens:

<https://pubmed.ncbi.nlm.nih.gov/34077949/>

Myocarditis case report:

<https://pubmed.ncbi.nlm.nih.gov/34118375/>

Two cases of myocarditis:

<https://pubmed.ncbi.nlm.nih.gov/34166884/>

Recurrence of myocarditis after vaccination:

<https://pubmed.ncbi.nlm.nih.gov/34166671/>

Lupus exacerbation:

<https://onlinelibrary.wiley.com/doi/10.1111/dth.15017>

Pancreatitis:

<https://pubmed.ncbi.nlm.nih.gov/34084669/>

ANCA glomerulonephritis:

[https://www.kidney-international.org/article/S0085-2538\(21\)00555-X/fulltext](https://www.kidney-international.org/article/S0085-2538(21)00555-X/fulltext)

Pemphigus Vulgaris:

<https://pubmed.ncbi.nlm.nih.gov/34169588/>

Morbilliform Rash:

<https://pubmed.ncbi.nlm.nih.gov/34167874/>

Pityriasis-rosea like eruption post-vaccination in a young male:

<https://pubmed.ncbi.nlm.nih.gov/34165237/>

COVID-toes after mRNA vaccination:

<https://pubmed.ncbi.nlm.nih.gov/34162525/>

Hypertension following mRNA vaccination:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8206586/>

Subacute thyroiditis:

<https://www.tandfonline.com/doi/abs/10.1080/21645515.2021.1947102>

Immune Response to fillers and breast implants after vaccination:

<https://pubmed.ncbi.nlm.nih.gov/34174765/>

Soft Tissue Filler Inflammatory Reaction:

<https://pubmed.ncbi.nlm.nih.gov/34174156/>

Still having trouble connecting the dots. How can you show there is toxic spike protein in the brain?

1. we've shown spike is toxic
2. we've shown LNP deliver mRNA to the brain
3. We've shown delivered mRNA generate spike
4. we've shown free spike
5. we've shown causality in SEVERE migraines immediately after the injection.
6. we've shown excessive rates of neurological symptoms after vaccination
7. We've shown different rates of reporting of neuro symptoms following dose 1 vs. dose 2 which is impossible if the vaccine isn't influencing the brain
8. We know that the vaccine temporarily shreds the blood brain barrier shortly after injection (this is why a lot of people have severe migraines after injection)

So what's the counter narrative that fits all the observed facts?

Are there any studies on the micro-clotting caused by the vaccine? Why do people who get the vaccine seem to have a lot less energy and get tired more easily?

Dr. Charles Hoffe looked and found that [62% of his patients had elevated d-dimer after getting the vaccine](#) (watch at starting at 4:00). Measured between 4 and 7 days after the vaccine. That isn't normal. It's not even close to normal. Normal is that nobody has an elevated d-dimer.

A good portion of these people will suffer from permanent damage to their hearts, lungs, and brains. **These tissues, when scarred due to inflammation resulting from the spike protein, do not regenerate.** So the loss of stamina and lack of energy you have after the vaccine --- it could be temporary or it could be permanent damage ([pulmonary fibrosis which is ultimately fatal in three to five years](#)). I used to never get tired hitting golf balls on the driving range. Now, post vaccine, I get winded after hitting two dozen balls and have to sit down and take a break.

Even myocarditis can cause permanent heart damage; we just don't know yet (despite the fact that the CDC downplays it and assures people it's no big deal; that's their job to not create vaccine hesitancy and having no data on the long-term impacts doesn't seem to phase them at all). Some may die within a few years due to the damage. The myocarditis rate is likely more than 1 in 2,000. So for every young life we think we will save, we will kill more than one young life (based on the VAERS data which is very clear on this), and disable 500 previously healthy kids, possibly permanently. Basically, all for nothing since no net lives are saved (it is a net loss of life when we take into account the deaths due to the vaccine which outnumber the lives saved for those under 20).

If you only watch one video from this document, I strongly suggest [you spend 8 minutes to watch this video in its entirety.](#)



But this is exactly what we'd have expected to happen because the spike protein is produced in every part of the body producing micro-clots everywhere. Some people clot more than others which is why most people are apparently unaffected. But Hoffe's study is valuable because it shows that 62% of people clot. Hardly normal. Hardly a safe vaccine. **It is a recipe for disaster.**

People can quibble with the details in this video, but the overall points are high rates of d-dimer are indication that there is micro-clotting and inflammation that can result in scarring that results in a permanent loss of function and may lead to a very untimely death.

I seem to have a lot more fatigue after having the vaccine. I'm winded even after hitting a few dozen golf balls on the driving range and have to sit down to recover.

You'll never recover your stamina. It is very likely that your lungs have been permanently damaged by the vaccine. Your heart, lungs, and brain don't regenerate if they've been scarred from the inflammation caused by the spike protein. This is especially tragic when it happens to your children. At least now you know why.

Where are all the dead bodies categorized? There isn't even a column in the CDC weekly death reports for deaths due to the COVID vaccine.

The [Mclachlan report](#) analyzed 250 VAERS deaths picked at random. There's a hidden gem in that report that nobody noticed: **all 250 randomly selected vaccine deaths were reported as COVID-19 deaths**. This is really stunning. It's a show stopper.

Here's the actual text from the paper:

In spite of the fact that only 11 (4%) present with a test-confirmed and current COVID-19 infection, all 250 people in this interim collection were reported as COVID-19 deaths. This means that all, even those who received one or more negative test results, are erroneously counted in the officially reported national COVID-19 death tally.

So the vaccine deaths are simply categorized as deaths from the virus. This, of course, makes the virus look VERY dangerous and makes the vaccine look VERY safe. A simple magic trick. What is stunning is this trick was done in 100% of these randomly selected cases all by independent reporters. No collusion needed.

Armed with this new information, we can look at the [CDC weekly death data](#) in a whole new light. It means that fewer than 274,722 deaths were likely caused by the vaccine. So we can now breathe easy. The vaccine hasn't yet killed more people than the virus.

More practically speaking, there could be as many as 225 deaths/million, or 75,150 vaccine related deaths for 219 million doses (as of April 22). That's 1 death for every 2,914 doses! A lot depends on the age range of the vaccinated population; as it shifts to younger people the death rate will decrease.

If we assume the vaccine is PERFECTLY safe, isn't it justifiable for all?

Apparently not. Even if we assume the vaccines cause no deaths, still not justifiable for people under 30. See [this tweet](#).



Massimaux
@masimaux



VACCINE EFFICACY OF 2-DOSE PFIZER IN ISRAEL FOR DELTA VARIANT

Period: June 20 - July 10

Vaccine efficacy:

- 1** 1.3% for the total cohort of 4.6 million fully vaccinated Israelis
- 2** -17% to 30% for age groups 20-69
- 3** 28-50% for age groups >70

Data sources used are given below.

Age group	Population	Fully vaccinated				Unvaccinated				Age group	Vaccine efficacy by age group	Vaccine efficacy for total 2-dose vaccinated
		% of popul.	Number	Cases (20+ days post 2nd dose)	Attack rate (%)	% of popul.	Number	Cases	Attack rate (%)			
20-29	1,217,616	72%	874,248	354	0.0405%	21%	259,352	104	0.0401%	20-29	-1.0%	1.3%
30-39	1,126,639	77%	870,892	413	0.0474%	17%	191,529	129	0.0674%	30-39	29.6%	
40-49	1,058,423	81%	855,206	620	0.0725%	14%	146,062	105	0.0719%	40-49	-0.8%	
50-59	814,108	84%	686,293	441	0.0643%	11%	85,481	49	0.0573%	50-59	-12.1%	
60-69	703,228	87%	610,402	431	0.0706%	9%	64,697	39	0.0603%	60-69	-17.1%	
70-79	487,140	93%	451,579	277	0.0613%	5%	22,408	19	0.0848%	70-79	27.7%	
80-89	208,966	91%	190,368	74	0.0389%	6%	12,747	8	0.0628%	80-89	38.1%	
90+	56,707	90%	50,809	13	0.0256%	7%	3,856	2	0.0519%	90+	50.7%	

6:35 AM · Jul 19, 2021 · Twitter Web App

2 Retweets 3 Quote Tweets 2 Likes

Data sources used as input for the analysis:

Case counts by age groups:

<https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880/download/cases-among-vaccinated-86.csv...>

Percentage of vaccinated by age groups:

<https://datadashboard.health.gov.il/COVID-19/general?tileName=vaccinatedByAge...>

Breakdown of Israeli population by age groups:

<https://populationpyramid.net/api/pp/376/2019/?csv=true>

If we rely on accurately reported data from Israel **showing COVID cases are occurring among the vaccinated and unvaccinated in virtually the exact same proportion as the COVID vax'd and unvax'd exist in the population.** (I.e. the vaccine seems to have little effect - as the difference seems to be at most 1 or 2% fewer of the vaccinated are contracting COVID cases than the unvaccinated, except among the elderly where the vax'd are contracting 7% more COVID cases than their percentage in the population).

Israel Confirmed Cases, June 27 th – July 3 rd , Vaccinated vs. Unvaccinated				
Age Group	Cases, Vaccinated	Cases, Unvaccinated	Percent of Cases Vaccinated	Percent of Population Vaccinated
20-29	95	25	79%	78%
30-39	133	33	80%	83%
40-49	175	33	84%	86%
50-59	127	18	88%	89%
60-69	134	16	89%	91%
70-79	90	7	93%	95%
80-89	23	2	92%	94%
90+	2	0	100%	93%
קבוצת גיל	נדבקים מחוסנים	נדבקים לא מחוסנים	אחוז נדבקים מחוסנים	אחוז מחוסנים באוכלוסיה
ישראל, מקרי קורונה מאומתים, 27 ביוני עד 3 ביולי, מחוסנים לעומת לא מחוסנים				
Source: Israel Ministry of Health Dashboard https://datadashboard.health.gov.il/COVID-19/general				

What is the stopping condition for the EUA?

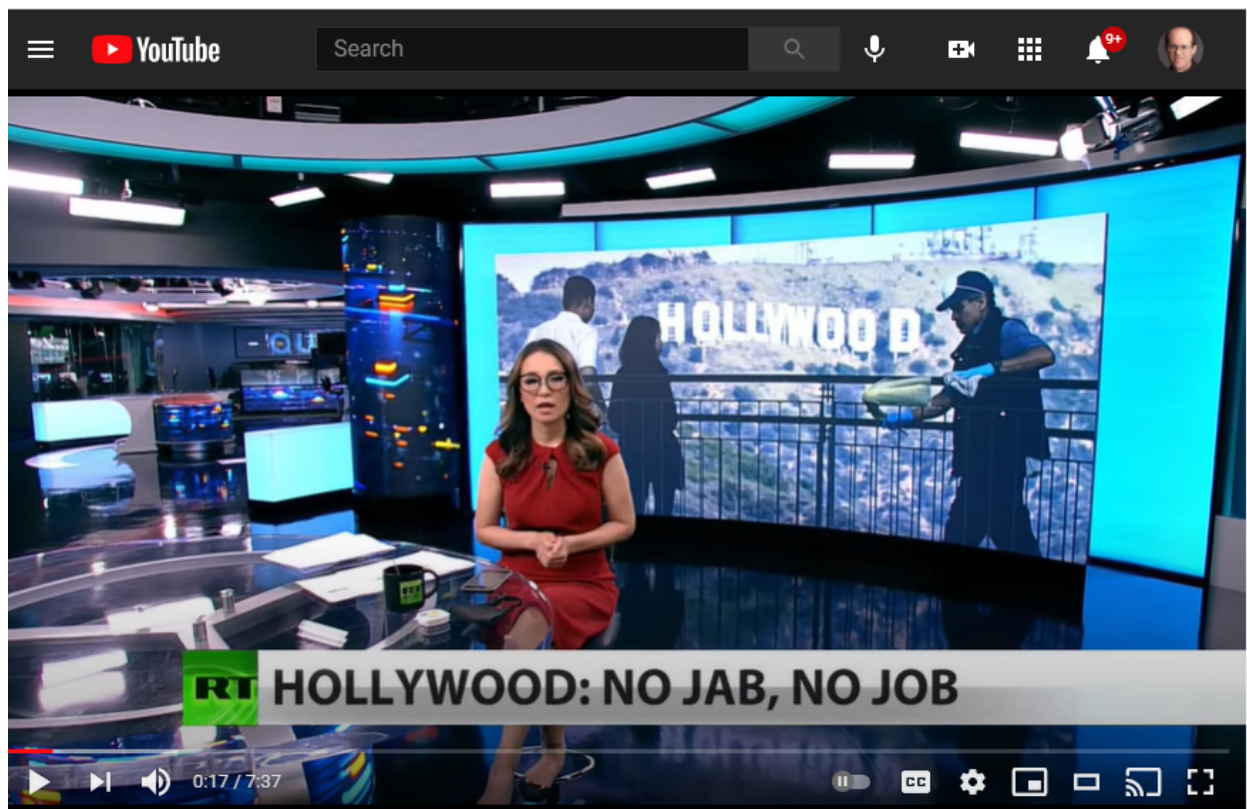
It's normally 25-50 deaths. We are approximately 40,000 and maybe as high as 90,000. There is no stopping condition. Nobody in Congress has articulated a stopping condition. They refuse to answer when asked. The FDA has no stopping condition either (we've asked). This is a completely senseless loss of life since we can accomplish all of the same goals without putting

a single healthy person at risk and with very minimal loss of life by telling people that if they get COVID to treat it ASAP, just like with the flu.

Shouldn't people be required to get the vaccine for the good of society?

We've been told that the vaccine protects the person who receives it from getting COVID and dying from COVID. Fine. Let those who want those benefits and are willing to risk their lives for a less than 1% absolute benefit (and no real benefit if we consider early treatment) make that choice.

Please allow the rest of us to decide for ourselves whether we want to protect ourselves. Allow us to make the safer, more intelligent, and more informed decision to treat early if we get COVID. Watch [this video featuring actor/filmmaker Sean Stone](#) showing people in Hollywood see very clearly what is going on and knows these vaccines are not safe.



SHOW CHAT REPLAY

Hollywood Forcing Vaccines?

2,685 views • Premiered Jun 30, 2021 • Sean Stone joins Manila Chan on In-Question for RT to breakdown the dangero...

343 2 SHARE SAVE ...

All the Phase 3 clinical trials showed nobody dies from the vaccines. The death rates in the placebo (4) and treatment group (2) for Pfizer and 0 treatment and 1 placebo for Moderna. That proves you are wrong and the vaccine if anything kills fewer than 1 in 20,000 people! Do you agree?

There are several possibilities. The event rates are very low (4 events expected) so there can be variability. People who had a bad reaction to the first shot were not given a second shot. That's not what happens in real life where you must be fully vaccinated before returning to work or school. So the trial didn't reflect the real world of fully vaccinated people. Furthermore, the patients could have been screened to be a healthier population (there was a requirement that 22% have one "high risk condition"). Also, if the population had a low rate of COVID, then it is less likely that someone who recovered from COVID will get vaccinated and those people are likely to have higher reactions.

The Phase 3 trials showed no significant adverse events. The Phase 3 trials are always more trustable than real-world evidence, right?

That's not true because the Phase 3 trials are very artificial and mistakes can "happen" like simply "forgetting" to include the data from patients who have been disabled by the vaccine in the trial summary.

For example, 12-year-old [Maddie de Garay](#) was in the Pfizer 12-15 year old Phase 3 trial and is now paralyzed (can't walk, requires a feeding tube to eat, etc.), but the Pfizer trial showed she had abdominal pain. So her data didn't count.

Brianne Dressen was in the AstraZeneca Phase 3 trial, and is now disabled, but her results also were not reported. See [her full story here](#).

Here is an excerpt:

This has severely impacted my life and my family's life. I have had to hire substitutes to teach my preschool classes. We have also had to refinance our home so we can pay for after-school childcare. My husband now has to work from home so he can help take care of me. The test clinic and study sponsor agreed to pay for my medical bills and considered compensating for my lost wages. After repeated dialogue for months, I have yet to see any payment from them, neglecting any consideration that a sick person

cannot advocate for their own needs.

We have been trying to right this sinking ship for months. My small children now know me as “sick mom” and have really struggled with this emotionally. I have missed out on 8+ months of their lives now and I have no idea when it will end.

The FDA recently reviewed the myocarditis data which the Israeli Ministry of Health says can happen at a rate of 1 in 3000. But we know a family of 3 and all three kids got it after vaccination. So it's probably more prevalent than that (nobody gets that lucky). The rate for [older people is half that rate according to VAERS](#). So let's say 1 in 4,000. So there should be 5 cases of myocarditis in the trial. Nope. How can that be?

Finally, please consider this:



Vaccine Truth @VaccineTruth2 · 15m

Don't worry. It cannot happen again.



Dr. Christopher Powell @DrEmbrace · Jul 3

Pfizer received the biggest fine in U.S. history of \$2,300,000,000 in 2009 for “bribing doctors and suppressing adverse trial results”.



1



9



34



Conclusion: don't expect the trial to be more accurate than reality.

I have a lot of friends. How come I haven't seen any deaths?

The death rate is 2 in 100,000 for young people. So unless you know 50,000 people, you probably won't see a death.

It is skewed to be much higher for older people. If you know 2,000 people over age 65, you'd expect to see around 1 death. So when we have these Black Swan events where 3 of a person's relatives die, that suggests a much higher death rate (we didn't have to look far for these Black Swan events).

So the age mix of your cohort is really important. Most people I know are people under 60 where you'd have to know at least 6,400 people to have one death.

The other factor is you have to ask each person explicitly. People are simply just not going to volunteer that their kid lost a baby at 25 weeks, or that they are in unbearable pain, or that their spouses have severe debilitating neurological symptoms. This is what we found when we

asked, but we had to explicitly ask. And we have friends who have had multiple relatives die within a few days of vaccination.

What is the estimated true fatality rate of COVID-19?

Professor Ioannidis from Stanford University estimated the average [Infection Fatality Rate at 0.15%](#) across the globe during 2020. That number can vary depending on the age pyramid, obesity levels, attack rates as well as the availability of good healthcare infrastructure.

In the US, the placebo arm of the [Regeneron clinical trial](#) gives a very good picture of the severity for “at risk” patients: Out of 2,089 patients infected with SARS-COV-2 and untreated 86 ended up in the hospital: only 4.1%.

- one can estimate the “at risk population” in the US at 25%,
- meaning only 1% of the population runs the risk of being hospitalized,
- [admission in the ICU](#) has been 32% during the pandemic,
- and current fatality rate in the ICU is 19%, when it was 41% a year ago

Hence, **the current lethality risk of Covid-19 can be estimated at 0.06% in the US**, which is very close to the [Case Fatality Rate of Singapore](#) this past year which has been 0.05% for over a year. **This level - which could be reduced even further by early treatment - is comparable to the flu, and does not justify generalized vaccination.**

Covid-19 Infection Fatality Rate Bottom-Up Estimate



Source:

(1) Regeneron: 2,089 placebo patients in the Ph 3 trial Regen-Cov
 (2) "Rate of Intensive Care Unit admission and outcomes among patients with coronavirus: A systematic review and Meta-analysis"
 (3) "Characteristics, Outcomes, and Trends of Patients With COVID-19-Related Critical Illness." - doi.org/10.7326/M20-5327
 "Mortality in patients admitted to intensive care with COVID-19." - https://doi.org/10.1111/anae.15425

Hypothesis:

(a) current fatality rate
 (b) spring of 2020 early fatality rate

Analysis:
 Marc Girardot

But aren't many still susceptible to COVID-19?

In reality, at least 50% of the US population has already recovered from the SARS-COV2.

How come neurological symptoms didn't show up in the large Phase 3 trials?

They did, but the statisticians claimed they were normal.

For example, four treatment subjects developed Bell's Palsy shortly after vaccination whereas none in the placebo group did. The issue is the timing. Had the 4 Bell's Palsy cases happened evenly over a one year follow up, that would be "high" but not statistically "unlikely." But all four Bell's Palsy cases all happened **proximate to the injection**. That's a completely different situation that is very unlikely to happen by random chance.

The rate of Bell's Palsy is [23 per 100,000 people per year](#). So 4 people in a year would be "normal" for our group of 20,000, not 4 people in less than 48 days (and two of them happening in just 9 days).

According to the FDA in [Vaccines and Related Biological Products Advisory Committee Meeting December 10, 2020](#) the following: "Bell's palsy was reported by four vaccine participants and none in the placebo group. **These cases occurred at 3, 9, 37, and 48 days after vaccination.** One case (onset at 3 days postvaccination) was reported as resolved with sequelae within three days after onset, and the other three were reported as continuing or resolving as of the November 14, 2020 data cut-off with ongoing durations of 10, 15, and 21 days, respectively. The observed frequency of reported Bell's palsy in the vaccine group is consistent with the expected background rate in the general population, and there is no clear basis upon which to conclude a causal relationship at this time, but FDA will recommend surveillance for cases of Bell's palsy with deployment of the vaccine into larger populations. There were no other notable patterns or numerical imbalances between treatment groups for specific categories (system organ class or preferred term) of non-serious adverse events, including other neurologic, neuro-inflammatory, and thrombotic events, that would suggest a causal relationship to BNT162b2 vaccine."

In the Pfizer documents, they noted it as a bit high, but it was clear they were permitting a vaccine that has significant neurological damage. They wrote, "Among non-serious unsolicited adverse events, there was a numerical imbalance of four cases of Bell's palsy in the vaccine group compared with no cases in the placebo group, though the four cases in the vaccine group **do not represent a frequency above that expected in the general population.**"

Oh really? We disagree and so does *The Lancet*.

According to The Lancet, "The estimated incidence rate of Bell's palsy in the general population ranges from 15 to 30 cases per 100000 person-years"

The safety data was gathered from a sample of "Safety data from approximately 38,000 participants ≥16 years of age randomized 1:1 to vaccine or placebo"

The results showed that "Bell's palsy was reported by four vaccine participants and none in the placebo group. These cases occurred at 3, 9, 37, and 48 days after vaccination."

The worded conclusion of the FDA in the document is "though the four cases in the vaccine group do not represent a frequency above that expected in the general population," however this is incorrect under the assumptions **and this wording has been dropped from further releases.**

Under the test conditions and the reference incidence rate of Bell's Palsy the probability of these results are as follows:

The probability of a patient come down with Bell's Palsy unrelated to the vaccine using both the lower and higher incidence rates from *The Lancet* respectively

1 in 3 days: 0.023 - 0.045 (2.3 - 4.5%)

2 in 9 days: 0.0023 - 0.0085 (0.23 - 0.85%)

3 in 37 days: 0.003 - 0.018 (0.3 - 1.8%)

4 in 48 days: 0.00057 - 0.0028 (0.057 - 0.28%)

Because there were no mathematics provided to justify the original calculations in the FDA document, it is assumed that the reviewers made an error, and used annual estimates instead.

This error should have been caught long ago, however - the improbability is fairly stark.

More recently, this error has come into more scrutiny from [The Lancet](#), (emphasis ours)

The FDA briefing on the PfizerBioNTech trial stated "observed frequency of reported Bell's palsy in the vaccine group is consistent with the expected background rate in the general population", although this statement was removed from the subsequent FDA briefing on the Moderna trial. However, this reporting is based on a misconception, driven by a subtle distinction between rates and proportions, that has persisted in the lay media. The estimated incidence rate of Bell's palsy in the general population ranges from 15 to 30 cases per 100000 person-years. Since the 40000 vaccine arm participants were followed for a median of 2 months, the combined safety population receiving vaccine across the two trials represents roughly 6700 person-years of observation time for an expected incidence of Bell's palsy of one to two cases, in line with the single observed case in the combined placebo arms. Therefore, the observed incidence of Bell's palsy in the vaccine arms is between 3.5-times and 7-times higher than would be expected in the general population. ***This finding signals a potential safety phenomenon and suggests inaccurate reporting of basic epidemiological context to the public.***

[Further follow up discussion](#) in The Lancet has remarked (emphasis ours)

Using an abbreviated follow-up period of 2 months after the first dose—ie, 1 month after the second dose—there are six Bell's palsy cases reported in the combined vaccine groups versus one case in the combined placebo groups, with a denominator of approximately 5664 person-years in each group. Thus we observe annualised incidence rate in the vaccine group of roughly **106 cases per 100 000 population, again 3.5–7 times the expected background rate of 15–30 cases per 100000 population per year.**

The existence of severe neurological outcomes is reflected in vaccine [side-effect victim videos](#). Just the fact that a site exists for this is troubling.

The VAERS database shows 1,977 Bell's Palsy events, so (using our 4.5X multiplier) that is roughly 8900 events in 150M which means we should have seen 11 cases in the clinical trial. Again, it appears the lower rate seen in the trial is due to the exclusion after a bad reaction to the first shot and possibly picking a healthy cohort.

But the Bell's Palsy rates if I get COVID are twice as high as the vaccine. So shouldn't I get the vaccine?

No.

This [article points out that for people who get COVID, 153 in 348,088 had new onset Bell's Palsy](#) so 1 in 2275.

For the vaccine, from the Pfizer trial, they observed 4 new cases that arose proximate to the vaccine in 20,000 so incidence rate of 1 in 5,000.

So the rate for neuro damage from Bell's Palsy if you get COVID is more than 2X for the vaccine.

But if you decide to get vaccinated, you have a 100% chance of a 1 in 5,000 chance.

And if you decline vaccination, you have a 1% chance of getting COVID, which would give you a 1 in 2275 chance. So that's a **50X reduction** right there.

In short, you are much better off avoiding the vaccine if you want to avoid nerve damage. And if you treat your COVID with a proven early treatment protocol, your risk of developing Bell's Palsy from COVID is likely **50X times lower** (because early treatment provides a 98% or better relative risk reduction). So that's the second 50X reduction.

So if you take your chances with COVID and then use early treatment if you get sick, **you are 2,500X less likely to end up with neurological damage than if you took the vaccine.** That's the math.

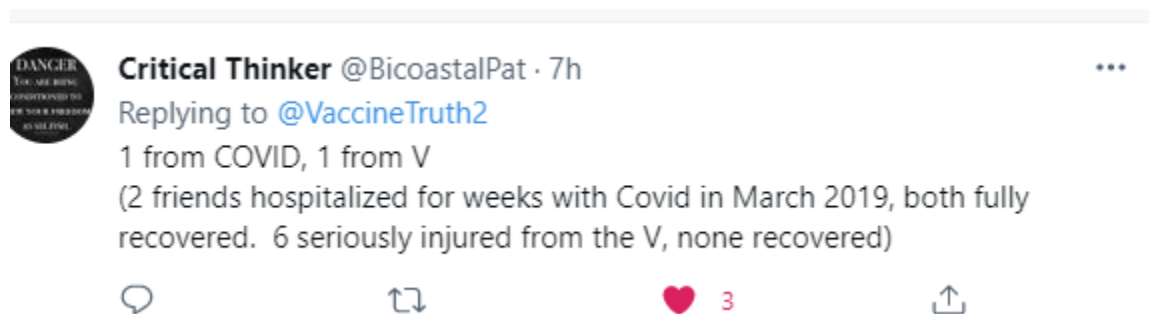
We are using Bell's Palsy as a proxy for neurological damage which although not exact, is a reasonable "back of the envelope" estimate for serious nerve damage.

Ask the academic expert you trust for their numbers and compare.

Isn't there a reduced symptom benefit from the vaccines?

People who get COVID are more likely to recover without issues. People who get the vaccine are more likely to be harmed. We know far more vaccine injured (who are still injured) than COVID injured:

Here are the harsh realities summarized in this anecdote: people who got the virus fully recovered. 6 seriously injured from the vax, none recovered. Don't trust us. Do your own surveys and you'll find a similar pattern..



What were the problems with the age 12-15 clinical trials?

One girl in the age 12-15 Pfizer trial, [Maddie de Garay](#), was permanently paralyzed less than 24 hours after the second dose. Her data was excluded from the report submitted to the FDA.

Therefore, even with 1 in 1,097 kids being disabled, nobody at the FDA knew about this adverse event, so it was approved. Swell. When we brought this to the attention of the FDA on June 25, they said they would investigate. They still haven't. They probably never will. The mainstream media isn't holding them accountable. Congress isn't either (although [credit goes to Senator Johnson as the only Senator who cared](#) about this case and about the clinical trial fraud).

Why hasn't the FDA or CDC investigated Maddie de Garay's paralysis from the Pfizer trial?

Because if they acknowledged that a perfectly healthy 12 year old was disabled less than 24 hours after getting the vaccine and that it wasn't reported, it would make them look bad. They would have to revoke the EUA. It would make them look bad. So they turn a blind eye to a paralyzed 12 year old (who is now 13). The de Garay's lives have been wrecked forever. Pfizer also has not reached out at all to help the family. There is no mainstream media coverage of this

either. They all act like it never happened and it's not like they don't know about it. We guarantee the FDA knows about it.

Isn't the government making all the data available for analysis, right?

Not even close. The VAERS database is nice, but the quality of the event reports leaves a lot to be desired. Even with all its faults, it is possible to mine it for some very interesting data. Records can be delayed by 6 months or more, and records are removed without annotation as to why they were removed. Why not leave an annotation?

The FDA itself uses both VAERS and the CMS data.

However, the current CMS data is not available to qualified researchers for analysis. Since the government has nothing to hide, why not make this data available to qualified researchers? We would gladly have our statisticians sign the necessary paperwork to get access to do this data. The more people who are enabled to analyze this data, the better for all. It would facilitate our analysis for sure.

Is the VAERS database trustable?

Over 80% of the reports are submitted by healthcare providers (doctors).

Some of the reports are reported directly by the patient.


A [very small number of reports are submitted by pranksters](#) who are seeking to spend time in a federal prison. They do this in order to attempt to discredit the system so they can argue that if one record is bad, then all the records are suspect and the entire database should be ignored.

Can we trust our local public health officials to give us good advice and accurate numbers?

[Apparently not.](#)

< View more in  **Santa Clara County, CA**

Santa Clara County's overstatement of COVID-19 deaths sparks outrage

Posted by  Ed Walsh 4 hours ago

Is natural immunity better than vaccine immunity? What are your alternatives that accomplish the same goals?

The goals of vaccination are herd immunity, eradication of the virus, re-opening our economy, ditching of masks, among other things. There are other ways to achieve these goals, but the government wants you to believe that vaccines are the only way.

We believe that allowing people to get the virus and treating it early is both safer and a more effective way to achieve the goals; [natural immunity is more robust](#) and will reduce the chance for variants for example. And a smaller percentage of the population needs to be put “at risk” of exposure to the spike protein (vs. 100% with full vaccination).

Data from Israel confirms this:



Here's another anecdote that wasn't hard to find. With the vaccines being pretty ineffective against the variants, this anecdote isn't hard to believe at all. In this trip report to Mexico, everyone who was vaccinated got COVID except for the people who had natural immunity: The bottom line is that early treatment is no longer an option: it should be mandatory if you get COVID. Once you get real COVID, then you are immune.



Darius Maximus @neowesternist · 21m ...

Replying to @...

Have 10 friends who went to Mexico, all vaccinated.

All now have covid, except for the ones who were already covid recovered

Couple of them have it pretty bad but they're all young



And [vaccines drive the creation of variants](#) (see also this peer reviewed article: [Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens](#) and [this article from 20 years ago on variants](#)).

There are 4 viable options to vaccination with the current vaccines:

1. Wait for Novavax. It appears to be much safer than current vaccines and should give pretty broad immunity
2. Prophylaxis with ivermectin (ideally with #3) if you are in a high risk area
3. Early treatment with a proven early treatment protocol.
4. Wait for a sterilizing vaccine (use 2 and/or 3 in the meantime)

Should anyone get vaccinated?

If you don't believe early treatment works and will refuse it if offered, then if you are over 30 get vaccinated with the current vaccines. If you are under 30, you are much better off in taking your chances with the virus.

If you believe early treatment works (which it does), nobody should get vaccinated. Lower risk, higher benefit from early treatment. The delta variant is especially mild to those who haven't been vaccinated (by over an order of magnitude case fatality rate) making early treatment an order of magnitude more effective (reduction in fatality risk).

Here are the numbers based on the VAERS data (see [Vaccine safety evidence](#); go to the section entitled “VAERS death rate analysis by age” which has the details for how these numbers are derived) per 100,000 people showing a crossover point at 30 year olds:

Age range	# people	Vax death rate	Covid death rate
20-24	21.5	1.74	.5
25-29	23	1.89	.95
30-40	44	4	13.5
40-50	40	7.9	36.1
50-60	42	15.6	117
65-74	31	51.8	333

This table means that if early treatment can reduce the death rate **by a factor of 6 or more**, early treatment is the best strategy for anyone under 74 years old. Since early treatment is easily over a 50X reduction, there is **no need to risk taking a novel vaccine for anyone**.

Even more interesting is the emergence of the Delta variant which is more than 6 times less deadly (but more contagious). So this reduces the difference even more so it's likely that an early treatment with an RR of .25 or better means that nobody should vaccinate.

It's important to note that the existence of just one drug or protocol with a 90% effect size means that there is no cost-benefit for the current vaccines because they are so deadly. This cost-benefit is based on the death rate alone, not considering side-effects and unknown effects. When you add those in the comparison is even more lopsided. So budesonide alone can qualify. [Fareed and Tyson's](#) protocol ([here's the Fareed-Tyson protocol](#) for early treatment) has a RR < .10 so we're done (their RR is .0024) as well.

What is the current status in the clinics?

Fareed reports a ratio of 10:1 of vaccine side-effect visits to COVID visits in urgent care.

A [Texas Senate had a hearing on May 20, 2021](#), the first doctor pointed out at 16:00 that he has far more vaccine patients than COVID patients. That is another datapoint that suggests that the vaccines are very unsafe and causing more damage than the disease itself.

British Airways doesn't know the vaccination status of the pilots who died. How do you know they were vaccinated?

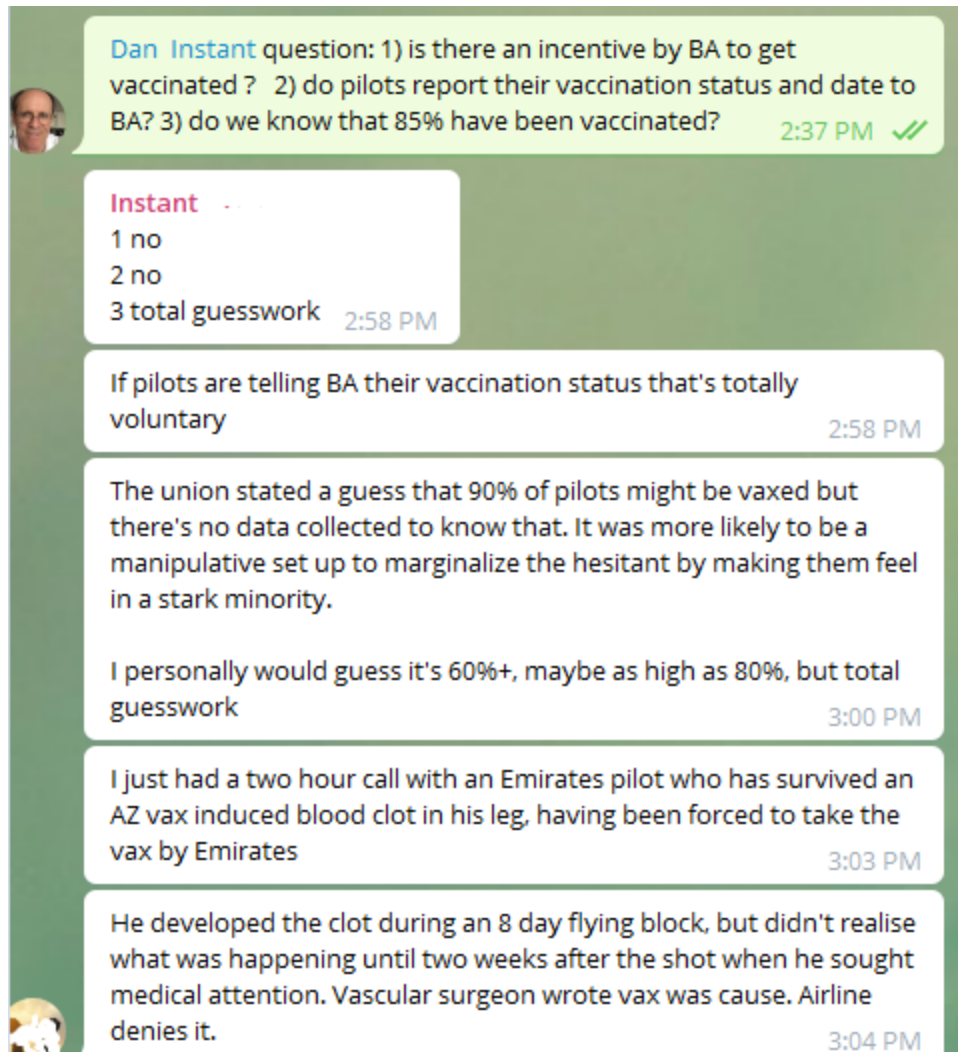
BA claimed that the deaths were not related. How do they know that? Why is nobody asking them THAT question. Do they know they weren't vaccinated?

This [article about the four pilots is very insightful](#). In particular, the part about “There’s an easy way to know when a narrative is being fabricated. One needs only look closely at the wording of statements and oftentimes the subsequent fact-checks to see when a coverup is in process. Such is the case with British Airways and their claims that four pilots who have died in one week are not ‘linked.’ ” We highly encourage you to read the entire article and judge for yourself.

So the fact that they said that, and the fact that the pilots union estimated that 90% of pilots have been vaccinated makes this a pretty likely guess. Otherwise, how else do we explain their deaths? Four BA pilots never die in a month. It's rare for any to die in a year (they retire).

For more info, see BA Pilots section of [Vaccine safety evidence](#).

Note how Emirates is lying about their pilots too. They don't want people to panic. The press simply lets them get away with it. Note that the airline knows more than the surgeon who operated on the pilot.



That pilot has well over 20 years of haemo data because he's Factor 5 leiden, so has been monitored for clot risk throughout his flying career. This makes him unusual in more ways than one.

When you combine this with the fact that

How did all of this get started? What does the future look like?

This summarizes it pretty well:



Who at the CDC is monitoring this?

There is [a VaST committee of people of course.](#)

The members are listed on Slide 13

VaST Members

VaST Members

Grace Lee (ACIP)
Robert Hopkins (NVAC)
Matt Daley
Veronica McNally
Keipp Talbot
Kathy Edwards
Lisa Jackson
Jennifer Nelson
Laura Riley
Robert Schechter
Patricia Whitley-Williams

CDC Co-Leads

Lauri Markowitz
Melinda Wharton

Ex Officio and Liaison Representatives

Tatiana Beresnev (NIH)
Karen Farizo; Hui Lee Wong (FDA)
Judith Steinberg (OIDP)
Jeffrey Kelman (CMS)
Matthew Clark (IHS)
Mary Rubin (HRSA)
Fran Cunningham (VA)
Limone Collins (DoD)

Administrative Support

Jared Woo

Vaccine Safety and Monitoring

- COVID-19 vaccines are **safe and effective**.
- Millions of people in the United States have received COVID-19 vaccines under the **most intense safety monitoring in U.S. history**.

How come they aren't seeing all the same adverse events we obtained in minutes using simple VAERS queries?

Surely paralysis was an OBVIOUS one since Maddie de Garay went public with her story of Pfizer Phase 3 trial fraud. A 12 year old paralyzed for life less than 24 hours after the jab. You do not need a lot of analysis for that one. Yet the CDC committee hasn't even identified paralysis as a possible risk factor?!?! This was an event rate of 1 in 1,000 in the randomized trial. It doesn't get any more clear than that (and is confirmed with Bradford-Hill criteria).

What are the best early treatment protocols?

In all of these protocols, the key is early. The same drug/dose used late can be marginally effective.

The [protocol of Dr. Dr Shankara Chetty is very](#) effective for keeping patients out of the hospital. The drug selection used in his protocol is very astute. Adding fluvoxamine to the mix would be even better. The [entire Chetty protocol fits on a single page](#) and consists of four interventions. It [is described in this paper](#).

Here are some [excerpts from the article](#):

“In all, I have seen **close to 4,000 patients**, excluding those I have treated over the telephone. None of my patients have had Long COVID symptoms. **None of my patients have been hospitalized so far**, they were always treated at home and managed at home.”

“To this day, I have no oxygen in my practice. I never found the need for it. Patients recovered relatively quickly, even those with low, or even very low saturations. ... Within a day or two, they were comfortable on room air.”

The [Fareed-Tyson protocol](#) has a 99.76% risk reduction and (so far) a 0 chance of death or lasting side effects. See [The Chloroquine Wars](#) for the number. They've seen over 4,000

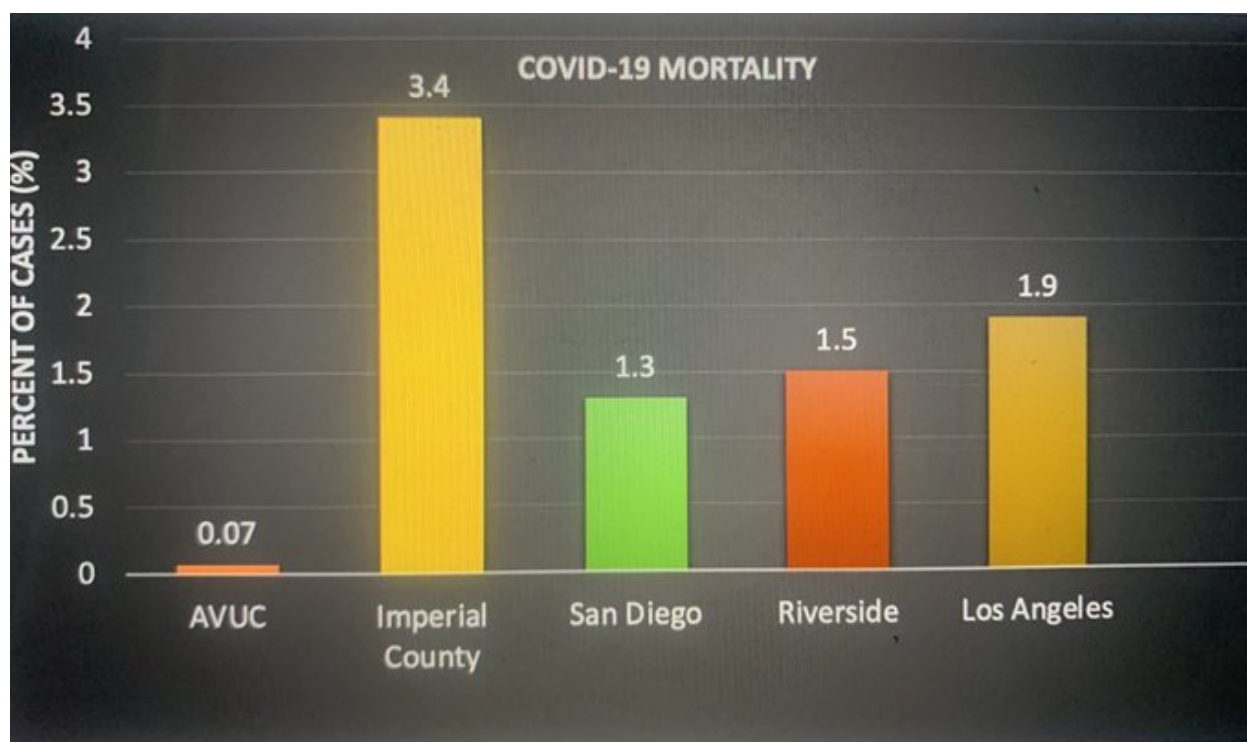
patients who were treated within a few days of symptoms (average age 60) in a county with one of the highest COVID fatality rates in the US. Their fatality rate is 0. If America had just used this protocol, there would be no lockdowns, masking, etc. These protocols turn COVID into something less threatening than the common cold with no long-term side effects. The NIH never talks about them, they've sent nobody to investigate them. They have zero interest in anything that doesn't make the drug companies a lot of money.

Check this out. AVUC is a clinic run by Fareed and Tyson **in the heart of Imperial County**. Imperial County has one of the highest mortality rates in the US. Imperial County is located right on the Mexico border. It shows **almost two orders of magnitude relative risk improvement** from the standard of care in the county using their protocol with no permanent side effects. This is on over 6,000 patients average age 60. And it would be even more dramatic if they only included patients who showed up within 3 days of symptoms for treatment (most show up late).

If the NIH let the entire world in on this secret, instead of 600,000 people dead from COVID in the US, we'd have only 1,442 dead from COVID total. But we keep it secret.

Now you'd think that dozens of doctors, after hearing the 99.76% risk reduction of Fareed-Tyson early treatment protocol would be rushing to try to replicate their success for their COVID patients, right? Well, you'd be wrong. **As of July 10, 2021, not a single physician has inquired to try to replicate their amazingly successful protocol.** And no one from the NIH, FDA, or CDC has inquired either.

NOTE: If in the graph below they only included patients who showed up a short time after symptoms (within 3 days), the number dead would be 0. A 99.76% risk reduction is a reduction of 416X. So instead of 600,000 dead from COVID, we'd have only 1,442 COVID deaths, which is far fewer than have been killed by the vaccines. But no doctor in the world is interested in trying to replicate their successful protocol.



This chart is why the NIH suppresses early treatment. If anyone ever found out about this chart, NOBODY would take the vaccine. The drugs are much more effective and there are no long-term side effects like the vaccine has. The drugs never kill anyone.

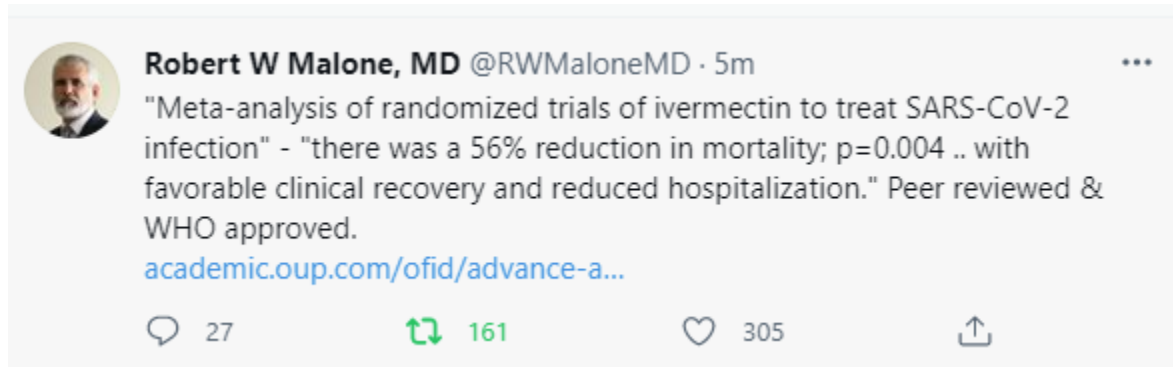
Is that a fluke? Absolutely not! The numbers from Italy are even more impressive.

In Italy, ivermectin is illegal, even though it is one of the world's safest drugs and it is accepted at the highest level of proof of evidence based medicine (the peer reviewed systematic review).

So their protocol is based on HCQ and other drugs. Robert Steiner reports that out of 66,000 patients with COVID treated with this protocol, only 4 have died. They are not allowed to publish this result and the WHO and NIH have no interest at all in verifying it. So this is a 99.9% risk reduction. Had we used this in the US, we'd have around 2,000 deaths, a tiny fraction of the annual deaths from the flu (that we don't mask up for).

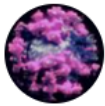
Ivermectin is incredibly effective. There is a [systematic review in support of its use](#). This is the highest level of evidence in evidence-based medicine. The WHO and NIH ignore it, even though they claim to follow the principles of evidence based medicine. They don't. They follow the politics which says to crush anything that competes with vaccines. Here's a [living will to help you get ivermectin if you are hospitalized](#).

In a WHO approved meta-analysis, ivermectin was found to be effective, but the NIH and WHO both say it doesn't work. This is [Andrew Hill's study](#) (the WHO top consultant on ivermectin).



Early use of a single drug, fluvoxamine, is extremely effective (100% effective in reducing hospitalization in two studies). It should be part of any protocol at a dose of 50mg BID.

A new randomized trial showed that [quercetin \(in high bioavailability form\) alone is highly effective in reducing hospitalization, ICU, and death vs. placebo.](#)



Covid19Crusher
@Covid19Crusher



Italo-Pakistani, randomized trial of **Quercetin** in high bioavailability form in Covid outpatients (n=152) yields spectacular results that beg for immediate reproduction:

- > 68% less hospitalizations, which are 78% shorter
- > 100% less ICU admission or death

dovepress.com/possible-thera...

	Group SC	Group QP	p ^a	p ^b	p ^c
Patients hospitalized	22 (28.9%)	7 (9.2%)	0.0016	0.0020	
Days of hospitalization [*]	6.77 ± 3.08	1.57 ± 0.53			0.0001
Hospitalization frequencies			0.0001	0.0037	
1 day	0	3			
2 days	1	4			
3 days	2	0			
4 days	3	0			
5 days	1	0			
6 days	3	0			
7 days	4	0			
8 days	3	0			
9 days	2	0			
10 days	2	0			
16 days	1	0			
Patients needed oxygen	15 (19.7%)	1 (1.3%)	0.0100	0.0125	
Patients in ICU	8 (10.5%)	0	0.0211	0.0608	
Deaths	3 (3.9%)	0	0.04	0.0802	

Notes: ^aExpressed as mean ± standard deviation; p^a: likelihood ratio; p^b: Pearson; p^c: t test and Wilcoxon/Kruskal-Wallis tests.
^{*}Abbreviations: SC, standard care; QP, formulated quercetin (+standard care); ICU, intensive care unit.

9:40 AM · Jul 6, 2021 · Twitter Web App

55 Retweets 8 Quote Tweets 123 Likes

A [Texas Senate had a hearing on May 20, 2021](#) where the first witness mentioned that the Oxford STOIC trial showed a 90% benefit from just one drug, inhaled budesonide alone, that is safe enough to be used on babies.

You can also use the [FLCCC protocols](#) which uses drugs like ivermectin, fluvoxamine, NAC, vitamin D, and inhaled budesonide. Ignore the advice to delay the start of fluvoxamine.

See [How to treat COVID](#) and [Vaccine FAQ](#) for more info.

What is causing the variants? Is it the unvaccinated or the vaccinated.

The vaccinated are driving mutations according to [this article](#) by Geert Vanden Bossche. We haven't seen an article or paper by an expert with similar credentials that disagrees with this.

What about the delta variant? Doesn't that change things?

No, it makes the argument for vaccination less compelling because the case fatality rate is more than six times lower according to UK government data (2.0 for alpha vs. .3 for delta in [this article](#); and in [UK briefing 17](#) in Table 2 on page 8).

Vaccination isn't helping at all in Israel (see section [How are things going in Israel? They are aggressively focused on vaccination and keep very accurate medical records.](#))

Variants are [likely being driven by the vaccinated, not the unvaccinated](#) (see also this peer reviewed article: [Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens](#)). However, variants are not a problem at all for early treatment with repurposed drugs since none of these treatments are variant specific making them ideal for treating Delta, Delta+, and more. In fact Delta is a "gift" because the death rate is 7X lower than alpha (original variant), so almost any early treatment will work and then people will get broad natural immunity.

Why aren't these countries using early treatment with repurposed drugs? Because they trust the NIH and the NIH says these treatments don't work. This is beyond silly. As of July 6, 2021, nobody from the NIH had talked to Fareed and Tyson or Dr. Chetty and they aren't testing any of the proven protocols.

We've been sitting on the solution all this time and the "vaccine will save us" narrative just never stops. And the Democrats aren't holding NIH accountable here. They ask no questions about this.

One final note on misinformation

Scared of the delta variant? Don't be. The rise of the Delta variant has coincided with a [rapid decrease in hospitalizations](#) and fatalities. In India, where the strain originated, cases have dropped [85% over the past several weeks](#) as the Delta strain attained dominance indicating that people were not seeking tests because the side effects were less severe. According to statistics from the [UK government](#) (pg. 8), the Delta variant is by far the least deadly strain of the virus with a fatality rate of %0.1. If you take into account the number of unreported Covid cases (estimates claim that 1 in every 10-20 cases is reported), the **fatality rate is closer to %0.005**.

More to the point, the claim that the virus can become both more deadly *and* more contagious contradicts [the real science](#). A more deadly mutation cannot also be *more* contagious because it kills off its host; similar, in ways, to how a honeybee dies after stinging its victim. So why is Super-Bureaucrat Anthony Fauci on the [POTUS Twitter account](#) describing the Delta variant as the "most contagious, most deadly" strain to date when the science directly contradicts him? In a healthy society, Fauci would've been marooned on an island and left for dead weeks ago.

How did the FDA screw this up?

They allowed the drug companies to cut corners and not do the required safety studies. Key safety studies were simply never done with the final product. Today, the FDA has no clue what the biodistribution ranges of the toxic spike protein in your brain are or for how long it remains doing damage. For 30 days? 60 days? A year? We have no clue. Nobody will ask them this question and they don't have the data.

There are three things we need to know, and we still don't know them because the testing in non-human primates was never done with the real vaccine:

1. Distribution (where it goes)
2. Amount (how much get there)
3. Duration (how long it lasts)

They regulated the vaccine as a vaccine instead of as a vaccine and gene-therapy. So things like distribution, duration, and amount of the spike protein are not known. FDA staff admit this, but they aren't able to change it. It would destroy the narrative.

This could go down in history as one of the biggest blunders of all time. Only time will tell.

Here is a handy table listing the screw ups that were made:

Mistake	What they thought	Reality
Distribution of spike	Stays at injection site	Goes to every part of your body including inside your brain, heart, and lungs
Toxicity of the spike protein	Harmless	Causes micro-clotting and

		inflammation. Inflammation causes scarring which for many tissues will never heal.
Free spike	Spike would stay bound to cell	It freely circulates as “free spike”
Blood brain barrier	It won't get into the brain	It shreds the blood brain barrier so that it can enter and lets other bad things in too. Instead of just passing through the barrier, it tears it down (temporarily).
Duration	Gone in 2 weeks	Spike can last in the body for months (per Dr. Bruce Patterson)
Animal studies	Done in rats should be ok	We have no clue how much spike is produced, where it is produced, and how long it lasts. Needs to be tested using the real vaccine in non-human primates due to the ACE2 binding affinity similarity with humans.
Pregnancy studies	We think it should be safe since the spike protein is harmless	Tests in pregnant women won't be complete for months. They are testing on the public, rather than in clinical trials.

In short, we find it very odd that the public is required to get vaccinated by employers with no safety profile, yet a drug with a 60 year impeccable safety record (ivermectin) is deemed to be too dangerous to give to people who have COVID. Nobody can explain that one. Can you?

How did Moderna know about the coronavirus before any of us knew?

Moderna sent mRNA coronavirus vaccine to University of North Carolina [in an agreement signed December 12, 2019](#) which was more than two weeks before anyone was aware of the outbreak at Wuhan. How did Moderna know to develop a coronavirus vaccine so early?! Doesn't anyone else think that is pretty odd? Why isn't the press all over this?

What are the rates in other countries? Could we be a fluke?

No. No fluke. Check this out from the EudraVigilance database from 2010 (courtesy of ivermectine-covid). The first is deaths. The second are serious side effects. Can you tell which year the COVID vaccines were introduced?



The xml data is to be found here: <https://t.me/gabinjean3/98>

Switzerland tells the same story as above: https://t.me/real_hero_francais/49

Here is the data from Australia. They are showing a death rate from the COVID vaccines that is **8,875 times higher** than all the vaccines in the 10 year period from 1971 to 1981.

TGA DATA - AUSTRALIA VACCINE ADVERSE EVENTS NOTIFICATIONS

TYPE	PERIOD	TOTAL		RATE PER MONTH	
		REPORTS	DEATHS	REPORTS	DEATHS
ALL VAX	1971-81	153	1	1.275	0.008
ALL VAX	1982-91	383	3	3.192	0.025
ALL VAX	1992-01	2594	15	21.617	0.125
ALL VAX	2002-11	6542	14	54.52	0.12
ALL VAX	2012-21	9033	25	75.28	0.21
CV19 ONLY	2021	36,387	355	7277	71

Note: CV19 Data from 1/2/2021 (From when vaccine campaign started)

- TGA Adverse Events Notification is voluntary, so under-reporting is a fact.
- The CV19 data is from 1/2/21 to 8/7/21 - **5 months only!**
- Of course, correlation doesn't mean causation ...
- However, the adverse events notification numbers are pretty big and are reflective of data reported from around the world.

[Try the US reporting site openvaers.com for comparison.](https://openvaers.com)

How many Australians need to die or be maimed before this experiment ends?

Other countries have a similar system to VAERS. The rates in all countries appear to be equally under-reported (not surprising as none of the countries has done anything different this year to promote adverse event reporting). Note the remarkable consistency in the reported deaths. They are likely all under-reported by at least a factor of 4.5, but could easily be 10X or more as we show in this document.

This chart is from [Marc Girardot](#)

2021 Adverse Events Reporting			
	VAERS US	EUROVIGILANCE EUROPE	YELLOW CARDS UK
Date	18/06/2021	04/06/2021	16/06/2021
Fully Vaccinated (Mn)	148.46	137.44	30.68
Deaths	6,136	4,572	1,356
Incidents	387,288	316,925	73,944
Death per 100,000	4.1	3.3	4.4

And this came out recently:

FACT – Deaths due to the Covid Vaccines in the UK after 6 months are 407% higher than deaths due to all other Vaccines combined in the past 11 years

BY THE DAILY EXPOSE ON JULY 11, 2021 • (1 COMMENT)

What is also interesting is [VigiAccess](#) which is the WHO adverse event monitoring system which has **1.3M events for the COVID-19 vaccines** as of July 4, 2021. You can drill down into the adverse events, events by country, etc.

What's also interesting is the comparison between the number of events reported for the flu vaccine 2 years ago. For the COVID vaccines, the event rate is **almost two orders of magnitude higher!!** So this is not a VAERS specific phenomenon. It is happening worldwide.



Vaccine Truth
@VaccineTruth2



Verified this ourselves. If you type "influenza" vaccine, you get 50X fewer results in a given year. But don't worry.... keep repeating "safe and effective" and take two blue pills before going to bed tonight. Also, reports from all over the world.



h1dden-pr0cess. @Pr0cessH1dden · 3h

Covid-19 vaccine Adverse Reactions reported to VigiAccess

1,300,560

That's One Million, Three Hundred Thousand, Five Hundred Sixty

VigiAccess™ **Uppsala Monitoring Centre** **WHO Collaborating Centre for International Drug Monitoring** [About](#)

Covid-19 vaccine contains the active ingredient(s): **Covid-19 vaccine**.
Result is presented for the active ingredient(s).
Total number of records retrieved: **1300560**.

Distribution

▶ Adverse drug reactions (ADRs)

▶ Geographical distribution

▶ Age group distribution

4:01 PM · Jul 4, 2021 · Twitter Web App

And the EU is seeing lots of deaths:

Shock: European Union Reports 1.5 Million Vaccine Injuries, 15,472 Deaths



POSTED BY: BRIAN SHILHAVY VIA GLOBAL RESEARCH JUNE 25, 2021

Please Share This Story!



It is inconceivable that all of these gene therapy “vaccines” are not summarily terminated by every nation on earth. The EU counterpart to the U.S. VAERS database reports deaths and injuries

Check out the [full article which includes all the symptoms](#). Does that look like just normal “background” everyday stuff to you?

And remember, multiply those 15,472 deaths by 5 to get the actual deaths (over 75,000) since that database is similarly under-reported as you can see by the deaths per 100,000 table above.

Finally, please watch this [short video on Impact of COVID Vaccinations on Mortality](#) created by [Joel Smalley](#). It's been viewed over 600,000 times. You'll get it after 15 seconds. The music is great too.

Western Australia seems to have nailed it. [They categorize the COVID vaccine as a poison](#).

The screenshot shows the WA.gov.au website header with the state crest, logo, and navigation links for Accessibility and Contact us. Below the header are links to browse information, find an agency, and the WA Government page. The main content area displays a breadcrumb trail: Home > WA Government > Publications >. The title of the document is 'Public Health Act 2016 (WA) – Instrument of Authorisation – Authorisation to Supply or Administer a Poison [SARS-COV-2 (COVID-19) VACCINE – Australian Defence Force] (No.2) 2021'. The guidance text states: 'An authorisation by the Chief Health Office under the s. 197 and s.198 Public Health Act 2016 (WA) to authorise relevant Australian Defence Force employees to supply and administer the COVID-19 Vaccine.'

If I have to get vaccinated, where is the best place to do that?

In the US of course!

Nobody in the US has ever died from the vaccine according to our CDC!

Referring to the graphic below, Australia reports just 3 vaccine deaths in 8 million doses. The death rate from the vaccine is at least 1 per 4,000 fully vaccinated people. So there are about 1,000 vaccine-caused deaths. The authorities are either completely incompetent or are deliberately lying to people. The Australian version of VAERS had just 57 reported deaths, so they are a factor of 20X under-reported.

with observed death rates following immunisation. So far, the observed number of deaths reported after vaccination remains less than the expected number of deaths that would occur naturally, or from other causes, for that proportion of the population.

Since the beginning of the vaccine rollout to 4 July 2021, over 8.2 million doses of COVID-19 vaccines have been given. The TGA has received and reviewed 355 reports of deaths in people who have recently been vaccinated and found that only three were linked to immunisation. These deaths were all related to the first dose of the AstraZeneca vaccine – two were TTS cases and one was a case of ITP ([reported below](#)).

Total adverse event reports to 4 July 2021

4.4	36,387	8,255,473
Reporting rate per 1000 doses	Total AEFI reports received	Total doses administered
24,795	11,321	276

The Pfizer data on the biodistribution from the Japanese government shows the LNP in the vaccines target the ovaries. Should I be concerned?

Of course you should. We have no complete safety data on pregnancy, we don't know if we are damaging our kids reproductive organs, and the proper animal testing was never done. So **we don't have a clue how bad the damage is going to be because we are experimenting on our kids in real time rather than doing the proper experiments on animals in advance**. Are we damaging the reproductive system of our kids? We have no clue since the experiments are being done live on your kids right now. We'll know in a few years and everyone will know then.

The proper animal experiment to do (that has **still never been done**) is to do the biodistribution in non-human primates (because they match the ACE2 affinity of humans the best) and then you look for the final distribution of the spike protein after 48 hours and NOT the distribution of the lipid nanoparticles.

You need to measure three things: distribution, duration, and amount.

The FDA screwed up by not requiring this because they should have realized this is not a normal vaccine but a combination of a gene-therapy and a vaccine and should have regulated it as that. They didn't. The FDA insiders admit this was a big mistake, but if they admitted it publicly, the FDA would look bad.

Fortunately for the FDA, nobody in Congress or the mainstream media will never question this so the public will never find out and they will get away with it.

Anyone having pregnancy trouble will have it chalked up to a genetic defect. We know. This has happened to our friends. And these people will never find each other because they are told it wasn't the vaccine, just a personal problem. And if there is a facebook group on this, Marc Zuckerberg will censor it.

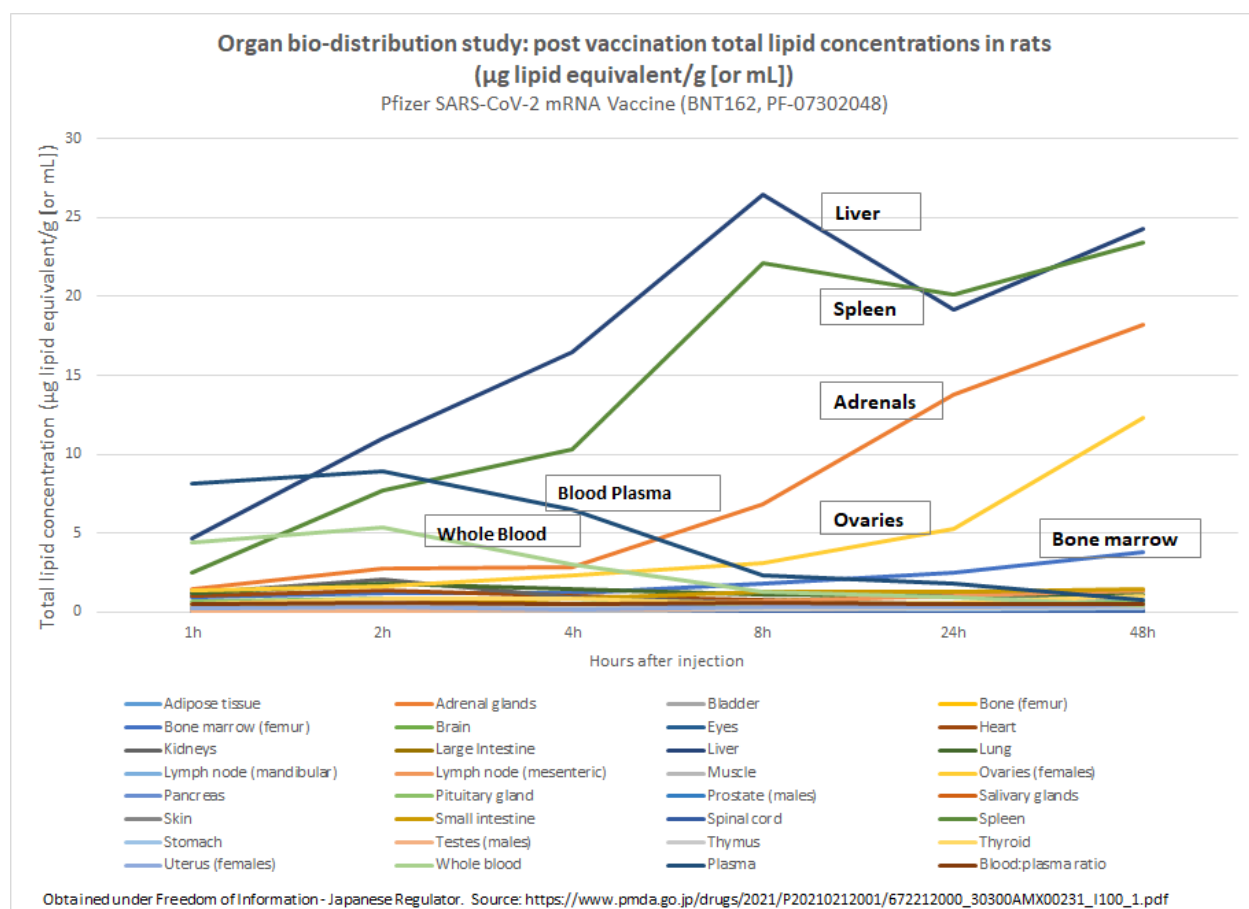
Problem solved.

My roommate who is male got vaccinated. Now my menstrual cycle has shifted dramatically. How did that happen? It can't be mental since I found out after the fact.

It's real. We have heard of hundreds of cases of this. Nobody knows exactly why yet. Is it pheromones? Is it shed spike protein from the vaccinated person? We suspect the latter but have no proof.

How else do you know it is dangerous?

We know the spike protein is toxic and it is distributed to every organ in the body including inside your brain and your reproductive organs, especially female ovaries. Most of the drug is at the injection site, but a large amount is distributed throughout the body that is obviously enough to have significant side effects which explains all the adverse events reported. This graph shows everything except the injection site so you can see where it is distributed. This study was done in rats and looks only at the distribution of the nanoparticle, not the amount of spike protein which is made at each destination. That is completely unknown since it was never tested due to time constraints. The point of the diagram is that it is a very reasonable assumption that in humans the spike protein is distributed widely throughout the body. This hypothesis explains the huge range of reported cardiovascular and neurological events (as well as birth defects). The reverse hypothesis, that too little is distributed to the organs to affect function, simply can't explain the adverse event reports made throughout the world. If the drug remains in your shoulder, how can people die 15 minutes later and why were those reports removed from VAERS?





The long term effects of this are completely unknown. There is a [>82% spontaneous abortion rate at <20 weeks](#). Nobody has found an error in that paper. That should be frightening. **Even worse is we don't know the correct number because the trial hasn't finished yet.** So we are telling pregnant women to get the jab before we find out whether it is safe. The press isn't saying a word about it.

Isn't ivermectin dangerous? The FDA says horse ivermectin is dangerous and multiple people were hospitalized.

We don't think people should take horse ivermectin either. The FDA is deliberately conflating the issues to create confusion. But the FDA never said why those people were hospitalized.

“Multiple people” is really just 3 people. And if 3 people being hospitalized is a problem that should be avoided, then what would they think of an experimental vaccine that has killed 25,000 people? Answer: everyone should take it of course!

How can you prove early treatment was suppressed?

Well for starters there is an entire book about how early treatments were suppressed, [Pandemic Blunder](#), by Dr. Joel Hirschhorn, with 5-star reviews on Amazon.

Ivermectin is a great example. It is not possible to find even a single IVM study where the IVM cohort didn't do significantly better than the comparison group in virtually every metric. On average, there is a [76% improvement](#).

There was a [positive systematic review that was published in a peer reviewed journal concluding ivermectin should be used](#). This then triggered another systematic review which even though it was very low quality, it was published in a peer reviewed journal and concluded ivermectin doesn't work. The author was [Adrian Hernandez, a man who is infamous for writing conclusions that have nothing to do with the data](#). For example, when he goofed in transposing treatment and placebo groups and fixed the error showing ivermectin works, he didn't change the conclusion of his paper.

You cannot have it both ways. It either does or it doesn't. [This article picks apart the second systematic review](#) done by Hernandez. You be the judge as to whether we are playing scientific games here.

What this shows clearly is that evidence-based medicine tiers of evidence are worthless if a study like that can be published in a peer-reviewed journal.

Finally, the precautionary principle of medicine requires that ivermectin be used for early treatment since it has been shown effective and there is little downside. The case for ivermectin is far stronger than mask wearing which is mandated even though the single clinical trial (in Denmark) was inconclusive. How do you explain the double standard?

So ivermectin met the highest standard of evidence. Here's what happens in France if you try to prescribe it to a patient for COVID (which is what it is proven effective for):

A colleague was sentenced by the Council of the Order of Physicians to 18 months of suspension for a prescription for ivermectin (I confirm, only one, in April 2020).

The first sentence was 3 months, it was extended to 18 months on appeal.

It was offered to him to declare that he had made a mistake, and that he would not do it again. As a result, his sentence was quashed.

No, we are not among the Vietcongs, in Burma, North Korea or China, but in France, the former country of human rights.

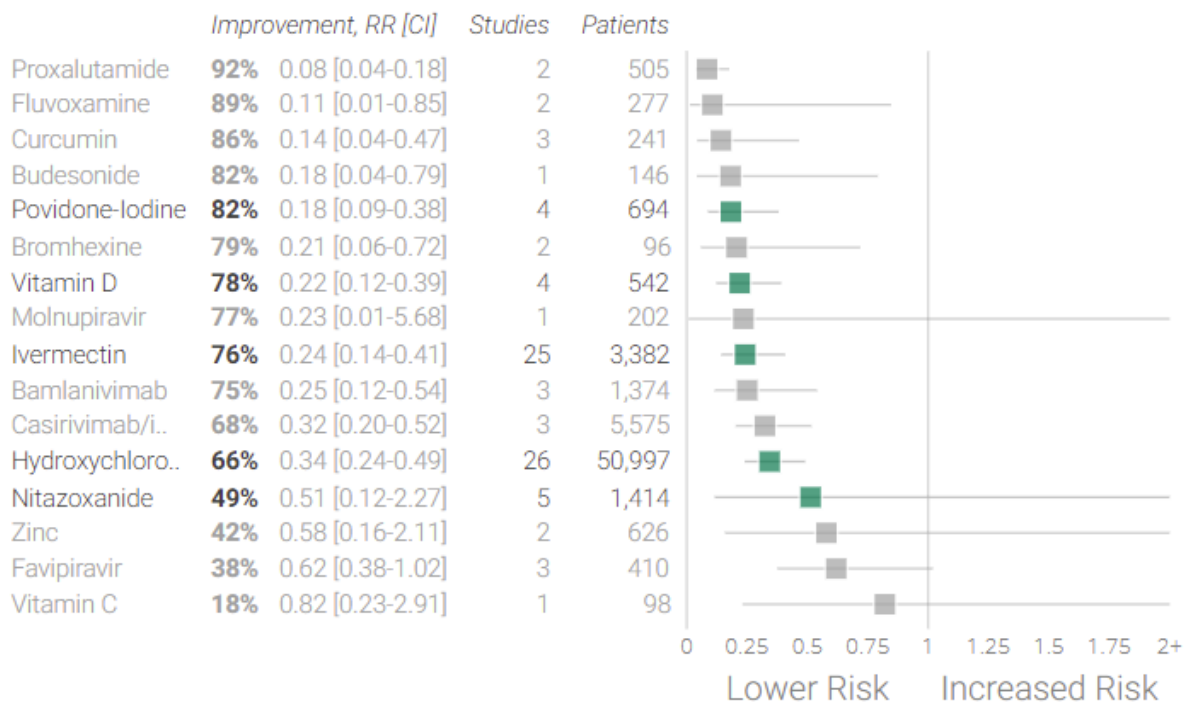
-Dr. Gerard Maudrux

Early treatment can't be better than the vaccine. The best drug is fluvoxamine and it is only 89% effective. So the vaccine is better, right?

No. Early treatments are never given in isolation. For example, two drugs with an 80% effect size that are complementary can have an effect size of up to 96% when taken together.

Early treatment studies (pooled effects)

c19early.com 6/28/21



Typically, in order to prove early treatments don't work, you give an inadequate dose of the drug, you don't give it for long enough, and you delay giving it until 4 days after symptoms. All of these enable people to falsely "prove" early treatments don't work. You will see this sort of thing a lot in such trials

On the other hand, when adequate doses are given early, only 1 patient in 4,000 gets hospitalized for a brief time and nobody dies (out of 4300 patients average age 60). The [work of Fareed and Tyson will be submitted for publication soon](#) showing if people present sufficiently early (when symptoms are still mild), there is a 99.76% relative risk reduction in hospitalization (416X improvement) and a **100% relative risk reduction for death**. This beats any vaccine in terms of superior benefit and lower risk. It proves multiple drugs combined to give an effect that is larger than any single drug. There is no other way to explain the data. Everything can be verified.

So if the NIH was paying attention, the 600,000 people who have died from coronavirus could have been reduced by 416x to 1,400 deaths. We could have turned a pandemic into a non-event. But we continue to look the other way. Nobody is calling Fareed and Tyson to verify the numbers. CNN won't ever run a story on their remarkable results. It runs against the "vaccine is the only way" narrative from the NIH.

What is the false narrative?

The false narrative is comprised of three logic elements where any data contrary to these must be suppressed:

1. Mitigating death and disease from COVID requires herd immunity
2. The only way to reach herd immunity is via universal vaccination
3. The vaccines are completely safe

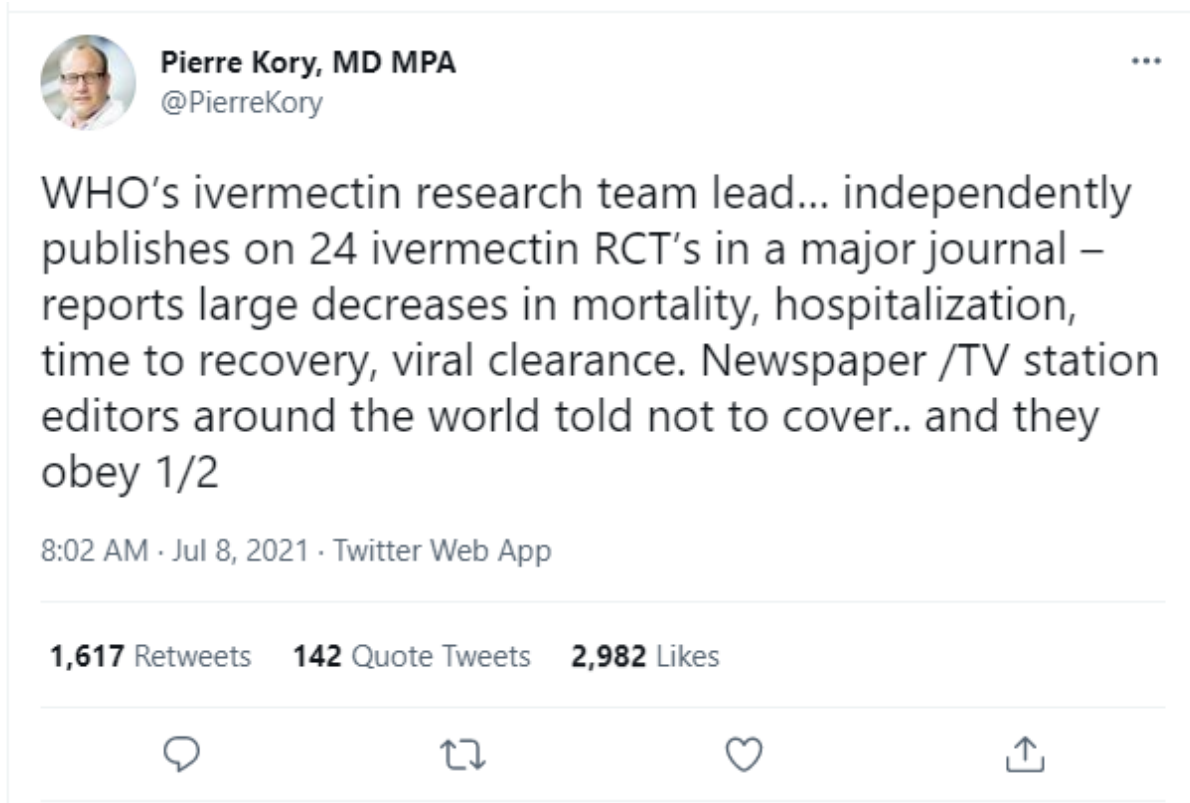
Of course, the problem is each of these statements is false.

Who is suppressing early treatments and why?

NIH (primarily Fauci and Cliff Lane) and the Trusted News Initiative. Why is it that nobody has asked these guys if they have any conflicts of interest? The thing is that if early treatments work, nobody would want to get vaccinated. The money available for early treatment research at BARDA was reduced to zero for example. Now, they are putting billions of dollars exclusively into one unproven drug rather than cheap generic drugs like fluvoxamine and ivermectin.

Some people have speculated that if early treatments work, they will not be able to get a vaccine approved. That's true, but Fauci could just go to Congress and have them change the law. They all will do anything he wants (even though he funded the virus in the first place and covered it up when it leaked). So we don't think that is the reason.

Here's a very [clear example of suppression of early treatments in Pierre Kory's tweet](#). The WHO's expert on ivermectin says his analysis is massively beneficial for COVID and nobody covers the story.



For more info on this, see [The Biggest Crime Committed During Vaccine Heist](#).

What is the cause of myocarditis in kids who get the vaccine?

Myocarditis is caused by spike proteins circulating in the blood for as long as 2 weeks. The spike protein shares some very inflammatory genes with *Staphylococcus* called [Staphylococcal Enterotoxin B](#). Research has shown that - even separated from the virion - the spike can bind with the ACE-2 and [cause harm](#) and inflammation. It is safe to assume that myocarditis is caused by the spike protein likely binding to endothelial cells around the heart and creating inflammation.

This is an [important article about the rate of myocarditis in young men](#). The Israelis are the best in the world in tracking adverse effects in general because their health system is set up to collect all the data. So when the Israeli Ministry of Health says that the rate of myocarditis in young men could be as high as 1 in 3,000, you need to take that very seriously. See the next question.

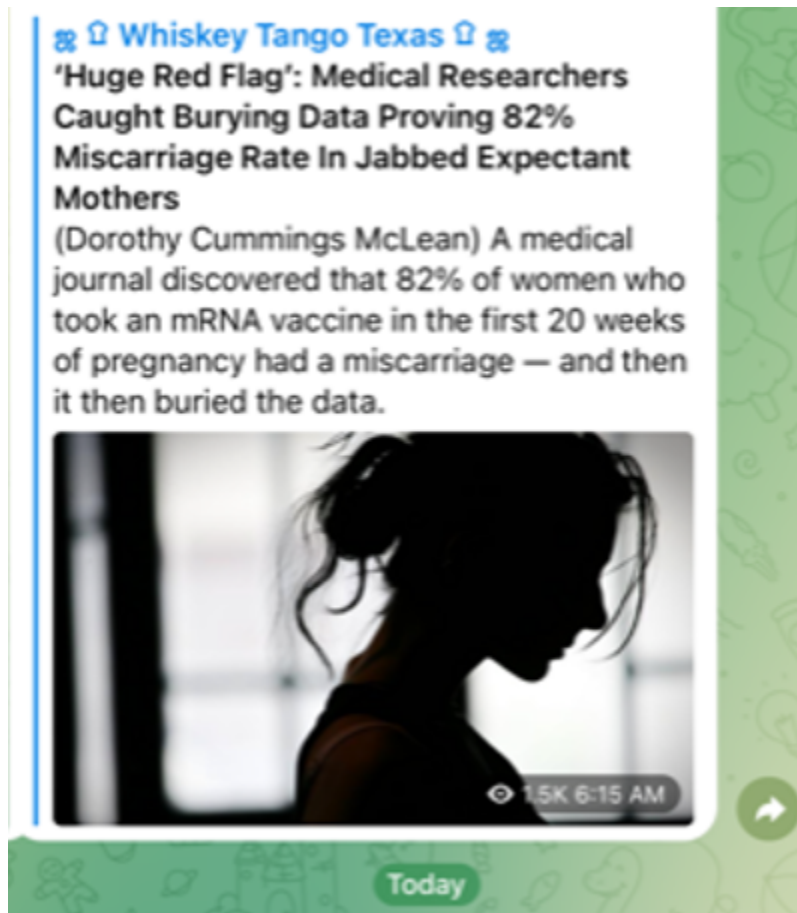
Why are there so many cardiac and neurological side effects?

The spike protein is toxic and the lipid nanoparticles deliver the toxin to your brain and heart. It's obvious from the science. This explains all the symptoms.

Is this drug safe for pregnant women?

We don't know since the safety study results aren't available (which is a huge problem that the CDC recommends this before the study is even done), but probably not. We know personally of one case where the mother was 25 weeks pregnant, had been fully vaccinated 4 weeks before and the fetus was so deformed that the gynecologist had never seen anything like it in her entire career. This is another "black swan" event.

The [82% spontaneous abortion rate](#) confirms this was not a fluke.



Read this: ['Huge Red Flag': Medical Researchers Caught Burying Data Proving 82% Miscarriage Rate In Jabbed Expectant Mothers](#). We side with the doctors quoted in that article along with the [authors of the NEJM LTE](#). This was either deliberately done, or done by mistake.

But this has been brought to the attention of the NEJM who is not interested in fixing the error and cannot explain why the LTE is incorrect. There is something very wrong with medical journals and this is a perfect example of misconduct by NEJM as there are multiple people who spotted the same error as in the LTE. Allowing errors like this to go uncorrected is inexcusable because it is costing lives (including one that we personally know of).

Here's a nice graphic that explains the error (it is slightly inaccurate but it makes the point correctly). It's bizarre that NEJM can't figure this out, isn't it?

<https://www.nejm.org/doi/full/10.1056/NEJMoa2104983> published 17 Jun 2021

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Tom T. Shimabukuro, M.D., Shir Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., Titilope Oduyebo, M.D., Lakshmi Panagiotakopoulos, M.D., Paige L. Marquez, M.S.P.H., Christine K. Olson, M.D., Ruiling Liu, Ph.D., Karen T. Chang, Ph.D., Sascha R. Ellington, Ph.D., Veronica K. Burkel, M.P.H., et al., for the CDC v-safe COVID-19

CONCLUSIONS

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.

Conclusion looks ok, but when you examine the data in Table 4 from the study, shown below:

Table 4. Pregnancy Loss and Neonatal Outcomes in Published Studies and V-safe Pregnancy Registry Participants.

Participant-Reported Outcome	Published Incidence ^a %	V-safe Pregnancy Registry ^b no./total no. (%)
Pregnancy loss among participants with a completed pregnancy		
Spontaneous abortion: <20 wk ^{15,17}	10–26	104/827 (12.6)†
Stillbirth: ≥ 20 wk ^{18,20}	<1	1/725 (0.1)‡
Neonatal outcome among live-born infants		
Preterm birth: <37 wk ^{21,22}	8–15	60/636 (9.4)¶
Small size for gestational age ^{23,24}	3.5	23/724 (3.2)
Congenital anomalies ^{25–28}	3	16/724 (2.2)
Neonatal death ^{29,30}	<1	0/724

The populations from which these rates are derived are not matched to the current study population for age, race and ethnic group, or other demographic and clinical factors.

† Data on pregnancy loss are based on 827 participants in the v-safe pregnancy registry who received an mRNA Covid-19 vaccine (BNT162b2 [Pfizer-BioNTech] or mRNA-1273 [Moderna]) from December 14, 2020, to February 28, 2021, and who reported a completed pregnancy. A total of 700 participants (84.6%) received their first eligible dose in the third trimester. Data on neonatal outcomes are based on 724 live-born infants, including 12 sets of multiples.

‡ A total of 104 spontaneous abortions (12.6%) occurred before 20 weeks of gestation.

827 participants became pregnant, with 700 having Vax in 3rd Trimester, so 127 had vax in Trimester 1 and 2

Expected miscarriage rate 10-26% and trial found 104 miscarriages (in first 20 weeks) out of the 827 pregnancies giving a rate of 12.6% well within the normal range of 10-26%.

But only 127 people had the vax within this timeframe (Trimester 1 & 2), therefore 104 out of 127 miscarriages = 82% miscarriage rate in the first 20 weeks

Here is the more detailed explanation courtesy of Deanna McLeod along with a superb 30 minute video explaining this in great detail (as of July 9, 2021, only 153 people had viewed this video):

There were a total of 3,958 women enrolled. A total of 1,231 women were vaccinated in their first trimester, 1,714 in their second, 1,019 in their third. **The published analysis looked at 827 completed pregnancies.** A total of 700 of these were women who were vaccinated in their third trimester and **127 were women who were vaccinated either in their first or second trimester.** Given the follow up, the only reason why these women would have completed pregnancies at this time would be that something went wrong with their pregnancy. The study reports that 104 of these pregnancies ended in miscarriage = 104/127(>82%).

For our full analysis I would recommend watching our [COVID and pregnancy](#) video as it explains our concerns

What is even more troubling though is seeing this play out in real life with abortions that are inexplicable in our friends.

If the balance of the first-trimester pregnancies complete without event, then the rate may change to be as low as approximately 104/2088 (4.9%). **It is likely, however, that further events will occur with further follow up so the rate will likely be higher.** It is really too early to make any first statements about overall rates of Sab related to vaccination at this time, **all that we can do is report on the rate for eligible women in this cohort which is 104/<127.**

There is a [substack article](#) by [John Jalsevac](#) that discusses this as well but it doesn't change what Deanna wrote above. Pay particular attention to the bold type above. The study looked only at 827 completed pregnancies. **So the 82% was the correct number for that study which considered only the 827 women who had completed a pregnancy.**

And yes, we all agree that the FINAL rate may well be lower than 82%, but we don't know what the final rate is because the numbers aren't available. That's the huge problem here. People who focus on the 82% are completely missing the bigger picture. The bigger picture is that the **CDC is telling women it is perfectly safe to be vaccinated before the data to prove or disprove that statement is available.** That is the big point that Jalsevac misses entirely.

The paper concludes that

“However, more longitudinal follow-up, including **follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.**”

Which is exactly the point that we should be highlighting, not obscuring.

Any other side effects for women?

Many women are reporting menstrual irregularities post vaccination. We have never heard of anything like this before. Also, post-menopausal women reporting re-initiated menstruation

"Heavy flow" is also being reported as a post-vaccine adverse event which can be a surrogate for spontaneous abortion.

Also, if a woman is NOT vaccinated, but is living with someone else (male or female) who has been vaccinated, the **unvaccinated woman will be adversely affected by the vaccinated person, e.g., menstrual cycle anomalies.**

Could this vaccine have long term side effects? On reproductive health? On your brain like dementia or Alzheimers?

We just don't know because the vaccines were rolled out to the public before long term effects could be measured. We don't even know the short term biodistribution of the spike protein.

We start to get some idea of long term side effects in about 5 years from now.

Are you feeling lucky?

But doesn't vaccination prevent the spread of variants? So that's a good thing, right?

Variants are [likely being driven by the vaccinated, not the unvaccinated](#).

See also this peer reviewed article: [Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens](#).

This University of Washington study showed high viral load (and therefore high probability of contagiousness) in vaccinated individuals who had breakthrough infections of COVID19.

<https://www.medrxiv.org/content/10.1101/2021.05.23.21257679v1>

The assumption that the current vaccines have the power to prevent transmission of the virus (if a vaccinated person goes on to get infected) is incorrect. This assumption that vaccines can prevent spread even with the new variants is what is leading colleges and universities to push the vaccination of young students, even though the risk vs. benefit for vaccination in youth is not the same as in adults over 65. We cannot find any controlled human challenge trials in which vaccinated persons were intentionally exposed to people infected with known variants, and then studied in a controlled environment to ascertain whether or not they became ill, what their viral load was, and if they were contagious, in spite of being vaccinated. "Real life studies" are being used to make claims about vaccines, instead of controlled studies, and breakthrough cases are not being acknowledged or studied by the CDC.

We did find [an article written by a Moderna advisor stating that human challenge trials are unethical and unnecessary](#). So we shouldn't find out. We are just supposed to trust people in this case. For repurposed drugs, don't trust anyone... insist on rigorous large Phase 3 trials.

So if consistent with the vaccine narrative, no proof required. If inconsistent with narrative, massive proof required. Get it?

Should people who have already had COVID get vaccinated?

No. Several [studies](#) point to a better immunity from natural immunity (96.4% protection) than from the vaccines (94.4%). One searcher concluded: "Our results question the need to vaccinate previously-infected individuals." See [this analysis by Marc Girardot](#).

Do kids have “natural immunity” to the virus?

Kids are clearly much less sensitive to this virus: they have very [strong innate immunity](#). A [study in Northern California](#) between May 2020 and February 2021, found only 117 hospitalizations with/of Covid-19, most with medical conditions, and only one [immunocompromised](#) child died out of 1.3 million children. Healthy children are not at risk.

In fact, Sweden - which has the world's safest roads - has had more children deaths on the road (15) than to covid (9) in the past 18 months according to [Sebastian Rushworth M.D.](#)

A July 8, 2021 article in the *Wall St. Journal* pointed out the risk of death or serious illness for children is extremely low. “Some 99.995% of the 469,982 children in England who were infected during the year examined by researchers survived, one study found.”

THE WALL STREET JOURNAL.

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In Children, Risk of Covid-19 Death or Serious Illness Remains Extremely Low, New Studies Find

The findings come from some of the most comprehensive research on the risks of the coronavirus for those 18 years and younger



Can you prove that everything you say is absolutely true?

No, absolutes are impossible. We only claim that our hypothesis fits the observed facts nearly exactly, and theirs doesn't come close. They have a lot of explaining to do. It's up to you to decide who is telling you the truth. We have no conflicts of interest. You can verify most everything included here (except for personal conversations).

Was Fauci telling the truth about the origin of the coronavirus?

No. He funded it. If you haven't seen the Jon Stewart video, he makes the same point in a humorous way. See [this clip from The Late Show featuring Jon Stewart](#) (start at 2:53) explaining the true origin of the coronavirus in a way that everyone can understand. But Stewart wasn't joking and he deserves a lot of credit for doing this.

Isn't getting the vaccine better than risking getting COVID?

Not even close. Chance of getting covid is around 1%. But the chance of getting "vaccine covid" is 100% if you get vaccinated. The side effects are worse for the vaccine, so the vaccine is a guaranteed lose-lose. Instead of having a 1% chance to battle the spike protein, by opting for the vaccine, you're basically putting yourself at risk (for a benefit that doesn't exist if you are <30).

If you treat early, the difference is even more pronounced: the vaccines don't make any sense at all on a risk or a benefit basis (risk of long term disability is near zero), risk of hospitalization is lower than vaccines provide (95% with vaccine and 99% or more with the best early treatment protocols).

What do statisticians think of all this?

One frustration I have felt watching and listening to any part of this debate is that the precautionary principle puts the onus of researching the deaths on the vaccine manufacturers and the government running the program. I will group them and their allies as "vaccine partisans". The vaccine partisans seem, as a group, to refuse all discussion of

1. The precautionary principle (their responsibility to figure out the risks)
2. No risk report has been published
3. Nobody even seems interested in gathering the information for a risk report
4. No risk-benefit analysis has been published
5. Zero discussion whatsoever about forward benefit (Delta in particular). The CDC seems to be stating numbers based on the past, but they don't even have to tell us how their modeling works. They can pull it out of thin air for all anyone knows.

After six months of absence of information, informed consent seems like a bad joke.

I've gone back now and built a spreadsheet to examine risk-benefit only on the mortality level. The results are great for our side of the debate! I am attaching the spreadsheet for examination. [Here is my article explaining the results](#). Note: This puts the "how many deaths from vaccines?" question into its proper context, showing the reader why that matters so much.

I could put together a more complete analysis, of course, but this seems like enough to push authorities into countering by finally laying out the case they've been hiding, or simply refusing to assess.

The FDA has an expert analysis showing there is nothing amiss. Why don't you believe that?

Because they won't show it to us or anyone else even after we've asked. Why not? What's to hide? We've already pretty much figured it out that the vaccine is unsafe.

Aren't top scientists investigating these claims?

No, they are doing the opposite and circling the wagons to protect the false narrative.

Top schools have mandated students be vaccinated. Did they do a cost benefit analysis like I did to see if vaccination would save lives? No, absolutely not. They are just following orders from above. So it was not necessary to see if they were forcing students to do something that was more likely to kill them than save them.

On June 28, 2021 a group of top scientists met with the Dean of the Stanford medical school and two top professors and presented evidence that the vaccine is unsafe. The Stanford team did not dispute any of the data or conclusions. The Dean said they were not interested in continued discussions and said they would not change their stance on requiring vaccinations for all students in the Fall. So much for a fair hearing. There was no interest in how we derived the numbers or if the numbers were right or not.

Professor Frank Rockhold of Duke is leading the campaign to compel *Vaccines* to retract a paper ([The Safety of COVID-19 Vaccinations—We Should Rethink the Policy](#)) that showed that the vaccines are so unsafe, that governments should rethink their position to deploy them.

We asked Rockhold if he would like to see information proving the paper was correct. Rockland said that he wasn't interested.

This is not how science is supposed to work. Science is supposed to be about finding the truth by looking at all the evidence. It is supposed to be about intellectual curiosity and responding to challenges with data.

Why would Rockhold refuse to see any information supporting the paper he opposes? The most likely answer is he has an agenda and he is not interested in finding the truth. He is only interested in pushing his own agenda. Facts don't matter if they don't support his belief system. Is this the kind of exemplary behavior that Duke teaches its students?

But you must be wrong because I read a paper in a peer reviewed journal that said that even with the adverse events, the benefits outweigh the risks. How do you respond to that?

For example, see [ANA Investigates: Neurological Complications of COVID-19 Vaccines](#) which concludes "the benefits of COVID-19 vaccination far outweigh the risks of a neurological complication." First, that's a judgement call. Secondly, they provided no proof of lack of harm because they did no analysis of the VAERS database looking at all neurological symptoms. **They made that statement based on just ONE neurological symptom and assumed nobody dies or has any other neurological symptom.** They ignored all the other events. They failed to point out that any statistician looking at the Bell's Palsy rates in the Pfizer trial would find the temporal distribution of the Bell's Palsy rates (which coincided with the vaccine administration) to be extremely unlikely if the vaccine was safe.

Where is the calculation of the risk of getting COVID for a 12 year old? Is that worth the (apparently 1 in 1,000 risk of permanent paralysis which is what was shown in the Pfizer 12-15 year old clinical trial). That risk wasn't mentioned in the paper. If it is [1 in 1,131 for 12-15 year olds](#), imagine what the rate is for people who are older than 12. Off the charts comes to mind.

The paper basically failed to do any analysis by age group as to the risk of dying from COVID compared to the risk of severe neurological or cardiovascular problems. They simply assumed other people got it right; that nobody dies from the vaccine or experiences any adverse events.

The FDA's own panel had concerns ([they were split on vaccinating young people](#)) and that's even without being presented by the numbers in VAERS which the CDC ignores. If they had that info, I'm sure they would go from spit to "horrificed."

Even the WHO said children should not be vaccinated. Less than 24 hours later, they walked that back. Did the science change in less than 24 hours? No chance. These recommendations aren't science based. Why are we still pretending they are? Why can't the WHO just admit the truth: their recommendations are based on politics, not science.

[Based on VAERS queries, we found:](#)

VAERS count	Incidence rate	symptom
891	3 per 100K	myocarditis
1,977	6 per 100K	Bell's Palsy
174,699	524 per 100K	Neurological symptoms (from Jessica Rose query)

156,005

468 per 100K

Cardiovascular related (from Jessica Rose query)

To get the incidence rate, we took the (VAERS count*4.5)/150M*100,000 to get the rate per 100,000 people.

When you look at the incidence rate, you can clearly see that **the 4.5X underreporting factor is an unreasonably low estimate!!**

For example, we know that the [incidence rate of myocarditis from the Israeli's is 1 in 4,500](#) (midway between 1 in 3000 and 1 in 6000 quoted by the Ministry). So that is **22 per 100K**, not 3 as in the table. So we are **a factor of 7X too low**. But our Black Swan event (noted above) suggests that even that is way too low and the rate of myocarditis is likely more frequent than 1 in 1,000.

Now, let's calibrate Bell's Palsy. From the Pfizer trial we have 4 in 20,000 or 1 in 5,000 which is 20 per 100K, suggesting we are a factor of **3.3X too low** in the 4.5X underreporting factor.

In short, our estimate of 25,000 killed by the vaccine could be much much higher, e.g., 75,000 or more killed by the safe vaccine, i.e., more than 1000 times more than the normal stopping condition.

So it appears that **roughly 2% of vaccine recipients** will suffer from one or more **neurological and/or cardiovascular symptoms**. This comports with the Holland numbers of a 3% adverse event reporting rate described above (where reports can have multiple symptoms). **Why is this not being disclosed by the CDC??** This also comports with our own personal experiences with our friends.

If someone has a more accurate assessment from the VAERS data or Holland data, then let's see it. But so far, we haven't seen it. The reason is simple: it looks bad. Really bad.

Notes:

1. CV (comprises such AEs as Irregular Breathing, Endocarditis, Dizziness, Vein Rupture, Troponin increased, Syncope): **156,005**

So this means that of the total number of people in the system, **42% had a CV issue**.

2. Neuro (comprises such AEs as Peroneal nerve palsy, Pain, Spinal disorder, Demyelination, Meningioma, Motor dysfunction): **174,699**

So this means that of the total number of people in the system, **47% had a neurological issue**.

How prevalent are neurological and cardiovascular issues in VAERS?

Nobody has cared enough to ask that question before so we are glad you asked.

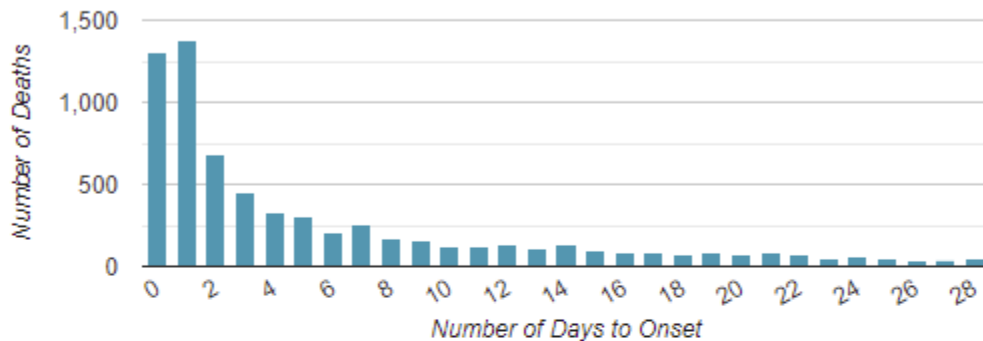
Of the total number of people in the system, **47% had a neurological issue** and **42 % had a CV issue**.

This is a “holy shit” moment. It’s yet another confirmation that the reports were not simply “background noise” reports.

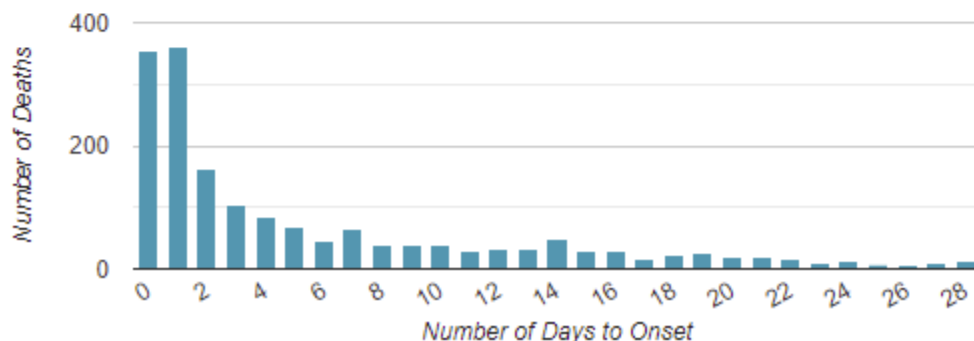
How that could not alarm any normal person is beyond us, but the mainstream community seems pretty uninterested in the number. And we guarantee you that instead of looking at this objectively with an open mind to finding the truth, they will look at it defensively, and seek to prove we are wrong.

Why does the death rate peak on the second day?

VAERS COVID Deaths by Days to Onset All Ages



VAERS COVID Deaths by Days to Onset <=70 Years



The death rate peaks on the second day because that is when the spike protein concentration is the largest in the body. At time zero, the lipid nanoparticles deliver the mRNA to every organ in your body. These organs start producing toxic spike protein for approximately 48 hours, but the level plateaus after around 24 hours. This is why there are somewhat greater deaths after 24 hours than before 24 hours.

This is an educated guess based on talking to experts. We don't really know the dynamics here because the FDA never required the drug companies to measure this.

As [Dr. Robert Malone, inventor of the mRNA vaccine](#) always says, we are supposed to know three things: the distribution, duration, and amount. We know none of these three things. None of them. Why? The FDA never required the drug companies to measure this. We just have a biodistribution of the lipid nanoparticle in rats. That is meaningless. We need the spike

distribution of the real vaccine in non-human primates. Where is that study? The FDA insiders admit this was a serious mistake, but they are powerless to correct the error. **So we are the human guinea pigs in this experiment** because we trusted the FDA, NIH, and CDC.

Yes, this is beyond stupid. We are now 7 months into this worldwide vaccination program and we don't know the basics of what the %\$& is going on.

[Peter Doshi, associate editor of BMJ, and a number of other scientists have filed a citizen's petition to stop approval of the vaccines.](#) The rest of the academic community doesn't care.

And people like [Eric Topol are writing op-eds in the NY Times calling for the vaccines to be approved](#) before we do the basic science that should have been done BEFORE these vaccines were even tested on human beings.

Can we make a proper risk benefit calculation for the vaccines?

Not accurately, because we don't know what the long-term data is at all. But we can make an analysis based on what we know today and let people know it could be much worse. But the CDC hasn't done this. There is no informed consent. They won't admit that people can die 15 minutes after vaccination. They won't admit that 1 12-year-old girl was paralyzed in the clinical trial of just 1,000 kids aged 12-15. Every adverse event is suppressed.

Most people do the risk-benefit analysis based on a death benefit only and assume that the vaccines are perfectly safe otherwise.

But the risk benefit analyses they do must be more extensive to be accurate. They must factor in the following for each age group:

1. The fatality rate associated with the vaccines
2. The number of severe disabling neurological and cardiovascular events
3. The number of unknown long term effects (reproductive, mental health, autoimmune disease, etc)
4. The unknown unknowns of the current vaccines (we never did the proper safety studies that should have been done)
5. The alternatives and how effective and safe they are

Is there any gaming going on in the VAERS database?

Yes, it appears so. The gaming appears to all be in the direction of making the vaccine appear safer than it really is.

For example, if you died within 15 minutes after injection, that cannot possibly be vaccine related, right?? I'm confused by that... if you died 15 minutes *before* the injection, that makes

sense... not vaccine related. We're cool with that. But 15 minutes *after*?!?! Boy, if that isn't causality, we don't know what is.

One of our researchers sent us this note which we reproduce here unedited (but emphasis is ours):

As of the VAERS June 25th, 2021 update, 1.1% of the death entries were removed WITHOUT ANY DOCUMENTATION, REASON OR ACCOUNTABILITY. 2 were 15 year olds, 1 was a 17 year old who killed himself, 2 2-year olds. You guys should also know that after literally reading every single symptom write-up that in many cases, there WAS data including age, state, vax lot and they simply were not entered. Also, there were a few where people threatened litigation and **many where people were dead within the 15 minute waiting period**. I have no input as to whether there is nefariousness here or if this is just another symptom of a BAD SYSTEM.

I can finally get back to writing this up and it should take me another couple of days.

On the subject of nefariousness, I have more evidence that indicates that there may be some data entry botch jobs in terms of intentional delays in entering data. It's speculation, for now, and it might remain that way but I am still going to use the data to try to prove that there's no other really good explanation for entries (other than deaths - because they may actually take months to get updated to death due to bureaucracy) to take months to get into the system. I mean yes, the backlog must be ridiculous, but still. I find it highly unconvincing that the data paths don't match up. By data paths, I mean the data when plotted per update date according to the actual downloaded update date and then plotted according to the newest update by date. They don't match. And again, this could be due to backlogged posthumous entering of reports into the system, but then, I don't buy it.

Why does Facebook keep shutting down the vaccine side effects groups?

Because if Facebook didn't do this, people would learn the truth about how dangerous these vaccines are. By silencing these people, it supports the narrative that "it wasn't the vaccine that hurt you...just were unlucky that this problem happened right after vaccination."

Based on the VAERS database, there are likely more than 500,000 people with permanent disabilities because of the vaccine. This comports with the group sizes of the vaccine groups that facebook has shut down.

If the vaccines are so safe, why do these groups even exist? There would be nothing to talk about. There isn't an "influenza vaccine side effects" group. Why not? Because that vaccine is much safer.

The answer is pretty clear. Facebook shuts down these groups because they are afraid that if people discover that there are 100,000 or more people just like them, people will realize it was vaccine related, organize and protest. But if people believe that they are “the only one” affected, there will be no protest. This is why censorship is so important and executed so well.

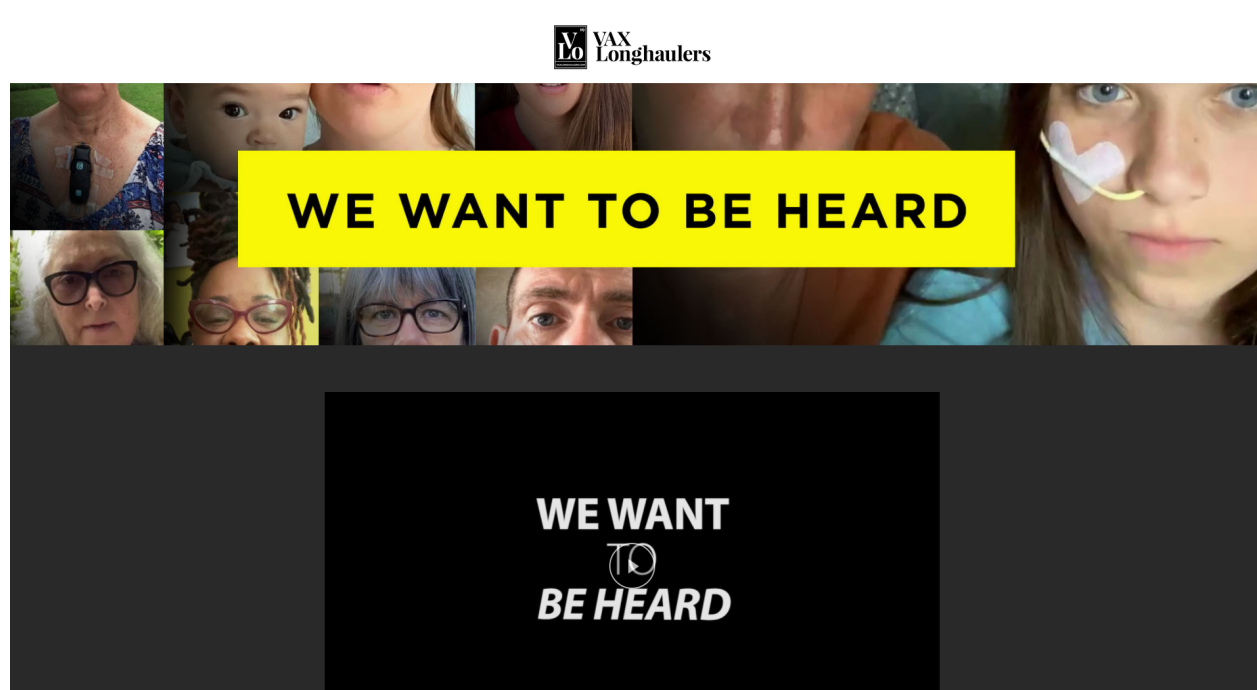
What happened in Singapore?

Glad you asked. There is an article [What happened in Singapore](#) showing the antibody response to syncytin-1 is real and harmful. Mike Yeadon and Dr. Wolfgang Wodarg raised an alarm in Item XI of their petition to halt the Covid vaccine in December that **it may induce an antibody response to syncytin-1**, which is **essential for placenta formation**. The Singapore study authors set up their study to “dispel” this insinuation. Brian Mowrey wrote the article to explain the testing system and why **the result the authors’ study found is a giant warning that the fears they were trying to dispel are valid**. In short there is a lot we do not know about the effects of the vaccines on reproductive health.

Are there vaccine injuries / vaccine long hauler groups?

Here are a few we know about:

1. <https://www.vaxlonghaulers.com/> (see image below)
2. <https://www.c19vaxreactions.com/>
3. <https://t.me/covidvaccineinjuries>



Are there vaccine injury groups in other countries?

Yes, here are a few telegram groups for vaccine victims:

1. [Singapore telegram group](#)
2. [Malaysian telegram group](#)

The vaccine companies don't have any safety liability. Should we be worried?

"To NOT question the safety of every single product a company makes that demands zero liability for harm from their products, is not anti-vax, it's common sense."

Janci C. Lindsay, Ph.D
Director of Toxicology & Molecular Biology
Toxicology Support Services, LLC

How about prion diseases and Lewy bodies? Can mRNA vaccines cause that?

[Prion diseases are rare and affect 300 people each year in the US.](#) They lead to dementia.

We don't know anything about the formation of Lewy bodies. That was never measured. This should be frightening to everyone.

<https://scivisionpub.com/pdfs/covid19-vaccine-associated-parkinsons-disease-a-prion-disease-signal-in-the-uk-yellow-card-adverse-event-database-1746.pdf>

"These results are consistent with monkey toxicity studies showing infection with SARS-CoV-2 results in **Lewy Body formation**. The findings suggest that **regulatory approval, even under an emergency use authorization, for COVID vaccines was premature and that widespread use should be halted until full long term safety studies evaluating prion toxicity have been completed.**"

April, 2021 - [Shocking Study Reveals mRNA COVID-19 Vaccines May Progressively Degenerate Your Brain From Prion Disease](#)

2020 Study Cited in Article (not Peer reviewed): "SARS-CoV-2 Prion-Like Domains in Spike Proteins Enable Higher Affinity to ACE2," published by the Human Microbiology Institute

https://21a86421-c3e0-461b-83c2-cfe4628dfadc.filesusr.com/ugd/659775_96d5109a6f344f97bd4097a1731de594.pdf

Anything else that it is important to know?

Yes. We have no idea what the long term consequences of the vaccines are since we've never used vaccines like this before with a toxic spike protein that replicates inside your brain, ovaries, heart, etc. for an unknown amount of time. We have no idea how long it replicates for because they never measured this. We have no idea what the highest and lowest range of spike protein in people's brains are since that was never measured either. It should never be used on anyone under 30 years of age since the evidence is clear that the fatality risk that we do know today outweighs the benefit we know. But since early treatments work, nobody should be taking the vaccine. Nobody should be coerced into taking these experimental vaccines. And the FDA should never approve these experimental vaccines since they are far far more dangerous than viable alternatives such as early treatments and other vaccines (like Novavax). Also, the [COVID vaccine from Medicago](#) looks interesting as well.

And we haven't even touched on [David Martin's work](#) regarding the coronavirus and the vaccine and how it is a profit making business. Watch [this video of Stew Peters interviewing David Martin](#) about the origins of the coronavirus.

Why is Novavax safer?

The current vaccines all make the antigen (spike protein) in your body. This is problematic because it is made everywhere including inside your brain, heart, and lungs.

With Novavax, the antigen is pre-manufactured. It is much more likely to stay in your shoulder once injected. So it is much more localized rather than being systemic. This is why it has such a good side effect profile from the reports we've seen.

So if you must get vaccinated, Novavax is the safest option as far as we know.

Are there any prominent scientists or doctors who believe your document?

Yes, about 10% to 20% or so of docs have figured it out, but they are afraid to speak out because they will be fired and their career will be wrecked, especially in Canada.

For example, after Dr. Charles Hoffe wrote this [letter of concern to Dr. Bonnie Henry](#), he was fired from his hospital and **investigated by the BC College for reporting several AE's publicly**. The town where he lives had a massive fire soon after, and his clinic was burned to the ground but fortunately he is safe. So apparently arson is on the list of intimidation tactics. In this case, they burned down the entire town so it wouldn't look like a targeted attack ([watch this video](#)).

Dr. Francis Christian of Saskatchewan was fired last week from all of his faculty positions for asking for informed consent before children are vaccinated. We highly recommend you listen to

this [REC'D CALL: Canadian Dr. Francis Christian FIRED For Giving People All The Information About The Vax](#) and read the story of [Dr. Christian here](#). All of his points are based on science. Here is [Dr. Christian's public statement](#). Here's [what happened to him](#).

You can see [both doctors in this video along with their lawyer](#).

These two examples are why doctors who notice the problem remain silent. One doc wrote, "So, I have to tread carefully, or I am toast."

Other doctors simply interpret odd events as anecdotes since they know the vaccine is safe and effective. This is easy to do if you have a small practice and see a single event.

Here's a note we got from a highly respected physician in Canada whose name we must withhold for fear of retaliation:

I don't need VAERS to convince me there's a problem.

The fact that I know someone, age 24, in perfect health, who died in his sleep less than 18 hours after receiving a Pfizer shot is sufficient in my books to know that Houston, we have a problem.

Plus my submitted reports on my family practice patients to the Canadian agencies, **most of which get rejected** including: congestive heart failure x 2 patients; acute MI (this went to VAERS since the patient was in the US); acute pancreatitis; myoclonus; MS flare; fetal demise at 6 weeks; painful lymphadenopathy; retinal hemorrhage (report pending received of specialist documentation), and many more less severe adverse reactions; **If the reactions were after the first dose and the patients survive, public health instructs patient to take the second dose.** One of my CHF patients was advised to take the second dose but unfortunately he passed away in his sleep the day before his second dose was scheduled.

Also last week, **three teens from one family all hospitalized with myocarditis** (not my patients) in Toronto.

Toronto Public Health MD's **say they don't see any signals of anything**.....it's all anecdotal. The show must go on.

This is exactly why we see extremely low levels of adverse event reporting in Canada.

[Dr. Robert Malone, the inventor of the mRNA vaccine](#), chose to not remain silent. He was outraged by the mistakes done by the FDA in not requiring the proper safety studies and the lack of informed consent given to the public (the "trial participants"). People are not warned about the 1 in 1,000 paralysis rate shown in the Pfizer trial. They are not warned that people

have died from the vaccine. They are not told the rates of severe neurological problems. The rates of sudden death. It is a violation of federal law for this not to be disclosed.

To reward Malone's bravery for speaking out and telling the truth, **LinkedIn removed Malone's account without notice or warning. Everything is gone. He was removed due to excessive misinformation strikes.** That is ridiculous. Malone never makes a mistake.



Louisa Clary @louisaclary · 46m

...

Link Below 📌📌

technology, in Washington on June 28, 2021. (Enron Wang/The Epoch Times)

CENSORSHIP & SOCIALISM

LinkedIn Deletes Account of mRNA Vaccine Pioneer Who Questioned Risks of COVID-19 Shots

July 2, 2021 14:45, Last Updated: July 3, 2021 12:51



Craig M. Wax D.O. @drcraigwax · 56m

@LinkedIn Deletes Account of mRNA Vaccine Pioneer Who Questioned Risks of COVID-19 Shots

@LinkedInHelp also put my account on hold for six months and demanded a copy of my drivers license for "verification."...



12



15



A brave LinkedIn executive took action to restore the account more than a week later:

[Edit profile](#)

Robert W Malone, MD

@RWMaloneMD

Inventor of mRNA vaccines and RNA as a drug, Bench to Bedside vaccines and biologics consulting.

📍 Madison, VA 🔗 rwmalonemd.com/mrna-vaccine-i... 📅 Joined May 2009

551 Following 87.4K Followers

Tweets

Tweets & replies

Media

Likes



Robert W Malone, MD @RWMaloneMD · 39s

...

This evening, I recieved a very kind and personal note from a senior executive of LinkedIn. Given what has transpired, I asked and received his permission to post an anonymized version. This is attached below as a screen shot. I am truly grateful for his kind gesture.

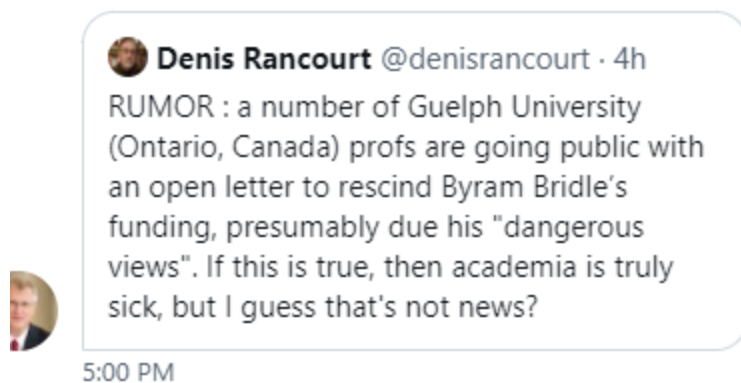
Dr. Malone's account has been fixed as of this morning.

I'd like to apologize on behalf of LinkedIn -- we're just not good enough at detangling complicated, subtle scientific claims concurrent with similar (but different) misinformation coming from others.



Dr. Byram Bridle is another outspoken advocate. Like Malone, he is a top scientist with impeccable credentials. He says the same thing that Malone says: these vaccines are dangerous on their face, and the unknowns are even scarier.

Here's what happened to Dr. Bridle. Instead of debating the scientific merit of his views in journals, this is what they do:



In other words, Byram is being recognized by his colleagues who are trying to get Bridle's grants revoked. I always thought scientists are supposed to write opposing papers. So this is "new science" where instead of arguing your case on the merits, you punish people who disagree with you through coercion. When did they start teaching this in school as acceptable behavior?

The faculty and staff signed on to an open letter that cites the CDC and Reuters as primary sources to show that Dr. Bridle is wrong. The reason they don't cite the scientific literature is because it doesn't support their position that he's wrong. They also do not do any kind of analysis of the VAERS data (or any other dataset) to show he's wrong. Basically, he's wrong because he disagrees with others. **None of the faculty would debate Dr. Bridle in an open debate. They refused the offer.**

Ironically, in [this tweet](#), the author states that misinformation will be felt long after the pandemic is over. He's right, but just not in the way he intended!



Glen Pyle | #GetVaccinated @glenpyle · 18h

The impact of [#misinformation](#) on global health will be felt long after the [#COVID19](#) pandemic is over.

An open letter signed by over 80 [@uofg](#) faculty & staff expresses our concerns over the misrepresentation of science & support for [#COVID19vaccines](#).



J Scott Weese @weese_scott · 20h

An open letter from a large group of @UofG faculty concerned about COVID-19 vaccine misinformation.

With freedom comes responsibility. That applies to academic freedom too. It should not be used to provide cover for misrepresentation and misinformation.

[Show this thread](#)

Faculty and staff at the University of Guelph support SARS-CoV-2 vaccine safety

June 28, 2021

We are a science-based faculty and staff at the University of Guelph who support evidence-based decisions and disagree with misinformation being circulated by a member of the faculty at the Ontario Veterinary College.

COVID-19 is an unprecedented pandemic due to a novel coronavirus. Nearly four million people globally have died as a result, and nearly two hundred million have been reported as infected.¹ Many millions more have suffered and continue to suffer from physical and mental illness associated with the pandemic, isolation, poverty, and the long-term effects of the infection.²

Vaccines for SARS-CoV-2 were designed, tested and produced at an unprecedented speed and on an extraordinary scale. The ability to quickly develop safe and effective vaccines was made possible through remarkable global co-operation and by concurrently running clinical trials, not by cutting corners. Many countries rapidly authorized vaccines for emergency use. Various types of vaccines are available, including those based on mRNA coding for the viral spike (S) protein, vector-based DNA vaccines coding for the S protein, and recombinant S protein itself.³ Two doses of the vaccines have demonstrated 100% efficacy in preventing severe disease.⁴

Katie M. Chow, DVM, PhD	Assistant Professor, Population Medicine	Ontario Veterinary College
Joseph Colaninzi, PhD	Associate Professor, Molecular and Cellular Biology	College of Biological Sciences
Marc Coppolino, PhD	Associate Professor, Molecular and Cellular Biology	College of Biological Sciences
Georgina Cox, PhD	Assistant Professor, Molecular and Cellular Biology	College of Biological Sciences
Teresa Coates, PhD	Professor, Integrative Biology	College of Biological Sciences
Nicola Cobb, MA VetMB, DVM, DACVIM	Assistant Professor, Clinical Studies	Ontario Veterinary College
John Dawson, PhD	Professor, Molecular and Cellular Biology	College of Biological Sciences

1. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms/testing/index.html>, accessed June 28, 2021
2. <https://health.mcgill.ca/covid-19/vaccine-safety>, accessed June 28, 2021
3. <https://www.canada.ca/en/health/science/2021/06/2021-06-28-covid-19-vaccine-safety.html>, accessed June 28, 2021
4. <https://www.cdc.gov/coronavirus/2019-ncov/vaccine-efficacy/index.html>, accessed June 28, 2021

Supporting signatures from University of Guelph faculty and staff

Name, Credentials	Title	University of Guelph College
Amy Greer, MSc, PhD	Canada Research Chair in Population Disease Modelling and Associate Professor	Ontario Veterinary College
Dorothea Bielefeld, DVM, PhD	Professor of Veterinary Pathology	Ontario Veterinary College
Scott Weese DVM, DVMSc, DACVIM, FCAHS	Director, Centre for Public Health and Zoonoses	Ontario Veterinary College
Glen Pyle, PhD	Professor of Biomedical Sciences	Ontario Veterinary College
Sarah Adamowicz, PhD	Associate Professor & Director of Bioinformatics Graduate Program	College of Biological Sciences
Todd Duffield, DVM, DVMSc	Professor and Chair, Population Medicine	Ontario Veterinary College
Das Gillis, PhD	Associate Professor & Statistician, School of Computer Science	College of Engineering & Physical Sciences
Lawrence Goodridge, PhD	Professor and Director, Canadian Research Institute for Food Safety	Ontario Agricultural College
T. Ryan Gregory, PhD	Professor and Chair, Integrative Biology	College of Biological Sciences
Steffen Graether, PhD	Professor, Molecular and Cellular Biology	College of Biological Sciences
Carlton Gyles, DVM, PhD, FCAHS	Professor Emeritus, Pathobiology	Ontario Veterinary College
Jana Hammermeister, PhD	Staff, Pathobiology	Ontario Veterinary College
Brad Hume, BSc, DVM, MSc, PhD	Associate Professor, Biomedical Sciences	Ontario Veterinary College
George Hume, PhD	Professor Emeritus, Molecular and Cellular Biology	College of Biological Sciences
Tony Hayes BVSc PhD	Professor Emeritus, Pathobiology	Ontario Veterinary College

Dr. Bret Weinstein risked his career to expose the story by interviewing Pierre Kory, Robert Malone, and Steve Kirsch. YouTube has removed Bret's latest video which had over 600,000 views (and 35,000 positive reviews) and demonetized his channel which takes away his revenue stream. Supporting his family is now at risk since that was his primary revenue stream.

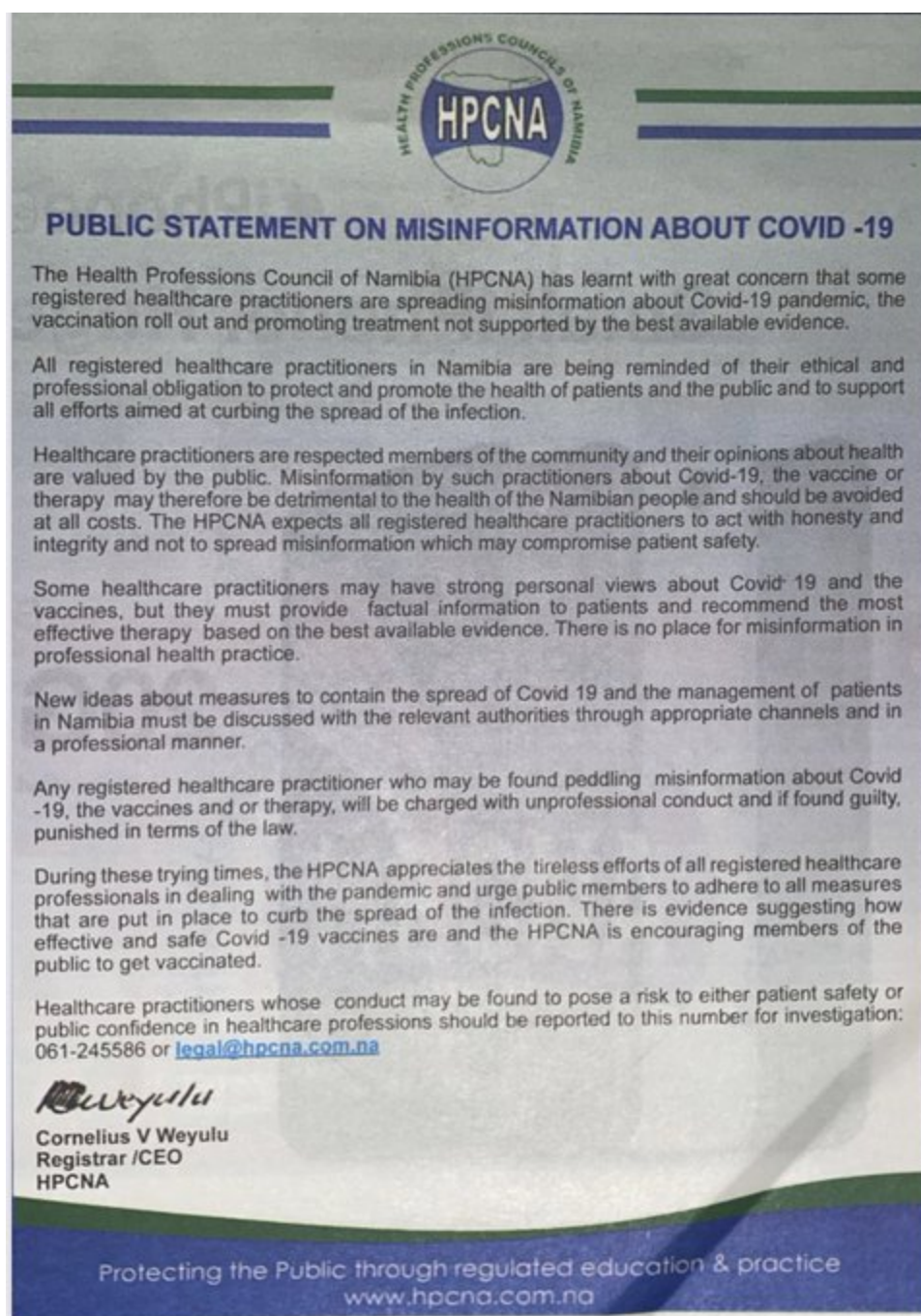
Steve Kirsch who is not a doctor had his business impacted with a customer who didn't like the fact he was speaking out against vaccination and so he is no longer speaking out publicly against the vaccine because of that.

The message is clear to anyone: if you oppose the narrative, you will be both silenced and punished, no matter who you are.

Canada is taking censorship to a whole new level. If you disagree with the main narrative you will be silenced and punished.



Namibia is also trying to challenge Canada for the country with the most abusive treatment toward doctors who don't toe the line and support the false narrative. The defense of course is that advising people not to be vaccinated is supported by the people most knowledgeable, including the [inventor of the mRNA vaccines himself, Robert Malone](#) and the primary data source used by the FDA and CDC: the VAERS database. However, when your judge is biased against you and you aren't given a fair trial, such arguments are useless.



The truth will eventually get out, but it will take a long long time. This is why no mainstream doctors will oppose these unsafe vaccines. The vaccines can kill millions of people and not a single physician will be able to say anything about it without ending their career. This is why there isn't any support for what is in plain sight. Facts no longer matter in today's world.

Why isn't anyone in Congress calling for a halt to the vaccines?

If you try that, you are labelled “anti-science” and no one in Congress will talk to you anymore and you won't get re-elected. So it is viewed as political suicide to challenge the scientific false narrative. Even Senator Ron Johnson is afraid to speak out now after the [four pinocchios article was published in the Washington Post](#).

We offered to debate the facts with the fact checker who wrote that article, but he declined our offer.

Ironically, the only mainstream truth teller left on the vaccine story is Tucker Carlson of Fox News. Now isn't that ironic?

What's the story on mask wearing? Should we wear masks?

Why aren't we leveling with the American people that [the scientific evidence supporting mask wearing for COVID is non-existent](#)?

All the inconvenience we went through was pure political theater.

Haven't you ever wondered why the NIH never funded a mask study? The answer is simple: they know it doesn't work so doing a study would expose the existing recommendations as foolish, unnecessary, and unhealthy and it would also discredit every public health official in the US as going along with the narrative without questioning it at all.

The bottom line is that NO ONE WILL DEBATE the guy who did that video (Tyson Gabriel of Premier Risk Management in Arizona). They will instead try to censor him like they do to anyone else who tries to argue using facts and evidence. This is why [his video isn't on YouTube](#).

The lesson is clear: do not use facts and evidence to argue your points. If you are correct, you will be censored.

Is there a solution to the censorship problem?

Congress could address the censorship problem by enabling a private right of action to sue social networks with over 100M users for \$100,000 for each instance where beneficial medical information is censored, where the participants are discussing censorship by the platform, or where groups discussing drug side effects are removed.

What happened to Dr. Charles Hoffe? Do the COVID vaccines cause fewer deaths in Canada? Or is it due to under-reporting due to intimidation?

Here's [the story of what happened to Dr. Charles Hoffe](#). There are a couple of things to note in the story.

First, the coercion in Canada results in a factor of 200 fewer adverse event reports than in the US.

Secondly, the official states, "There have been no deaths or lasting adverse reactions connected to the Moderna/Pfizer vaccines, or any COVID-19 vaccine, in Lytton, Interior Health or B.C. at this time," Fenton said. There have been 1.35-million doses of the four approved vaccines.

With 200 times fewer events, it's no surprise that they don't see any cause and effect there.

No deaths from the vaccine means that "no deaths are ascribed to the vaccine." We show casualty here in our charts for fatality where the fatality peaks after 24 hours and fatality is related to dose, and that the fatality rate due to vaccination is far above the background death rate. It is difficult to prove any isolated case was caused by the vaccine if the proper autopsy was not performed to detect the spike protein in the organ that failed. Otherwise, large numbers are needed. However, cases like this are pretty hard to explain: [Previously healthy 18 year old girl develop severe brain problems just days after vaccination](#)

It is very troubling that CDC and FDA haven't requested full autopsies with assessment of spike protein be required on all people who have died proximate to the vaccination.

How can we explain this lack of interest in finding causality? Even a handful of bodies sampled can sometimes be enough to make worthwhile inference. Could it be that they don't want to know and they don't want us to know either?

If the vaccines are as safe as they claim, then doing autopsies would end vaccine hesitancy and prove that these deaths were simply "bad luck." And we know that the CDC desperately wants to end vaccine hesitancy. So why aren't they doing this? It's obvious: because they know what they will find and it will not be pretty.

For example, at Baylor from the onset there was **a complete prohibition on autopsies**. It was taken off the table without question. At first it was probably due to the risk of transmission in theory, but it makes no sense today: the doctors doing the autopsies are vaccinated and

vaccinated people have the vaccine, not the virus. This means we cannot see what is going on for these hospitalized cases for no good reason.

Remember those four British Airways pilots that all died within a short time after being vaccinated? BA said it wasn't related to the vaccine, but they didn't release the dates of vaccination, they didn't release the autopsy reports, so how do they know that and why should we trust them? They never told us. They won't release the vaccination dates. They ignore those requests and don't even respond. Why is that private? The pilots are dead. This lack of transparency should be troubling to everyone.

Are there new rules of scientific inquiry as of 2021?

Yes. This is a massive re-write of how science works. As of January 2021, there are new rules of science including:

1. If the CDC doesn't find a safety signal, the drug is safe, no matter how many adverse events and deaths there are.
2. The [Bradford-Hill criteria of causation](#) may no longer be used to prove causation. There shall now be no accepted way to prove causation anymore. Therefore, the vaccine cannot cause deaths because all ways to prove causality are hereby revoked.
3. Papers in peer-reviewed journals must now be rescinded by a journal if the journal is notified that the views do not comport with mainstream scientific thinking. Scientific evidence that the paper is actually wrong is no longer required or expected. In short, the paper is wrong upon accusation until the mainstream scientific consensus (as dictated by US political policy) supports it.
4. Censorship is now required by all social networks for any scientist or doctor who espouses any views that do not comport with mainstream views. So even if it is Senate testimony with 9M views (such as Pierre Kory's Senate testimony on ivermectin), that content must be removed. All social networks are encouraged to ban, demonetize, and delete without notice the accounts of any scientist who does any action that the social network disagrees with. For example, posting a reference to an opinion piece in the Wall Street Journal that the social network disagrees with for any reason. The social network does not need any scientific facts to justify their decision. Even if the account has been exemplary for 10 years, a single transgression can justify a lifetime ban. There shall be no notice of removal and no right to appeal. The social network shall be the sole judge, jury, and executioner and the member should have no right to appeal. Congress has agreed to never interfere with such censorship even if the social network is so large that there is no alternative platform available.
5. If a scientist espouses views that are not mainstream, the expected response from other scientists is no longer to write an opposing paper. Instead, the expected behavior is now for mainstream scientists to band together and seek retribution via coercion techniques that can include attempting to revoke the funding of any scientist who disagrees with them. A more comprehensive list of recommended retaliation techniques will be published in the future.

6. A good example of the type of behaviors expected of institutions is what happened to Prof. Harald Walach after publishing a paper (that passed peer review) that dared to question the narrative. Using social media to notify the Professor is highly encouraged: you want to publicly embarrass the person whenever possible and the bigger the audience the better. Here's what he wrote, "As you have seen: arguments, facts and data do not count. Nobody seems to be interested in that. My university has severed its ties, I learned via Twitter, the other university is going to revoke my visiting professorship I learned today, and the argument we are making that you cannot just conduct the biggest vaccination experiment in the history of mankind without accompanying safety data and then complain if someone does try to raise the issue, all goes unheard and unheeded."
7. Regulatory authorities throughout the world (especially in Canada) are encouraged to aggressively punish through fines and revocation of license of any member of the medical community who disagrees with mainstream thinking. Doctors are no longer allowed to express such views on their personal accounts. They must remain silent and when asked by patients, they are expected to lie to patients to assure them that the vaccines are safe. Doctors who disagree with the sanctions shall not be allowed to speak in their defense. The decisions shall all be made without any input from the doctor.
8. Anthony Fauci's unredacted emails shall never be requested by any Committee Chair in Congress. Doing so would reveal that Fauci covered up the fact that he created the virus in the first place.
9. No one is permitted to ask Moderna how they could have been working on a coronavirus vaccine 2 weeks before anyone knew the coronavirus existed. Even if such stories are written, no media organization shall publish it.
10. No one, no member of Congress or member of the press, is permitted to question the regulatory agencies such as the CDC, NIH, or FDA. The Alzheimer's drug approval process must not be questioned. The CDC, FDA, NIH shall never be asked to explain what caused the 6,000 deaths in the VAERS system. The agencies shall not be accountable any more to Congressional oversight. Whatever Fauci says goes and he shall not be questioned. Senator Rand Paul should be ejected from the Senate for daring to question Fauci.
11. The NIH shall never give a recommendation for a repurposed drug that works against covid, no matter how strong the evidence. This would provide a viable alternative to vaccination so it must be suppressed with claims of low quality evidence. The focus should be highlighting the lowest quality studies and ignoring the highest quality studies including peer reviewed systematic reviews that disagree with the narrative.
12. The systematic review, once the highest level of evidence based medicine, can now be overridden by expert opinion (which was formerly the lowest level of evidence). So "expert opinion by the NIH and WHO" shall now be placed at the top of all diagrams of evidence based medicine. A neutral recommendation means "censor at will even if systematic review says the drug works." Systematic reviews can now be ignored by all organizations (such as the WHO and NIH) who are now free to opine based on politics, rather than science.

13. The WHO must reverse any medical recommendation that disagrees with the current political narrative. So for example, the decision to not vaccinate kids. If the funders of the WHO object to the WHO saying not to vaccinate kids, the WHO must backtrack, even if it means innocent kids will die. **Politics must always outrank science whenever there is a disagreement between the two.** The WHO shall be shielded from providing any scientific justification for their reversal. No press person shall inquire why the WHO changed their recommendation or those people must be fired. The public must not find out that the recommendations aren't driven by science. They must be kept ignorant and uninformed. This is the new job of the media to do this.

Also, safe and effective early treatment drugs like ivermectin must be suppressed. Even though ivermectin is one of the safest drugs ever invented, references to it being SAFE must be removed.

↻ Louisa Clary Retweeted



John Bowe ✓ @JohnBoweActor · 12h

WHO is deleting information on it's website that says IVERMECTIN IS SAFE. The WHO is self-censoring their information about the APOC programme, where they have used Ivermectin since 1995 to eradicate river blindness, and where they note that Ivermectin is safe.

💬 134

↻ 1.8K

♡ 3.3K



drbeen medical @drbeen_medical · 14h

Censorship all the way to ignorance. Welcome to the modern contributors to the dark ages.

@YouTube

job to make sure that YouTube is a safe place for all. If you think we've made a mistake, you can appeal this decision - you'll find more details below.

What our policy says

YouTube does not allow content that spreads medical misinformation that contradicts local health authorities' or the World Health Organization's (WHO) medical information about COVID-19, including on methods to prevent, treat, or diagnose COVID-19 and means of transmission of COVID-19.

14. Companies are now required to restrict the disclosure of any information that would not support the narrative. Therefore, British Airways shall say that the pilot deaths are not related to the vaccine and shall be prohibited from releasing the vaccination dates of the pilots since otherwise people would find out the truth.
15. The [Global Coalition for Digital Safety will define what is to be censored](#). Top high tech companies are excited to participate in the censorship.
16. Nobel Prize winners are no longer exempt from the censorship. Even if you win the Nobel prize in Medicine for a discovery that has been [hailed in the medical literature](#) as "a great boost towards elimination of the global infectious diseases of poverty" you will be prohibited from talking about the drug you invented, even if it is the safest drug ever invented and on the WHO list of Essential Medicines. Anything saying ivermectin is safe

must be obliterated, otherwise people will figure out it can be used to treat COVID and that would increase vaccine hesitancy.



Pierre Kory, MD MPA
@PierreKory

...

Nobel Prize Winner Professor Satoshi Omura, whose discovery of ivermectin led to one of history's greatest public health achievements in transforming the health status of large parts of the globe... gets censored for discussing the science supporting ivermectin in COVID-19. Yup.



中島かつひと山梨1区...衆議院議員・医師
@KatsuNakajima

...

大村智博士×中島克仁 対談第1部
「日本版EUA整備法案」について
「イベルメクチンは息子」

#イベルメクチン

Translated from Japanese by Google

Dr. Satoshi Omura x Katsuhito Nakajima Dialogue Part
1 "Japanese EUA Development Bill" "Ivermectin is a
Son"

#イベルメクチン



made in JAPAN (山梨) の薬 (イベルメクチン) がコロナ...
昨年より続く新型コロナウイルス感染症に対しての特効薬や
ワクチンの接種を希望する国民への迅速な接種が待たれる...
[youtube.com](#)

11:22 PM · Jun 26, 2021 · Twitter for iPhone

Dr. Satoshi Omura x Katsuhito Nakajima Dialogue Part
1 "Japanese EUA Development Bill" "Ivermectin is a
Son"

#イベルメクチン



This video has been removed for
violating YouTube's Terms of Service.

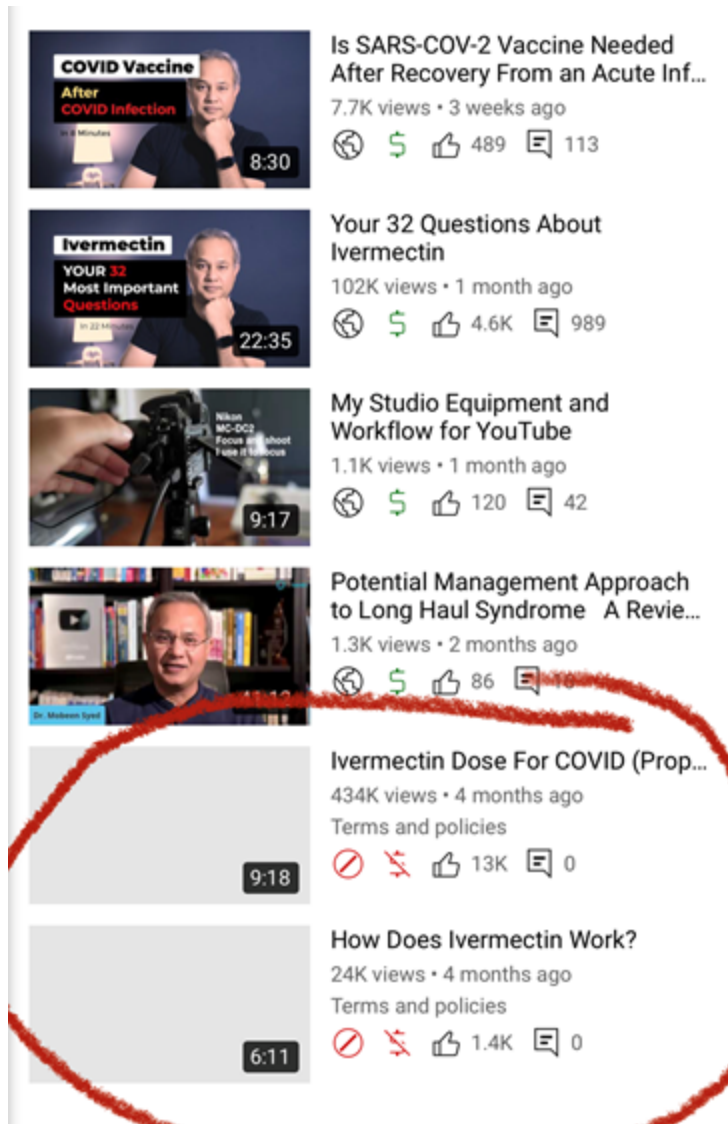


made in JAPAN (山梨) の薬 (イベルメクチン) がコロナ感染症の切り札とな...

What company is the worst in terms of censorship?

Hard to say, but YouTube certainly ranks very high on the list because doctors have been demonetized on the platform for giving out information that can save lives. Take Dr. Mobeen Syed, for example. His video on ivermectin dosing with over 434K views (and 13,000 likes) was censored by YouTube as medical misinformation. YouTube employees apparently support this as well; they don't want people to learn the truth. Just like the WHO doesn't want you to read [the paper published in a peer reviewed journal from their top ivermectin consultant Andrew Hill showing ivermectin works](#).

This isn't science-based censorship. This is censorship by YouTube to promote a political agenda that is costing lives. Sadly, there apparently aren't any YouTube employees that think this is a problem.



Are there mainstream scientists in academia who are not afraid to speak out?

Yes, [Peter Doshi, associate editor of BMJ, and a number of other scientists have filed a citizen's petition to stop approval of the vaccines.](#)

Dr. Joel S. Hirschhorn wrote an op-ed for TrialSiteNews, [COVID Vaccine Approval by FDA: Battle is On.](#)

Two other truth tellers who are not afraid to speak out very publicly: Peter McCullough and Vinay Prasad.

Tweets

Tweets & replies

Media

Likes

Pinned Tweet



Vinay Prasad MD MPH @VPrasadMDMPH · Nov 27, 2020

Based on an [@Plenary_Session](#) request, gonna tweet a thread of articles and podcasts I have done on or including the theme of COVID19

1 The first one, and perhaps still most relevant



Let's hear scientists with different Covid-19 views, not attack them - ST...
Some scholars and academics wrongly ascribe scientists' legitimate disagreements about Covid-19 to ignorance or questionable political o...
[statnews.com](#)

73

460

1.5K



[Show this thread](#)



Vinay Prasad MD MPH @VPrasadMDMPH · 2h

This is spot on. 🙌 No one can debunk the study showing the masks slow viral spread in kids (particularly v young ones) b/c no one did that study. Lots of conflicting, confounded obs. data & faith

The failure is pushing restrictions on kids for 1+ yrs without any credible data



Wes Pegden @WesPegden · 3h

This is a good thread debunking a recent paper claiming to show masks make dangerous CO2 levels for kids.

Why isn't the mainstream media covering this?

We've heard that there is a representative from Pharma companies on the board of every mainstream media publication since Pharma are big advertisers. We've heard of repurposed drug stories being suppressed without good reason, and the stories of vaccine victims with

tragic neurological conditions are ignored by the mainstream media. With up to 4.5M adverse events, have you ever seen any of these stories on CNN? Not a chance.

Stories by NY Times, NPR, and WSJ reporters have been censored by their editors.

There was a [victim stories event hosted by US Senator Ron Johnson](#), but it was not broadcast on any mainstream media. There are 200,000 or more victims. Their voices have been silenced by the media.

Come on. Surely the NY Times and NPR would love to cover this story if it were true.

Yes, the reporters do, but they can't get the company to go up against the false narrative.

For example, we just received this email from one of the vaccine clinical trial victims:

Website had 100,000+ views this week. Media isn't listening, but it appears somebody is.

Doing a press release Tuesday...the press company isn't approving our release... even though we paid \$1000 for it. Hoping that it resolves tomorrow.

Our **NY Times** reporter did an amazing piece that was rejected. We have someone else at **NPR** who was rejected as well....she's working to get it pushed through again.

If you are a member of Congress and want to talk to these reporters, contact us.

Is Tony Fauci clueless about all of the deaths?

Yes, Tony is totally clueless.

It is amazing to me that the guy hasn't been fired. He funded the creation of the coronavirus, and then he covered it up when it escaped from the lab. Then he tells us to take a vaccine that will kill more of us.

Congress is asleep at the wheel. NOBODY in Congress or the Biden Administration has figured it out. Sadly, they never will.

None of the committee chairmen in Congress have requested Fauci's unredacted emails from the NIH. All it takes is a letter. Nobody will write the letter and nobody in the press will ask for the info. Nobody wants American to learn the truth.

68% of Americans have been fooled so far. They are going for 100%.



Washington – Dr. Anthony Fauci, chief medical adviser to President Biden, said Sunday it's "almost inexplicable" that some Americans continue to resist getting vaccinated against COVID-19

How come there aren't any stories in the media about people dying from the vaccine?

Because the press will not mention it at all as a possible cause of death. Never. Never. Never.

Here's the [news story on the death of coach Brianna Berry in her sleep](#). Notice how they simply report that a healthy person died (and don't mention that they died in their sleep since that never happens and would cause alarm). No cause of death. No autopsy. No investigation. No statement from the family.

Below is the real story of how it happened. Of course, the academics say that these are all "coincidences" and autopsies should never be done (so people will never learn the truth). Nobody in the press is pushing to find the truth either. They are all on board to conceal the truth from everyone.

Even worse is how the university reacts to the loss of the coach (healthy young people never die in their sleep for no reason): the university mandates the vaccine for all the coaches and the players. Brilliant. Nobody complains. No parents of the kids are speaking out. None of them are outraged. They all remain silent.

not sure if u were aware that it appears Brianna Barry 33 yr old assistant George Washington University volleyball coach died in her sleep from a stroke maybe 10 days ago after getting the vaccine that the school is mandating their coaches and players all get... they aren't reporting cause of death but this is what supposedly the family is telling people

Jul 1, 2021, 8:21 AM



GW Athletics Mourns Loss of Volleyball Assistant Coach Brianna Barry - George Washington ...

gwsports.com

Jul 1, 2021, 8:22 AM

You accepted the request

This happens over and over where the death notices of people who can't reasonably be expected to die, instead die shortly after vaccination. Consider [Shelley Stocken's death notice](#). See vaccine anywhere? Of course not. Jabbed on the [7th of June and dead by the 26th of June](#). Young with no health issues.

Or just read this [Twitter thread which is filled with people who are here today, gone tomorrow](#) shortly after getting the vaccine.

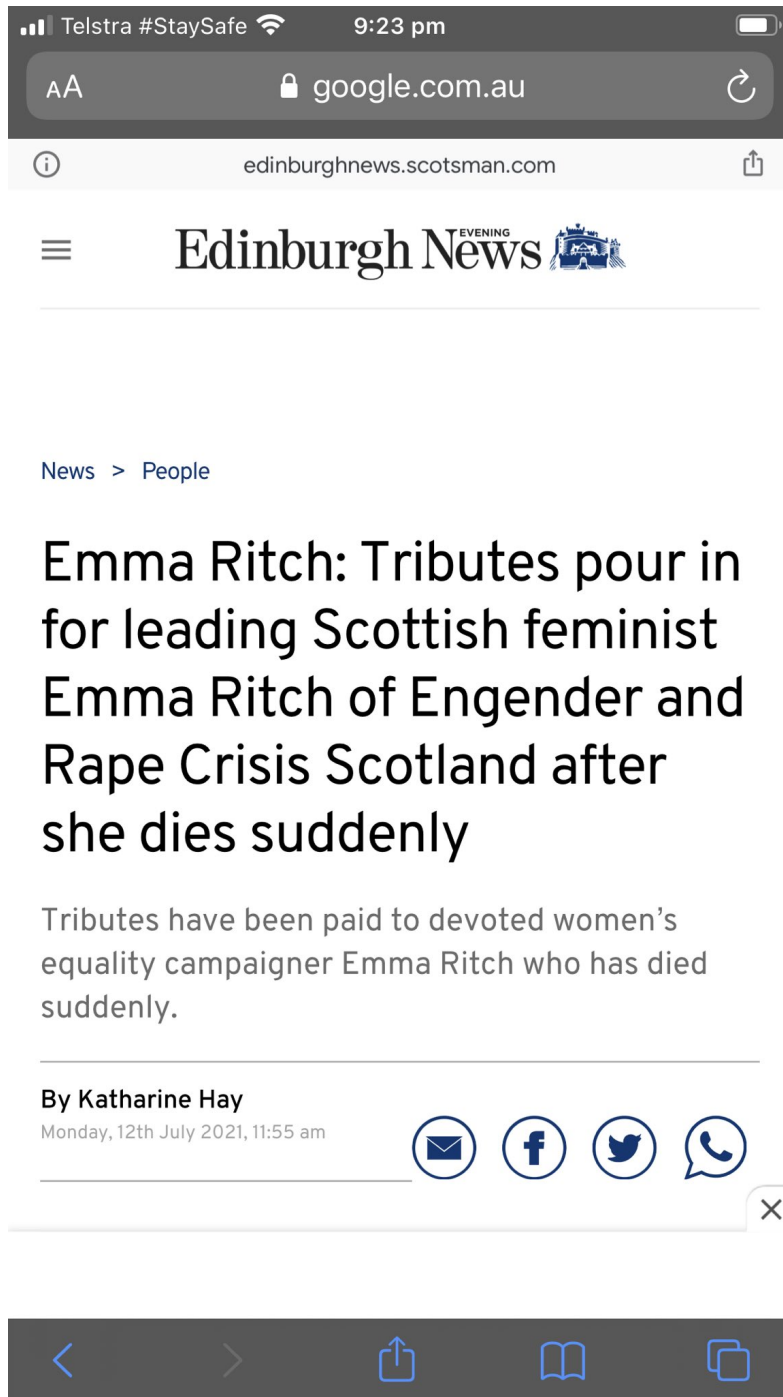
Here's another example where the person highly likely died from the vaccine, but it was reported as a death from pancreatic cancer. Similarly if the vaccine creates a heart attack or stroke or

pulmonary embolism, you die of that, not from the “safe vaccine.” There are simply too many of these examples below to dismiss:



And more just sudden, unexplained deaths. These are now commonplace. Just dies. No explanation. Nobody has any clue. She got her first shot on Mar 10, 2021 .





How effective are the vaccines in real-world studies?

A friend of ours (a very smart engineer unaccustomed to medical research data, but who has made several incisive observations about studies during the pandemic) has been working on his own re-analysis of the [Dagan vaccine trial data](#). That trial violates the "once sorted, always

treated" principle, which protects results from Simpson's paradox effects that researchers rarely understand how to later sort out.

There is indication that the process of resorting favors those most healthy, and specifically excludes those who got sick. This never should have been published with the claimed results.

His conclusion that the vaccines only lowered mortality by around 50% matches fairly closely with [Mathew Crawford's analysis of the PHE data](#).

Seven of [the authors list Pfizer grants in the previous 36 months](#). One of the researchers has NIH and VA grants. It's interesting that they were not required to say that in the actual publication.

Hmmm....

Some people claim Robert Malone isn't the inventor of the mRNA vaccine.

They would be wrong about that. See [this tweet](#) for example.

Or ask an expert like MIT Institute Professor Robert Langer who is one of the founders of Moderna.

Even if 100,000 people have died from the vaccine that is still less than the 600,000 people who have died from COVID. So isn't the vaccine better?

It depends on your age and the alternatives.

Generally if you are under 30, vaccination is more likely to kill you than save you.

If you are over 30, and you trust the early treatment numbers, early treatment is the better option.

See details in [Vaccine safety evidence](#) (look at the sections "UK numbers today" and "VAERS death rate analysis by age").

What about Stanford Professor John Ioannidis who is arguably the most respected epidemiologist in the world? What does he have to say?

The medical community ignored him last May when he started publishing the only accurate estimates of case fatality rates that challenged the lockdown rationale and other orthodoxies.

It is always a mistake to ignore Professor Ioannidis, However it takes some people longer to learn that lesson than others.

What do mainstream academics who tell people to get vaccinated say after they read this article?

Nothing, because most of them never read it (or if they do they just skim it quickly). They typically refuse to. The cognitive dissonance wouldn't allow them to get past the first page.

They will say either that they are "too busy to read it," "it's too long," and/or that "it isn't scientific" (despite all the references to peer-reviewed scientific literature in the [document that this document summarizes](#)).

Or they will say that they don't have time to look at the primary data sources and that they trust the Phase 3 trials and government agencies, so this article must be wrong.

Mainstream academic types all rely on "proxy trust": faith in the institutions of peer review and government agencies. If you write something that disagrees with trusted sources, it must be wrong and nobody has the time to actually look at the primary data sources that prove that the trusted sources are wrong.

So even if you show them very clear data that they are risking permanent brain damage by taking a drug that is completely unnecessary (or is more likely to kill them than to save them), it simply doesn't register because they don't believe it is possible because they have absolute faith in the institutions. It's the weirdest thing.

The rejection of the arguments here has everything to do with the unwillingness of people to engage in any discussion that is contrary to their belief system and who they trust.

They will say that the phase 3 trials prove it is safe and they will refuse to believe there was fraud even when we can prove there was fraud; they won't have time to look at that evidence because it is two pieces of paper (one proving she was in the trial and the other proving she is paralyzed). Since nobody in academia has time to review both documents, Maddie de Garay being paralyzed simply is not believable because the FDA hasn't said so and they don't have time to look into whether it happened or not. Too busy.

They will say that their colleagues haven't seen any deaths due to the vaccine (most certainly not since they will ascribe the deaths to "old age", "natural causes", or "heart attack", "stroke", etc because nobody dies from the vaccine itself; the vaccine causes death through organ failure) and so they will not see any deaths at all. That will be their reality check.

They will say that people who died 15 minutes after getting the vaccine was a coincidence, even if the rates are super high. And as proof they will point to those records being removed from VAERS even if they cannot explain why they were removed.

They will say all the Black Swan events are simply anecdotes. Even if there are hundreds of them this year and none before.

They will say the VAERS spike in events could be over-reporting (even without proof that doctors are reporting 50X more this year than in other years). They will say "I just don't know and I haven't got time to look into it." So when there are more deaths reported in one week (ending July 9, 2021) than over 4 years combined with other vaccine, they simply dismiss that as "not statistically significant." After all, it's only a 200X increased rate of death from any week in any of the past 30 years before 2021.

And when things get uncomfortable, e.g., they are pressed on details to justify their position, they will say that they cannot afford to spend any more time debating the subject.

In short, the academic types will always trust "the system" (Phase 3 trials and government agencies) as infallible and trustable and will not have the time to look into any allegations of impropriety since that isn't their job. They will not recognize the [limitations of randomized controlled trials](#).

None of the academics will look at the VAERS data to confirm the observations made here for themselves. Not their job.

How can you convince a mainstream academic you are right?

You can't. You never will. They have a belief system and no matter how compelling your arguments they will find a way to shoot it down, demanding "proof" (generally in a large Phase 3 trial) of each assertion.

But you can ask them a lot of questions that they can't answer based on their hypothesis that the vaccines are perfectly safe like:

1. Can you find a single death in VAERS that died coded as having the vaccine where the vaccine was not likely a key cause of the death? If you can't then why aren't you publicly denouncing the CDC for not finding any safety signals in 12,000 deaths.
2. How do you explain the excess death rate and adverse event rates in the table?

3. How do you explain the dose 1 vs. dose 2 differences? In a harmless vaccine, they would be indistinguishable
4. There are papers showing that the vaccines are causing deaths (Jessica Rose video and paper and [Mclachlan report](#)); where are the papers showing the mistakes in these papers?
5. 24 year olds die in their sleep < 24 hours after injection. 24 year olds NEVER die in their sleep. Doctors are seeing lots of black swans. Why is that?
6. Why did Dr. Charles Hoffe find that [62% of his patients had elevated d-dimer four to seven days after getting the vaccine](#). If it wasn't the vaccine, what is causing that?
7. How can a dentist with 10,000 patients who has never had ANYONE EVER complain about facial palsy ever before now has 2 cases and they BOTH happened after a second shot of a COVID vaccine within HOURS after injection. One is bad luck. Two isn't bad luck.
8. Why do the death rates peak on the second day after the vaccine?
9. Why do vaccine victims present nearly identically as long-haul covid victims in terms of blood biomarkers?
10. Why do people who develop symptoms after the vaccine NOT respond to the normal treatments for those symptoms?
11. Isn't Maddie de Garay's story troubling? Doesn't it mean there was fraud in the Phase 3 trials?

The paper on vaccine cost-benefit was retracted. What do you have to say about that?

It was retracted by the journal, not the authors. Here's what the authors wrote so you can judge for yourself who was right:

We are happy to admit that these data are far from perfect. But we repeat: they are the only ones that are available.

We quoted LAREB itself which states on its website at the time we checked the data: "All reports received are checked for completeness and possible ambiguities. If necessary, additional information is requested from the reporting party and/or the treating doctor.

The report is entered into the database with all the necessary information. Side effects are coded according to the applicable (international) standards. Subsequently an individual assessment of the report is made. The reports are forwarded to the European database (Eudravigilance) and the database of the WHO Collaborating Centre for International Drug Monitoring in Uppsala. The registration holders are informed about the reports concerning their product.").

We took this statement to mean that those reports that are obviously without any foundation are taken out such that the final data-base is at least reliable to some degree.

Would it not be like that, why else would one want to collect these data and make them public in the first place?

We are happy to concede that the data we used – the large Israeli field study to gauge the number needed to vaccinate and the LAREB data to estimate side-effects and harms – are far from perfect, and we said so in our paper. But we did not use them Incorrectly.

We used imperfect data correctly. We are not responsible for the validity and correctness of the data, but for the correctness of the analysis. We contend that our analysis was correct. We agree with LAREB that their data is not good enough. But this is not our fault, nor can one deduce incorrect use of data or incorrect analysis.

And we hope that this stimulates governments or university consortia to collect valid data to prove us wrong. We would be the first to be happy about that. But the challenge is out: Prove that the vaccines are safe! No one has done so. We say they are not and we used the best data currently at hand. Our usage was correct. If the data were not, whose fault is it?

Is there a million dollar reward if you can show the vaccines are safe?

Yes, the million dollar reward is here: [Think the vaccines are safe?](#) But nobody has been able to claim it since it would require proof of safety. None of the manufacturers have tried to claim the reward (since they know the vaccines are unsafe but it doesn't matter to them since they aren't liable).

Is there a video showing how to use the VAERS database so I can prove to myself what you are saying?

Yes, you can watch it here: [Are the Covid-19 vaccines "safe and effective"?](#)

I am a vaccine victim. How should it be treated?

Register at [covidlonghaulers.com](#) and get tested. Based on your test results, they can determine what treatments are appropriate. This is the most scientific way to treat your symptoms because you can track it with biomarkers that will show you progress.

See the [list of drugs and doctors](#)

See also the [Vaccine side effects FAQ](#).

See also the [long-haul protocol at FLCCC](#).

In general, people who are vaccine injured look very similar to COVID long-haulers.

Is there stuff you haven't done yet?

Yes, we haven't analyzed the reported symptoms of the vaccine and compared them to the reported symptoms of COVID. We'd expect them to nicely line up. Which of course begs the question: if the vaccines are truly harmless as the CDC claims, then why do the adverse events associated with the vaccine look like a very severe case of COVID?

And, more importantly, why do vaccine side-effect victims look very much like COVID long-haulers? It's a safe vaccine, so how do you explain that? Dr. Bruce Patterson has hundreds of examples he'd be willing to share to anyone who wants to take a look. The CDC, FDA, and NIH haven't wanted to look. It's obvious why: if the vaccine is safe, how can it be causing people to get long-haul COVID?

This is not subject to debate. You don't need a clinical trial for that one. It is impossible to explain. The bloodwork is similar but different. Which means the excuse that "these people must have gotten COVID" is just an obfuscation method and has no scientific validity (because such people would look the same as COVID victims).

Just how bad could this get?

Really bad. Here's [a video interview of Dr. Alexandra Cauce](#). She is a geneticist and Research Director at the French National Institute of Health. She has completed post-docs at both Harvard Medical School and the Salk Institute, and holds several patents related to RNA. In this interview, she expresses some of her dire concerns about the COVID vaccines being pushed onto the world.

How are things going in Israel? They are aggressively focused on vaccination and keep very accurate medical records.

Here are the stats...



Vaccine Truth

58 Tweets



John Bowe ✓ @JohnBoweActor · Jul 5



Watch Israel.....



Craig Kelly MP ✓ @CraigKellyMP · Jul 5



ISRAEL

57% 'fully vaccinated'

But 55% of the newly infected in Israel are 'fully vaccinated'

Big Pharma salesmen now says the 'fully vaccinated' likely to need a third 💉 to be 'fully vaccinated'

WAKE UP - WE ARE BEING PLAYED

[bloomberg.com/news/articles/...](https://www.bloomberg.com/news/articles/...)

Israel Sees Decline in Pfizer Vaccine Efficacy Rate, Ynet Reports

By [Alisa Odenheimer](#)

5 July 2021, 5:59 pm AEST

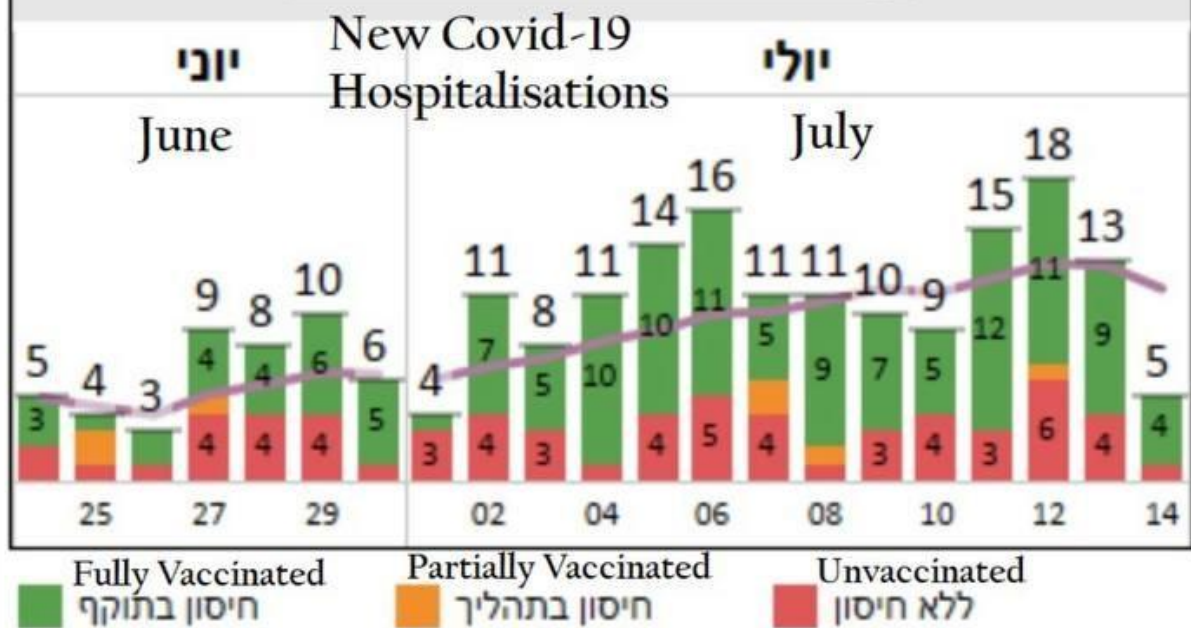
serious cases is rising much more slowly, Ynet said. Last Friday, 55% of the newly infected had been vaccinated, the website said. As of July 4, there were 35 serious cases of coronavirus in Israel, compared with 21 on June 19.

The government is considering reinstating additional coronavirus-related restrictions after restoring a mandate to wear masks indoors in public spaces. Officials are also discussing whether to recommend a third dose of vaccine, the report said.

In Israel, 90% of its cases are Delta now. [Fourteen of the 35 cases defined as serious have received two doses of the Pfizer-BioNTech coronavirus vaccine.](#) So **vaccination isn't helping that much anymore.**

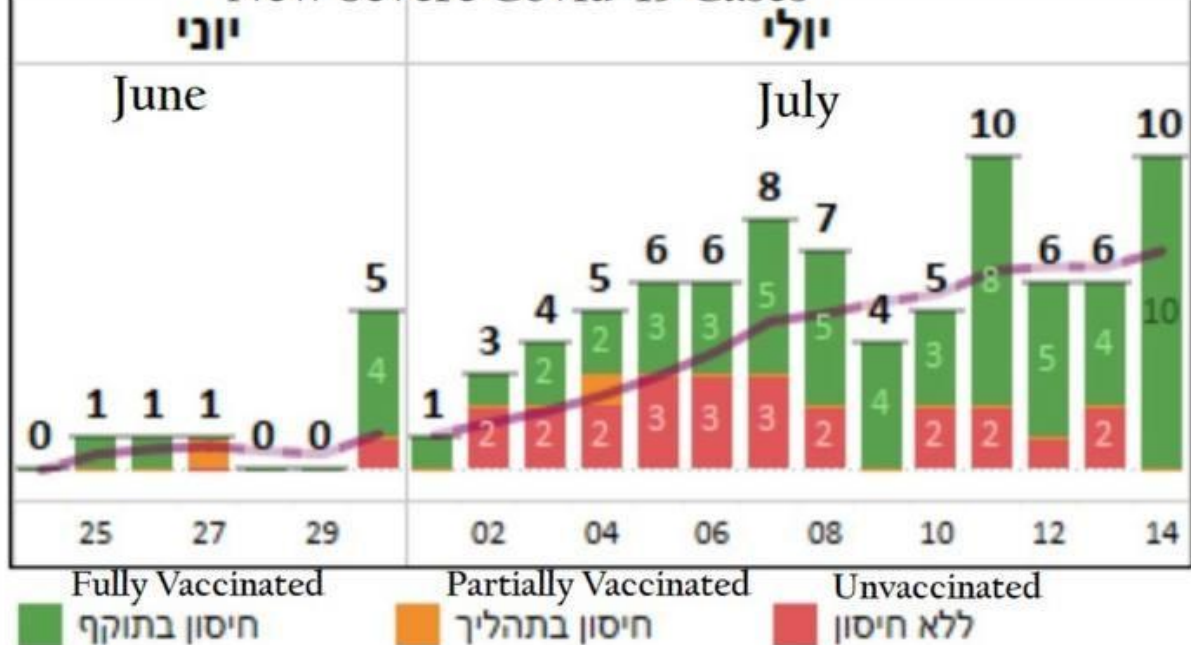
Here's what the vaccination rates look like in Israel by age group and other stats

קבלות חדשות לאשפוז





מגמת קשים חדשים

New Severe Covid-19 Cases



A booster shot? Surely you must be joking!

Nope! Just 3 days after that tweet by John Bowe, CNN published this:

CNN health Life, But Better Fitness Food Sleep Mindfulness Relationships • LIVE TV Edition  


Pfizer sees waning immunity from its Covid-19 vaccine, says developing new booster

By **Maggie Fox, CNN**
Updated 6:22 PM ET, Thu July 8, 2021

NOW PLAYING
Vaccine hesitancy continues among young Americans despite risks
CNN

CORONAVIRUS PANDEMIC IN THE UNITED STATES
NEW DEATHS 14-DAY AVERAGE
273

More from CNN

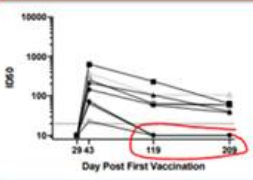
 Pete Davidson says it's two more years to remain his...

And Evercore published this:

EVERCORE ISI – Biotech, Pharma, Spec Pharma Equity Research
umer.raffat@evercoreisi.com | W 212-888-3905 | C 646-789-5173

It does seem like we'll need boosters this fall: Lots of emerging evidence on lower antibody titers correlating with reduced efficacy

Nab titers will be fading as we get 5+ months out from vaccination




Emerging evidence shows lower protection against variants like Delta on vaccines with lower nab titers

Table 15: Test negative design analysis estimating vaccine effectiveness in preventing RT-PCR confirmed symptomatic SARS-CoV-2 infection comparing 1 gene positive (Delta variant) with 1 gene negative (Alpha variant) cases. All community testing data in Scotland from 1 April 2021 to 6 June 2021 were used, but only those reporting symptoms at the time of the test are included in this table.

Vaccine	N	1 Gene Positive				1 Gene Negative			
		N	VE	LOCI	UCL	N	VE	LOCI	UCL
Unvaccinated	40504	2429	0	0	0	43062	2957	0	0
Pfizer V1_0-27	1942	203	10	4	11	1808	119	28	13
Moderna V1_28+	2316	52	33	15	47	2466	182	27	13
V2_0-7	883	5	84	63	93	888	20	78	65
V2_14+	4801	75	83	78	87	4360	34	82	68
Unvaccinated	40504	2429	0	0	0	43062	2957	0	0
Oxford V1_0-27	4422	186	13	7	36	4634	286	17	8
AstraZeneca V1_28+	10242	511	33	23	41	10322	581	39	22
V2_0-7	1877	140	17	23	48	1774	17	85	74
V2_14+	2089	126	67	51	79	1999	36	81	67

CDC guidance on masks has only increased the risk of transmission ... especially since vaccines do NOT have sterilizing immunity – i.e., vaccinated folks can be carriers

When You've Been Fully Vaccinated
How to Protect Yourself and Others

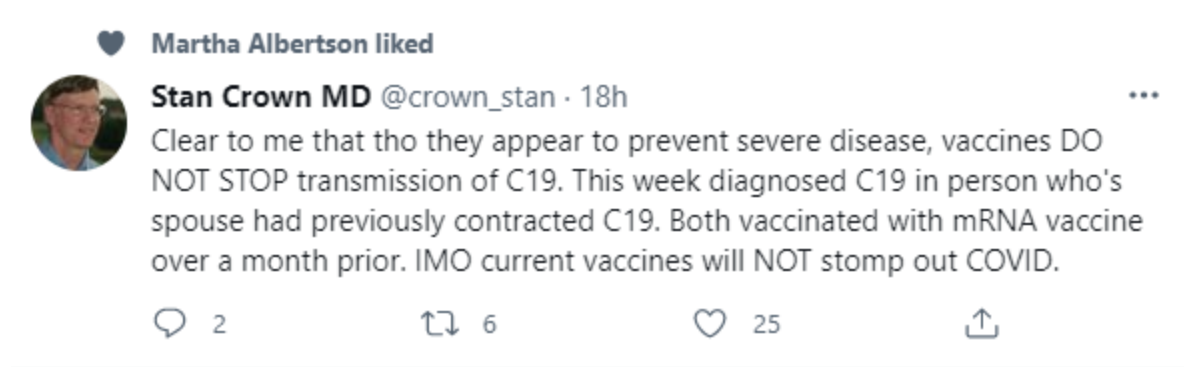
Updated June 17, 2021 Languages  Print

Choosing Safer Activities

- If you are fully vaccinated, you can resume activities that you did prior to the pandemic.
- Fully vaccinated people can resume activities without wearing a mask, or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.
- If you haven't been vaccinated yet, find a vaccine.

Don't the vaccines stop the spread of COVID?

No, because they are not sterilizing vaccines. They will just reduce your risk of dying from COVID (if they don't kill you first).



What does the FDA Director of Office Of Biostatistics And Epidemiology Steven Anderson think of your analysis?

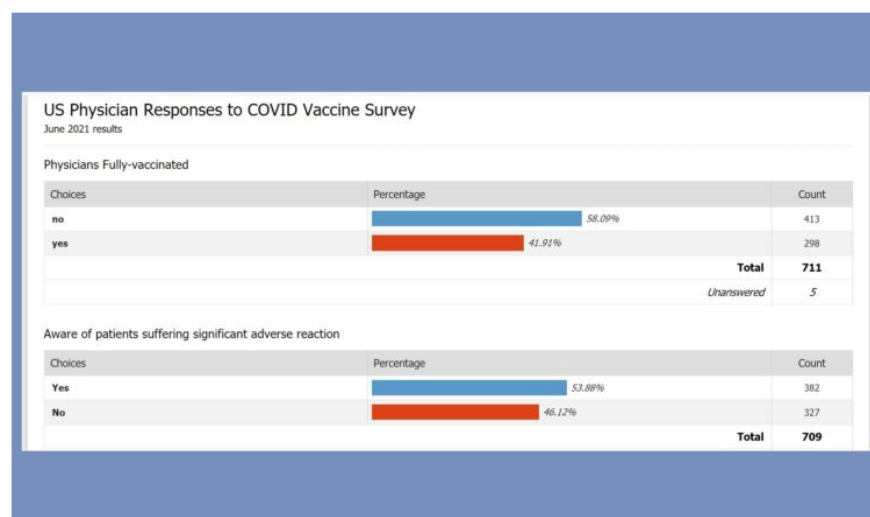
We don't know because he refuses to look at it. We emailed everyone in his department that we had an email address for and nobody answered (except for one guy who left the department 2 years ago).

What are physicians doing with respect to vaccinations?

If they aren't required to as a condition of employment, they are avoiding it [according to this survey](#).

Majority of Physicians Decline COVID Shots, according to Survey

Share: [f](#) [t](#) [G+](#) [@](#)



Of the 700 physicians responding to [an internet survey](#) by the Association of American Physicians and Surgeons (AAPS), [nearly 60 percent](#) said they were not "fully vaccinated" against COVID.

Action Center:

Help make sure med students learn what patient-centered really means

Send a student to an AAPS event. [CLICK](#) to learn more.
Make a tax-deductible contribution today.

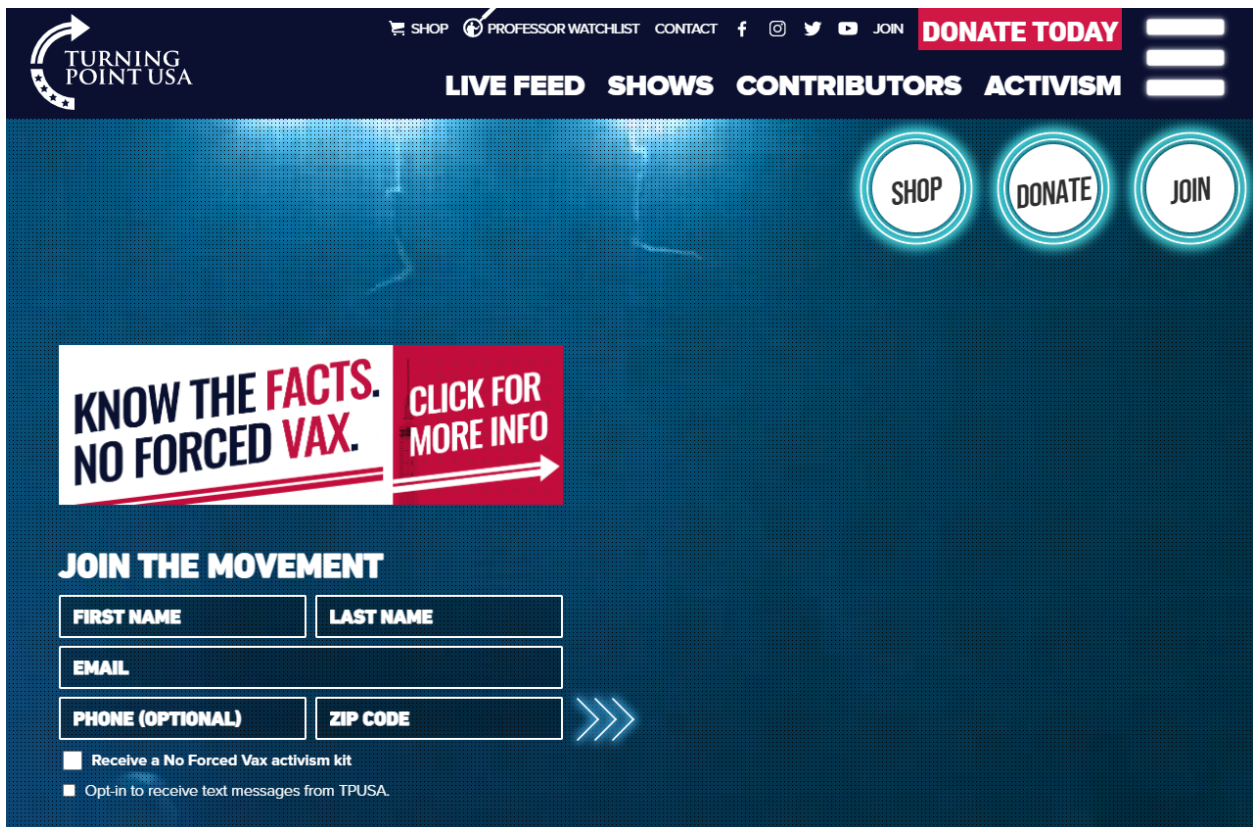
Donate Today to Save Private Medicine

Will anyone debate your team of scientists in an open debate?

No one with any relevant qualifications (in epidemiology or infectious disease) will debate Malone, Bridle, Rose, etc. [We've asked](#).

They all refuse our requests for an open discussion in view of the public. Not exactly a lot of transparency here. The facts are not on their side. So they know they will lose badly in a public debate which is why they all decline. There is nothing to gain.

I want to join the student resistance against forced vaccination.
Where can I sign up?



The image is a screenshot of the Turning Point USA (TPUSA) website. The header features the TPUSA logo on the left and navigation links for SHOP, PROFESSOR WATCHLIST, CONTACT, and social media icons (Facebook, Instagram, Twitter, YouTube) on the right. A prominent red button labeled 'DONATE TODAY' is also in the header. Below the header, there are links for LIVE FEED, SHOWS, CONTRIBUTORS, and ACTIVISM. Three glowing circular buttons labeled SHOP, DONATE, and JOIN are positioned on the right side of the main content area. The central focus is a large banner with the text 'KNOW THE FACTS. NO FORCED VAX.' in bold, black and red letters, followed by a red button that says 'CLICK FOR MORE INFO' with a white arrow pointing right. Below this banner is a section titled 'JOIN THE MOVEMENT' containing a sign-up form with fields for FIRST NAME, LAST NAME, EMAIL, PHONE (OPTIONAL), and ZIP CODE. To the right of the form are three blue arrows pointing right. At the bottom of the form, there are two checkboxes: 'Receive a No Forced Vax activism kit' and 'Opt-in to receive text messages from TPUSA'.

How can I oppose forced vaccinations for students and employees or recover damages for my injuries?

Don't expect the government to come to your aid. [There is a government program to compensate victims, but it is a long process.](#)

For employers and schools, ask your boss for proof that the vaccines save more lives than they kill. You want to see the calculation based on the CDC and VAERS data. This is generally a conversation starter.

Here are some legal resources:

1. [Health Freedom Defense Fund](#) is full of resources that you can provide to fight for your rights.
2. The www.vaxxchoice.com site was created by America's Frontline Doctors (AFLDS). You can file a criminal complaint or give people notice that coercing you to take a vaccine is illegal.
3. See <http://www.kathydopp.info/COVIDinfo/Vaccines/InformedConsent/SampleLetters> for a compilation of Letters & Lawyers for Employees and Students Fighting Illegal Mandates.
4. Jay Sanchez posted [legal papers you can file](#) (Complaint and Emergency Order to Show Cause).
5. If you want to sue your employer or university for mandating vaccination, [read this document written by David Martin for how to do it and win](#) (it describes how the Houston Methodist lawyers screwed up). Martin highly recommends [attorney George Wentz](#) at Davillier Law Group.
6. [Shannon Joy](#) is launching a civil rights lawsuit with a large law firm out of Buffalo against COVID policy. This firm is one of the first major firms in America to begin to put together lawsuits relating to vaccine injury and vaccine mandates by private employers as gross human rights violations. (Unbelievably, even the ACLU has refused to take up these cases) Corey Hogan of [HoganWillig](#) is the attorney and he is a trailblazer.
7. Attorney [Ralph Lorigo](#) is your man if you have a relative in a hospital who can't get treated with ivermectin and other drugs. He charges a reduced rate. It can save your life.

Info from an attorney we are talking with:

1. state universities cannot legally mandate vaccines. A lawsuit to enjoin mandatory vaccines by a state university would most likely be only for injunctive relief and not damages. There is a breach of contract approach that may result in damages, but it is more fact specific.
2. Private universities are more complex, but can be pursued as well.
3. We intend to mount two test cases, one v a private university and one v a state university, in the near future and set up a network of pro bono lawyers to handle cases.

To participate in any lawsuit in any country (to recover damages, sue your employer or school to stop the mandate), [please register here](#).

What lawsuits have been filed?

Starting to be a full time job to keep up:

1. [AFLDS v. XAVIER BECERRA, Complaint to overturn EUA \(Thomas Renz law firm\)](#)
2. [AFLDS v. XAVIER BECERRA, Temporary restraining order \(July 20, 2021\)](#)

3. [AFLDS v. XAVIER BECERRA, Preliminary injunction](#)
4. [Federal Lawsuit Seeks Immediate Halt of COVID Vaccines, Cites Whistleblower Testimony Claiming CDC Is Under-Counting Vaccine Deaths](#)
- 5.

I am in Canada. What can I do to help?

[Sign the petition here.](#)

Where can I go to learn more?

1. [Vaccine safety evidence](#) has the details we couldn't fit in this document including derivations of the numbers used here, shows how the data can be calculated, and has references to scientific peer reviewed data. It is much more detailed than this document. It has links to the Moderna MTA. So if you are looking for references, this is the first place to look for the details.
2. [Should you get vaccinated?](#) was the original article on vaccine safety that showed the biodistribution data and made a case for these vaccines being dangerous that was published on May 25 in TrialSiteNews.
3. [Are the Covid-19 vaccines "safe and effective"?](#) is a video presentation showing how you can query the VAERS database yourself to see how safe the vaccines are.
4. [Think the vaccines are safe?](#) offers \$1 million if you can prove the vaccines are safe. Nobody, including the manufacturers themselves, have tried to claim the prize.
5. [Bret Weinstein, Rober Malone, Steve Kirsch \(Rumble\)](#): the one-hour version of the famous 3.5 hour Darkhorse video on vaccine safety (also available on Bitchute: [Bret Weinstein, Rober Malone, Steve Kirsch \(Bitchute\)](#))

Please follow [VaccineTruth2 on Twitter](#) and/or join [vaccinevictims.locals.com](#).