

Exhibit 152

Bradford Hill Criteria for Cause of Death after COVID-19 Vaccination

Dr. Peter McCullough

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The advent of mRNA and adenoviral DNA vaccines has ushered in a whole new genre of internal medicine diseases that has besieged the medical community. Because so many physicians were duped into the taking one of the COVID-19 vaccines, they are having a hard time coming to terms with the reality that their patients are developing complications that indeed a physician could develop, including well-recognized problems such as myocarditis, blood clots, bleeding, and skin rashes and immune system problems. The most worrisome of all complications is death after vaccination.

Sadly, in the US domestic VAERS data, as of May 20, 2022, there have been 13,045 Americans that have died shortly after taking one of the ill-advised or mandated COVID-19 vaccines.¹ From a regulatory perspective, any death that occurs after an investigational product within 30 days is attributed to the article under investigation.

For traditional vaccines, special adverse events of interest (autoimmune problems, etc.) have a 24-month window of observation and potential concern. This window is extended to five years for genetic products (e.g., mRNA and adenoviral DNA).

So if the Bradford Hill criteria for causality are applied, one could evaluate objectively in a population whether or not the COVID-19 vaccines are causing deaths:

- 1) very strong signal, with >13,000 US deaths, the acceptable regulatory limit is far smaller ~50 for a product such as vaccination for a low-risk condition,
- 2) tight temporal relationship, with most deaths occurring within a week of the shot,
- 3) biologically plausible, the specific mechanism of action with the Spike protein damaging organs and causing blood clotting,
- 4) internally consistent and cohesive with non-fatal syndromes (myocarditis, Guillain-Barre syndrome, deep venous thrombosis, etc.),
- 5) externally consistent among separate databases US CDC VAERS, UK Yellow Card, and EU EUDRA,
- 6) randomized experimental data from the largest program with Pfizer/BNT vaccine there are more overall deaths with Pfizer than placebo,
- 7) while limited dose-response information is present since adverse effects have been reported at each administration, the cumulative risks of death increase with each successive shot,
- 8) by analogy, the lethal nature of SARS-CoV-2 infection is conveyed by the Spike protein, as is the which is the product of mRNA or adenoviral DNA vaccinations giving the Spike protein for an uncontrolled quantity and duration of time.²

Thus, the Bradford Hill criteria are fully satisfied. We can be certain that it is more probable than not, or even a clear and convincing level of evidence, that the COVID-19 vaccines are causing death in large numbers of individuals.

In this week's issue, we bring back to the show FLCCC leader **Dr. Pierre Kory** to review an approach to a large number of patients with vaccine injury syndromes.³ In this process, serious diagnoses must be entertained in a "differential diagnosis," and they must be excluded to leave the actual working diagnosis in order to formulate an empiric treatment approach. There are no randomized trials of therapies for COVID-19 vaccine injury syndromes, so at this point in time and probably for many months to years to come, the clinical approach will be empiric management.

Our music is from **Faithless Town**, "Live Free," something we all wish could be recaptured in our lives.⁴

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References:

¹ <https://openvaers.com/covid-data>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4589117/>

³ <https://covid19criticalcare.com/>

⁴ <https://www.youtube.com/watch?v=Tfe1HnSI84k>