

Vaccine Safety FAQ

By Vaccine Truth

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This is a living document last updated Jul 12, 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 because it would cause vaccine hesitancy.

Executive summary

Today, many doctors report that **the cure is now worse than the disease**: they have more patients with vaccine injuries than with COVID injuries.

A [detailed analysis of the safety and mortality data](#) 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, 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 and **40,000 vaccine-related deaths** (based on 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).

Reported Deaths post COVID Vaccine: Total 9,048

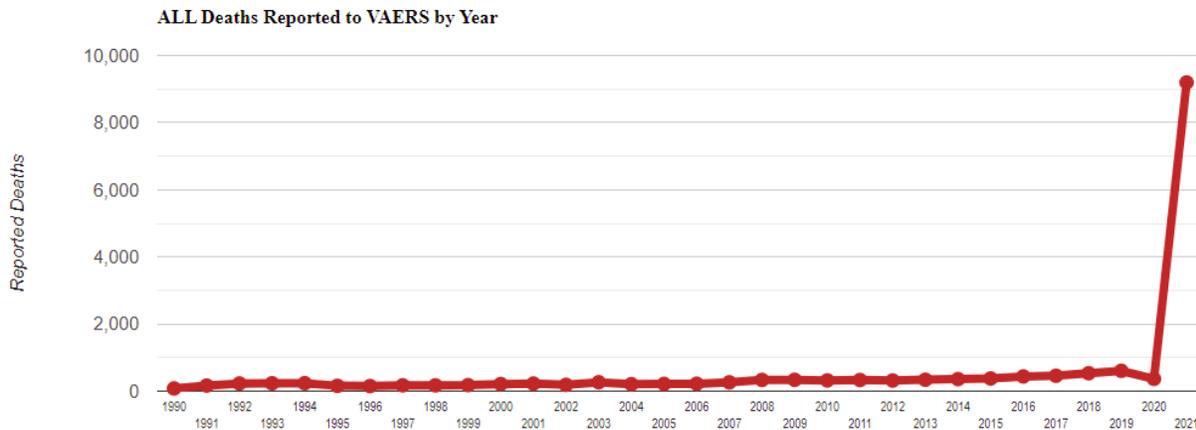


Figure 1a: Deaths reported to VAERS from 1990 thru July8, 2021.

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 **128 times the normal incidence rate in all previous years.**

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 that 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 event, the conditions that don't respond to conventional treatments, and more. Their claim, that these vaccines are perfectly safe and all these adverse events are anecdotes, fails to explain these observations.

One doctor (name redacted for fear of retribution): “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.

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](#).

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.

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 who would have been killed by a safe vaccine such as the influenza vaccine.
2. 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.
3. 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.

4. 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.**
5. 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.
6. [Children especially should not be vaccinated.](#) Even the WHO agrees with this (before they were forced to recant for political reasons).
7. 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.
8. 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.
9. 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](#).
10. 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.
11. 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.”
12. 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).
 13. 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.
 14. There is a lot of misinformation flying around and the most trusted authorities are not being listened to.
 15. Variants are [likely being driven by the vaccinated, not the unvaccinated](#). 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.
 16. 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).
 17. **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.
 18. 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.”
 19. 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.
 20. 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.
 21. 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.

22. 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.
23. 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.
24. 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.
25. We have absolutely no idea how dangerous the long-term side effects are to these vaccines.
26. 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.
27. The FDA approves an ineffective Alzheimer's treatment (over the objection of their own statisticians), [threatens to make NAC prescription only](#) (even though it has not killed anyone in 60 years and is used in over 1,100 products), and makes an unsafe vaccine that kills people available without a prescription. This is not right.
28. 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.
29. [Victim stories are being suppressed](#). Mainstream media will not cover.
30. Very senior scientists throughout the world support the above, but are afraid to speak out publicly for fear of retribution and retaliation.
31. What is happening today is a clear violation of the [Nuremberg Code](#).
32. 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.
33. 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).
34. 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.
35. 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.

36. 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.
37. 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.
38. Because these are experimental vaccines, the burden of proof is on the drug companies, FDA, CDC, and NIH to prove the vaccines are safe. Yet there are no autopsies for any of the thousands of people who have died. Why not? If these organizations cannot meet their burden of proof, then they should at least address each and every key point in this article to your satisfaction.
39. 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.**
40. 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)
41. Doctors, if they aren't required to as a condition of employment, are avoiding vaccination [according to this survey](#).
42. 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).

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 $(9,048 - 250) * 4.5$ 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)

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.**

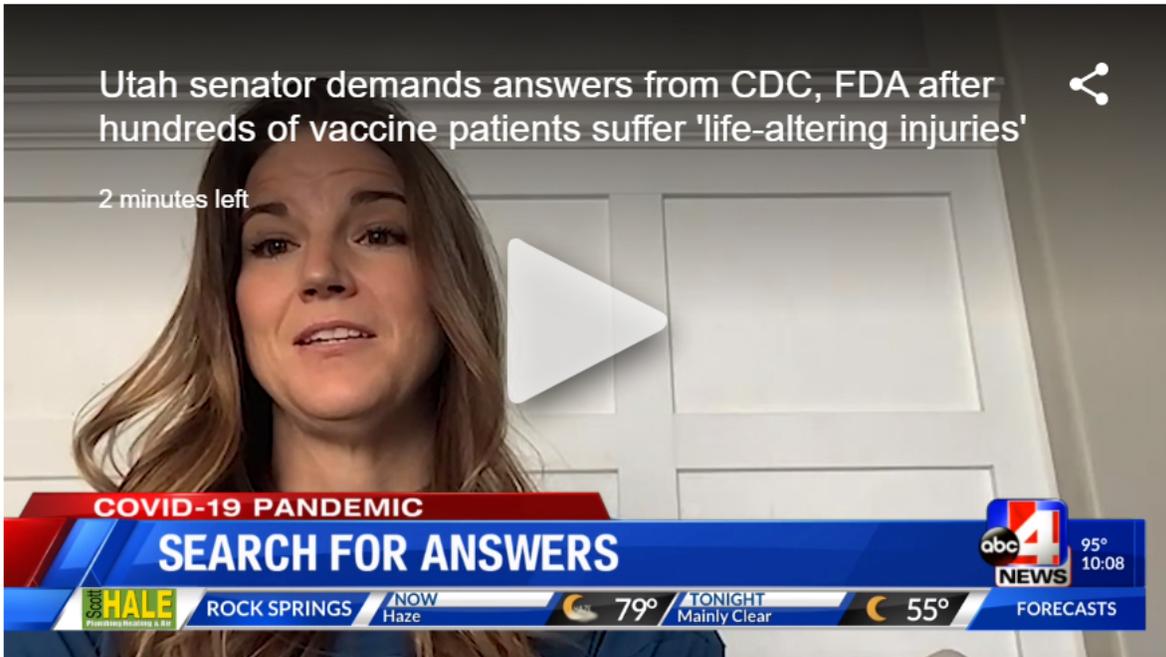
- BEFORE: [Julie Noble before her vaccine shot](#).
- AFTER: [Julie after being vaccinated](#).

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.

LOCAL NEWS

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



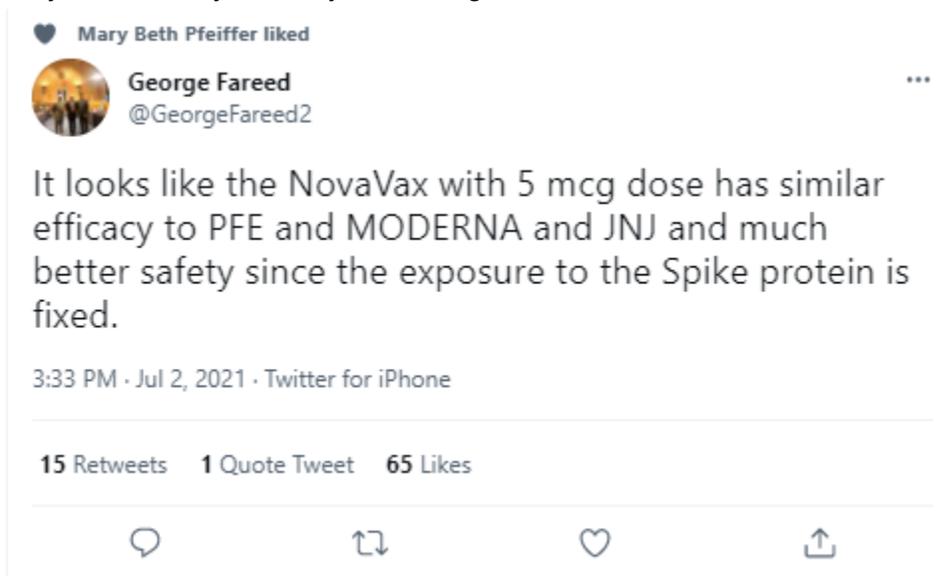
by: Jillian Smukler

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. 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.

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

...

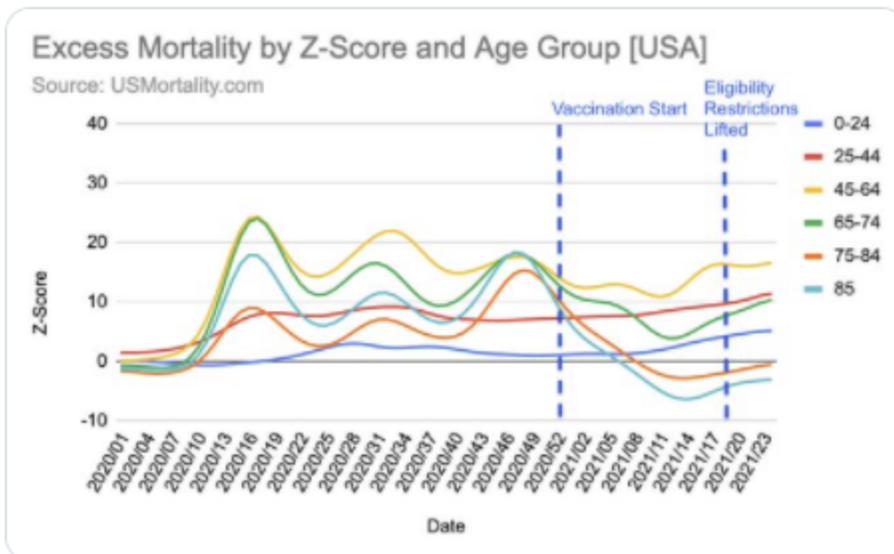
A chart that says it all!

Since vaccination started, age groups with
- lower mortality: 65+
+ higher mortality: 0-64

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

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

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



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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.

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

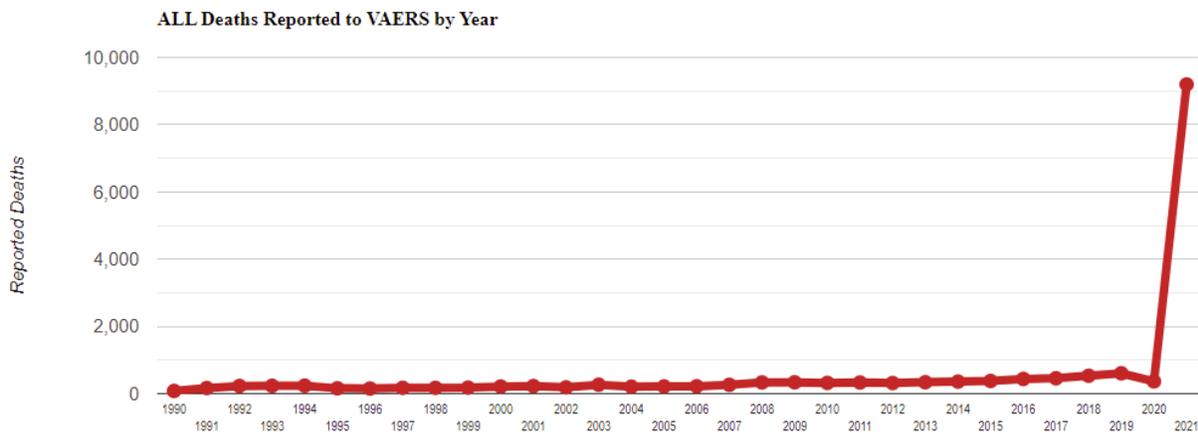


Figure 1a: Deaths reported to VAERS from 1990 thru July 8, 2021.

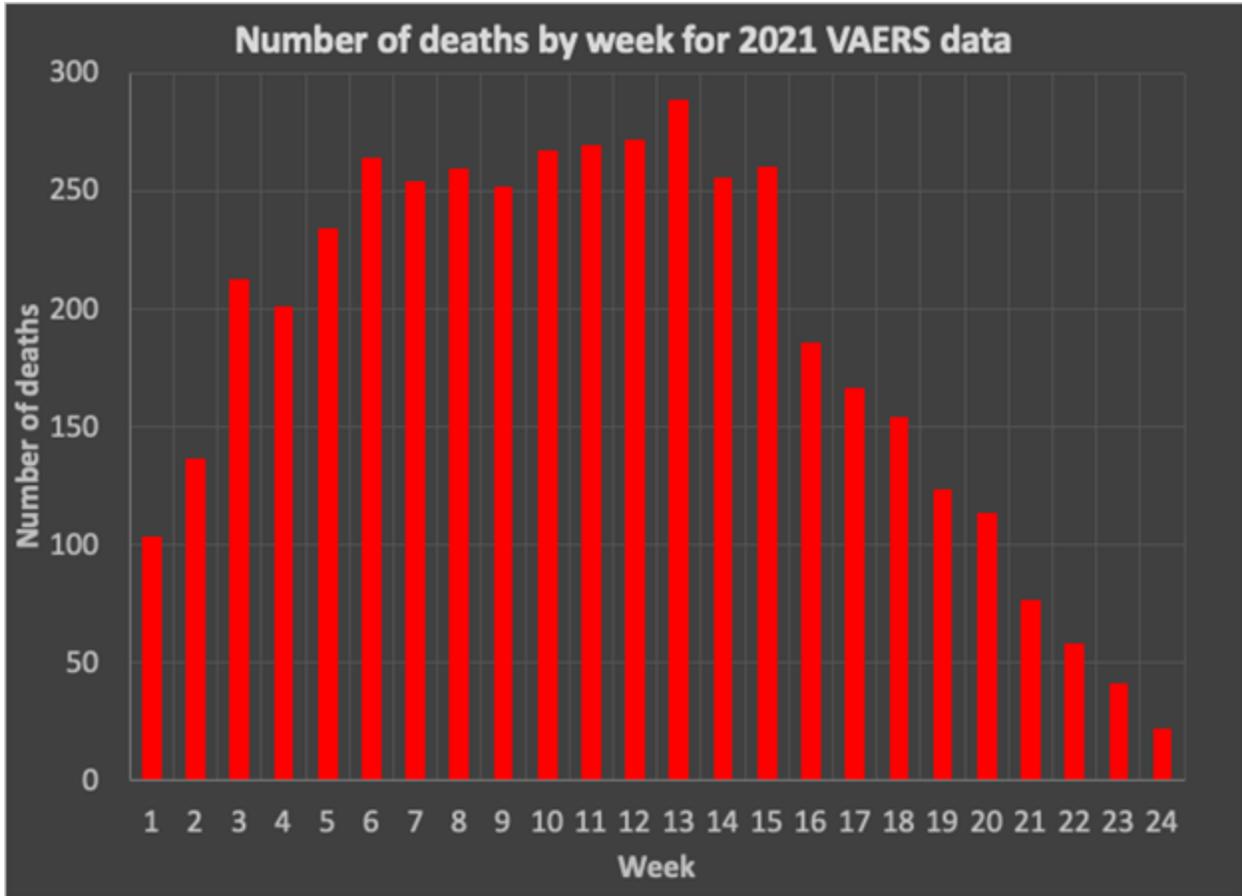


Figure 2: Weekly deaths reported to VAERS for the first 24 weeks of 2021. Note: There is a backlog involving recent weeks of the VAERS data.

Results

1.1 General information

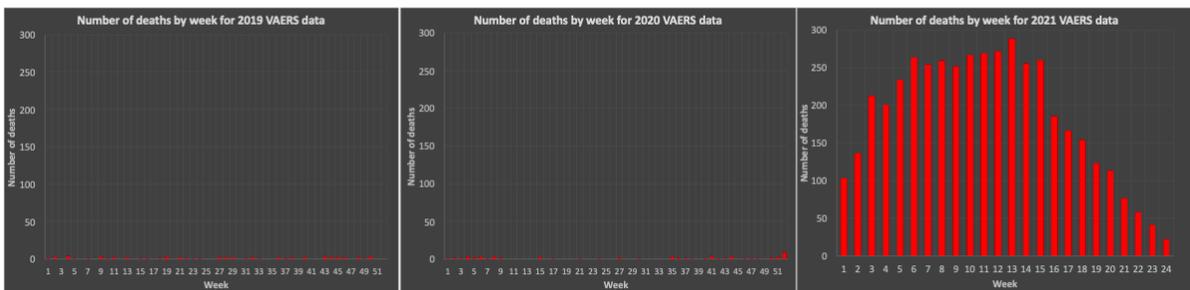


Figure 1: Bar plots showing the number of VAERS reported deaths per week for 2019, 2020 and 2021.

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.
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. Another interesting query is to look at deaths from 20-30 year olds (since we aren't vaccinating younger kids until recently). A VAERS query on July 1 gives 62 deaths in 2021. The same query for the 10 years from 2010 to 2019 gives 60 deaths. So the **reported deaths in that age range is 10 times higher this year**. Sure, this could all be background deaths caused by a 10X overreporting. However, another problem with that is it would then fail to explain what happened to the real deaths that we know were caused by the vaccine (from doctor surveys, pilot deaths, etc) if these are all background deaths caused by overreporting. The only consistent hypothesis is that these deaths are mostly all excess deaths caused by the vaccine; any hypothesis of over-reporting fails to fit any of the facts noted in this section.
11. **Using an event that is caused by these vaccines.** If it was simply overreporting this year vs. last year, then we'd expect that the rates for Bell's Palsy, etc. relative to other symptoms should over-report at the same rate as other symptoms. But each symptom is reporting at a different rate.

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 around **30 times normal**.

Bell's Palsy is hardly the only neurological (or cardiovascular) problem this vaccine causes. But the key thing here is that if this was simply over reporting of background events, then how can anyone explain the huge rise in Bell's Palsy numbers? They can't. This is what all the so-called fact checkers missed. This is not comparable to any year in the past 30 years. Therefore, what caused the excessively high number of Bell's Palsy cases??? 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? Isn't that a little too coincidental?

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.

12. **Using an event that is not caused by these vaccines.** There is an opposite way to prove that the numbers are not due to overreporting background events. Instead of focusing on a unique symptom of the vaccines, by showing it is overreported in 2021 and not reported at all in other years as we did with Bell's Palsy above, we can take the opposite approach and focus on a symptom that is NOT caused by the vaccine. If there

is really overreporting that symptom will be overreported here. So **let's look at fever. That's not caused by these vaccines.** In 2021, we have 21 matches. Now in 2010 to 2019 we have 242, so an average of 24 per year; we even did the query in each year to verify it was pretty constant year over year. **This strongly suggests that, if anything, we have underreporting in VAERS this year compared to previous years.** This makes sense because of the reasons above (you get punished if you report, and nobody wants to report for safe and effective vaccines). Of course, no fact checker will ever admit that. Fact checkers are paid to argue a point of view, not to find truth.

13. **Otitis media:** This is another symptom not caused by the vaccine but is coincidental. In 2021, there were 43 reports. The 10 year average (2010 to 2019) is 46 reports. Again, it does seem we have a tendency to underreport background symptoms (not caused by the vaccines) compared to previous years. And like fever, we verified this was pretty consistent year to year.
14. **Heart attacks:** Another confirmation that there is something seriously wrong is heart attacks. For 2021, we have 720 "cardiac arrest" cases (July 6, 2021). For 2010-2019, we have a total of 270 or an average of 27 per year. So you are **26 times more likely to get a heart attack after taking this "safe" vaccine** vs. any other vaccine in the past 10 years. But we can also look for the term "Myocardial infarction". In 2021, there were 1,266 cases. Over 10 years (2010 to 2019), there were only 20 cases per year on average. That's a **63X higher rate of heart attacks with this vaccine.** But the CDC hasn't even picked up that signal.
15. **Headaches:** Another confirmation that there is something very seriously wrong with these vaccines are headaches. Headaches are often a symptom that the drug is getting into your brain (or opening up the blood brain barrier), especially if the headaches are severe. There are 80,843 headaches in 2021. In the 10 years from 2010-2019, there are 31,317 headaches. **So you are 25 times more likely to get a headache from this vaccine than other vaccines.** No surprise on that one. But that should really worry people as it is a dead giveaway that the vaccine is causing changes inside your brain.
16. **Chills:** 61081 in 2021 vs. 20598 in 10 years. So you are **29 times more likely to get chills from these vaccines.**
17. **Guillain-Barre Syndrome (GBS):** 405 in 2021. 2435 in 10 years, so only 1.666X more likely this year to get GBS. Note that **this is more confirmation that the results this year are simply not a drastic "overreporting of baseline events"** since the rates are GBS are only slightly elevated.
18. **Thrombosis:** 4,323 reports in 2021. 336 in 10 years from 2010-2019, an average of 33 per year. So we are looking at **a 128X increase over normal background rates.** And thrombosis (blood clots) is very very serious that can lead to all sorts of hard to reverse side effects like loss of vision, stroke, heart attacks, pulmonary embolism, and death. It is astonishing that the CDC, FDA, and NIH have never discovered this. **How can you not notice a 128X increase in something so serious?** It took us less than 10 seconds to do the queries to confirm this. Why isn't any reporter in the world asking the CDC about this????

19. **Dyspnea:** For dyspnea (which is shortage of breath), we had to search in the “description” field rather than Symptoms. In 2021, we got 2166. The 10-year average in a year is 137 per year. So it is **15X higher** this year than in all other years.
20. Note that the rates of adverse events (15X higher to 128X higher) also suggests these are not simply “background” events because the rates shouldn’t vary by over 100X when we look at different event types. Clearly, something is causing massive number of adverse events and none of the people who claim the vaccine is safe can explain the cause of these events. They simply 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.
21. 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 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.

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?

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). So again 1 in 1,000.

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).

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.

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.

VAERS – FDA CBER Efforts



- 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

6

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 deaths in VAERS * 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) * 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.

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).

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, etc.

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. 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.

Note: the person who asked the question admitted she knew nobody who had died from COVID. Therefore, it is not at all surprising she knew nobody who 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, typically a 25X higher rate than "normal" (average over 10 years).

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, this graph would be a flat horizontal line.

Preliminary reports of myocarditis/pericarditis to VAERS after mRNA COVID-19 vaccination by age and dose number* (as of Jun 11, 2021)

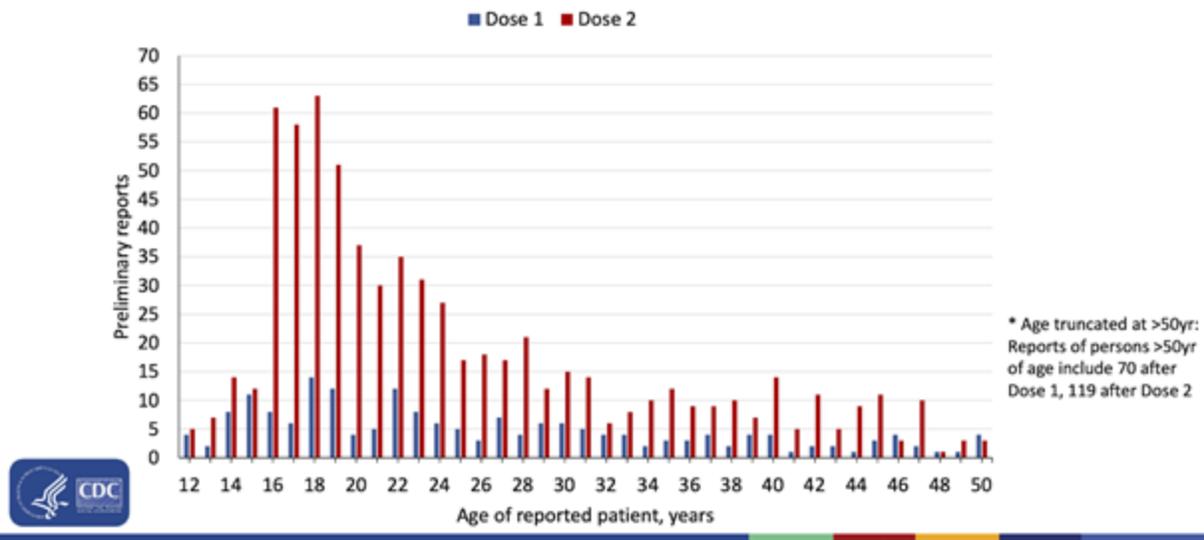


Figure 3: Preliminary reports of myocarditis/pericarditis to VAERS after mRNA COVID-19 vaccination by age and dose number (June 11, 2021)

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?

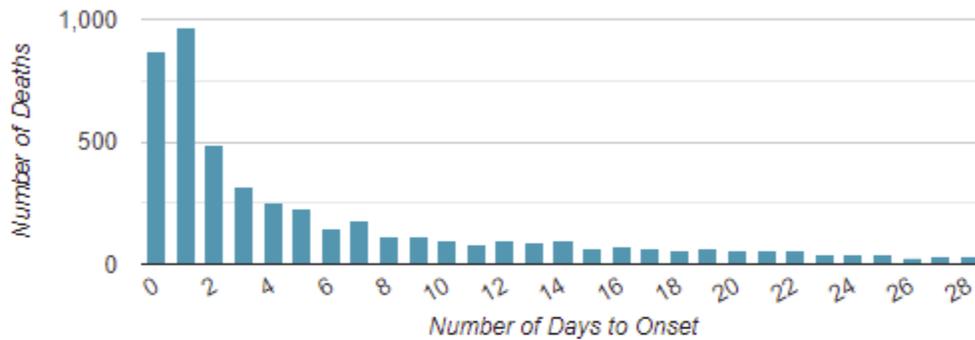
Critics like John Jelsevac write [a very misleading article](#) by making speculations about propensity to report without ever showing how his hypothesis better fits the events observed than the "vaccines are dangerous" hypothesis. He simply points out that his hypothesis is a better fit to expert opinion 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. You'll note that in most cases (it won't be different if the vaccine isn't strongly causal for the event) 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

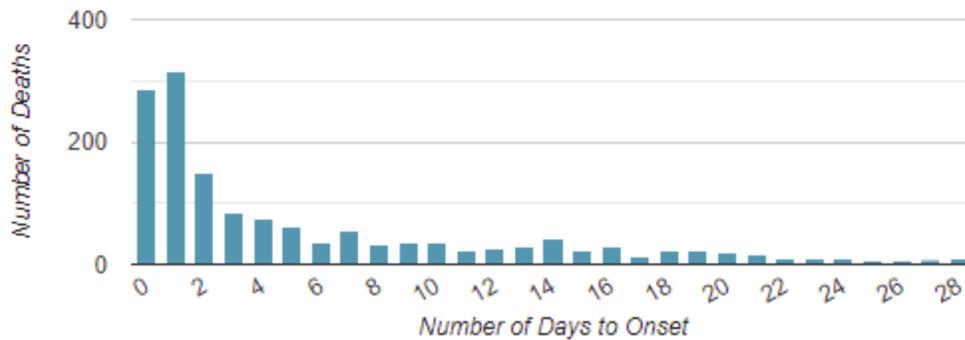


Figure 4: VAERS COVID Deaths by Days to Onset; a) All Ages; b) 70 years old or younger

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 challenge). 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.

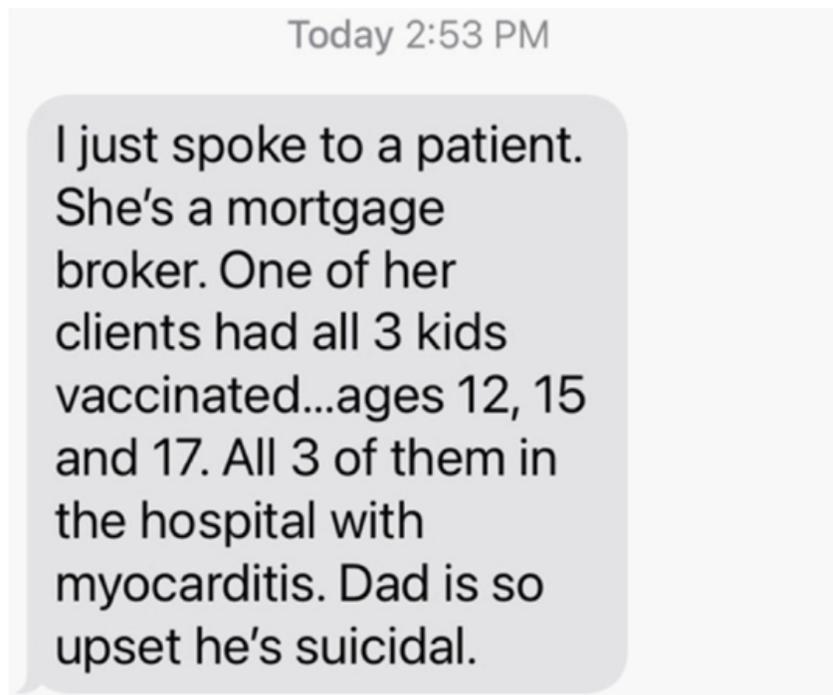
So even if you play by “their rules of causality” and formally establish a link, your arguments are completely ignored because it goes against the false narrative. It no longer matters if you are right scientifically. The question in science today is whether you are right politically.

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:



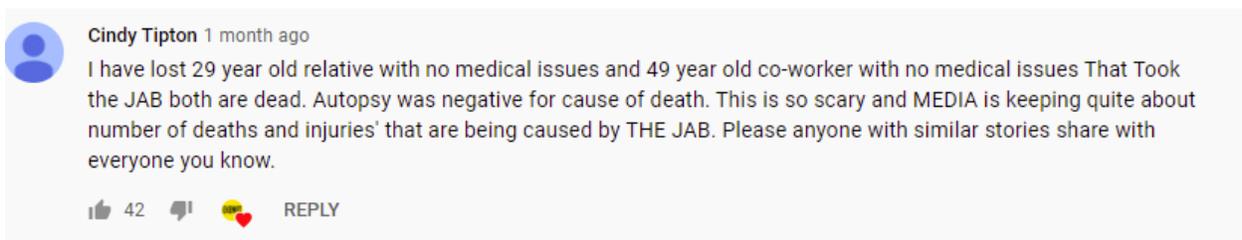
How “unlucky” can one doctor be? It's not like we had to find this doctor out of hundreds of doctors. He's the doctor we talk with the most. How can one parent have 3 kids with myocarditis?? The Israeli's say that the [rate is no more frequent than 1 in 3,000](#). **So the chance of the event above is 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?

← Thread

Pinned Tweet

 Alex Berenson
@AlexBerenson

THREAD

19-year-old Simone Scott was excited to get her second dose of @moderna_tx's #Covid vaccine on May 1.

Now her mother Valerie Kraimer is arranging her funeral.



Remembering student Simone Scott

Double major in broadcast journalism and political science/pre-law, she built strong bonds during her first year at Northwestern

Medill freshman Simone Scott died Friday morning following a heart transplant, Vice President for Student Affairs Julie Payne-Kirchmeier announced Saturday in a message to the community.

June 12, 2021

5:02 AM · Jun 14, 2021 · Twitter for iPhone

3,390 Retweets 785 Quote Tweets 4,565 Likes

 Tweet your reply Reply

AT&T LTE 7:53 AM 77%
dailynorthwestern.com



Photo courtesy of Simone Scott's Instagram

Jacob Fulton and Yunkyo Kim
June 12, 2021

Medill freshman Simone Scott died Friday morning following a heart transplant, Vice President for Student Affairs Julie Payne-Kirchmeier announced Saturday in a message to the community.

Scott came to Northwestern from Mason

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.



Tami Burages
@tburages

...

A week ago today my brother's 13-year-old son had his 2nd covid shot. Less than 3 days later he died.

The initial autopsy results (done Friday) were that his heart was enlarged and there was some fluid surrounding it. He had no known health problems. Was on no medications.

5:18 PM · Jun 20, 2021 · Twitter Web App

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

Vicepreședintele 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.

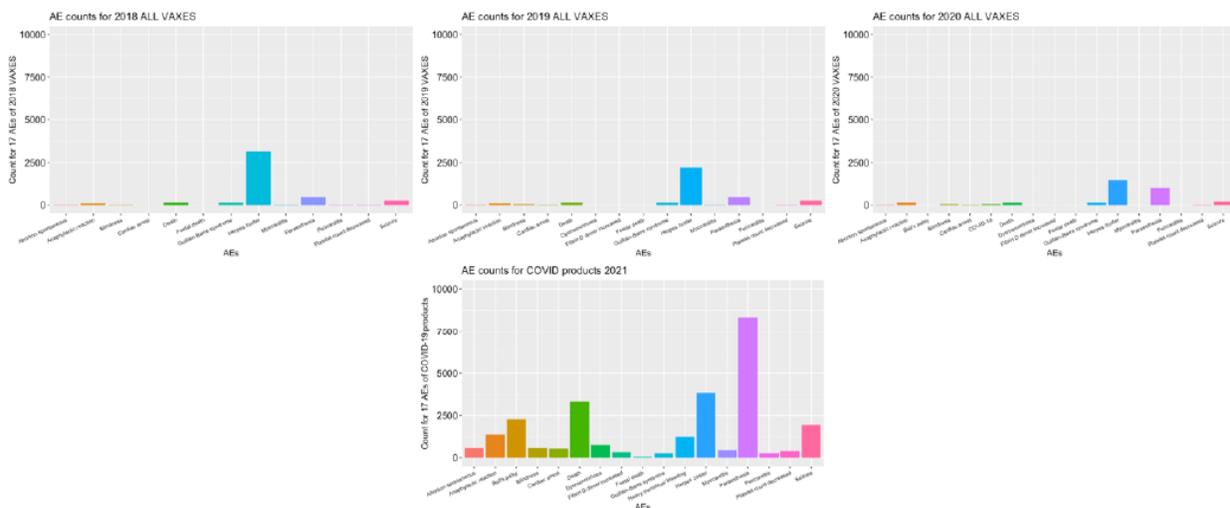
Another way is to look at news reports, e.g., pilot deaths. So British Airways vaccinated 3,655 and four of them died shortly AFTER vaccination (none died before). Assuming just one of these died from the vaccine and the others just happened to die all after the vaccine is a death rate of 1 in 3,655. 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.

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

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

Small Fiber Neuropathy:

<https://onlinelibrary.wiley.com/doi/10.1002/mus.27251?fbclid=IwAR2XInOIDL2VHQd8zOEx6JMif9PFIVD5XnJfGPO5MDUvssJn5jOEdfVipSM>

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_xPF775Q4B0liksbrziKUplrRXhYR5cDQFFfVAQ

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=IwAR00BqE4FpP_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/>

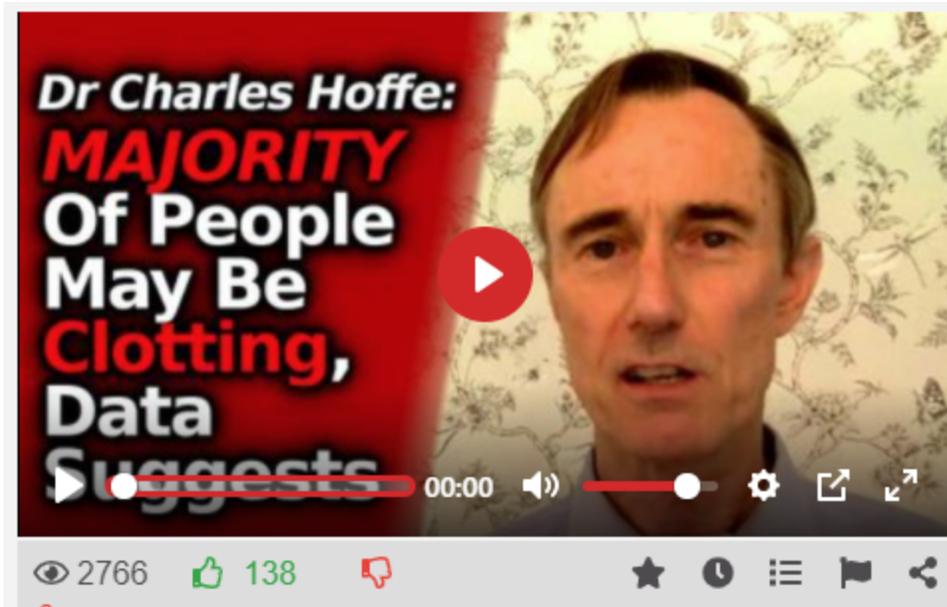
Are there any studies on the micro-clotting caused by the vaccine? Why do people who get the vaccine seem to have a lot less energy and get tired more easily?

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.

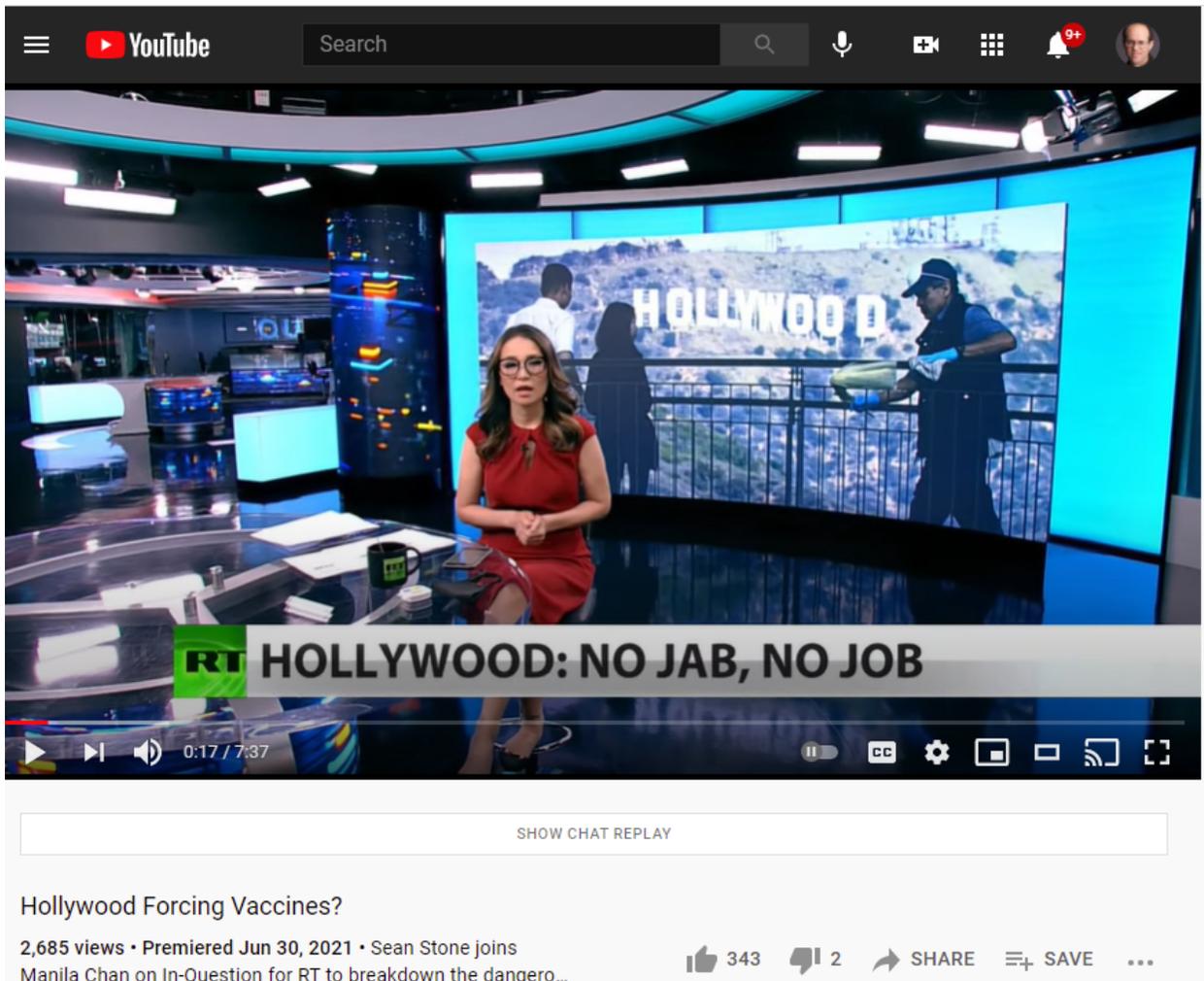
What is the stopping condition for the EUA?

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.



The image shows a YouTube video player interface. At the top, the YouTube logo and search bar are visible. The video content shows a news anchor, Manila Chan, sitting at a desk in a studio. Behind her is a large screen displaying the word 'HOLLYWOOD' and a scene of a person in a blue uniform. The video title is 'RT HOLLYWOOD: NO JAB, NO JOB'. Below the video player, there is a 'SHOW CHAT REPLAY' button. The video description reads: 'Hollywood Forcing Vaccines? 2,685 views • Premiered Jun 30, 2021 • Sean Stone joins Manila Chan on In-Question for RT to breakdown the dangero...'. The video has 343 likes and 2 comments. There are also buttons for 'SHARE', 'SAVE', and a menu icon.

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”.



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?

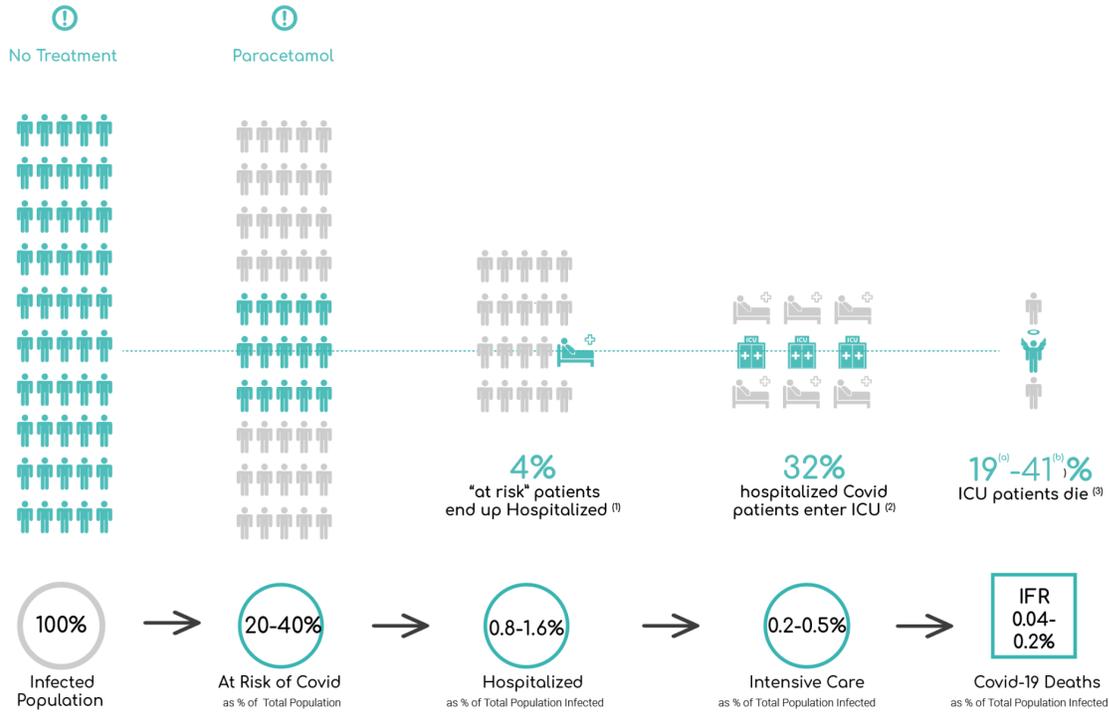
Professor Ioannidis from Stanford University estimated the average [Infection Fatality Rate at 0.15%](#) across the globe during 2020. That number can vary depending on the age pyramid, obesity levels, attack rates as well as the availability of good healthcare infrastructure.

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/anao.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.

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.

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

OK, so the vaccine is unsafe. 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. In fact, 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).

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?

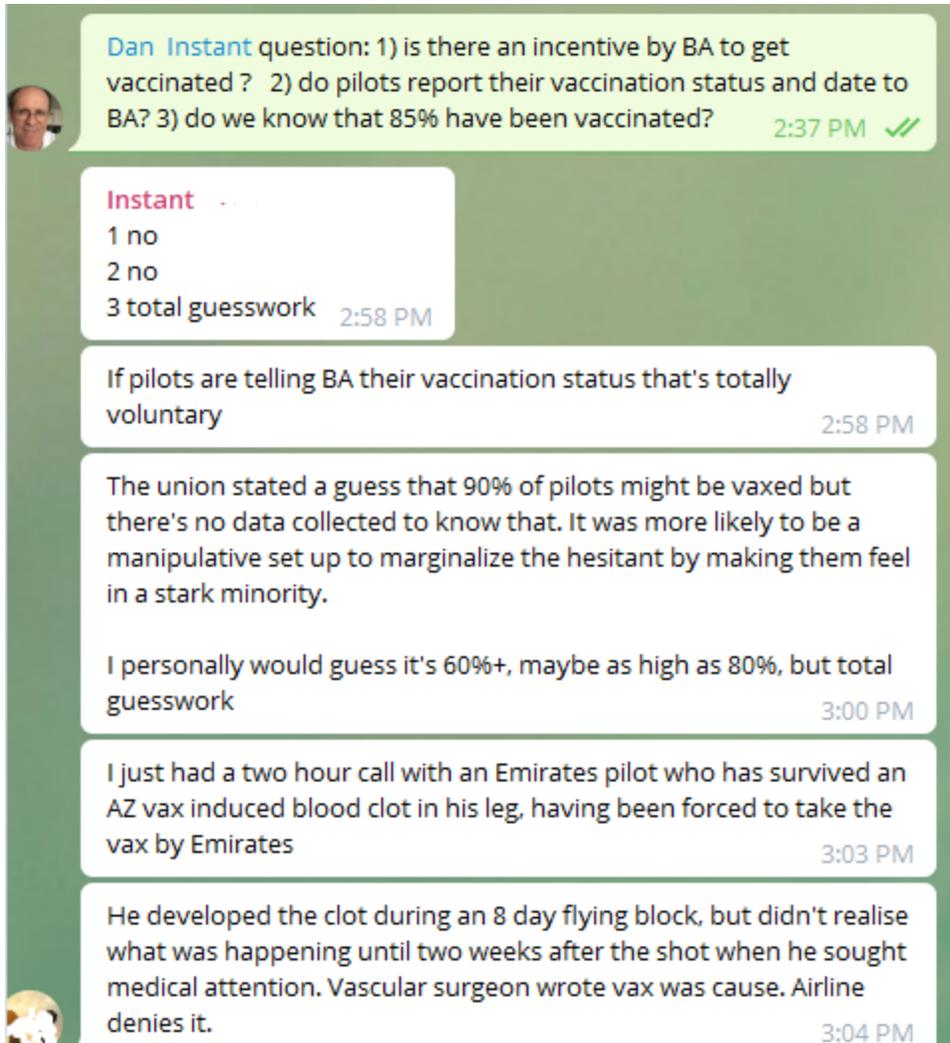
BA claimed that the deaths were not related. How do they know that? Why is nobody asking them THAT question. Do they know they weren't vaccinated?

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

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.”

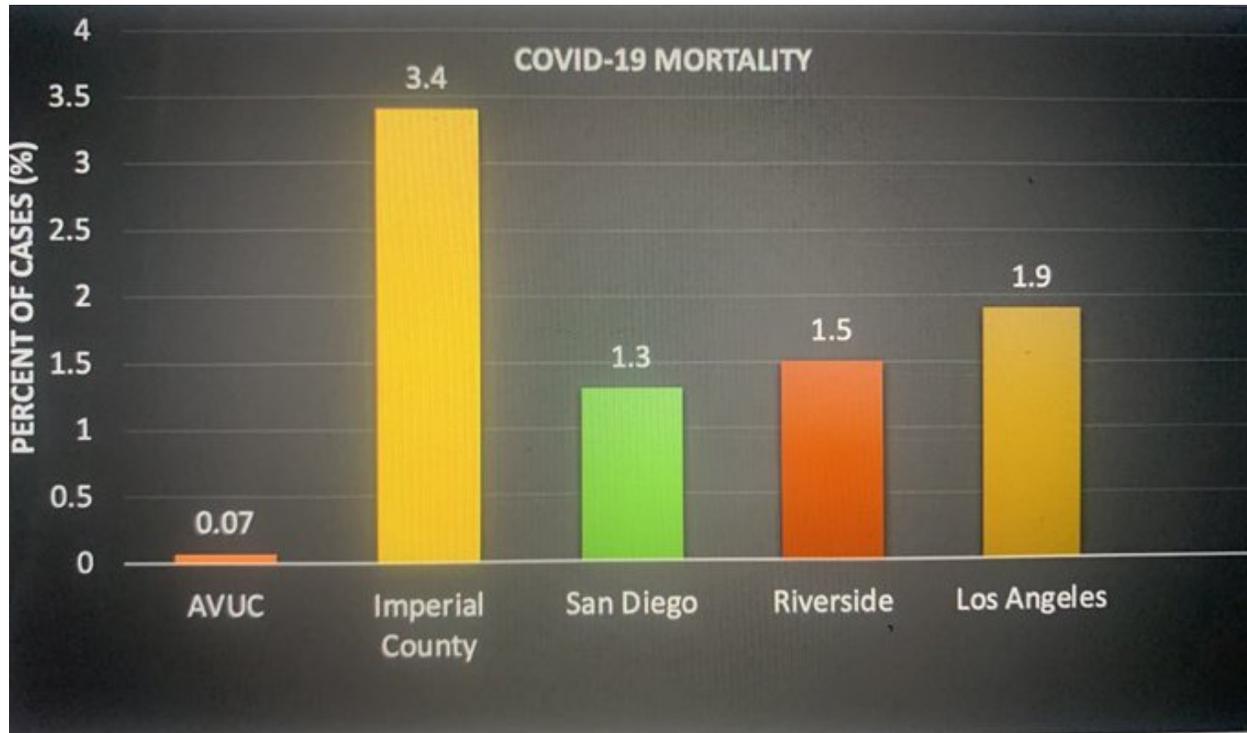
The [Fareed-Tyson protocol](#) has a 99.76% risk reduction and (so far) a 0 chance of death or lasting side effects. See [The Chloroquine Wars](#) for the number. They've seen over 4,000 patients who were treated within a few days of symptoms (average age 60) in a county with one of the highest COVID 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.

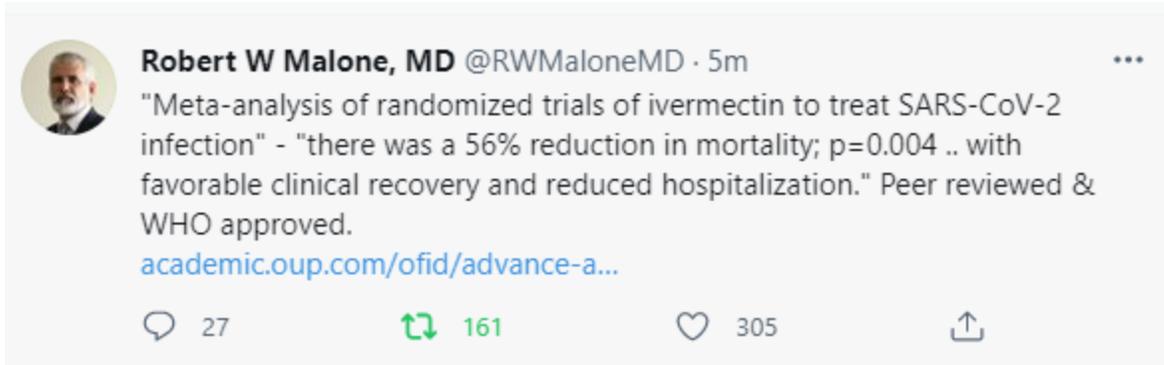
NOTE: If in the graph below they only included patients who showed up a short time after symptoms (within 3 days), the number dead would be 0. A 99.76% risk reduction is a reduction of 416X. So instead of 600,000 dead from COVID, we'd have only 1,442 COVID deaths, which is far fewer than have been killed 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.

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: *Expressed 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).

In Israel which has a 57% rate of full vaccination, 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**.

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

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.

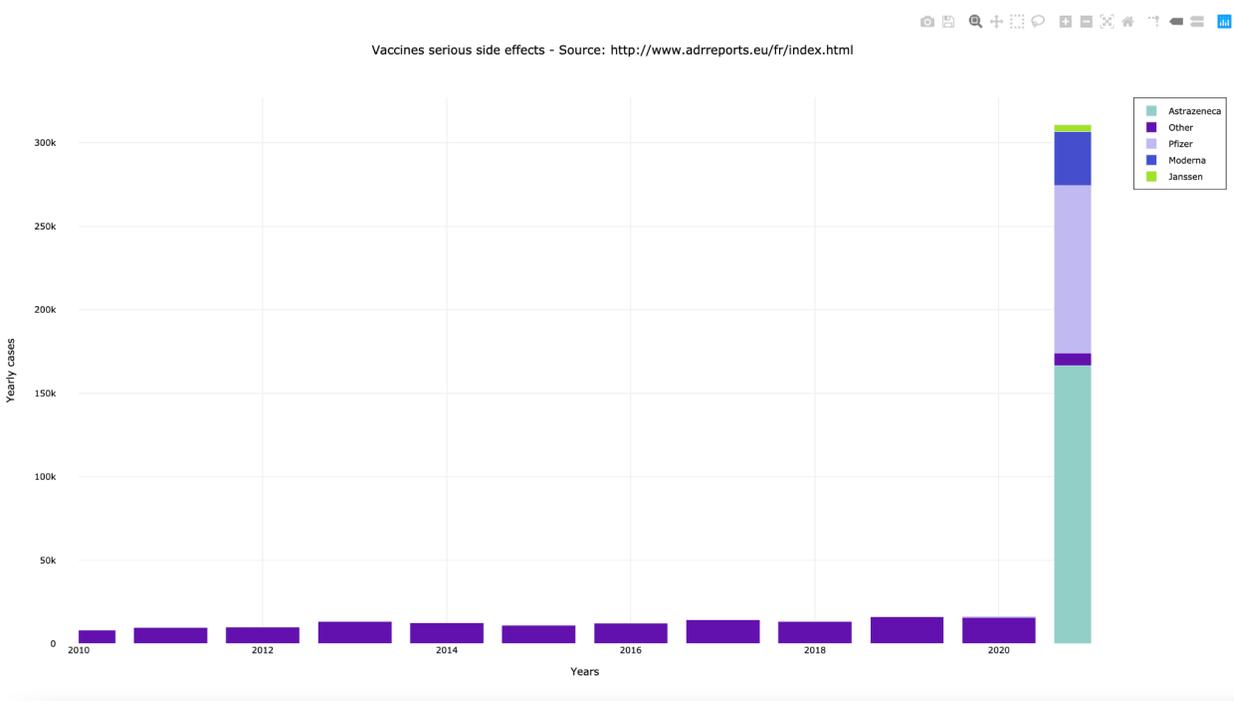
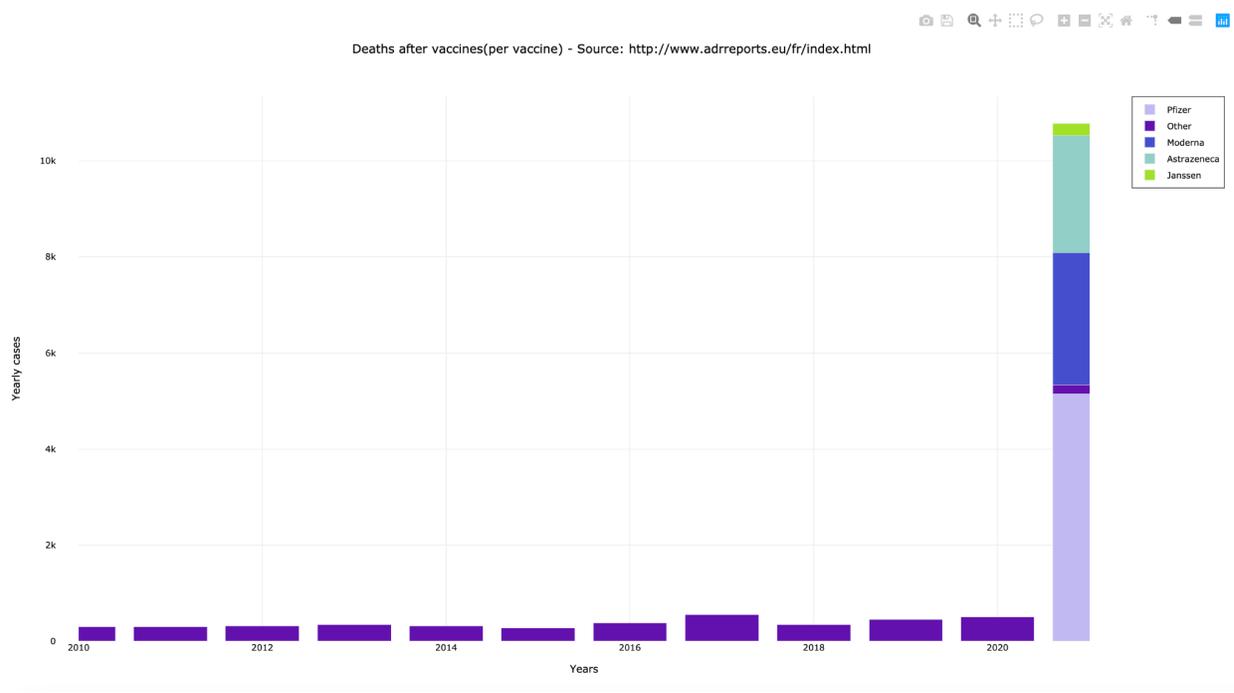
This could go down in history as one of the biggest blunders of all time. Only time will tell.

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

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.



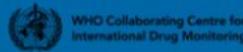
h1dden-pr0cess. @Pr0cessH1dden · 3h

Covid-19 vaccine Adverse Reactions reported to VigiAccess

1,300,560

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

VigiAccess™



About

Covid-19 vaccine

Search

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. A search bar is also present. Below the header, there are dropdown menus for 'Browse all information and services', 'Find an agency', and 'WA Government'. The main content area features a breadcrumb trail: Home > WA Government > Publications > 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 title of the instrument is displayed in large, bold black text. Below the title, a guidance paragraph states: 'Guidance: 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.' A vertical 'Enquiry / Feedback' button is located on the right side of the page.

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 <expletive deleted> 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 ever 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.

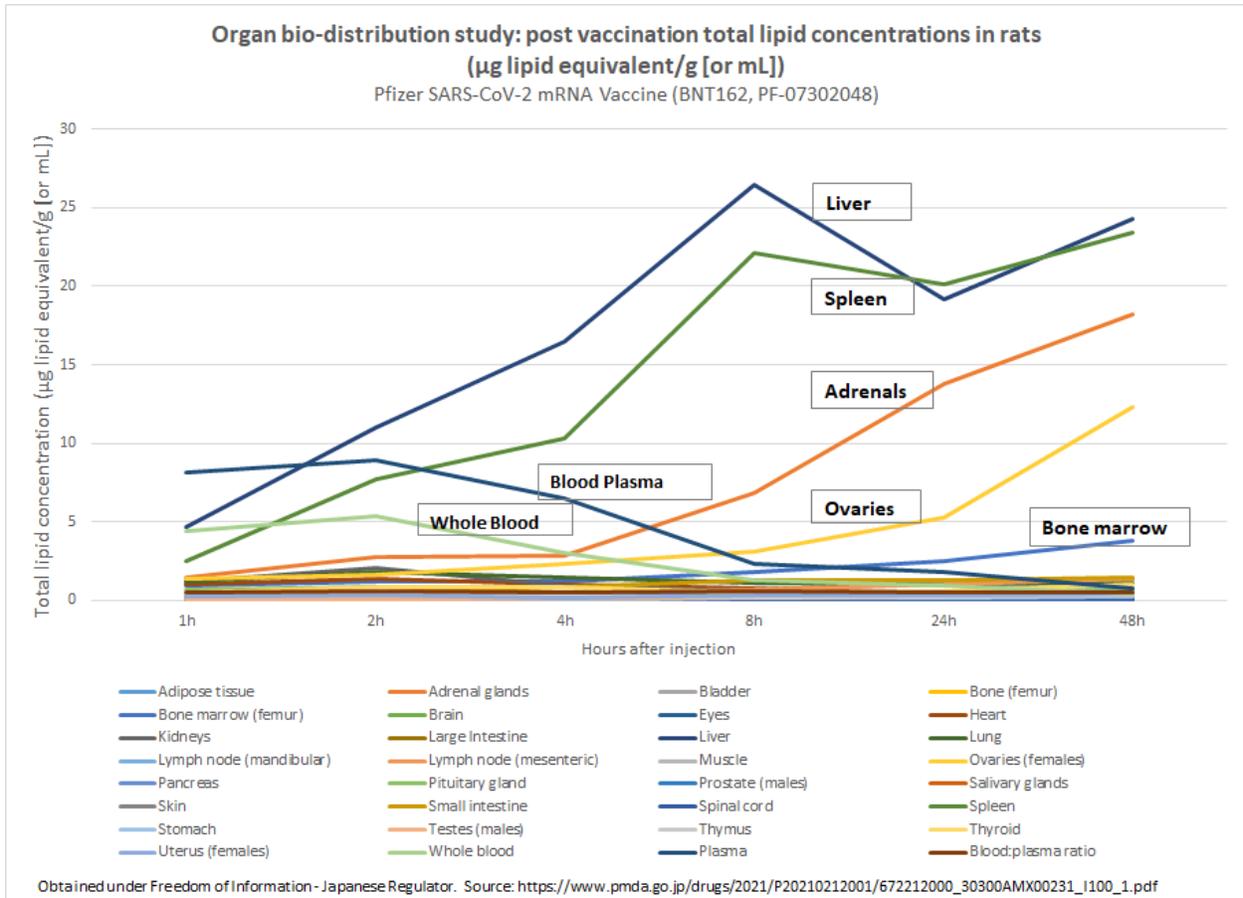
My roommate who is male got vaccinated. Now my menstrual cycle has shifted dramatically. How did that happen? It can't be mental since I found out after the fact.

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?

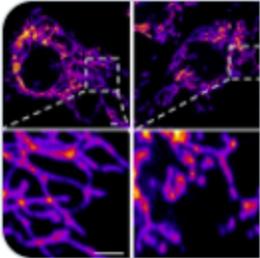


← **Tweet**

 **Robert W Malone, MD**
@RWMaloneMD

The SARS-CoV-2 spike protein is cytotoxic. That is a fact. Who says so? Multiple peer reviewed references. The Salk Institute.

It is the responsibility of the vaccine developers to demonstrate that their expressed version is not toxic. Show us.

 The novel coronavirus' spike protein plays additional key rol...
LA JOLLA—Scientists have known for a while that SARS-CoV-2's distinctive "spike" proteins help the virus infect its host b...
salk.edu

5:56 PM · Jun 20, 2021 · Twitter Web App

2,284 Retweets 325 Quote Tweets 3,993 Likes

🗨️ ↻ ❤️ ↗

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.

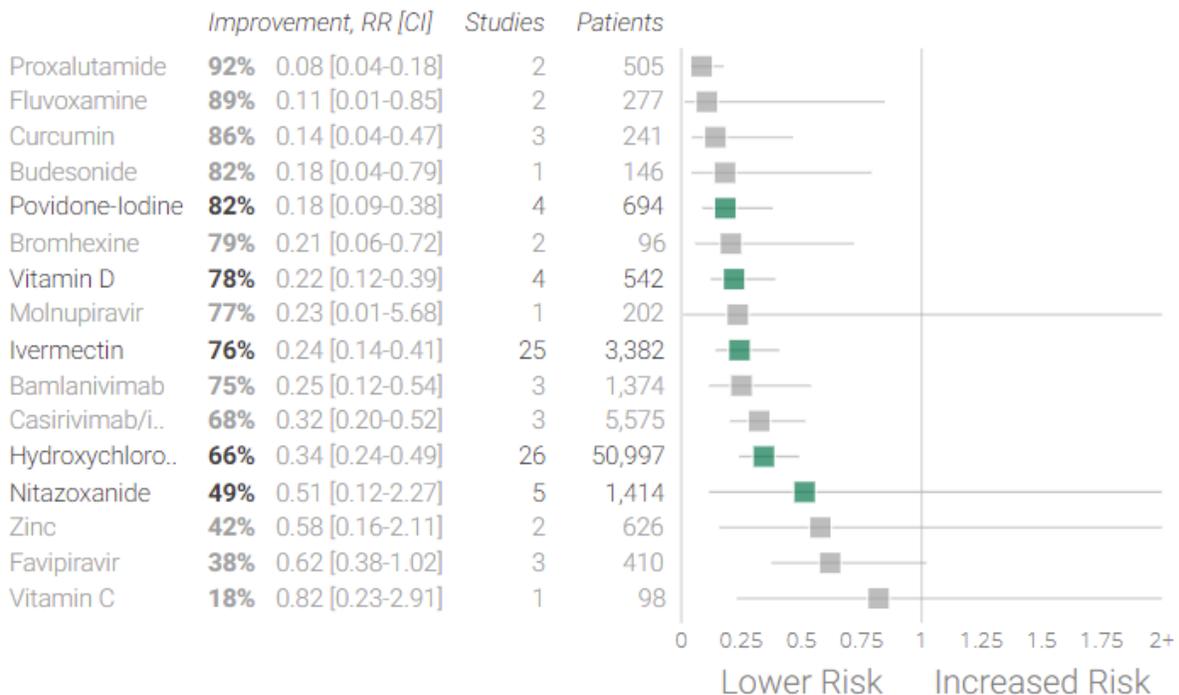
-Dr. Gerard Maudrux

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

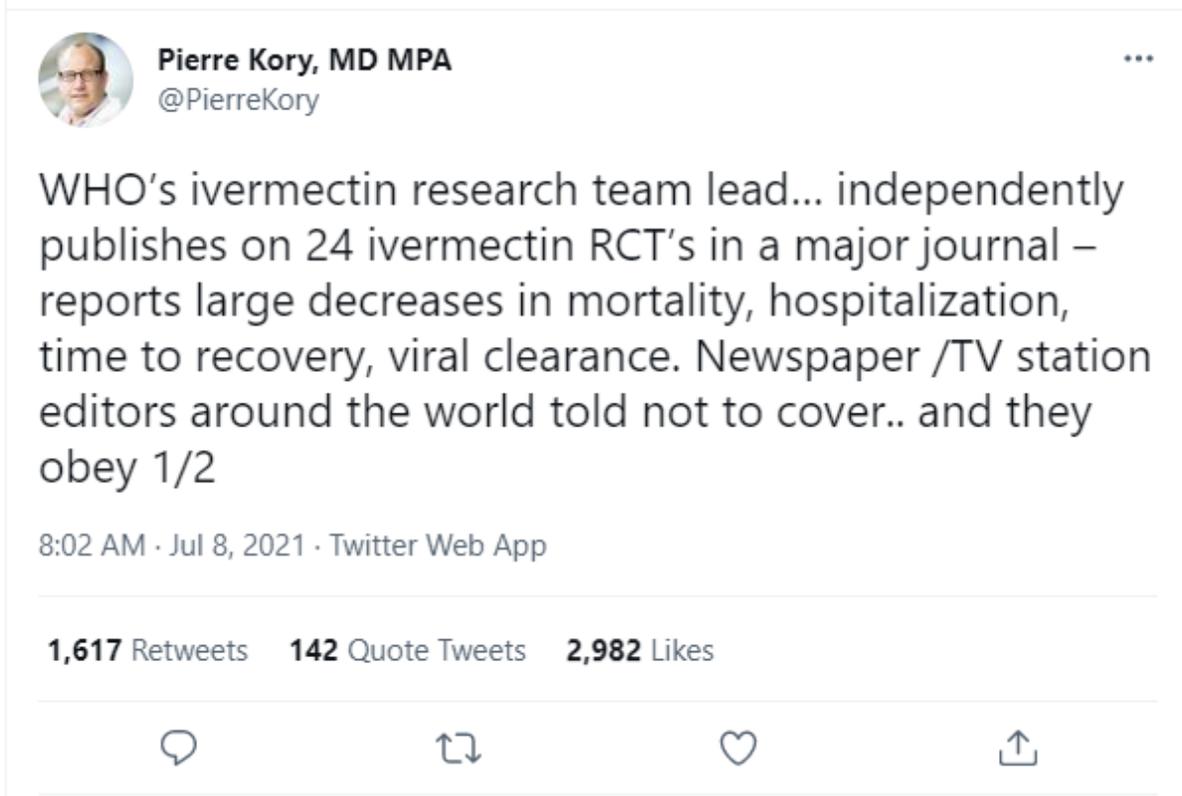
Of course, the problem is each of these statements is false.

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.

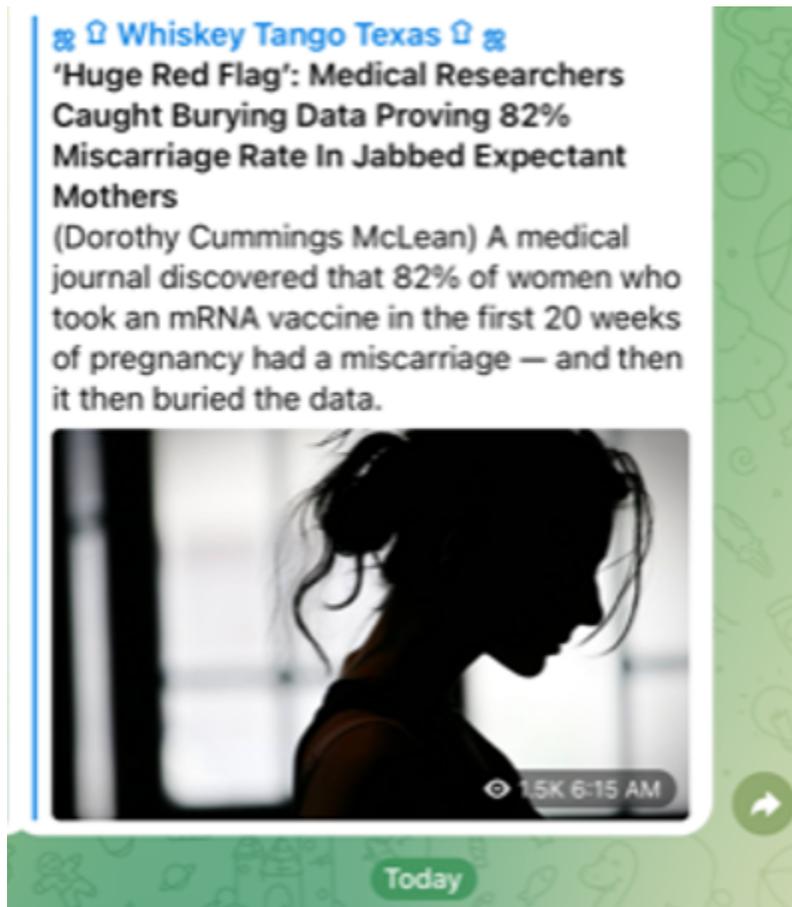
Why are there so many cardiac and neurological side effects?

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 [†] 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	1/724 (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,††}	<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 66 of 104 spontaneous abortions (63.5%) occurred before 13 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?

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.](#)

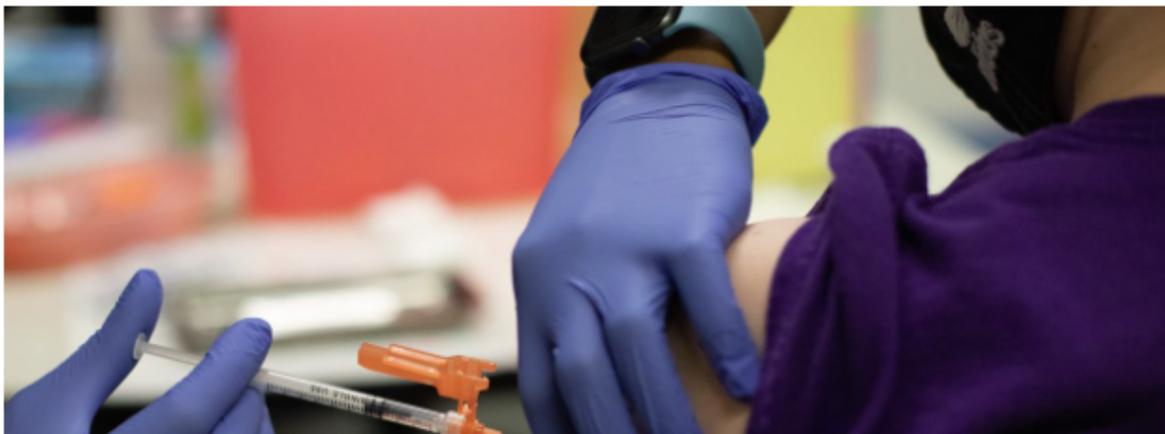
A July 8, 2021 article in the *Wall St. Journal* pointed out the risk of death or serious illness for children is extremely low. "Some 99.995% of the 469,982 children in England who were infected during the year examined by researchers survived, one study found."

THE WALL STREET JOURNAL.

BUSINESS | HEALTH CARE | HEALTH

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.

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).

Who has the burden of proof of the VAERS adverse event data?

The precautionary principle means that those pushing the vaccines have the "burden of proof" or at least "burden of evidence" regarding vaccine safety. The opposition is constantly claiming we have the burden of proof. That's not how it works. They have 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](#)).

Since it's an EUA drug, the regulatory rules are that the burden is on the drug maker to show all the neurological, cardiovascular, reproductive adverse events were not related. This is especially hard since there are over 400,000 events and 6,000 deaths and it is under reported by a factor of around 5. Have you seen any of these records analyzed proving these events weren't caused by the vaccine? The FDA isn't asking for them and the press isn't either. Why not? The data from Holland clearly shows this is not overreporting.

So when corrected for full reporting, we have 2M adverse events in 150M people. The big question is when does the mainstream media start to talk about this?

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 "horrified."

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.

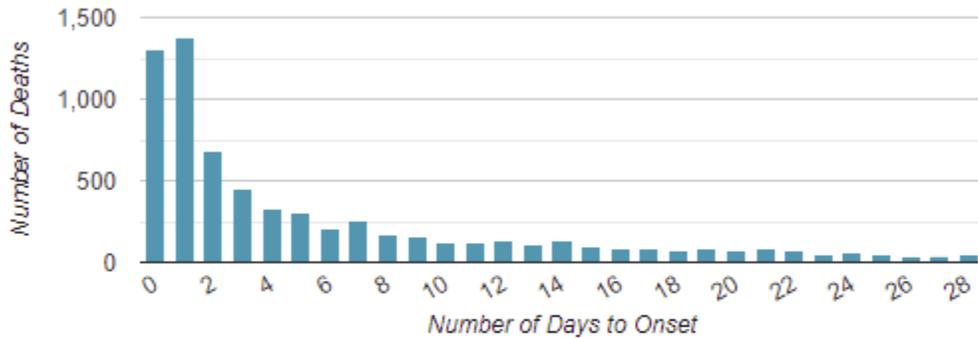
Of the total number of people in the system, **47% had a neurological issue** and **42 % had a CV issue.**

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

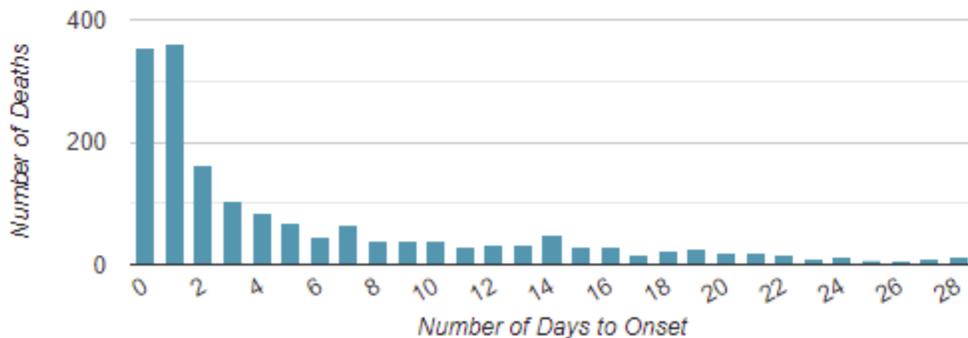
How that could not alarm any normal person is beyond us, but the mainstream community seems pretty uninterested in the number. And we guarantee you that instead of looking at this objectively with an open mind to finding the truth, they will look at it defensively, and seek to prove we are wrong.

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.

And there are only a small group of academics, led by BMJ associate editor Peter Doshi, who are calling for this information. 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 injury groups in other countries?

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

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

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. We don’t know anything about the formation of Lewy bodies (which lead to dementia). That was never measured. This should be frightening to everyone. 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.

Are there any prominent scientists or doctors who believe this?

Yes, but many 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.

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 📌📌

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. @drccraigwax · 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.”...



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



The image shows a screenshot of a LinkedIn profile for Robert W Malone, MD. The profile includes a circular profile picture of a man with a grey beard, a banner image of a laboratory hallway, and a bio that identifies him as the inventor of mRNA vaccines and RNA as a drug. It also lists his location as Madison, VA, his website, and that he joined in May 2009. Below the profile information are navigation tabs for Tweets, Tweets & replies, Media, and Likes. A tweet from Robert W Malone, MD is visible, dated 39 seconds ago. The tweet text describes a personal note from a LinkedIn executive regarding account restoration and includes a screenshot of an apology from LinkedIn.

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.

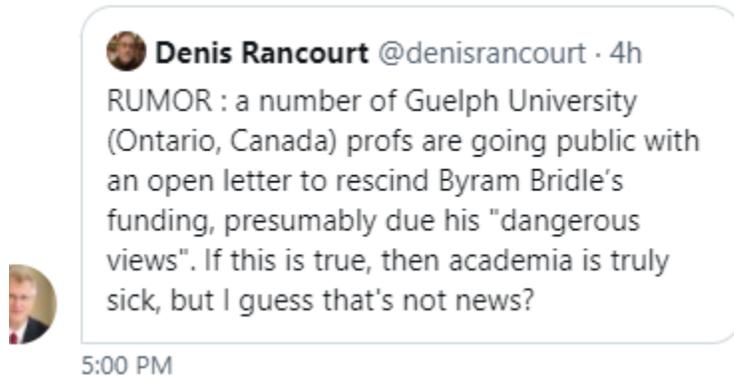
Dr. Malone's account has been fixed as of this morning.

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.

🗨️ ↻ 📌 📄 8 📤 📊

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. 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.¹

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 conservatively 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 subunit vaccines. The safety of these vaccines is supported by extensive clinical trials.²

Name, Credentials	Title	University of Guelph College
Katie M. Clow, DVM, PhD	Assistant Professor, Population Medicine	Ontario Veterinary College
Joseph Colananti, PhD	Associate Professor, Molecular and Cellular Biology	College of Biological Science
Marc Coppolino, PhD	Associate Professor, Molecular and Cellular Biology	College of Biological Science
Georgina Cox, PhD	Assistant Professor, Molecular and Cellular Biology	College of Biological Science
Teresa Cooney, PhD	Professor, Integrative Biology	College of Biological Science
Nicola Cobb, MA VetMB, DVMSc, DACVSc	Assistant Professor, Clinical Studies	Ontario Veterinary College
John Dawson, PhD	Professor, Molecular and Cellular Biology	College of Biological Science

1. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>, accessed June 24, 2021
 2. <https://www.canada.ca/en/health-canada/services/covid-19/covid-19-vaccines/updated-2021-06-21.html>
 3. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>, accessed June 24, 2021
 4. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>, accessed June 24, 2021
 5. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>, accessed June 24, 2021

Supporting signatories 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 Analytics Professor	Ontario Veterinary College
Dorothee Riendeau, 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
Samir Adnanovic, PhD	Associate Professor & Director of Bioinformatics Graduate Program,	College of Biological Science
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 Science
Steffen Gratzner, PhD	Professor, Molecular and Cellular Biology	College of Biological Science
Carolin Gyles, DVM, PhD, FCAHS	Professor Emerita, Pathobiology	Ontario Veterinary College
Janis Hammermüller PhD	Staff, Pathobiology	Ontario Veterinary College
Brad Hanna, BSc, DVM, MSc, PhD	Associate Professor, Biomedical Sciences	Ontario Veterinary College
George Hannas, PhD	Professor Emerita, Molecular and Cellular Biology	College of Biological Science
Tony Hayes BVSc PhD	Professor Emerita, Pathobiology	Ontario Veterinary College

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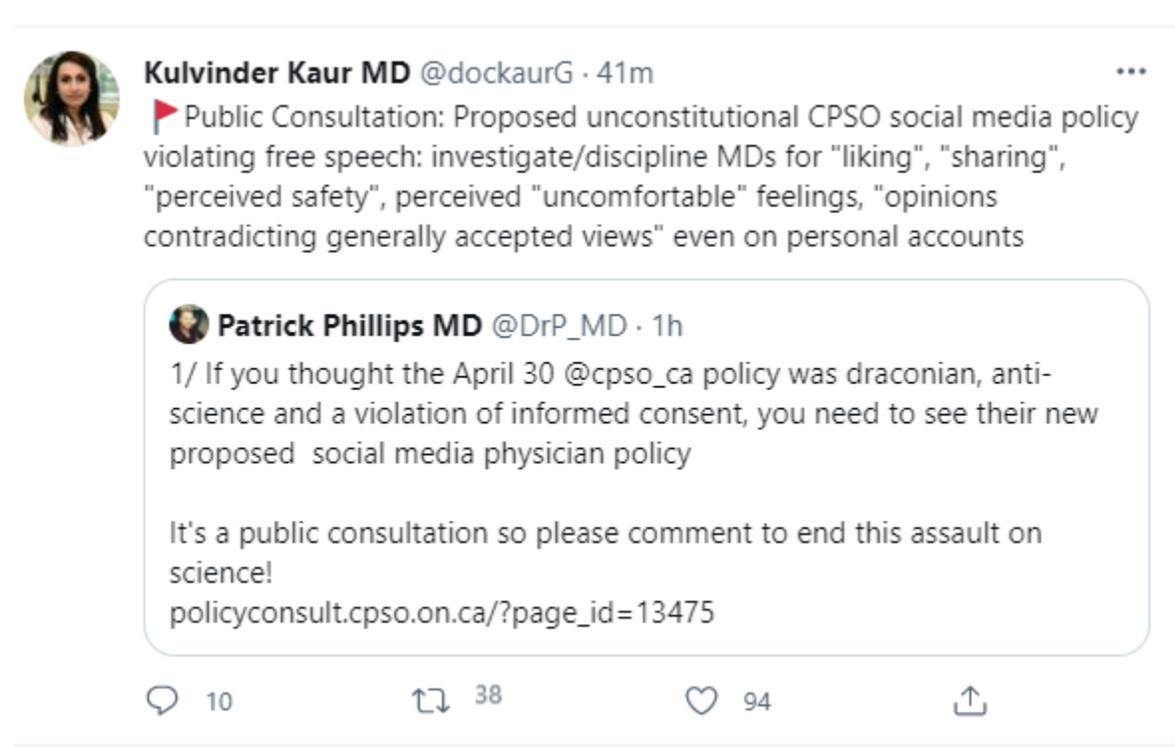


Dr. Bret Weinstein risked his career to expose the story by interviewing Pierre Kory, Robert Malone, and Steve Kirsch. YouTube has removed Bret's latest video which had over 600,000 views (and 35,000 positive reviews) and demonetized his channel which takes away his revenue stream. Supporting his family is now at risk since that was his primary revenue stream.

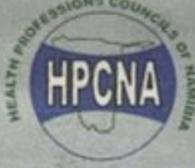
Steve Kirsch who is not a doctor had his business impacted with a customer who didn't like the fact he was speaking out against vaccination and so he is no longer speaking out publicly against the vaccine because of that.

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.



PUBLIC STATEMENT ON MISINFORMATION ABOUT COVID -19

The Health Professions Council of Namibia (HPCNA) has learnt with great concern that some registered healthcare practitioners are spreading misinformation about Covid-19 pandemic, the vaccination roll out and promoting treatment not supported by the best available evidence.

All registered healthcare practitioners in Namibia are being reminded of their ethical and professional obligation to protect and promote the health of patients and the public and to support all efforts aimed at curbing the spread of the infection.

Healthcare practitioners are respected members of the community and their opinions about health are valued by the public. Misinformation by such practitioners about Covid-19, the vaccine or therapy may therefore be detrimental to the health of the Namibian people and should be avoided at all costs. The HPCNA expects all registered healthcare practitioners to act with honesty and integrity and not to spread misinformation which may compromise patient safety.

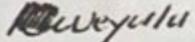
Some healthcare practitioners may have strong personal views about Covid-19 and the vaccines, but they must provide factual information to patients and recommend the most effective therapy based on the best available evidence. There is no place for misinformation in professional health practice.

New ideas about measures to contain the spread of Covid-19 and the management of patients in Namibia must be discussed with the relevant authorities through appropriate channels and in a professional manner.

Any registered healthcare practitioner who may be found peddling misinformation about Covid-19, the vaccines and or therapy, will be charged with unprofessional conduct and if found guilty, punished in terms of the law.

During these trying times, the HPCNA appreciates the tireless efforts of all registered healthcare professionals in dealing with the pandemic and urge public members to adhere to all measures that are put in place to curb the spread of the infection. There is evidence suggesting how effective and safe Covid-19 vaccines are and the HPCNA is encouraging members of the public to get vaccinated.

Healthcare practitioners whose conduct may be found to pose a risk to either patient safety or public confidence in healthcare professions should be reported to this number for investigation: 061-245586 or legal@hpcna.com.na


Cornelius V Weyulu
Registrar /CEO
HPCNA

Protecting the Public through regulated education & practice
www.hpcna.com.na

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.

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. Under EUA, all deaths (proximate to administration of the drug or not) are now deemed to be NOT caused by the drug unless PROVEN otherwise. The burden of proof is now on the public, not on the FDA or drug company or CDC.
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.

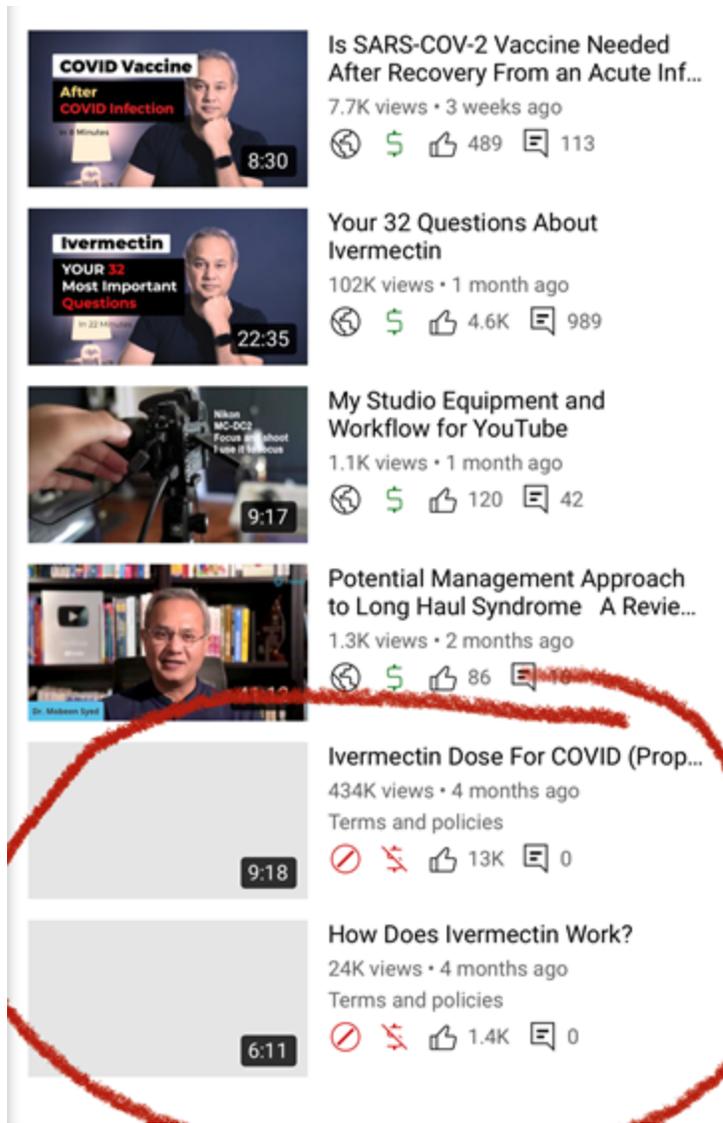


made in JAPAN (山梨) の薬 (イベルメクチン) がコロナ感染症の切り札とな...

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 large 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.

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.

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.

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.

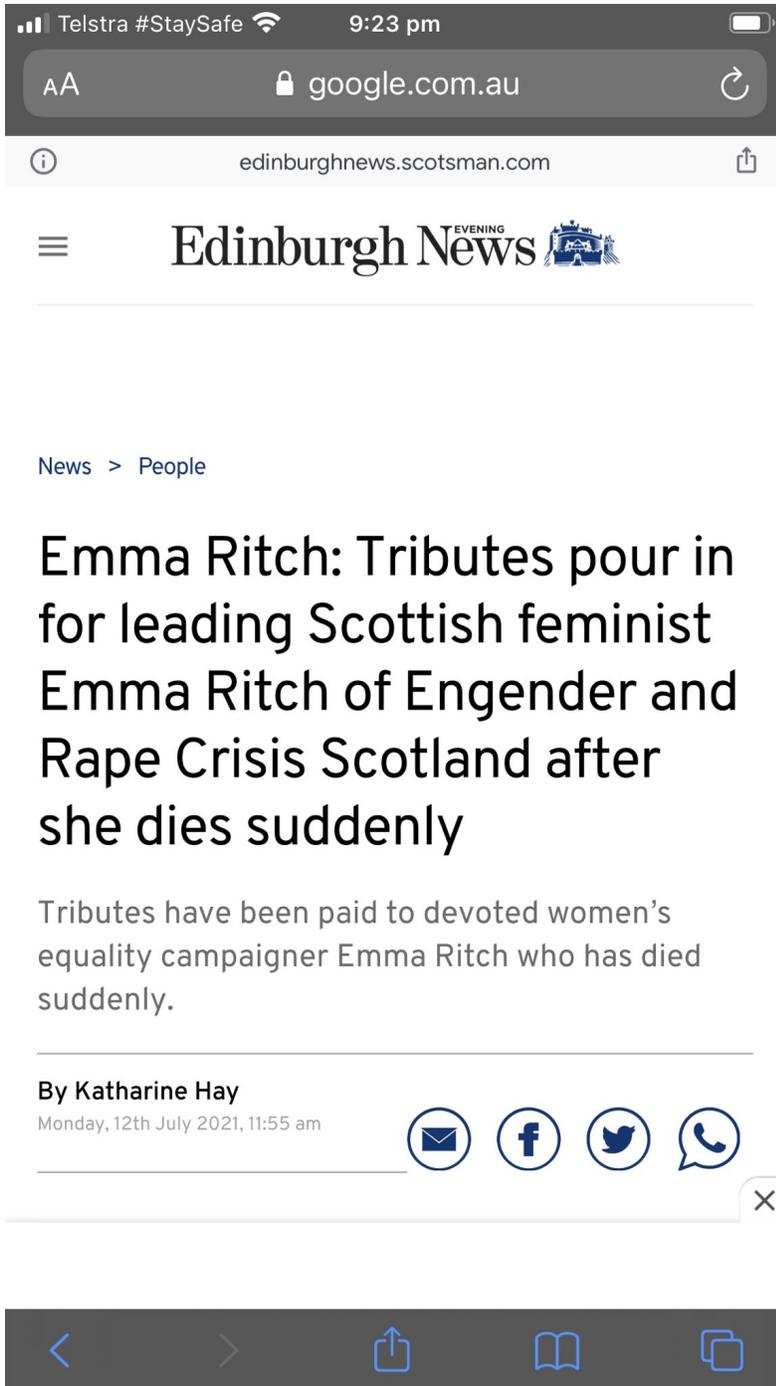
Here's another example where the person highly likely died from the vaccine, but it was reported as a death from pancreatic cancer. Similarly if the vaccine creates a heart attack or stroke or

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....

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. So 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.

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 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, then why do the adverse events look like a very severe case of COVID?

And 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 giving people long-haul COVID?

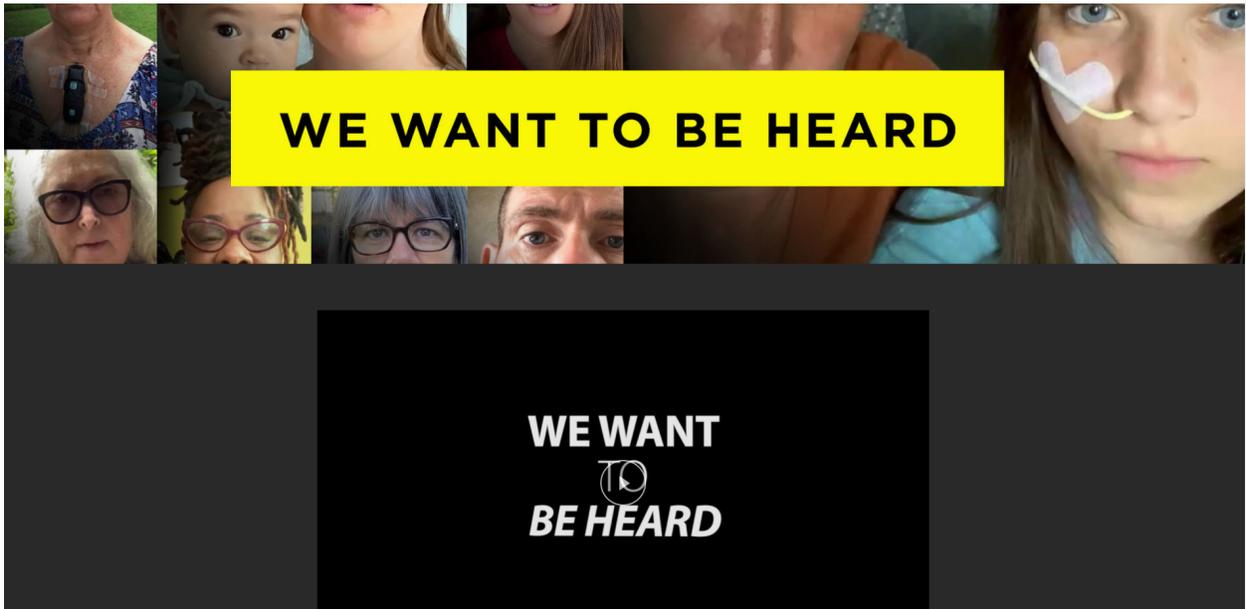
Just how bad could this get?

Really bad. Here's [a video interview of Dr. Alexandra Caude](#). 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.

Are there vaccine long hauler groups?

Here are a few we know about:

1. <https://www.vaxlonghaulers.com/>
2. <https://www.c19vaxreactions.com/>



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.

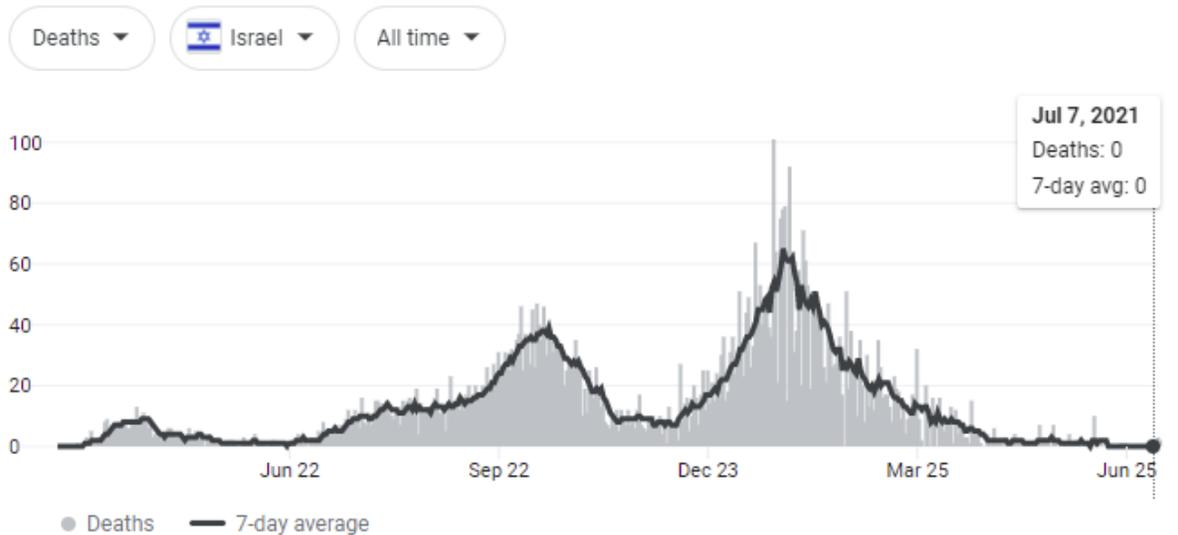
The government is considering reinstating additional coronavirus-related restrictions after restoring a mandate to wear masks indoors in public spaces. Officials are also discussing whether to recommend a third dose of vaccine, the report said.

OK, so what are the numbers now? Here's the scoop from Google:

Statistics

New cases and deaths

From [JHU CSSE COVID-19 Data](#) · Last updated: 2 days ago



Each day shows deaths reported since the previous day · [About this data](#)

Cases

From [Wikipedia](#) and [others](#) · Last updated: 5 hours ago

OK, so zero deaths per day on average, with only 57% fully vaccinated. Hmmmmm..... So why take the risk of vaccination? Why not let “the other guy” take the risk?

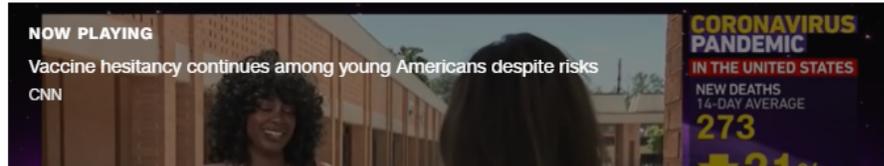
Alos, if one person died who was unvaccinated, they could say 100% of the COVID deaths are from the unvaccinated people!

A booster shot? Surely you must be joking!

Nope! Just 3 days after that tweet by John Bowe, CNN published this:

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



More from CNN



And Evercore published this:

EVERCORE ISI – Biotech, Pharma, Spec Pharma Equity Research
 Umer Raffat
 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 S5. Test negative design analysis estimating vaccine effectiveness in preventing RT-PCR confirmed symptomatic SARS-CoV-2 infection comparing 5 gene positive (Delta variant) with 5 gene negative (Alpha variant) cases. All community testing data in Scotland from 3 April 2021 to 6 June 2021 were used, but only those reporting symptoms at the swab test are included in this table.

Vaccine	Symptomatic Vaccine Status	% Gene Positive					% Gene Negative				
		N	n	VE	LOI	UCL	N	n	VE	LOI	UCL
Pfizer	Unvaccinated	4054	2439	0	0	0	41062	2087	0	0	0
	V1_0-27	1942	293	18	4	31	1858	139	26	13	41
	V1_28+	2236	52	33	15	47	2466	182	27	13	38
	V2_0-7	883	5	54	43	93	898	20	78	65	86
V2_18+	4801	75	85	78	87	4360	39	92	88	94	
Oxford	Unvaccinated	40264	2439	0	0	0	41062	2087	0	0	0
	V1_0-27	4422	186	33	7	36	4634	396	17	6	26
	V1_28+	10242	151	33	23	41	10322	391	39	32	45
	V2_0-7	1877	140	37	33	48	3759	57	65	54	74
V2_18+	3029	126	61	51	70	1999	38	81	72	83	

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

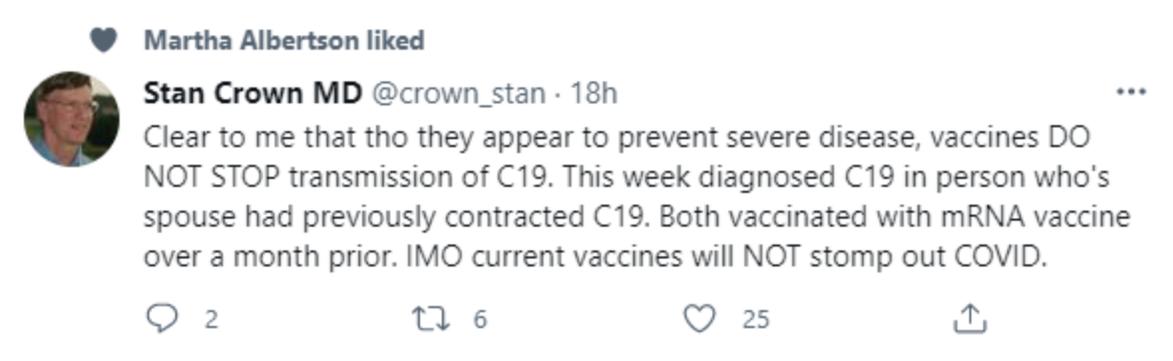
Choosing Safer Activities

- 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.

Footnote: n = number of individuals tested; N = Number testing positive; VE = vaccine effect, which is equal to (1-OR)*100, where OR is the odds ratio from the logistic regression model; LOI, UCL = the lower and upper 95% confidence limits for the vaccine effect; V1_0-27 = time point of second (or 1st) dose before the time for the first swab; V1_28+ = time point of the vaccine 28 days or more before the swab; V2_0-7 = time point of the vaccine when the second dose was 0-7 days before the date of the swab; V2_18+ = time point of the vaccine when the second dose was 18 days or more before the date of the swab. The VE estimates were derived from a generalized additive logistic regression model with gene testing for age, number of prior covid tests, date and factors for gender and deprivation.

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?

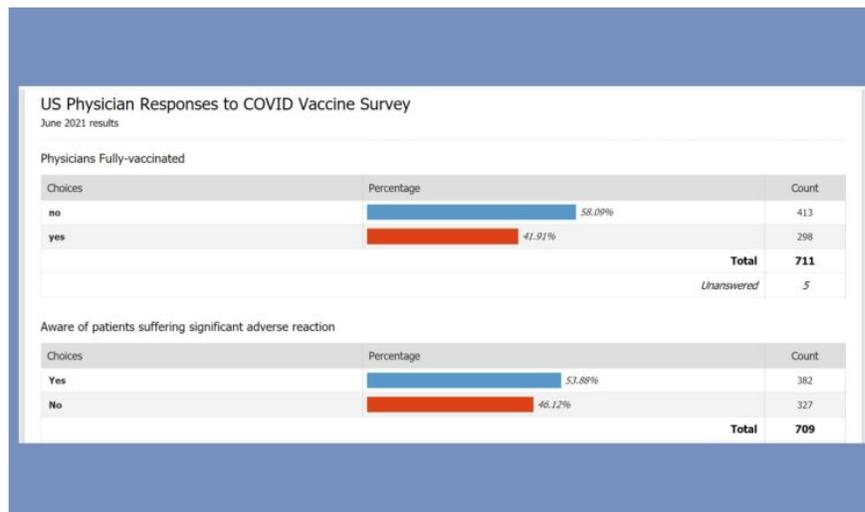
We don't know because he refuses to look at it. We emailed everyone in his department that we had an email address for and nobody answered (except for one guy who left the department 2 years ago).

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:

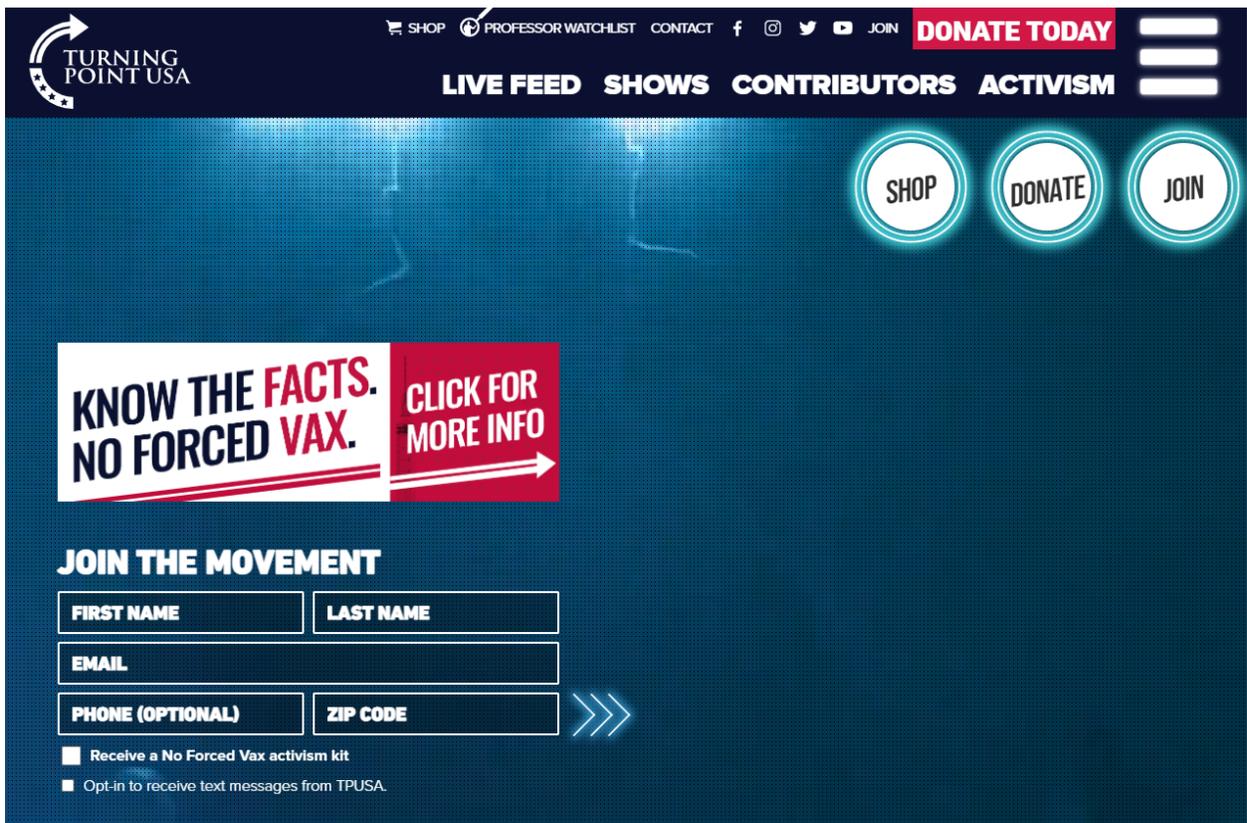


Will anyone debate your team of scientists in an open debate?

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 shows a screenshot of the Turning Point USA website. The header includes the logo for Turning Point USA, navigation links for SHOP, PROFESSOR WATCHLIST, CONTACT, and social media icons (Facebook, Instagram, Twitter, YouTube), and a prominent red 'DONATE TODAY' button. Below the header, there are three glowing circular buttons labeled 'SHOP', 'DONATE', and 'JOIN'. The main content area features a large banner with the text 'KNOW THE FACTS. NO FORCED VAX.' and 'CLICK FOR MORE INFO' with an arrow pointing right. Below this is a 'JOIN THE MOVEMENT' section with a sign-up form. The form includes fields for 'FIRST NAME', 'LAST NAME', 'EMAIL', 'PHONE (OPTIONAL)', and 'ZIP CODE'. There are also two checkboxes: 'Receive a No Forced Vax activism kit' and 'Opt-in to receive text messages from TPUSA.' A double arrow icon is positioned to the right of the form fields.

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. See <http://www.kathydopp.info/COVIDinfo/Vaccines/InformedConsent/SampleLetters> for a compilation of Letters & Lawyers for Employees and Students Fighting Illegal Mandates.
3. Jay Sanchez posted [legal papers you can file](#) (Complaint and Emergency Order to Show Cause).
4. 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.
5. [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.

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](#).

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](#).