

# Why so many Americans are refusing to get vaccinated

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**Last update:** Sept 24, 2021

Anthony Fauci says he doesn't understand why so many Americans are refusing to get vaccinated.

The reason is simple: these people have determined that the vaccines are both unsafe and/or ineffective.

They found this from a number of sources:

1. Reading the peer reviewed literature that shows the vaccines kill more than they save for all age groups; over 150,000 Americans have been killed by the vaccines
2. From symptoms they experienced after their first jab,
3. Seeing their friends dead or disabled after vaccination

Today, with so many organizations adopting mandatory vaccination policies, it is now more important than ever that **the decision makers** creating these invasive policies **understand** why so many people are now against vaccination with the current COVID vaccines and why these policies are extremely dangerous both to their employees and society at large.

Most of us in VaccineTruth2 are Democrats who voted for Biden. None of us are “conspiracy theorists.” None of us have any history of being labeled as spreading misinformation. None of us are “anti-vax.” We’ve all been vaccinated with other vaccines. Some of us took the vaccines because we trusted the government at the time or needed it to travel. But when we started hearing stories from our friends about “three healthy family members died shortly after they got the vaccine” and when we saw our own friends with our own eyes severely disabled, probably for life, right after getting the vaccine, we got curious and decided to investigate. We were appalled at what we found. We found we were hardly alone. We discovered it was easy to find doctors who had more patients who died from the vaccine than from COVID. If what the

government was telling us was true, that would be impossible. Someone was lying so we decided to find the truth.

We found that the mainstream hypothesis that the vaccines were perfectly safe and effective did not fit the data at all. On the other hand, the hypothesis that the **vaccines are not safe for those under 50 and have likely killed over 150,000 people fit all the evidence we found perfectly**. They are likely unsafe for older people as well, but that's harder to prove, although we do have a very compelling anecdote that shows this: [Large nursing facility in Hawaii finds twice as many vaccine deaths as COVID deaths](#).

The most important points:

1. Early treatment has always been a safer, faster, and lower cost way to end the pandemic. We've had effective protocols for well over a year that are both safer and more effective than any vaccine, but few doctors are using them. Almost nobody hospitalized today for COVID was treated early.
2. [Pfizer's own study suggests that we may be causing 3 or more deaths for every person we save from a COVID death](#). All cause mortality is far more important than relative risk reduction of COVID deaths and is being ignored. **There isn't a single study showing statistically significant reduced all cause morbidity with the vaccines. All the studies show exactly the opposite.** For a vaccine whose safety has been questioned, shouldn't we require proof of all cause morbidity benefits before we approve the vaccines and/or mandate the vaccines?
3. A [new paper from Japanese researchers](#) shows the vaccines we received will soon be completely useless to protect us and will **enhance the ability of future variants to infect us**. In short, even if the vaccine were perfectly safe and killed no one, it traded a very short term benefit for a long-term risk.
4. We are not aware of **any** credible **primary** evidence that is consistent with the hypothesis that the vaccines are "as safe" or safer than previous vaccines. If you find any, [please report it](#).

5. The CDC, hospitals, and fact checkers have been lying to the American people. For example, the [recent claim that 95% of the patients in the hospital are unvaccinated](#) is not true and not even close to true [according to a confidential CDC internal presentation](#). So what the CDC knows is not the same as what they say to the public.
6. [Recovered immunity protects against variants; vaccines do not](#). If we want to end the pandemic, early treatment is the fastest way.
7. The American people overwhelmingly prefer to have urgent scientific disagreements resolved in a public forum. We are happy to do this at any time. The authorities refuse to engage us. Even worse, the White House endorses censorship of key opinion leaders for dealing with scientific dissent without first ever giving any of those people a neutral forum to defend their statements.
8. All of the statements we make in this paper are true and the most important ones can be independently verified from public sources. If you find an error, [please report it](#).

We wanted to explain to other Americans (especially those in Congress, the mainstream media, and US government agencies) our reasons for refusing to get vaccinated. Our position is based on facts, scientific evidence, and making reasonable estimates.

We are not trying to convince you we are right. We are simply offering to share with you some of what we discovered and the reasons **why** we feel the way we do and **why we object to mandatory vaccination policies**.

We are not claiming that anything below is a provable fact. We are **only claiming that these are our beliefs based on evidence**.

To persuade us, **you must show us why our beliefs are wrong**. So far, **nobody** has been able to do that for **any** of these points. Nobody will engage in a public debate on these points either. That is why we are hesitant.

This table below summarizes our beliefs.

The single most important row is safety/all-cause mortality. If you can't get a benefit there, then all the other columns are irrelevant.

	Current Vaccines	Early Treatment
Safety/all cause mortality	Pfizer's 6 month data show <a href="#">higher all cause mortality using the vaccine vs. placebo</a> . This makes the vaccine a complete non-starter no matter how effective it is. There should be at least one study that shows a net mortality benefit BEFORE we ever consider MANDATING a vaccine for anyone.	Extremely safe; drugs used have 40+ year safety track record. Treatment protocols are always beneficial and never make a patient worse.
Informed consent	Not even a single comprehensive risk report or risk-benefit analysis as of Aug 10, 2021	Risks of each drug are well known.
Infection rate reduction (higher is better)	<a href="#">8X</a> ( <a href="#">approaching 0 in Israel</a> for Delta)	<a href="#">Over 7X if use ivermectin</a> on alpha variant; 0% if no prophylaxis protocol
Hospitalization rate reduction (higher is better)	<a href="#">25X</a> (approaching 0 in Israel for Delta)	> <a href="#">100X</a>
Death rate reduction (relative risk compared to untreated) (higher is better)	<a href="#">25X</a> (per CDC) (but approaching 0 in Israel; see text below)	>100X (see note)
Long-haul COVID rate	<a href="#">~20%</a>	<a href="#">~0%</a> (if it wasn't 0, the NIH would be using that as a talking point)
# of Americans killed by the treatment itself (to date)	Approximately <a href="#">150,000</a> (estimated over 10 ways; the CFR method is unassailable)	~0
Risk of death from treatment	<a href="#">~411 deaths per M doses</a>	~.2 per B doses (around 2 million times fewer deaths than the vaccines)
# Americans disabled by the treatment itself to date	~300,000 (based on user surveys shown below as well	~0 (we haven't found one yet; there are no Facebook early



	as Facebook support group sizes of 200,000 or more)	treatment side effects groups)
% of hospitalized patients today compared to # of untreated (lower is better)	<a href="#">9%</a> (from CDC data)	~0% (if it wasn't zero, the NIH would be using that as a talking point)
% of hospitalized patients who die today from COVID compared to untreated (lower is better)	<a href="#">15.1%</a> (from CDC data)	~0%
Side effects	<p>Causes a wide range of neurological and cardiovascular side effects. Can make cancer worse. <a href="#">Because it reduces CD8 cells, can reignite latent viruses and leave you less able to combat the reactivation</a>. Reducing CD8 cells can cause cancer to suddenly get a lot worse. Unclear how long the CD8 response is suppressed for. Can cause sudden unexplained death. Known to cause brain hemorrhages even in kids. Side effects can be long lasting. Spike protein from the vaccine can hang around for 9 months or more in some patients. <a href="#">360,000 kids will develop heart problems</a> after vaccination, but doctors say this is nothing to worry about.</p>	<p>Minor and short lived.</p> <p>Most people do not have any side effects.</p> <p>Ivermectin is one of the safest drugs ever invented.</p> <p>Serious side effects are extremely rare.</p>
Treatment to resolve side effects	You are basically out of luck. Nobody knows how to treat vaccine injured patients so you can recover quickly if at all. Some patients will be permanently disabled; have limbs amputated. Many patients are untreatable because doctors can't diagnose. Many people with severe side effects do not get	Drugs have been studied for decades as well as treatments for any rare/serious side effects are well known.

	better with treatment. Maddie de Garay (age 12 when injected) is a perfect example. Paralyzed less than 24 hours after Pfizer#2, doctors had no clue how to treat her.	
Works on all variants with same efficacy	No	Yes, if you adjust timing to start as soon as symptoms. Timing is much more important for P1, Delta variants.
Safe for pregnant women	Unknown	Yes
Length of protection	~ 6 months	n/a
Treatment risk	Must be done <i>before</i> you are infected so 100% exposed to treatment risk every 6 months	Only needs to be done <i>if</i> you are infected so only very small % subject to treatment risk (only if you get infected)
Unknown risks	ADE, pregnancy, linked-epitope suppression (LES), prion diseases. ADE can increase the likelihood of more severe disease than untreated. LES can reduce recovered immunity to variants.	None
Long term risks	Prion diseases (such as dementia), reproductive health	None
Risk of infecting others (risk of asymptomatic spread)	High (bad)	Low (good) because if you get sick more likely to show symptoms and stay isolated
Immunity	Narrow. Works best on the variant designed for. Promotes spread of vaccine-resistant variants.	Broader, natural, longer lasting recovered immunity.
Societal benefit	Recently vaccinated people are less likely to get COVID, but the net societal benefit is negated by the fatality rate so there is no net benefit to society today. The net risk of	Yes. Absolutely saves lives. No doubt about it.

	your life is not greater than the number of other people's lives that are saved. Nobody has ever seen that calculation because the CDC has never done it since they still think the vaccines don't kill anyone.	
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Notes:

1. Fareed and Tyson protocol on 3,962 patients treated early with 2 hospitalizations and 0 deaths vs. avg 3.4% avg mortality translates into a benefit of 134X or more.

Here is a quick summary of our reasons for declining vaccination:

1. **Early treatment is safer and more effective than any vaccine:** Early treatment protocols offer up to 99.76% risk reduction, early treatments never kill or maim you, and you only have to be treated *if you get the virus*. There are many [proven early treatment protocols](#) to choose from. If people used a proven early treatment, our hospitals would be empty today. The one thing all the patients who are in hospitals today or have died have in common is that they all followed the CDC advice to stay home and do nothing. Early treatment is the better option that nobody talks about. **You never hear about anyone dying if they were treated early.** Early treatment is even more important for delta. Every day counts. For the alpha variant, you could start treatment on day 3 after symptoms and do fine. For delta, because it replicates faster, **you need to start on early treatment as soon as you know you are infected.** Our doctors don't know of a single person who started a proven early treatment protocol who were hospitalized or died. Do you? Unfortunately, these treatments are suppressed even though they have the highest level of medical evidence (known as the systematic review) because the NIH wants people to take an unsafe vaccine. Although it is true that asymptomatic people won't realize they have COVID and get early treatment, the fact is asymptomatic people don't get hospitalized or die. Have you ever heard of anyone who had to check in the hospital because they had no symptoms? Prophylaxis is another option and can be used in addition to treatment. Options include ivermectin and [monoclonals](#).
2. **The current vaccines aren't safe:** For anyone under 65, the risk-benefit trade off is marginal, but for anyone under 50, it's impossible to justify. We estimate that **at least 150,000 people have been killed** so far from the vaccines (using 10 different methods; see [Vaccine Safety FAQ](#) for the details of each method). A recent study done in Germany showed at least 30% of the people who died within 2 weeks of vaccination died because of the vaccine and that's just a lower bound. D-dimer, which is evidence of recent clot clotting, is seriously elevated in [62% of patients](#), and remains elevated for months after vaccination as shown in independent tests. Nobody can explain how a safe vaccine can cause this or for how long it lasts. The spike protein can still be in people 9 months after vaccination causing unknown problems. Because early treatment is a viable option, even people who are over 65 shouldn't be vaccinated because it exposes

people to an unnecessary risk (dying from the vaccine). Finally, any vaccine that kills over 50 people a year is toxic and should not be marketed when safer proven alternatives are available. This is the most toxic vaccine in modern history.

3. **Vaccines efficacy is a complete red herring.** The efficacy argument is a red herring because of safety issues. Data from the UK, Singapore, and Israel all show that the percentage of people vaccinated is nearly the same percentage as the people getting COVID, so the vaccines **no longer provide protection against infection**. [Pfizer has admitted the protection wanes over time](#). Although the latest data out of Israel (included below) show that the vaccines do reduce the relative risk of hospitalization for severe disease by up to 80%, the absolute benefit is small, especially for younger people. **Early treatment with repurposed drugs has a superior risk-benefit for all ages compared to the vaccines.** Until vaccines can compete on safety and efficacy against early treatment, they should not be used.
4. **The vaccines have too many unknown risks because they were never properly tested:** FDA insiders admit that the FDA made a crucial mistake by regulating the vaccines as traditional vaccines rather than as a vaccine and gene therapy. The required tests were never done and we still don't know the amount, duration, and distribution of the spike protein that is produced by the mRNA. ADE, where the vaccine helps the virus invade your body, was acknowledged by the FDA as a clear risk, but they decided to roll it out to the public anyway, months before starting the proper testing. If ADE is confirmed, then **vaccination will help the virus** to replicate inside your body. Nobody knows what the long term effects of vaccination with these vaccines are. There are other serious concerns including effect on pregnancy, risk of prion diseases, implication of the generation of lewy bodies, linked epitope suppression, the long term effects of having spike protein in our bodies for an unknown amount of time, and the antibody response to syncytin-1.
5. **There is evidence now emerging that vaccinated people are worse off than unvaccinated people if they get infected.** <Stay tuned for the data from Israel on this>
6. **We don't trust what the HHS agencies are telling us:** The CDC missed dozens of safety signals on serious cardiovascular and neurological events. There is a crucial error in their formula for generating safety signals. The CDC, FDA, and NIH all claim nobody has died from the vaccine. Yet, in nearly 90% of all reports, the causes of deaths are consistent with elevated side-effects from the vaccine. For example, healthy 24-year olds never die in their sleep less than 24 hours after getting vaccinated. How do people in perfect health suddenly die of multiple organ failure shortly after the jab?
7. **The media coverage has been biased and reporters who try to go against the narrative have been censored.** We did our own survey in full public view of 10,000 randomly selected people on Twitter which showed the vaccines have killed nearly as many people as COVID. There were no signs of gaming. If the vaccines are perfectly safe, then how can anyone explain this result? When people have heart attacks, strokes, or die shortly after being vaccinated, those relevant facts are always omitted in news stories. We know of reporters at the NY Times and NPR who have been silenced. The *Washington Post* refuses to respond to facts which directly [contradict their fact checks](#).

8. **We don't think there is a mass conspiracy.** Academia, Congress, and the media are downplaying the deaths because they believe that only around 100 people have been killed by the vaccines and that is better than 600,000 people killed by the virus. They justify their behavior by reasoning that if they report the truth, nobody will get vaccinated and more people will die. They believe the narrative that rapidly getting to "herd immunity through vaccination" is the only way to beat the virus. So concealing the truth by "deprioritizing" reporting on deaths isn't lying (it is selective reporting) and it is seen as being the better outcome for society. However, **nobody does the math. Nobody knows if you are under 50, the vaccines kill more people than they save.** Nobody does the cost benefit analysis. There are no numbers to do this from the CDC. Nobody has a clue how many people have died. And the media and academia still believe that early treatment protocols don't work even though there isn't a shred of evidence to dispute the remarkable outcomes of clinics like Fareed and Tyson and others. Most of the people at the CDC believe the narrative, keep their heads down, and follow orders. The epidemiologists at the CDC know exactly what's really going on, but they will lose their jobs if they speak out. Same is true for people in academia. Look what happened to Byram Bridle when he spoke out: the faculty wrote a letter saying he's wrong, and a bunch of them tried to get his funding removed. The problem is delegation of trust. When people realize there was a mistake, they can't then admit they were wrong because it destroys their credibility. 95% of the doctors have no clue that the vaccines are unsafe because they never spend any time looking at the VAERS data and don't have the tools. The other 5% know what is happening but keep their heads down so they don't lose their job and their license for being honest with patients



**AMM, MD** @AMcA32449832 · 4h

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This is why I stay anonymous.

Dr. Christian has been a surgeon for over 20 years. He worked as professor & surgeon for Univ of Saskatchewan, who fired him for "having advocated for the informed consent of Covid vaccines for children." Yep.



Surgeon fired by College of Medicine for voicing safety concerns about...  
SASKATCHEWAN: The Justice Centre for Constitutional Freedoms represents Dr. Francis Christian, Clinical Professor of General Surgery at...  
[jccf.ca](http://jccf.ca)



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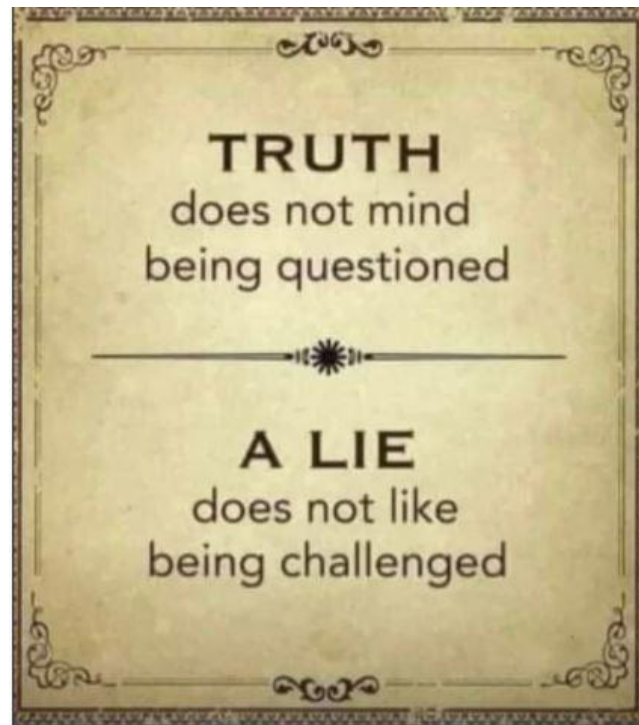
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9. **There is no net public health benefit to mass vaccination.** There are benefits to vaccination, but the real question is whether there is a net public health benefit to vaccination. If these were perfect vaccines that only killed a small handful of people and were sterilizing vaccines, then you could argue a public benefit. But these vaccines are neither and it will become apparent to everyone that this is one of the biggest health disasters in US history. If you are less than 50 years old, you are more likely to die than be saved, and **your excess death rate outweighs the number of deaths an unvaccinated person would likely cause to others in their lifetime.** And then there are all the long term effects that are unknown like linked-epitope suppression and ADE. We are starting to see evidence of one of these now (or both). And Geert Vanden Bossche [has warned on many occasions](#) that we are opening Pandora's box and are going to create a huge disaster that is worse than doing nothing. **Nobody will debate**

**him.** So it's really impossible to make a societal argument with numbers that hold water which is why the CDC never has presented such an analysis. Nobody asks for it either. If you are going to make a case for public health benefit, you can't just do it on a hand waving argument that doesn't consider the risks.

10. **The CDC and FDA are narrative focused, not safety focused.** Nobody at the HHS agencies is interested in seeing any analysis that is against the narrative. So you can have a bulletproof argument based on statistics and government data from around the world and they would ignore it if it is not consistent with the narrative. This is an admission from people who work there. They said it would be talking to a wall. This is why the CDC sees no deaths from the vaccine.
11. **Leading authorities refuse to have an open public debate with qualified experts on any issue listed in this document:** Nobody from any HHS agency or any drug company is willing to discuss in a public forum the findings from our team of experts on any of the 50 points below. We reached out to the Center for Biologics Evaluation and Research (CBER) team at FDA. No response. We reached out to the Advisory Committee on Immunization Practices (ACIP) team at CDC. [They recommended we send comments to a black hole](#). We were able to speak with top vaccine experts at Stanford University for just 30 minutes. They said they couldn't dispute any of our points and that further conversations would be "unproductive" because the decision was made above their level so no amount of scientific evidence showing harm could change Stanford's decision to mandate vaccination for their students. Multiple attempts to engage in public discourse with anyone at other leading medical institutions were rejected or ignored.





If you agree with the above and want to help, [please register here \(it takes just 30 seconds\)](#).

We've listed below over 114 reasons why we are not taking the jab.

We apologize that this list is now 183 pages long, but **vaccine hesitancy is a very important issue**, so we wanted to provide a **comprehensive list of issues** and **thoroughly explain our thinking on each issue** so that the relevant HHS agencies (CDC, FDA, and NIH) can prepare a response to each point.

If you are short on time, just read the headline and go in depth into the reasons you are most interested in exploring. We tried to write them so they standalone (so there is going to be some redundancy).

We would like to have a live discussion in a public forum for everyone to see with the FDA, CDC, and NIH experts on one side and our experts on the other side. If they truly want to end vaccine hesitancy, they will agree to a live discussion on each of the points below. Attempting to censor our reasoning or simply avoid addressing the key issues is not a dispute resolution method that is supported by the American people. It never has been and it never will be.

However, if the HHS agencies would like to only focus the discussion on the most important issues listed below, that's fine as well. We are ready at any time.

The purpose of this document includes:

1. To help people who are currently undecided about vaccination to make the right decision by informing them of the other point of view. We should encourage everyone making an irreversible decision to be fully informed before making that decision.
2. inspire more doctors and nurses to speak out.
3. To give HHS agencies a complete list of points to try to counter if they wish to persuade the "vaccine hesitant."
4. To give the honest mainstream press a list of questions that they should be asking if they were really unbiased.
5. To show the public that the mainstream press is not asking the questions that they should be asking.
6. To provide a handy document that those who choose not to vaccinate can refer to their friends and family who want to know their rationale for refusing vaccination. When asked, they can say "read this document." This ends the discussion pretty fast.
7. A list of discussion points should anyone from HHS wish to engage our experts in a debate in an effort to reduce vaccine hesitancy.
8. It documents the points that the HHS refuses to debate. Their refusal to engage on any of these points validates all the points in this document.
9. For mainstream media reporters including [Chris Cuomo](#) and [Gary Tuchman](#) as well as New Jersey Governor Phil Murphy, this is a list of reasons as to why people who reject vaccination like Rep. Byron Donalds and Pastor Ken Graves are on solid scientific



grounds and should not be berated on national TV like they are now. It was particularly nonsensical for Cuomo to berate Rep. Donalds since Donalds and his family are already immune to COVID (since they had been previously infected) and telling him to get vaccinated not only has no basis in scientific research (which shows it has no effect), but could actually risk linked epitope suppression which Cuomo seems clueless about. And Cuomo ignores all the lack of safety data and all the other serious issues raised in this document including the lack of informed consent and the violation of the Nuremberg Code.

10. To provide cover for heroic Olympic athletes like Michael Andrew who made the right decision to skip vaccination.
11. To arm people like Rep. Donalds and Pastor Graves with the information they need to fight back the next time they are on CNN.
12. To show the entire world that the false narrative is absurd; there are more than 80 reasons people choose not to be vaccinated and that the HHS agencies and academics are all afraid to debate any of them.
13. To provide reference material to those who want to make derivative works of this to provide 1 pagers, ads, etc. to convince those people who are undecided that avoiding vaccination with the current gene-based vaccines (which includes all 3 US vaccines) is the right decision.
14. To validate the decision of those people who chose not to vaccinate that they made the correct decision even if they didn't know all the reasons at the time they made the decision. This document will help to cement their decision and provide rationale for resisting the "carrot and stick" techniques designed to cause them to revisit their decision.
15. To document, in a public record, the fact that Congress, the mainstream media, medical academia, medical journals, the HHS agencies (NIH, CDC, FDA) are all participating in a massive coverup of the safety of these vaccines.
16. To document what is going on for those members of Congressional staff and employees of high tech companies involved in censorship of lifesaving information so that they know by suppressing this information and doing a great public disservice.
17. To put state medical boards on notice that any doctor who publicly claims the vaccines are "safe" are violating the rule that they just adopted and should have their medical licenses immediately suspended for spreading misinformation that can endanger lives.
18. To provide a comprehensive list of reasons for lawyers suing the government, state actors, employers, and universities for why the vaccines should be stopped and/or not mandated.
19. To inspire academics who are not afraid to speak out to write papers on topics such as determining the number of people killed by the vaccines, listing the adverse events in VAERS that the CDC isn't able to see, and showing how when the vaccines rolled out, death rates increased, and other similar topics.
20. To inspire groups of pathologists to demand autopsies and 100% reporting for anyone who dies within 3 days after vaccination. The national association of pathologists in Germany tried to get this mandated and failed, but perhaps their efforts will inspire efforts in other countries.

21. To explain to policy makers why vaccination mandates are a very bad idea.
22. To expose the truth.

Mike Yeadon uses a similar technique with a smaller list. He wrote us:

I use the “eight COVID lies” with people & invite them to pick the one they regard as the weakest & easiest to rebut. When they cannot, they get angry.

## Treating the virus with repurposed drugs is always safer and more effective than with a novel vaccine

All vaccines have risks, and we are not convinced that we are better off preventing a disease that we may never get and is treatable with existing drugs.

We have compelling evidence that no one has been able to refute that clearly shows that treating the virus with repurposed drugs is far safer and far more effective against all variants than using the current unsafe and relatively ineffective vaccines. Physicians with thousands of real life cases are reporting very few COVID hospitalizations and a near 100% record in preventing death from COVID and **zero deaths or disabilities from the treatment itself**.

Patients treated early do not end up with long-haul COVID symptoms ([whereas 20% of vaccinated patients do](#)).

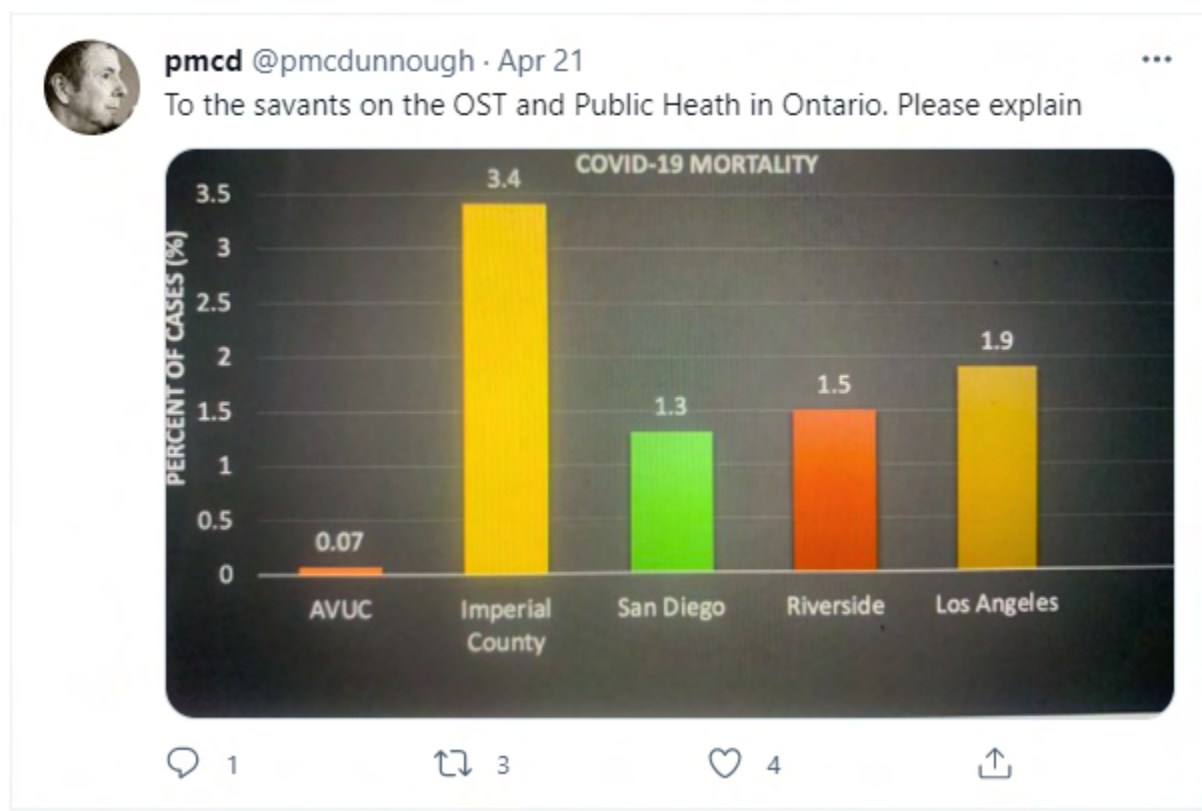
So we’ve never understood why we aren’t skipping the vaccine and just treating COVID with early treatments? All the metrics are better. This is all based on real-world data in tens of thousands of patients. For example, [Doctors Fareed and Tyson have now treated over 6,000 patients with only a few hospitalizations](#). The few patients who have died were those who followed the NIH advice to stay home and avoid early treatments. [Dr. Shankara Chetty has treated over 4,000 patients in South Africa without a single death](#). There is no evidence that disputes any of these claims. [Dr. Harvey Risch](#), Professor of Epidemiology in the Department of Epidemiology and Public Health at the Yale School of Public Health and Yale School of Medicine, just sent us an email reporting over 130,000 patients treated in the US using early treatment protocols with “almost no deaths.”

The reason we are ignoring this data is because the NIH has expressed no interest in looking at this real-world evidence and has never contacted the physicians nor called the surrounding hospitals to verify that the physicians are telling the truth. Instead, these remarkable success stories are all completely ignored as if they don’t exist.

To win us over to your side on this point, all you have to do is show us that [Fareed and Tyson](#) faked the data or show us the confounder or bias that explains the amazing result.

On April 21, 2021, [Philip McDunnough, professor of statistics at the University of Toronto](#), asked public health authorities to [explain Fareed and Tyson's virtually non-existent COVID mortality in this tweet](#). Few people saw his post. AVUC is the Fareed-Tyson clinic which is located in the heart of Imperial County which has one of the highest COVID mortality rates in the country as you can see from the chart below. That chart shows that Fareed and Tyson achieved a **97.9% relative risk reduction** compared to the mortality rate in their community.

The average age of their patients is 60. They never turn down patients and their patient mix is the same as the community at large. **This is a better outcome than any vaccine**, and there are no side effects. Because the treatments are not targeted to a specific variant, but use existing approved drugs, **the effectiveness has not changed with the Delta variant**.



Today, the argument is even stronger than before. There is a paper that will be submitted showing that the Fareed-Tyson protocol achieves a [99.76% risk reduction](#). It is both safer and it is more effective than any other option.

In the current environment where the vaccines are ineffective against preventing infection with the delta variant (more on that shortly) and early protocols continue to work the same today as in the past, how can you argue that the vaccines are either more effective or safer?

Here are examples of some of the successful protocols that are proven in thousands of cases:

1. [Fareed and Tyson protocol](#): [99.76% risk reduction](#). 0 deaths and 2 hospitalizations out of 3,962 COVID-19 patients who were treated early. Confirmed to us by the Imperial County epidemiologist.
2. [Chetty protocol](#): Described [in this paper](#), it has over 99% risk reduction.
3. [Italy protocol](#): Only 4 out of 66,000 patients died in Italy on this protocol.

## None of the people who are dying in hospitals today were treated early

People say all these people dying in the hospitals were not vaccinated and we are risking lives by telling people not to get vaccinated. Guess what? **None of them got early treatment either! But people never focus on THAT fact. It is never mentioned in news reports or by the CDC.** It's all about whether they got the unsafe vaccine or not.

Who's fault is that? The NIH of course. Fauci has been stonewalling early treatment for 1.5 years. Now he's finally realized we were right but only after a big drug company came up with a proprietary new drug that they think is effective (all paid for by the US government). If you want a villain, blame Fauci. The solution was in plain sight the whole time.

In fact, one drug, Interferon Lambda made by Eiger, is a simple one shot solution that was proven very early in the pandemic and then ignored. They should have looked at the D-dimer results and the dramatic decrease in viral load. Why didn't they? It [was in plain sight of the medical community since May 2021](#). A nice summary of the study is [here which points out the D-dimer and viral load reductions](#). That is hugely significant yet was ignored. We will be proven to be right about this. Of the drugs identified for treating COVID, this drug has the most remarkable results in areas that are the most meaningful: preventing the inflammation and clotting. If everyone who got COVID got a single shot of interferon lambda, there would be near zero hospitalizations.

**Interferon Lambda** is an extremely safe drug with zero side effects and absolutely remarkable efficacy against the virus. It is impossible that it doesn't work. The FDA and NIH should be rushing to get an EUA on this, but are doing absolutely nothing to pursue this. No sense of urgency. Simple solutions like betadine (available as a mouthwash and nasal spray) and [ARGOVIT](#) that are highly effective are ignored.

## The vaccines aren't safe

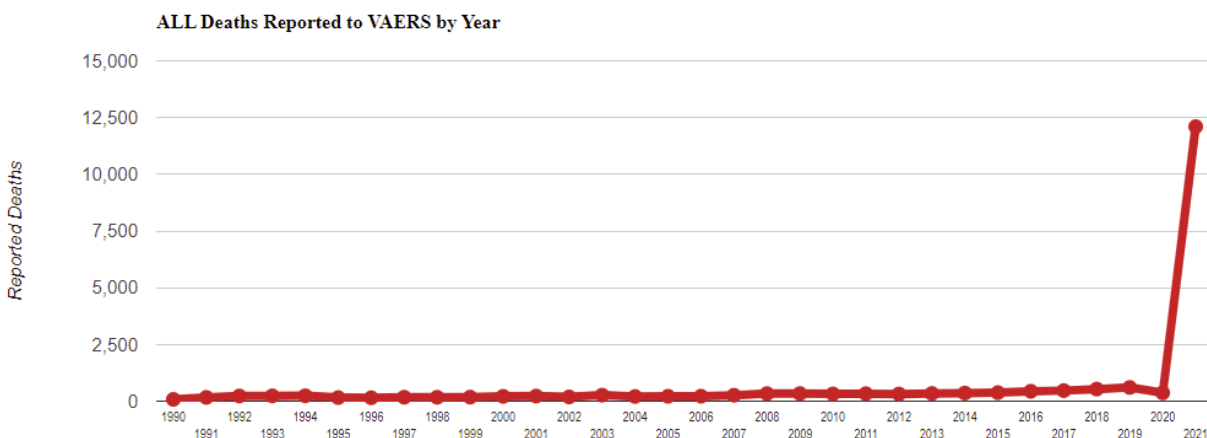
The adverse events reported in the CDC's Vaccine Adverse Events Reporting System (VAERS) are off-the-charts with [dozens of cardiovascular and neurological symptoms that we can show using the Bradford-Hill criteria as being caused by the vaccines](#). Serious adverse events and deaths reported against the COVID-19 vaccines in just 7 months total more than all 70 vaccines combined over the past 30 years.

For example, [how can a perfectly healthy 32-year old die just 12 hours after being injected?](#) We highly recommend everyone watch that 15 minute video interview of the parents Pam and Jeff Goodman. Bad luck? Of course not. The medical examiner will say nothing. Nobody can explain this death. But the parents are speaking out. **The mainstream press will not cover the story. They will never report the actual cause of death.** This video was posted on June 16, 2021. You'll find what they say in the video is in total alignment with this article.

Sadly, it will take events like this happening to each one of us in our own families to convince people that this is real. Today, only 20% of us know someone who has died from the COVID vaccines.

This was not an isolated case.

This is the most dangerous vaccine in recent history. Here's the chart below. Can you spot which year the COVID19 vaccine was introduced? Note: Due to under reporting, multiply the reported deaths by 50 to get the actual number of deaths. We'll justify the 50X multiplier shortly.



Based on user surveys, doctor surveys, pilot death data, VAERS under-reporting rates, and more, we believe over 150,000 Americans have been killed by the vaccines.

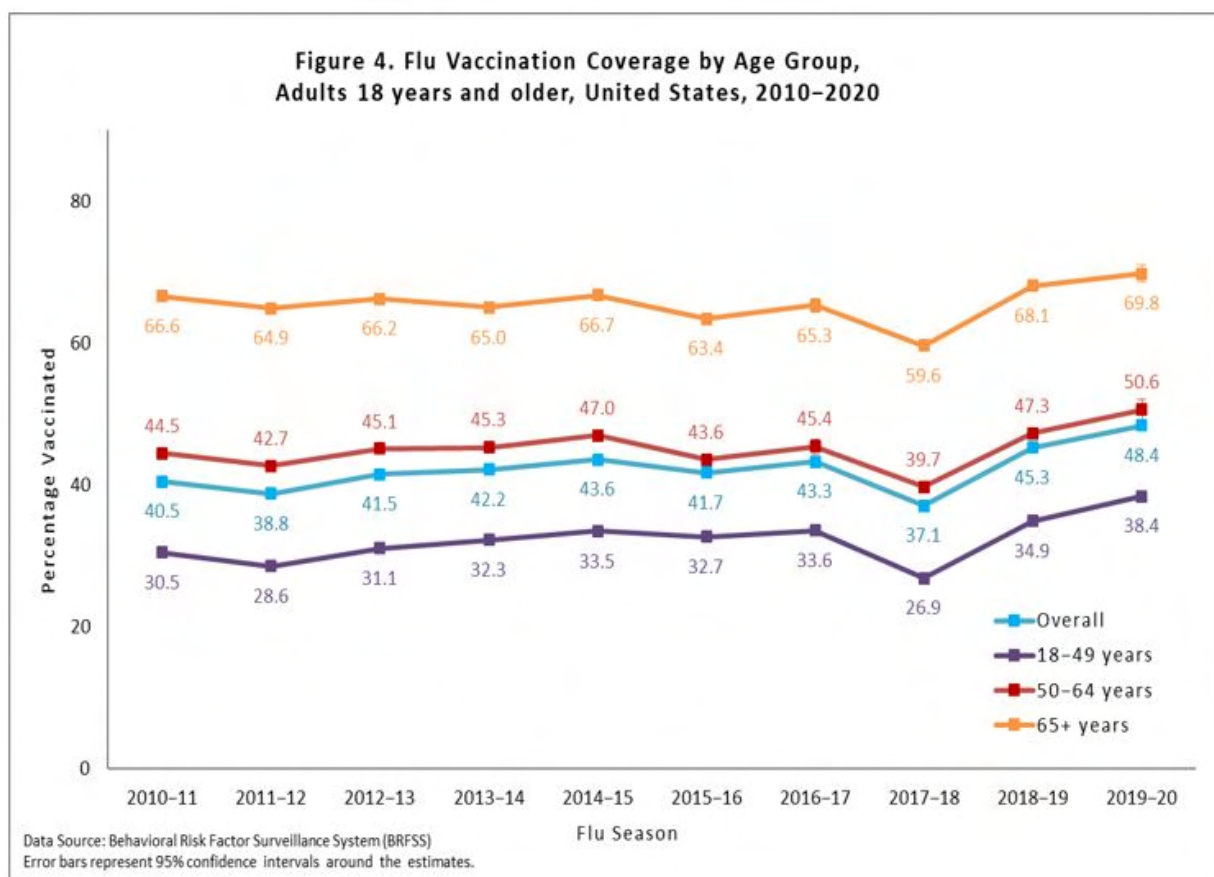
As of Jul 23, 2021, there are 11,940 fatality reports in VAERS that we'd like to review with the CDC so they can explain to us why they believe that none of them could have been caused by the vaccine. We believe we can satisfy the Bradford-Hill criteria showing causality in approximately [86% of these cases](#). In order to quickly prove our point, we can do a thorough examination of 100 randomly selected reports (if the CDC doesn't believe the analysis in the [Mclachlan paper](#)).

We can show [more than 10 different ways](#) (each of which we think would be hard to dispute) that there was no over-reporting to VAERS this year. There were more events this year because

the vaccines are so toxic. It's not that complicated. We [explain below](#) why we believe that only 2% of the serious events are reported.

We've copied part of the table from our July 16, 2021 [VAERS analysis](#) just to make the point. As you can see, the CDC has missed many serious safety signals that are above normal. We did not do an exhaustive test of every serious adverse event. What we found in nearly every event we did test was very troubling. A more thorough analysis should, at a minimum, examine [each of the conditions listed in Appendix B of this letter to HHS](#). The CDC should do this analysis and report the results to the public.

It is important to note that the rate of vaccination in the comparison years has been quite strong so the numbers are not reflective of a lower vaccination rate in previous years. For example, [here are the vaccination rates shown in a CDC report](#) for just one of the 70 vaccines included in the comparison:



# The adverse event table shows that the vaccines adversely impact every organ in the body

This is the most deadly vaccine ever produced in modern times. Every cardio and neurological symptom is elevated, and many of these are deadly. No vaccine in recent times has a breadth of impact as wide as these vaccines.

In the table below, a value of 473 means the rate reported in VAERS for the COVID19 vaccines in 2021 was 473 times higher than the annual VAERS incidence rate reported for all vaccines over the period from 2015-2019 for ages 20 to 60. We did the age limitation to show that these events are affecting young people and not just the elderly. Also, the signal to noise ratio is much stronger in this age group since they are less likely to suffer “background” adverse events than the elderly.

Symptom	Incidence rate in COVID19 vax/Avg annual rate
Pulmonary embolism	473
Stroke	326
Deep vein thrombosis	264.3
Thrombosis	250.5
Fibrin D dimer increased	220.8
Appendicitis	145.5
Tinnitus	97.3
Cardiac arrest	75
Death	58.1
Parkinson's disease	55
Slow speech	54.3
Aphasia (inability to talk)	52.3
Fatigue	50.9
Pericardial effusion	50.5
Headache	46.4

Chills	45.6
Pericarditis	44.9
Deafness	44.7
Myocarditis	43.2
Haemorrhage intracranial	42.5
Abortion Spontaneous	41.3
Cough	38.5
Bell's Palsy	36.6
Paraesthesia	29.5
Blindness	29.1
Dyspnea (difficulty breathing)	28.4
Myalgia	28.4
Dysstasia (difficulty standing)	27.8
Seizure	27
Anaphylactic Reaction	21
Suicide	18.3
Speech disorder	17.2
Convulsion	16.3
Thrombotic thrombocytopenic purpura (TTP)	16.3
Paralysis	16
Swelling	14.3
Diarrhoea	11.9
Neuropathy	11.2
Multiple organ dysfunction syndrome	11.1
Depression	8.9



Anyone can replicate this chart using the VAERS database.

We can prove causality on every single one of these using the Bradford-Hill criteria (including showing dose dependency).

It's important to note that the majority of entries are made by physicians and there is very little gaming going on because each report is reviewed before being published in the database. Duplicate reports are removed. A single individual can make only one report, regardless of the number of doses. Even though a given person has "two chances" to get an event, that's the nature of the vaccine design and we should not be "correcting" for the number of doses. In other words, if a vaccine required 20 doses, it would still generate a single VAERS report; no correction for 20 doses should be made. So if the vaccine caused a heart attack on every dose, we'd count that as 20 heart attacks.

We'd love to go over this with the CDC or FDA, but they've refused to talk to any of our team (see our panel of experts below). We keep trying. As noted below, when we looked at individual events like TTP, the event incidence we calculated above exactly matched what is measured in the research lab. So while we don't claim we got the numbers exactly right, they are probably pretty accurate.

Our position is (and always has been), if we've got it wrong, please meet with us and let's chat about it, and if we are wrong, we'll correct what we are saying. We really don't want to spread misinformation. But the quid pro quo is if we've got it right, please tell the world. It is the latter that the CDC and the FDA are afraid of.

To get a handle on how many people have actually died from the vaccines, on July 30, 2021, we did [a very large survey in full public view \(10,000 randomly selected people\)](#) which indicated to us that the **vaccines may have killed almost as many people as the virus**.

Our statisticians don't trust such surveys but agree this is hypothesis generating: we may have nearly doubled the COVID death count already and we're only halfway done vaccinating people. By the time we reach 100% vaccinations, our efforts to thwart the virus may kill twice as many people as the virus itself has in addition to crippling at least as many people as we've killed.

We need to confirm that hypothesis with very rigorous statistical analysis, but our quick survey was certainly extremely troubling. It was done without notice, the results that came in within the first few minutes were not that much different from the final results. So we don't think it was gamed. If there was gaming, we'd expect one side to dramatically "change" from the initial stats. That never happened.

We also did live polling on July 22 at the Restoration Church in Milton, GA. There were 600 people in the audience. We got a similar result (in front of 600 live witnesses): an equal number of people raised their hands on whether they knew someone who had died from COVID vs. the vaccine.

We don't understand how, if nobody has been killed by the vaccine, we could get numbers that are so close to each other? That seems statistically unlikely. Did we make an error in our testing methodology? It was all in plain sight, in full public view. No indication of gaming.

What's tragic is that all of these deaths and disablement were completely preventable if the NIH had recognized the success of doctors using early treatments to combat the virus. Effective treatments (such as the [Tyson-Fareed protocol](#)) were being **used as early as March 2020** and refined continuously over time. We could have avoided hundreds of thousands of deaths if everyone had just used that protocol. But any early treatment would compete with the false narrative that "the vaccines are the only solution" so the NIH ignored them completely.

We haven't seen any analysis showing all these symptoms are normal. Just the reverse, e.g., ['We've discovered vaccine side-effects Pfizer wasn't aware of.'](#)

## Large survey on Twitter shows comparable number of people have died from vaccine as from COVID

We did [two surveys](#) on Twitter. Below are the final results after the 7 day voting period.

The purpose of this experiment is to provide a very quick way to show people that our claims cannot be dismissed out of hand. This is something that anyone can do themselves and it helps people realize that what they have been told may not match reality.

Our own results are therefore not nearly as relevant nor believable to you as the results you get yourself when you do the same poll which we encourage you to do.

Twitter only allows 1 response. If there was "gaming," people who try to game it with "3 or more" votes. There appears to be no gaming. The distributions on both questions are very similar. Also, the results in the first few minutes of the poll (before any manipulation could be orchestrated) were very close to the final results.

Since this started with our followers, but was then WIDELY retweeted, **since more than half of America are pro-vaccine**, we think this was a reasonably fair poll. The large number of retweets creates a lot of randomness.

Do we think this one survey **proves** anything definitively? No. The poll is an additional piece of evidence. Our goal is to show our hypothesis fits all the evidence we collect.

The poll is interesting because it shows that there is a possibility that a very large number of people could have died from the vaccine. It is difficult to explain the results otherwise. If nobody died from the vaccine, the poll results would be extremely difficult for anyone to explain.

Nobody has been able to explain to us if nobody was killed by the vaccines how the results could be so similar.



**Vaccine Truth**  
@VaccineTruth2



POLL #1 of 2 (see the reply for our second poll on died from COVID)

How many people do you know personally who have died from the vaccine?



8,499 votes · Final results

9:29 AM · Jul 30, 2021 · Twitter Web App

View Tweet activity

**203** Retweets   **7** Quote Tweets   **139** Likes



**Vaccine Truth**  
@VaccineTruth2



## POLL #2 of 2

How many people do you know personally who have died from COVID?



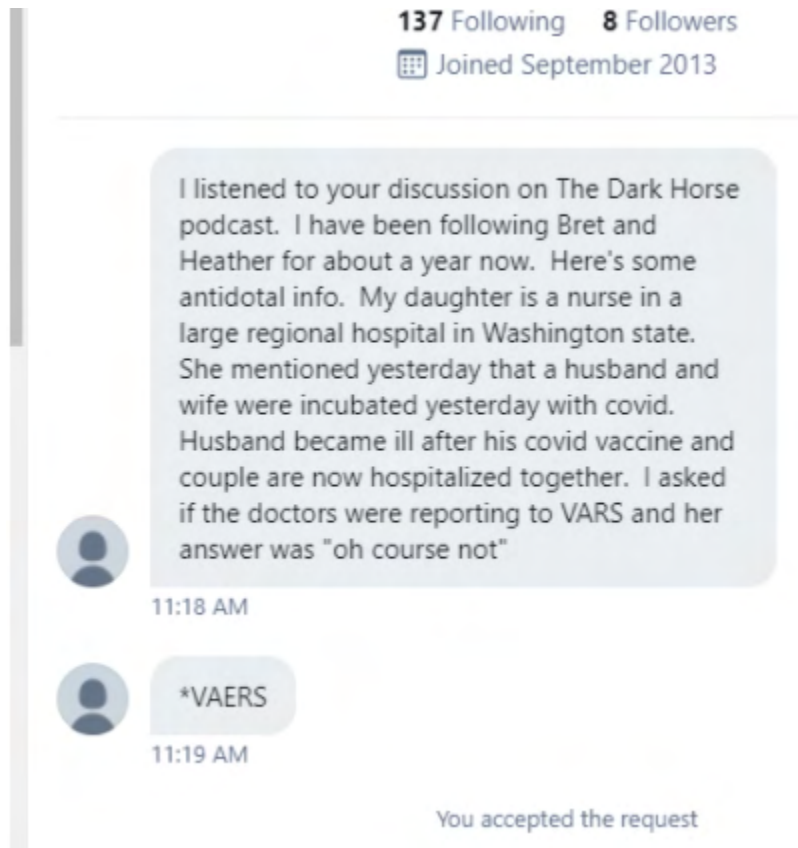
13,557 votes · Final results

9:31 AM · Jul 30, 2021 · Twitter Web App

View Tweet activity

**428** Retweets   **14** Quote Tweets   **326** Likes

VAERS underreporting ratio is around 41X for these vaccines → over 150,000 vaccine deaths



One method to discover the VAERS underreporting analysis can be done using a specific serious adverse event that should always be reported, data from the CDC, and a study published in JAMA.

Anaphylaxis after COVID-19 vaccination is rare and occurs in approximately 2 to 5 people per million vaccinated in the United States based on events reported to VAERS [according to the CDC report](#) on Selected Adverse Events Reported after COVID-19 Vaccination.

Anaphylaxis is a well known side effect and doctors are required to report it. It occurs right after the shot. You can't miss it. It should always be reported.

[A study at Mass General Brigham that assessed anaphylaxis in a clinical setting after the administration of COVID-19 vaccines](#) published in JAMA on March 8, 2021, found "severe reactions consistent with anaphylaxis occurred at a rate of 2.47 per 10,000" people fully vaccinated. This rate is based on reactions occurring within 2 hours of vaccination, the mean time was 17 minutes after vaccination.

When asked about this, both the **CDC and FDA sidestepped answering the question**. [Here's the proof at the CDC](#) (see page 1 which incorporates the CDC response to the original letter on pages 2 and 3).

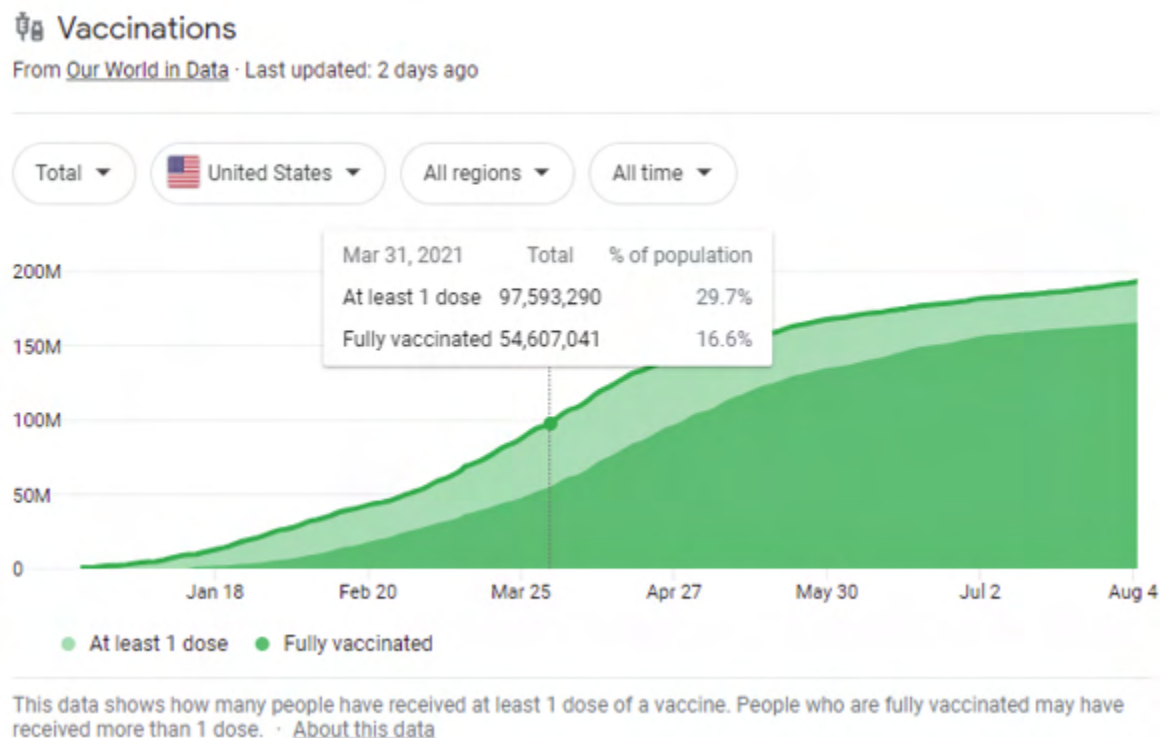
[As noted in the letter](#), this implies that VAERS is underreporting events by 50X to 123X. The CDC chose not to respond to the letter.

Therefore, one conservative estimate (giving the government the greatest benefit of the doubt) we could use is a 50X underreporting rate.

After the MGH study was published, doctors were more careful to avoid anaphylaxis; **there was more careful screening of people likely to have anaphylaxis**, and they were advised to see their allergist and take more precautions prior to vaccination. This sort of thing would overstate the numbers above.

So we ran the numbers BEFORE the JAMA study appeared.

Here's the data from Google:








## Search Results

From the 7/30/2021 release of VAERS data:

**Found 583 cases where Location is U.S. States or Unknown and Onset Interval is 0 and Vaccine is COVID19 and Vaccine Dose is '1' and Symptom is Anaphylactic reaction or Anaphylactic shock and Vaccination Date on/before '2021-03-31'**

Table

	 
Event Outcome	Count Percent
Death	2 0.34%
Permanent Disability	3 0.51%
Office Visit	111 19.04%
Emergency Doctor/Room	388 66.55%
Hospitalized	71 12.18%
Recovered	308 52.83%
Life Threatening	112 19.21%
Not Serious	51 8.75%
<b>TOTAL</b>	<b>† 1,046 † 179.42%</b>
† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 583 (the number of cases found), and the Total Percentage is greater than 100.	

We've vaccinated 97.5M people from the start thru March 2021 and there were 583 reports in VAERS who had an anaphylaxis reaction on their first dose. **This suggests that the underreporting rate is only 41X.**

Other estimates such as [How Underreported Are Post-Vaccination Serious Injuries and Deaths in VAERS?](#) suggests a 30X factor based on VAERS.

At 360 million doses delivered, these estimates suggest **between 72,000 and 180,000 (or maybe even a little more) vaccine-induced deaths** in the U.S. during the experimental COVID-19 vaccination program. **As we will see in future articles, this estimate range matches numerous other mortality signals.**

You can look at it using a completely different method: the increase in the CFR after introducing vaccination. See [Estimating Vaccine-Induced Mortality, Part I - by Mathew Crawford - Rounding the Earth Newsletter](#).

Another way to estimate US deaths is to estimate the overall death rate using data from other countries. By mid-January, Norway had vaccinated around 40,000 people. They had [23 reported deaths](#), so 1 in 1700 (maybe more because it's hard to know when such statements are formulated relative to a program that was vaccinating several thousand per day). That scales to 575/M, and assuming a 2:1 ratio for 1st:2nd dose puts the U.S. in the ballpark of 150k deaths.

In order to be conservative, yet accurate since lives are at stake, we will use the 30X figure elsewhere in this document. **This is a CAUSAL event multiplier** that estimates the absolute number of causal events based on the reported event rate in VAERS. So if there are 100 deaths reported in VAERS, this would mean 3,000 deaths caused by the vaccine and does not include the number of background deaths. Historically, the background events (even death) tend to get reported at a much lower level than causal events.

This means that the 6,000 domestic deaths reported in VAERS are more likely around 180,000 American deaths. **500 deaths per year are “background” deaths**; this is consistent from year to year. Perhaps 10% to 15% of these deaths are possibly unrelated per the [Mclachlan paper](#) (which showed that the vaccines could be causal in 86% of cases), so **over 150,000 vaccine caused deaths is a reasonable estimate.**

The 30X number we use as the VAERS multiplier aligns extremely well with numbers we've gotten from many other methods.

The bottom line here is that at least **150,000 people killed by the US government** is a big deal. If Russia came in and shot 150,000 people, we'd be all over it. When our own government does it to our own people, the reaction is to censor the people who are telling the truth and refuse to give them a platform to talk.

If you can't show the error, why should we believe the CDC who isn't showing us a similar analysis with a different conclusion?



# There are more than 10 different ways to show that VAERS is not “overreported” this year

Many people mistakenly believe that the large increase in VAERS reports is due to the mandated FDA reporting requirement for an EUA vaccine. These people are self-proclaimed experts on VAERS.

This is untrue. See [Vaccine Safety FAQ](#) and search for “overreporting.” There is a list of 12 reasons that show the reporting rate this year is comparable to other years; the high rate of adverse events is simply due to the fact that the vaccines are unsafe. You’d have to show all of them are wrong to make a convincing argument that this is a safe vaccine that is simply being “overreported” compared to previous years.

## We think over 150,000 Americans have died and we have 20 different ways we got to that number

There are several independent ways that we used to estimate the absolute death count. None of these are definitive on their own. But what we found was interesting in that all of them were consistent and showed that around 150,000 people have been killed by the vaccines.

Together they paint a consistent picture.

These events are all consistent with a death toll 150,000 or more:

1. Funeral home data: We talked to a funeral home employee who said there was a 3X jump in deaths right after vaccines rolled out in the elderly in nursing homes. Started in late December and lasted until April. He’s never seen anything like it in his career (over 20 years). He said others in the industry notice the same thing. He can’t talk about it openly or he’d be fired. Apparently, vaccines are really good for business so they don’t want anyone to know the truth. So nobody is saying anything.
2. Scotland data: 1 in 1,000 death rate within 28 days after the jab
3. Seychelles data: ~1 vax death per 900 people (no COVID)
4. User survey: Twitter survey showed equal number dead from COVID vs. vaccine
5. Doctor survey: average ~1 dead in 1,000 vaccinated patients
6. BA pilot data: 4 pilots dead out of [3,900](#). All died within about 1 month. Statistically impossible (1 chance in 532,000)
7. JetBlue pilot data: 4 pilots recently dead out of [3714](#)
8. Delta pilot data: 6 pilots dead out of 8,000 (Delta didn’t share this info)
9. Norway data: See above section; puts the U.S. in the ballpark of 150k deaths
10. [SAE rate analysis](#): .7% in the phase 3 study leads to a 30X factor
11. SAE rate analysis from Canadian physician data: 2% SAE rate leads to 85X factor
12. Anaphylaxis rate analysis (see [VAERS underreporting ratio is around 30 for these vaccines → over 150,000 vaccine deaths](#))

13. [CFR increase analysis](#) (411 Death/M doses\*360M doses=148,000 as of 8/8/2021)
14. [Ohana study](#)
15. [Girardot study](#)
16. [Fourth researcher](#)
17. [Cotton study](#)
18. Live audience polls (in Atlanta, GA and Santa Clara, CA)
19. Formal polls done by professional pollsters (in progress)
20. Polish woman with 3 relatives who all died after being vaccinated (which tipped us off initially that something was very wrong)

The **hardest for anyone to dispute is [Mathew Crawford's CFR/death analysis](#). Nobody ever attempts to discredit that. The analysis is so compelling that epidemiologists all refuse to read the paper** or don't have time to read the paper. They all give us excuses for why they are justified in not reading it. No one will actually read the paper or find an error in the numbers or the methodology. You'd think with 150,000 lives on the line, this would be a top priority.

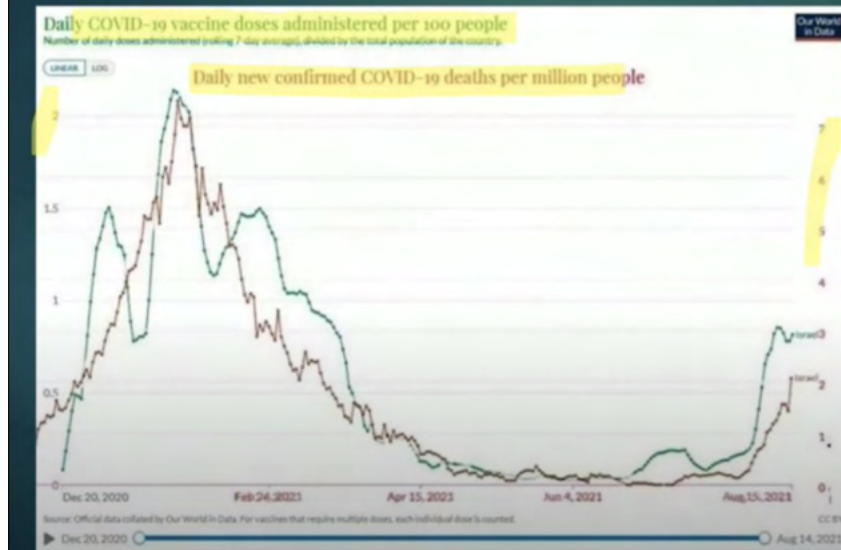
## Vaccine administration sure looks like it causes deaths to us

The fact that vaccine administration and death curves look highly correlated is a little hard for anyone to explain. Even harder to explain is that vaccines lead to deaths (and not vice-versa). That seems causal to us.

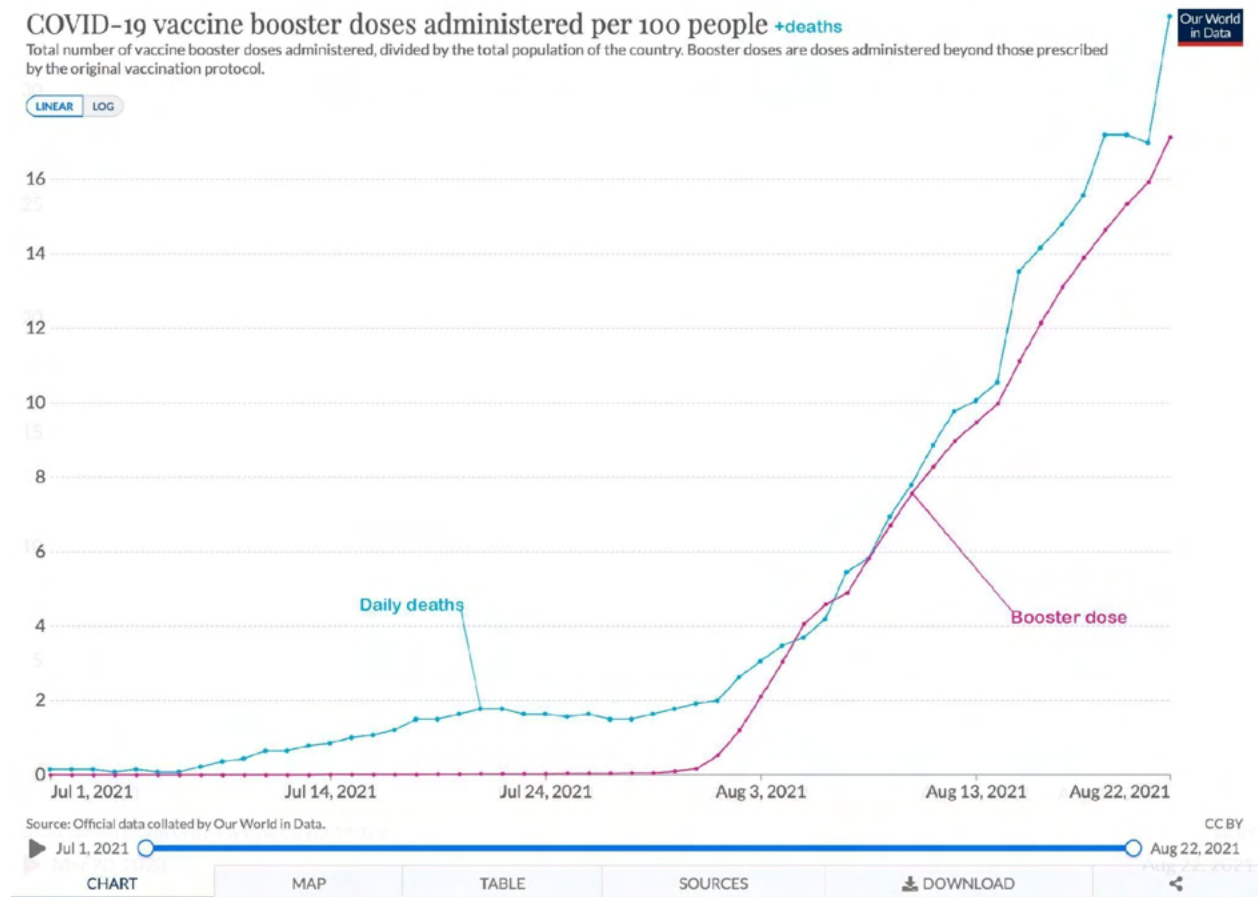
So here's what we can't figure out. If it isn't the vaccines causing the deaths, then how do you explain how these curves match up so exactly?!?!

We'd like to hear your explanation of the Israel [data at 31:20 in this Chris Martenson video](#).

# What's the Hypothesis?



Here's another look at the Israel data for the booster doses. They look correlated to us and to Chris, so what are we missing here?



## Vaccines are doing a terrible job in Israel

Israel is one of the most vaccinated countries on Earth with [80 percent of citizens above the age of 12 fully inoculated](#). As of Aug 24, 2021, Israel reported 9,831 new diagnosed cases on Tuesday, a hairbreadth away from the worst daily figure ever recorded in the country—10,000—at the peak of the third wave.

At the same time, India recorded 354 deaths in a day, Israel was reporting 26 deaths and [record high cases](#). Here's how they stack up:

Country	Population (M)	Vaccination rate	Covid deaths per million
India	1395	9.5%	0.25
Israel	8.7	80%	2.9

The press says [this shows the vaccines are working](#). We think the 11.6X lower death rate of India is preferable, but hey, what do we know?

## The Pfizer 6 month results showed no all cause mortality benefit

Pfizer did a [6 month evaluation of the vaccine](#) which was published in NEJM. You have to read the text of the article and then do the math and you'll find that 20 people who got the vaccine died vs. 14 people who got the placebo.

The vaccine DID prevent deaths from COVID: it saved 1 person dying from COVID out of the 22,000 in the treatment arm. But that 1 life saved came at an estimated cost of up to 7 extra deaths of people dying from the vaccine.

**Killing 3 or 4 people to save 1 person isn't exactly a great tradeoff in our view.** This is called an inconvenient truth.

Let's take a closer look at the numbers...



**Vaccine Truth** @VaccineTruth2 · 1s

...

Chris Martenson does an EXCELLENT job showing the results of the Pfizer 6 month study: NO mortality benefit from the vaccine. But what was more interesting was what the vaccine recipients died from. These causes are associated with the vaccine.



Pfizer Jab: Here's what you need to know!  
The long-awaited 6-month follow up data for the Pfizer vaccine is finally in. The good news is that th...  
[youtube.com](#)

Watch Chris Martenson's: [Pfizer Jab: Here's what you need to know!](#) At 5:00, you'll see that fewer people died on placebo than on treatment. What the vaccine group died of were symptoms that are elevated after administration of the vaccines based on VAERS data as we'll show in a moment.

The second thing that was highlighted in Chris's video is that **the patient population in the Pfizer studier wasn't representative at all; it was 10X healthier on diabetes for example.** Could it be healthier overall?

So we checked a really important one: cardiac arrest. Only 1 death in 21,921 people in 6 month in the trial. According to the AHA, the average fatal out of hospital cardiac arrest rate is [320,000 per year](#) in a population of 333M, so nearly 1 in 1,000. **So we should have expected 11 cardiac arrests in 6 months in each cohort but we got just 1 in the placebo group.** Why didn't anyone point that out? It was 4X higher in the treatment group, but that's because the vaccine elevates cardiac event risk by 75X above normal vaccines (per VAERS analysis).

So if these participants die at a rate 10X lower than the population, our 1 in 1,000 kill rate changes to 1 in 10,000 or 2 deaths. Well, in the unblinded part with the 15 vs. 14 deaths, this is exactly what we got: 2 deaths from the vax, but one life saved from COVID and we had a difference of 1 net death on the vax side. It's even worse when we look at the total numbers (20 vs. 14).

By having a very healthy population that is harder to kill, you can make your vaccine look very safe in the trials. Yet, even with this very healthy population, when you combine the deaths in the blinded and unblinded phases in the 6 month period, it clearly shows you are worse off by taking the vaccine as we will detail below.

**The third and most important thing is that the causes of death of the vaccinated group look completely different than the placebo group.** How can that happen if the vaccines are completely safe?

So while the vaccines do in fact protect you, the problem is that all cause mortality increased. This means you are trading off a benefit (lower risk of dying from COVID) for a risk (greater overall chance of dying).

The increase in mortality from the vaccine is due to two things:

1. Organ damage from the vaccine which makes you more susceptible to dying. This explains **the disparity in causes** between the placebo group and the treatment group Chris points out at 5:00. The causes of death that were "unusual" in the treatment group vs. placebo group: those are all causes of death that are elevated in our [The adverse event table shows that the vaccines adversely impact every organ in the body](#). For example, cardiac arrest is 75X more elevated in these vaccines from our table and there were 4 people who died from that and none in the placebo group. If we had expanded our original analysis to the events in the Pfizer table, we'd guess that every single "higher" cause of death vs. placebo was a cause that is elevated by the vaccines.

Let's look at some of the causes of death just to make the point that the causes in the vaccine column were elevated by the vaccine and not just "bad luck." We used OpenVAERS on August 17, 2021 and ran the queries in the 2021 COVID19 (column A)

vs. 2015-2019 for all vaccines (column B). The X factor is  $A/B*5$  to account for the 5 year period in B vs the 1 year period in A. Also, all queries were restricted to ages 20 to 60 to get a higher signal to noise ratio. All queries required Death as an outcome (except where \* which had too low counts with death included).

Symptom	COVID vax (2021)	2015-2019	X factor
Arteriosclerosis	8	0	>80
Cardiac arrest	160	6	133
Cardiac failure congestive	5	1	25
Hypertensive heart disease	5	1	25
Sepsis	18	7	13
Emphysematous cystitis*	2	0	>20
Lung cancer metastatic*	1	1	5
Chronic obstructive pulmonary disease*	38	14	13

2. **Potential long-term damage to your immune system** as noted by [Dr. Ryan Cole in this important video](#) where he explains a measurable drop in your immune system after vaccination. **The drop in CD8 cells explains why there are so many Shingles reactivations after vaccination** and they are really bad when it comes back since there isn't the army around to fight it. **It also explains why people's cancers suddenly get much worse after vaccination.**

Byram Bridle wrote: "Thanks! A loss of CD8+ T cells could certainly explain why many are experiencing relapses or acceleration of already growing cancers post-vaccination. I have had several people contact me about this problem. These cytotoxic T cells are the #1 effector mechanism the immune system has against malignant cells. However, this document did not seem to provide any peer-reviewed scientific papers to back up the claim. Without at least one of these kinds of papers in-hand, raising this issue will be crushed with harsh criticism." which is correct but we wanted to let you know in the meantime what is going on here. **When you hear of elevated cancers after vaccination, it may not be a coincidence.**



Several comments on the Pfizer paper were notable such as this one:



vinu arumugham · 9 days ago · edited



Table S4 shows 4 deaths in the vaccine arm and 1 death in the placebo arm due to cardiac arrest.

The probability that this outcome is a chance occurrence is 1.5%.

$$\frac{((21999 \div 22000)^{21996}) \times ((1 \div 22000)^4) \times (22000!)}{(21996! \times 4!)} = 0.0153 \text{ or } 1.5\%$$

So 98.5% chance that the vaccine CAUSED the excess cardiac arrest deaths.

Table S4 also shows 1 excess COVID-19 related death in the placebo arm.

So to prevent 1 COVID-19 related death, the vaccine causes at least 3 deaths due to cardiac arrest.

3 ^ | v · Reply · Share ›

We were thinking the same thing as Vinu... 4 vs. 1 stuck out. But his analysis is questionable because we don't have a handle on the incidence rate of the placebo group which is clearly much much healthier than normal. If we had more data (like the 10 cardiac events in the placebo group that we expected), we could use the placebo group as the average incidence rate, but we don't so we can't. We suspect Vinu is right, we just can't prove it statistically without more data.

The comment by Giannis is really astute.

The **rate of flu deaths is higher than COVID deaths and the flu vaccine is not mandatory.**

Hmmmm... We can only guess that nobody is paying attention to that and just following orders to vaccinate everyone no matter what.





Giannis Liasis · 10 days ago

- In the treatment group (N=21,926), 1 covid death
- In the placebo group (N=21,921), 2 covid deaths

So, one reading is that the treatment reduces 50% the deaths.

Another reading is that the covid death rate in the placebo group is 0.00009 ( $2 / 21,921 = 0.00009$ ), which is double than the treatment group, but Influenza and pneumonia deaths ( $15.2 / 100.000 = 0.000152$  (1)) are 68,8% higher ( $0.000152 / 0.00009 = 1.688$ ) than the covid deaths.

So, should we have this treatment in our arsenal ?

Yes.

Should it be mandatory for everyone ?

Considering the fact that the treatment for influenza is not mandatory, then this treatment should also not be mandatory.

However, this is just my opinion which may be wrong, and if it is wrong I would like to hear why it is wrong

1. <https://www.cdc.gov/nchs/fa...>

3 ^ | v · Reply · Share ›



Ivor Cummins  
@FatEmperor



Interesting:



**Consciousness Evolution Movement (CEM)** @coevmo · 12h

'What we're seeing post vaccine is a drop in your killer T cells, your CD8 cells. And what do CD8 cells do? They keep all other viruses in check.'



This Tweet is misleading. Find out why health officials consider COVID-19 vaccines safe for most people.

2:31 PM · Aug 14, 2021 · Twitter Web App

743 Retweets   48 Quote Tweets   1,506 Likes



PJB @PJB43034868 · 22m

...

Replying to @VaccineTruth2 and @FatEmperor

No it is a boiler plate Twitter notice. They don't specifically address the issue.

CD8 killer cells are also for **keeping latent cancer cells suppressed** or c v eliminated as well.



2



PJB @PJB43034868 · 20m

...

Excuse the errant 'c v' - use swipe on my iPhone and spits things out like that, should proof read.

Dr Cole's 30' presentation was riveting

Here is [the full Pfizer 6 month report](#). The main body discloses the 5 extra deaths.

During the blinded, controlled period, **15 BNT162b2 and 14 placebo** recipients died; during the open-label period, **3 BNT162b2 and 2 original placebo** recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups (Table S4).

For the two deaths on the placebo side, they happened AFTER they got the shot, not before. And as you can see from the timing below, people got the shot very late so those two deaths in the placebo group probably happened in the last 30 days and may not have happened at all if the people were still on the placebo group.

Key dates:

1. July 27, 2020 and October 29, 2020. Enrollment period. 22,030 people in each arm.
2. December 2020: Unblinding.
3. Jan 29, 2021: 3,624 placebos fully vaxed
4. Feb 24, 2021: 16,904 placebo group received at least one dose
5. March 13, 2021: data cutoff
6. Jul 28, 2021: 6 month report published

Pay attention to the [Supplementary material hyperlink](#) in the right column. That's where the interesting stuff is. Download the supplemental appendix PDF. **Go to page 12**. This is the death detail data that Chris Martenson talks about in his video. This is where you'll see the cardiac arrest data where there were 4 cardiac arrests in the treatment group and just 1 in the placebo group.

So just because the investigators didn't think they were related to the vaccine, it doesn't mean it is true. None of these investigators will debate us on the cause of death. None of these investigators spent any time analyzing the VAERS database for causality. They don't mention that part.

So 15 deaths (drug) vs. 14 deaths (placebo) before unblinding.

Now let's deal with the other 5 deaths post unblinding. **All 5 deaths were in people who got the vaccine.** There were NO post unblinding deaths in the placebo group.

According to Pfizer's website they began unblinding and vaccinating in December (pretty much right after the EUA), as they reported that as of Jan 29th 3,624 placebos had been FULLY vaxxed. Their last reported numbers (before dropping the information from their website) were on Feb 24th by which time **16,904** had received at least one dose of vaccine. So the two deaths probably happened

Remember we were told that after unblinding the people in the placebo group died after they got the vaccine, not before. So it's reasonable to increase the deaths in the placebo group by 1 instead of 2 since BOTH deaths occurred AFTER vaccination and most of the vaccination happened shortly before the end of the study period.

Our table now looks like this for the ENTIRE 6 month period for our estimated death toll had the placebo group NOT taken the vaccine and we give the placebo group 1 death even though there weren't any deaths in the placebo group after unblinding.

	Vaccine	Placebo
Deaths	18	15

The key point is that the data suggests that vax is more likely to kill you than save you. You increase **your net risk of death** by **as much as**  $18/15=20\%$  over a 6 month period by taking the vaccine. This means that it is very possible that we kill 4 people to save 1 person.

The most conservative estimate is to assume that none of the deaths in the placebo group who were vaccinated were caused by the vaccine. The numbers are now 18 and 16 which is a **12.5%** risk elevation of dying. This is the lower bound. This means, based on this data, we kill 3 people to save 1 person.

Our table now looks like this for the ENTIRE 6 month period with the assumption that the vaccine caused no excess deaths (this gives the vaccine the benefit of the doubt):

	Vaccine	Placebo
Deaths	18	16

It would be interesting if we could know the cause of deaths of the 5 people who died after unblinding. Emails to Pfizer asking that question have gone unanswered (they answered our emails, but didn't give us the causes of death for the 5 people).

**We admit that it is certainly possible that all the deaths in the vaccine group could just have been “bad luck” since the absolute numbers are small.** The fact that the causes of death just happened to match the causes of death elevated by the vaccine could be coincidence as well.

Coincidence could be a plausible argument if there wasn't any confirmatory data that the vaccines are unsafe. But every calculation we do in VAERS for those under 65, we find that the mortality from just the data in VAERS (which is primarily from just the first 10 days after the vaccine) is greater than the potential number of lives saved. **The VAERS data is consistent with the Pfizer result: we lose more lives than we save.**

We have other anecdotal data confirming this. In the [Hawaii nursing home data](#), we have vax deaths = 2X COVID deaths and that is the group (the elderly) where the numbers would be the closest (since the vax has the greatest benefit difference there). So **clearly the residents were much better off not being vaccinated by a wide margin. NOBODY CAN EXPLAIN AWAY THAT DATA** which if not for a whistleblower, we'd never know about. See [Large nursing facility in Hawaii finds twice as many vaccine deaths as COVID deaths](#). If we can confirm that there were no biases or confounders, this data is very hard for anyone to explain.

But the VAERS data is the most telling and is indisputable. It shows a vaccine that has killed 150,000 people based on the VAERS reports alone. This doesn't even count the deaths occurring more than 30 days after vaccination.

The Pfizer study is a big deal. It is evidence consistent with our claim that the vaccine does more harm than good. Yes, the vaccine does reduce COVID deaths by 50% in this study, **but it increases death from other causes and this study backs it up.**

Bottom line: net negative mortality benefit. **For every life we save, we kill 3 to 4 people. That's from Pfizer's own data.** Most people don't read the study, so they don't know.

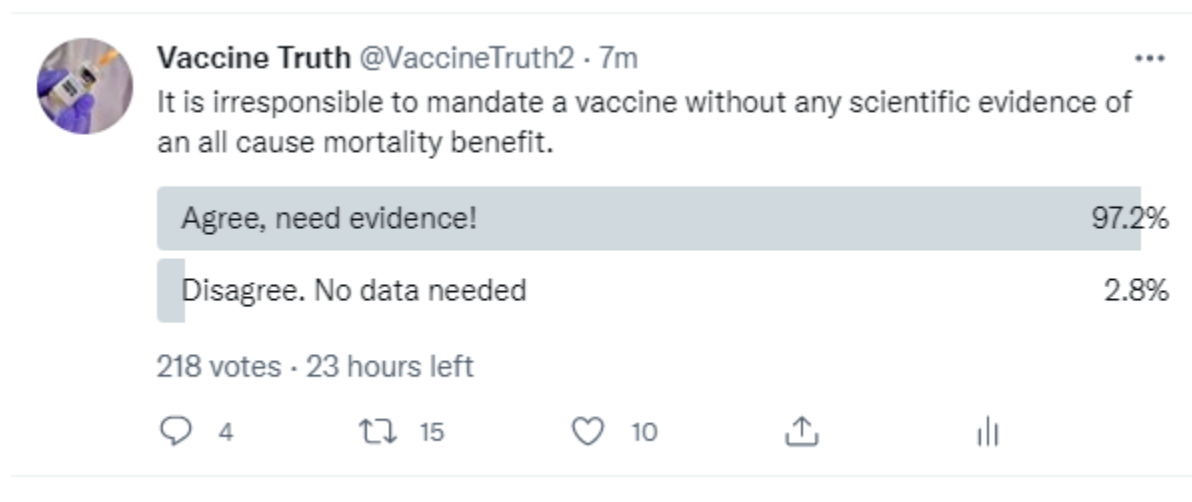
So the Pfizer Phase 3 study is consistent with what we were saying and is inconsistent with the narrative of a safe vaccine.

Sure, the vaccine makes us less likely to die from COVID, but more likely to die overall. Why would anyone want to take the vaccine?

While you can argue that this was simply “bad luck” that the Pfizer 6 month study didn't show an all cause mortality benefit, what you cannot do is point to a single piece of evidence that shows with ANY statistical significance that all cause

mortality is reduced after taking these vaccines. The Pfizer study didn't show this. If anything, it showed the opposite. So where is the proof?

**It is irresponsible to mandate a vaccine whose safety has been called into question without any scientific evidence at all of an all cause mortality benefit.**



**When you look at the all cause morbidity rates, vaccinated people do worse**

The trick is to look at the number of admissions into hospitals for any reason, and the number of deaths for any reason. It is higher among the vaccinated compared to the vaccination rate at the time.

For example, one stunning example of this is in May 2021 from the UK FOIA request below. **97% of the deaths were vaccinated patients, but only 30% of the population was fully vaccinated** and 55% had one dose. So why are all the deaths happening in the vaccinated? You can't explain that by saying, "it's because there are a lot of old people vaccinated" because the % of vaccinated deaths continued to rise from January through May. Then as the rate of new vaccinations declined, we see fewer vaccinated people die in the hospital.

If the vaccines are perfectly safe, the % of all cause hospitalizations should rise uniformly over time and the "gap" between the (% died who have been vaxed / % vaccinated) should be a positive number that gets smaller each month and approaches 1 at 100% vaccination.

Here is the calculation so you can see that this is not happening; the ratio is remaining flat over time **suggesting that for all age groups there is an elevated risk of dying if you've been vaccinated**. We don't know how else to explain this.

	Jan	Feb	Mar	Apr	May	Jun
% 1 dose or more vax (A)	6	23	37	49	55	63
% vax died (B)	11	48	69	88	97	85
Ratio (B/A)	1.8	2.1	1.8	1.8	1.8	1.4



Somerset NHS Foundation Trust was created from the merger of Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust



**Musgrove Park Hospital**  
Parkfield Drive  
Taunton  
TA1 5DA

Tel: 01823 320452 (ext 6452)  
Email: [FOI@SomersetFT.nhs.uk](mailto:FOI@SomersetFT.nhs.uk)

12 August 2021

Our ref: FOI 100719  
Category: Clinical Information

Dear Sir/Madam

I am writing to confirm that the Somerset NHS Foundation Trust has now been able to consider the information requested and its disclosure under the Freedom of Information Act 2000.

The information requested and its response is as follows:

**1) Please can you provide me with the admission numbers in to Musgrove Park Hospital for the last 5 years, 2016-2020, and the current year so far?**

	2016	2017	2018	2019	2020	2021*
Number of admissions	88922	90411	92366	93960	66743	34233

Note: we have provided you with the data for 01/01/2021 to 30/06/2021.

**2) Of those who died of any causes this year, how many had received any Covid-19 vaccine and how many were unvaccinated?**

At the time of admission	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Vaccine recorded	19	45	76	74	68	62
No Vaccine recorded	156	48	34	10	2	11

Note: we have provided you with the data for 01/01/2021 to 30/06/2021.

**3) Of those admitted to hospital in 2021, how many have received any covid-19 vaccine?**

At the time of admission	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Vaccine recorded	538	2092	3983	4375	4488	4749
No Vaccine recorded	4454	2490	2056	1725	1655	1628



# We don't think Pfizer is trustworthy

1. Their own [6 month study showed more likely to die](#) (20 deaths after vaccination; 14 deaths after placebo).
2. Before you attempt to defend Pfizer, recall that it has a record before of playing fast and loose, including [paying one of the largest criminal fines ever imposed on a drug company](#) for the arthritis drug Bextra.
3. Read this article on the [Pfizer consent form](#). The consent form allows for participants who need emergency care and go straight to their doctor or hospital to be ejected from the study. But that's hardly the only problem.
4. Phase 3 participants had much lower health risks (overall death rate, diabetes, cardiac arrest) as we showed above. There were a LOT of exclusions that enabled them to recruit such a healthy cohort. [Over 1 in 1,000 should die from heart attacks](#). There were just 3 cardiac arrests (using two different terms) in the placebo group (instead of 11).
5. You are supposed to get 1 in 1,000 myocarditis cases in the vaccine group (22 cases) (see [mRNA COVID-19 Vaccination and Development of CMR-confirmed Myopericarditis](#)). They got only 4 (.02%). Really?!? That seems gamed. [Note: the study got revoked by the number of 1 in 1,000 are confirmed via VAERS data]
6. The causes of death were different in the treatment group vs. the placebo group. This shows the vaccines are safe: they are elevating different causes of death.
7. Pfizer won't tell us how the 5 patients died post-unblinding. All my emails to them go answered, but not with the information I requested.
8. Maddie de Garay was paralyzed in the 12-15 trial but nobody from the FDA or CDC called for details and the mainstream media refused to cover it. It wasn't included in the trial results and nobody is warned about the risk of paralysis.
9. Participants found it extremely hard to report adverse events (messages in Facebook group that were deleted that Facebook won't help us recover)
10. Five times (5X) higher drop off in the treatment arm than in the control arm (see chart below note the **311 vs. 61** in the last two rows); what is the explanation for that?
11. The trial is not transparent; we don't know the reasons behind the 311 vs. 61 data exclusions. The regulatory authorities have given no indication of having regulated the process of determining safety at all.
12. The company can't seem to find any safety signals even though obvious in VAERS ([The adverse event table shows that the vaccines adversely impact every organ in the body](#)) such as in TFNT9 (see my Rumble channel).
13. No autopsies to determine cause of death done in the treatment group. That's really odd especially when a top pathologist (one of the top 100 pathologists in the world) says at least 30% of deaths within 2 weeks after vaccination were caused by the vaccine. How many people died within 2 weeks after vaccination?
14. There were only 14 deaths in the placebo group in 6 months. But the annual death rate is around 1% per year in the US population based on CDC numbers. So 110 people should have died over 6 months in the placebo group, not 14. So this wasn't a representative group at all!
15. Death cannot be a cause of death in Table S4 in the 6 month report.

16. What is the unevaluable event in the treatment group in Table S4?
17. How can there be 0 myocarditis since this is strongly elevated ([1,000x in our video](#))
18. The 6 month data show Pfizer saves 1 COVID death for every 22,000 people. So after vaccinating 220M Americans, we'll only save 10,000 COVID lives. Seems like a lot of effort and risk to save only 10,000 lives.
19. The S4 table sums to more than number of death. Some people are being recorded twice, but which ones?!?

**Table 2. Efficacy Populations, Treatment Groups as Randomized**

	BNT162b2 (30 µg) n <sup>a</sup> (%)	Placebo n <sup>a</sup> (%)	Total n <sup>a</sup> (%)
Randomized <sup>b</sup>	21823 (100.0)	21828 (100.0)	43651 (100.0)
Dose 1 all-available efficacy population	21768 (99.7)	21783 (99.8)	43551 (99.8)
Participants without evidence of infection before Dose 1	20314 (93.1)	20296 (93.0)	40610 (93.0)
Participants <b>excluded</b> from Dose 1 all-available efficacy population	55 (0.3)	45 (0.2)	100 (0.2)
Reason for exclusion <sup>c</sup>			
Did not receive at least 1 vaccination	54 (0.2)	45 (0.2)	99 (0.2)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Dose 2 all-available efficacy population	20566 (94.2)	20536 (94.1)	41102 (94.2)
Participants without evidence of infection prior to 7 days after Dose 2	18701 (85.7)	18627 (85.3)	37328 (85.5)
Participants without evidence of infection prior to 14 days after Dose 2	18678 (85.6)	18563 (85.0)	37241 (85.3)
Participants <b>excluded</b> from Dose 2 all-available efficacy population	1257 (5.8)	1292 (5.9)	2549 (5.8)
Reason for exclusion <sup>c</sup>			
Did not receive 2 vaccinations	1256 (5.8)	1292 (5.9)	2548 (5.8)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Evaluable efficacy (7 days) population	20033 (91.8)	20244 (92.7)	40277 (92.3)
Evaluable efficacy (14 days) population	20033 (91.8)	20243 (92.7)	40276 (92.3)
Participants <b>excluded</b> from evaluable efficacy (7 days) population	1790 (8.2)	1584 (7.3)	3374 (7.7)
Participants <b>excluded</b> from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion <sup>c</sup>			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

<sup>a</sup>n = Number of participants with the specified characteristic.

<sup>b</sup>These values are the denominators for the percentage calculations.

<sup>c</sup>Participants may have been **excluded** for more than 1 reason.

Note: 100 participants 12 through 15 years of age with limited follow-up are included in the randomized population (49 in the vaccine group and 51 in the placebo group). Some of these subjects were included in the denominators of efficacy analyses, depending on the population analyzed, but did not contribute primary endpoint cases and do not affect efficacy conclusions for ages 16 years and above.

## Vaccines should always provide a stronger absolute benefit than the risk being mitigated

The safety criteria for any vaccine is that the absolute risk of taking the vaccine should be small relative to the absolute risk being mitigated.

Say the absolute risk of the vaccine is 1% that it kills you in 2 weeks. The benefit is that there is a 1% absolute risk reduction in dying from COVID. You would never ever opt for this because it's a lousy tradeoff: nobody would take a 1% risk of dying today as preferred to a 1% risk of dying tomorrow. You'd always choose the opposite.

But if I gave you a 1% risk of dying today to prevent a 5% risk of dying in a year, you might take the vaccine (based on mortality alone, but it's not so simple since we have to consider the morbidity risks). We show below that it is a judgement call. This is why the risk / reward benefit is something that is an individual choice, and must be done by individuals based on their personal situations.

In the case of vaccines, since it looks like the vaccine protection is only going to last for 6 months (due to waning efficacy, new variants, and linked-epitope suppression) the question in front of us is this: is the vaccine MUCH more likely to save me or kill me over the next 6 months? It better be a factor of at least two or more since if the numbers are equal, NOBODY would take that bet (everyone would rather take a 1% risk of dying in 6 months compared to a 1% risk of dying today).

## If you are between 50 to 65, vaccination is hard to justify

Risk of COVID death for 50-64 year olds is [35x the base rate of 18-29 year olds](#) which we'll conservatively set at 1 per 100,000 (to give the government the benefit of the doubt) = 35 per 100,000.

The base rate of 18-29 year olds is [on slide 14](#) for the period April 1 to Jun 11, 2021 which is 72 days. This rate can go up or down over time. We can argue both ways so we'll just assume that that's going to be the average rate.

In VAERS for domestic death reports for

- vaxx deaths 50-64.99 = 838+7 uncounted (age was in the description field of the report) = 845 deaths in VAERS (see below)
- 45M people vaccinated in that age range (see below)

VAERS adjustment factor = 30x from the section above. This is justifiable because the precautionary principle says it is a reasonable assumption that cannot be disputed (indeed the FDA didn't dispute it [when a letter was sent to them showing this](#)).

Vax death rate (unadjusted):  $845 \times 30 / 450 = 56$  deaths per 100,000.

Vax death rate (adjusted for 14% possibly unrelated deaths per [Mclachlan paper](#)):  $.86 \times 56 = 48$  deaths per 100,000 could likely have been caused by the vaccines (there is no other explanation).

So the vax generates **48 deaths per 100,000 people**,

The vaccine at 90% efficacy will save  $35 \times (182.5/72) \times (.9) =$  **79 lives over 6 months**.

This doesn't meet our 2X threshold, but it's still a net benefit. So it's "hard" to justify, but we could see people opting for the net benefit.

However, VAERS only considers short term death causes. It doesn't reveal longer-term risks. So when you have a close call like this, you'd probably want to skip vaccination if you are 65 or younger.

Here is the original data for the calculations above.






## Search Results

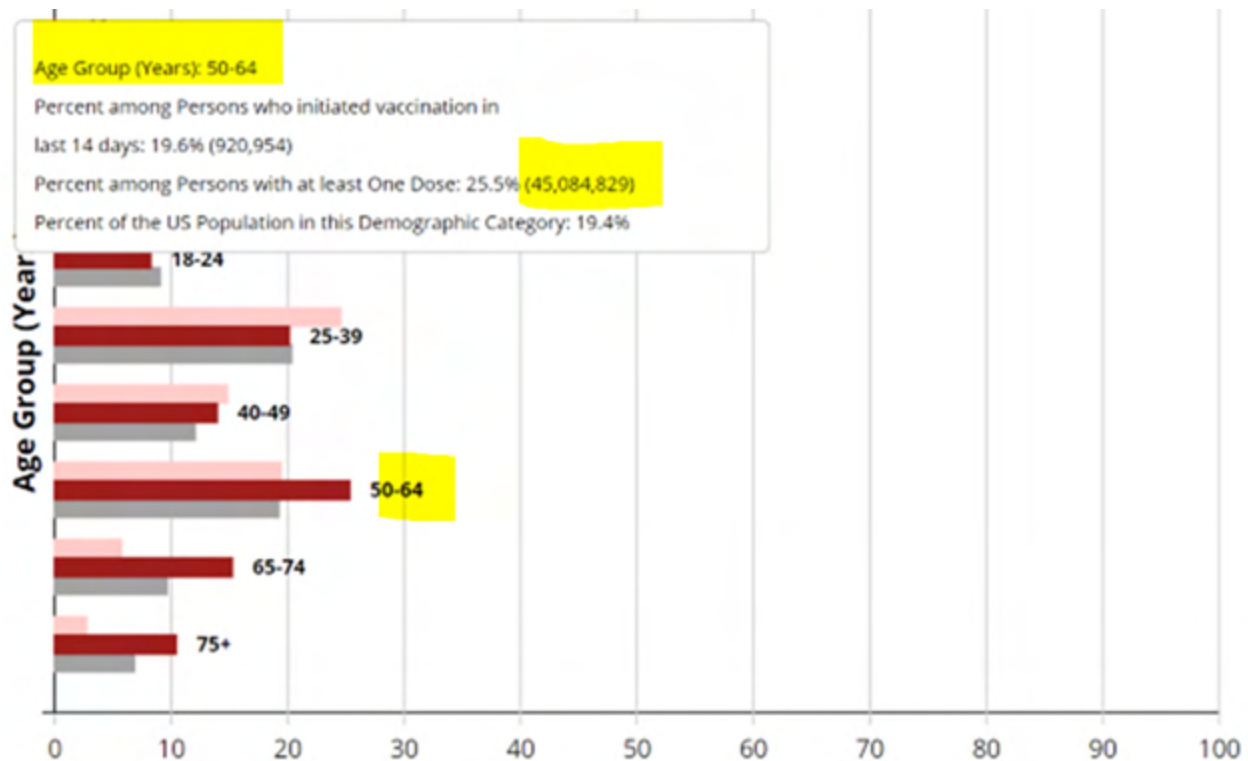
From the 7/23/2021 release of VAERS data:

**Found 838 cases where Age is 50-or-more-and-under-64.99 and Location is U.S. States or Unknown and Vaccine is COVID19 and Patient Died**

Table

		
Event Outcome	Count	Percent
Death	838	100%
Permanent Disability	9	1.07%
Office Visit	41	4.89%
Emergency Doctor/Room	198	23.63%
Hospitalized	200	23.87%
Life Threatening	34	4.06%
<b>TOTAL</b>	<b>† 1,320</b>	<b>† 157.52%</b>
† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 838 (the number of cases found), and the Total Percentage is greater than 100.		





If you are between 40 and 50, vaccination is more likely to kill you than save you

The younger you are, the less likely you are to benefit from vaccination.

Let's look at 40-50 year olds.

Using the [10X from the CDC table](#), the vaccine at 90% efficacy will save  $10 * (182.5/72) * (.9) = 23$  lives per 100,000 people.

There are 40M people in that age group. Assume 50% have been vaccinated through the end of July: **20M people**.

The number of domestic deaths through the end of July is 5,621.

Vax death rate (adjusted):  $(212 * 30) / 200 * .86 = 27$  deaths per 100,000 which is reasonable since it is about half the next higher age grouping. Since  $27 > 23$ , vaccination is a non-starter, impossible to justify.

Bottom line: For anyone younger than 50, vaccination makes no sense; it's more likely to kill you than save you.






## Search Results

From the 7/30/2021 release of VAERS data:

**Found 212 cases where Age is 40-or-more-and-under-50 and Location is U.S. States or Unknown and Vaccine is COVID19 and Patient Died and Vaccination Date on/before '2021-07-31'**

Table

	 
Event Outcome	Count Percent
Death	212 100%
Permanent Disability	2 0.94%
Office Visit	13 6.13%
Emergency Doctor/Room	51 24.06%
Hospitalized	47 22.17%
Life Threatening	18 8.49%
<b>TOTAL</b>	<b>† 343 † 161.79%</b>
† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 212 (the number of cases found), and the Total Percentage is greater than 100.	

Again, a completely independent analysis by [Dr. Rollergator that didn't take death into account, but simply looked at efficacy and determined that those under 44 wouldn't benefit from the vaccine](#) reached a similar conclusion (that vaccination makes no sense), but used a completely different method (lack of efficacy).

And the actual numbers from the UK make this very clear for COVID that if you are under 50 and you get COVID, **you're more likely to die if you got the vaccine** (.05% CFR for the vaccine vs. .03% CFR for unvaccinated).



Deaths by vaccination status among Delta confirmed cases in England (data until 2 August 2021 according to Technical Briefing 20 from Public Health England)							
	Total	Unlinked	Unvaccinated	Total	Vaccinated		
					< 21 days post dose 1	≥ 21 days post dose 1	Received 2 doses
< 50	265,749	28,330	147,612	89,807	23,822	40,449	25,536
> 50	33,736	2,989	3,440	27,307	195	5,640	21,472
<b>Delta cases</b>	<b>299,485</b>	<b>31,319</b>	<b>151,052</b>	<b>117,114</b>	<b>24,017</b>	<b>46,089</b>	<b>47,008</b>
< 50	71	2	48	21	4	4	13
> 50	670	5	205	460	6	65	389
<b>Deaths*</b>	<b>741</b>	<b>7</b>	<b>253</b>	<b>481</b>	<b>10</b>	<b>69</b>	<b>402</b>
< 50	0.03%		0.03%	0.02%	0.02%	0.01%	0.05%
> 50	1.99%		5.96%	1.68%	3.08%	1.15%	1.81%
<b>Case Fatality Rate (CFR)</b>	<b>0.25%</b>		<b>0.17%</b>	<b>0.41%</b>	<b>0.04%</b>	<b>0.15%</b>	<b>0.86%</b>
Briefing 16**	0.12%		0.10%	0.21%	0.02%	0.11%	0.64%
Briefing 17**	0.13%		0.08%	0.26%	0.02%	0.14%	0.69%
Briefing 18**	0.21%		0.13%	0.44%	0.01%	0.25%	1.09%
Briefing 19**	0.20%		0.14%	0.35%	0.02%	0.18%	0.78%
<b>Change Briefing 16 - 20 (in PP***)</b>	<b>0.13</b>		<b>0.07</b>	<b>0.20</b>	<b>0.02</b>	<b>0.04</b>	<b>0.22</b>
CFR trend	increase		increase	increase	increase	increase	increase

\* within 28 days of positive specimen date

\*\* Briefing 16: data until 14.06.21

Briefing 17: data until 21.06.21

Briefing 18: data until 05.07.21

Briefing 19: data until 19.07.21

\*\*\* PP = Percentage Points

Sum in the the original table of Public Health England is incorrect !!!

Data source: Public Health England, "SARS-COV-2 variants of concern and variants under investigation in England, Technical Briefing 20, 06.08.21

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1009243/Technical\\_Briefing\\_20.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1009243/Technical_Briefing_20.pdf)

If you are 16 to 30, the vaccine is more likely to kill you than save you

For any age under 50, vaccination is a losing proposition. The younger you are the greater the disparity. This is why vaccinating kids is preposterous.


According to the CDC ([see slide 14](#)), if you are under 30, your rate of dying from COVID are .001%, i.e., 1 in 100,000 within the 72 day period in the slide. The vaccine at 90% efficacy will save  $1 \times (182.5/72) \times (.9) = 2.3$  lives per 100,000 people.

There are 76 death reports for age 18 to 30 in VAERS (see below). There are [around 60M people between 18 and 30](#) and say half of those got vaccinated. So that is 30M people.

Vax death rate (adjusted):  $(76 \times 30) / 600 \times .86 = 3.3$  deaths per 100,000.

So if you are under 30, it is nonsensical to take the vaccine no matter how "effective" it is.

This is why they are rushing this through to get it FDA approved and getting schools to mandate vaccination immediately. **They are hoping to get you to take the jab before you learn the truth.**



**National Vaccine  
Information Center**  
Your Health. Your Family. Your Choice.




**MedAlerts Home**

**Search Results**

**From the 7/30/2021 release of VAERS data:**

**Found 76 cases where Age is 18-or-more-and-under-30 and Location is U.S. States or Unknown and Vaccine is COVID19 and Patient Died and Vaccination Date on/before '2021-07-31'**

**Table**

	 
Event Outcome	Count      Percent
Death	76      100%
Permanent Disability	1      1.32%
Office Visit	2      2.63%
Emergency Doctor/Room	12      15.79%
Hospitalized	14      18.42%
Life Threatening	3      3.95%
<b>TOTAL</b>	<b>† 108      † 142.11%</b>
† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 76 (the number of cases found), and the Total Percentage is greater than 100.	

If you are under 17, the vaccine is up to 12X more likely to kill you than save you over the next 6 months

Parents need to be at least warned that it is completely nonsensical to vaccinate their kids. The [CDC VAERS review of the 12-17 year old data](#) released on July 30, 2021 showed there were

[345 cases of myocarditis](#) and [14 deaths](#). Unlike old people, kids don't spontaneously die every day at anywhere near the same rate. All of these deaths appear to be caused by the vaccine and are consistent with the mechanism of action for how these vaccines kill people.

Here is one of the death reports of a 16 year old boy from California that was submitted by his mom because the doctor didn't report it (as required by law). He died shortly after his second shot. It ends with "He was the best thing in my life."

VAERS ID: 1466009 ●

ONSET: 27 days AGE: 16 SEX: M

My son died, while taking his math class on Zoom. We are waiting for the autopsy because the doctors did not find anything. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. He was the best thing in my life.

READ FULL REPORT >

---

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

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SYMPTOM(S): AUTOPSY, DEATH

We can use this information to make a reasonable **estimate** of the absolute death rate for kids. The [Israeli Ministry of Health has estimated the rate of myocarditis in men aged 16 to 24 who received the vaccine is 1 in 3,000 to 1 in 6,000](#).

So using the ratios of  $14/345 * 1 \text{ in } 3000$  we get a vaccine death rate that could be as high as **1.35 deaths per 100,000 kids aged 12-17**. But the CDC says ([on slide 14](#)) that the death rate from COVID averages around 0.15 deaths per 100,000 kids over the 72 day period.

So let's be clear: the CDC is urging parents to quickly inject a vaccine into their kids **which is more than 3 times more likely to kill them than to save them** in the short term (6 month period) even if the vaccine was 100% effective in preventing COVID. How do they justify that? That is never explained.

It's one thing when your kid dies from COVID. But how do parents feel when they were misled by our government into thinking they were helping save their child but in reality they were helping to kill or disable their child?

**In every single case, the cause of death was a known risk factor for the vaccine.** There were two suicides for example, but depression is a known side-effect of the vaccine (it's 9 times more likely to happen than baseline). Why would someone who is going to kill themselves in a few days get vaccinated? Sure, they can be completely crazy, but most people wouldn't do that. So it's far more likely that the depression was enhanced by the vaccine.

There is another way to make this analysis using the 30X correction factor. The 14 deaths identified by the CDC become 420 actual deaths. There were [8.9M adolescents vaccinated during the period](#). That is a death rate of **4.7 deaths per 100,000 kids**.

This is compared with the .15 death rate per 100,000 from COVID over the 72 day period and .375 per 100,000 over a 6 month period.

Using that method, the vax is **more than 12 times more likely to kill our kids rather than save them in the next 6 months** until their next shot.

**We refuse to vaccinate our kids until you show us that the vaccines are always at least twice as likely to save them than to kill them in the next 12 months.** You are nowhere close to meeting that burden.

## These vaccines cause a WIDE range of symptoms leading to death

It's very important to understand that these vaccines cause a wider range of serious adverse effects than any vaccine ever created. This is because the spike protein is introduced into every organ of the body which is why multi-organ failure is also strongly elevated with this vaccine.

Here are some of the symptoms that cause death:

1. **Organ failure:** [The adverse event table shows that the vaccines adversely impact every organ in the body](#). That table is just a partial list. So any sort of organ failure can be caused by the vaccine, including multiple organ failure. For example, pulmonary embolism (PE) is elevated by 473X normal after vaccination.
2. **Cardiovascular and neurological events:** The vaccine causes a wide range of cardio and neurological effects including myocarditis, pericarditis, heart attack, stroke, pulmonary embolism, etc.
3. **Unexpected sudden death for no apparent reason:** The vaccines cause people to die "unexpectedly" for "unknown" reasons. It's unknown because everyone thinks the vaccines are safe so when they can't attribute a cause of death, this is a huge red flag.

4. **Cerebral hemorrhages and blood clots:** We know from [government verification of claims in Norway](#) where autopsies are done that cerebral hemorrhages and blood clots are serious adverse events associated with the vaccines.
5. **Suicide and depression:** What kid gets vaccinated right before he commits suicide? Risk of depression (9X more likely) and suicide (18X) are elevated after people take the vaccine because they find they can no longer function normally (e.g., the musician who finds he cannot use his arms anymore) or it affects them mentally. In analyzing a particular case, we need to understand exactly why someone who is planning on killing themselves would get vaccinated right before they kill themselves. Both suicide and depression are strongly elevated by the vaccine in our table.
6. **Gastric upset/diarrhea:** Repeated reports of gastric upset, stomach ache, diarrhea, black stools, stomach cramps, etc. Patient dies a few days later.
7. **Cancer.** This doesn't show up in VAERS but there are many physician reports of patients complaining that their cancers are abnormally elevated shortly after vaccination. This is happening too often for it to be random. There is a direct cause and effect and a very fast and large increase in objective numbers (e.g., lymphocyte count) that people are seeing and reporting to their doctors who are noticing the pattern and reporting it to us.
8. **Reactivation of latent viruses:** The vaccines are known to reactivate latent viruses. The FDA knew about this early on and the stats show that.

For example, [consider the case of Jacob Clynick](#), a 13-year-old Saginaw County boy who died in his sleep three days after getting his second dose of a COVID-19 vaccine in mid-June:

Jacob was healthy, she said, and had no known underlying medical conditions. He was looking forward to starting classes in the fall as a freshman at Carrollton High School.

He complained of common post-vaccine symptoms, she said, in the two days between his immunization and death, which included fatigue and fever.

On the night of June 15, he had a bit of a stomach ache, too, but it wasn't severe enough to cause serious concern, Burages said.

Jacob went to sleep that night, and never woke up.

"He passed away in the middle of the night at home," she said.

This is the typical COVID vaccine death. Usually mild symptoms and then poof, drops dead for no reason.

Therefore, when looking at deaths, in order to exonerate the vaccine from being a contributor to the death, we must look for deaths which were not caused by organ failure, e.g., there was a very clear and specific cause of death, they died from trauma inflicted by a third party, died from an insulin overdose, etc. Self-inflicted injuries such as was operating a motor vehicle cannot be ruled out as the vaccine can incapacitate the person who then appears to have died from the car crash when he actually died from the vaccine just seconds before the crash.

However, in any individual case, nobody can say “for certain” that the vaccine caused the death. So if someone gets the vaccine and dies in their sleep < 24 hours later, it’s possible it could just be a weird accident. So we are always dealing with probabilities here. What is most important is the adverse event table at the start of this article. Those numbers tell the story.

We also know the German pathologist who concluded that at least 30% of the deaths that happened after vaccination are due to the vaccine and he didn’t rule out a higher number.

## Detailed analysis of the 14 kids who died shows that the vaccines cannot be eliminated as contributing to the primary cause of death

In this section we examine the cases of the 13 kids we could find in VAERS who died after the vaccine. We show that **in every single case, it is impossible to rule out the vaccine as a proximate cause of death**. By contrast, the CDC committee looked at the same deaths and found nothing.

The CDC ACIP team report just lists the cause of deaths of the [14 kids reported in VAERS](#) like it is no big deal. But those 14 deaths are really  $14 \times 30$  deaths = 420 deaths. That’s a train wreck. But to the CDC, it’s a non-event. In the US, we will remove a toy from the market if 4 kids die; the tolerance is so low. When 400 people got GBS from a vaccine, we stopped a nationwide vaccine rollout dead in its tracks. **But 420 kids killed? It’s a non-event.** It doesn’t even get a mention in the press.

Let’s examine their cause of death so we can show you that the primary cause of **every single death is consistent with the cardio and neurological events that are KNOWN to be elevated by the vaccine**. In other words, they didn’t just happen “by accident.” The vaccine was either the primary cause, or it elevated a risk that was just enough to terminate the patient.

See [These vaccines cause a WIDE range of symptoms leading to death](#) for how the vaccine kills people.

The key question to ask any doctor is: “can you find a single death here that could NOT have been caused by the vaccine (because they are due a symptom the vaccine elevates)?” So far, nobody can find a case.

It is inexplicable to us that the ACIP team simply wrote off all of these deaths, including the ones where the vaccine was a clear risk factor and those they had no information on, as perfectly normal and nothing to stop the vaccine over, or even raise any red flags. We'll never know since they don't respond to email and you can speak for 3 minutes 4 times a year (and they don't have to answer, just say, "thanks for sharing your comments.").

For example, pulmonary embolism (PE) is elevated by 473X normal after vaccination. Two of the kids died from PE. The CDC committee didn't think it was related. OK, so what caused the PE in those kids if it wasn't the vaccine?

Note: in the query below, we only found 13 cases, not 14. Presumably the missing case was the second PE case in which case that case too would be deemed caused by the vaccine.



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## Search Results

From the 7/30/2021 release of VAERS data:

**Found 13 cases where Age is 12-or-more-and-under-17 and Location is U.S. States or Unknown and Vaccine is COVID19 and Patient Died**

Table

 Age	  Count	Percent
12-17 Years	13	100%
TOTAL	13	100%

## Case Details

This is page 1 out of 2



**NOTE:** Be sure to read [These vaccines cause a WIDE range of symptoms leading to death](#) before you read this table if you haven't already.

#	VAERS ID	Cause of death
1	<a href="#">1187918</a>	<p>15 year old girl: "cardiac arrest which we believe was about 3-4 days after her second Moderna Vaccine"</p> <p><b>Analysis</b> Cardiac arrest is <b>75X more likely</b> after the COVID vaccines.</p>
2	<a href="#">1225942</a>	<p>16 year old female: " cardiac arrest at home" 9 days after Pfizer shot. Also had pulmonary embolism (PE) as the likely cause of the cardiac arrest.</p> <p><b>Analysis</b> Cardiac arrest is <b>75X more likely</b> after the COVID vaccines. PE is <b>473X more likely</b>.</p>
3	<a href="#">1242573</a>	<p>15 year old boy dies of cardiac arrest 1 day after Pfizer #1.</p> <p><b>Analysis</b> Cardiac arrest is <b>75X more likely</b> after the COVID vaccines</p>
4	<a href="#">1382906</a>	<p>15 year old boy. "Unexplained death within 48 hours" Pfizer dose #2.</p> <p><b>Analysis</b> Sudden unexplained death matches the kill pattern of the vaccine.</p>
5	<a href="#">1386841</a>	<p>16 year old boy dies 4 days after vaccination. "Prodrome of headache and gastric upset over 2 days following second dose. Then felt fine. Found the following day dead in bed. Autopsy pending"</p> <p><b>Analysis</b> Fits the vaccine pattern of gastric upset followed by unexpected death within a few days.</p>
6	<a href="#">1406840</a>	<p>13 year old boy: Flu like symptoms for 2 days then was found deceased</p> <p><b>Analysis</b> Fits pattern of sudden unexplained death for no reason.</p>
7	<a href="#">1420630</a>	<p>16 year old girl ~4 weeks after the 2nd dose of Pfizer, patient presented to the hospital with chest pain; had <b>pericardial effusion</b>. Initially improved but then had decompensation, prolonged hospitalization. Diagnosed with hemophagocytic lymphohistocytosis (HLH) and ultimately died.</p> <p><b>Analysis</b> Pericardial effusion is <b>51X more likely</b> after the COVID vaccine.</p>



		We don't understand how the CDC team missed the association. Please explain.
8	<a href="#">1431289</a>	<p>13 year old boy in Minnesota dies 17 days after Pfizer #1. He's admitted to the hospital on 6/19 and dies the next day. "Patient is a 13-year-old previously healthy male who was admitted after out-of-hospital <b>cardiac arrest</b> with ROSC after CPR for 15 minutes in the field, found to be in the context of <b>large cerebellar hemorrhage secondary to brain lesion</b> (AVM vs tumor)."</p> <p><b>Analysis</b> Cardiac arrest is <b>75X more likely</b> after the COVID vaccines.</p> <p>What does the CDC think caused all of those things to happen suddenly at the same time in a healthy 13 year old? Again, this child previously had COVID and recovered. <b>There was no reason for him to be vaccinated. Following the CDC's advice killed him. This was an avoidable tragedy.</b></p>
9	<a href="#">1463061</a>	<p>13 year old boy dies one day after the Moderna vaccine. Reported Cause(s) of Death: Unknown cause of death.</p> <p><b>Analysis</b> The only reason it's <b>unknown cause of death</b> is because everyone rules out the vaccine. This is fundamentally an admission that the vaccine caused the death since there was no other explanation.</p>
10	<a href="#">1466009</a>	<p>16 year old boy dies shortly after Pfizer #2.</p> <p>His Mom wrote: "He had no previous symptoms. I was with him one hour before and my assistant saw him 20 minutes prior and he did not show any irregularities. My son died, while taking his math class on Zoom. We are waiting for the autopsy because <b>the doctors did not find anything</b>. He was a healthy boy, he had a good academic index, he wanted to be a civil engineer. <b>He was the best thing in my life.</b>"</p> <p><b>Analysis</b> This death cannot be explained any other way. This is heartbreaking. Healthy 16 year olds don't just drop dead for no reason in the middle of a zoom call. The fact that the doctors can't explain it means it is a new cause that doctors never considered before. The vaccine is the most likely explanation.</p>
11	<a href="#">1475434</a>	<p>16 year old boy dies 6 days after receiving dose Pfizer #2. Only symptom listed is Death.</p> <p><b>Analysis</b> This death cannot be explained any other way. The vaccine is known to cause people to drop dead without notice within 30 days after</p>

		vaccination, sometimes in less than 24 hours.
12	<b>1498080</b>	<p>15 year old boy dies 4 days after Pfizer dose #2. Child collapsed on the soccer field while playing soccer at a local camp. Patient had covid in April 2021. Dx in May 2021 hypertrophic cardiomyopathy.</p> <p><b>Analysis</b> Basically, the virus damaged him partially, but it was the vaccine that finished the job. A tragic one-two punch.</p> <p><b>This child NEVER should have been vaccinated.</b> He had already recovered from COVID. But he took the CDC's advice which killed him. This is so tragic because it was preventable.</p>
13	<b>1505250</b>	<p>13 year old girl dies 26 days after vaccination with Pfizer. Patient arrived in ventricular tachycardia via EMS, but responsive. deteriorated to pulseless ventricular tachycardia, PEA and ultimately death. Basically here today, gone tomorrow. No history. No warning, just dies from a heart problem.</p> <p><b>Analysis</b> Cardiac arrest is <b>75X more likely</b> after the COVID vaccines.</p>

Note that **2 of the 13 deaths were from kids who had already had covid and should never have been vaccinated.** This is an abnormally high mortality rate. There is zero scientific evidence vaccination adds to immunity as we've discussed in this document. And there is no evidence to vaccinate kids. The CDC recommends we do both. Both of those recommendations are clearly costing lives. These 2 lives \* 30 = 60 kids died because of bad CDC advice and that's just in this very narrow age range. This is outrageous. The CDC should be forced to justify their position, but **the mainstream press will not ask any questions; they will let our kids die.** It is well known that [Covid vaccine side effects up to three times more common in those who have had virus](#). **So it makes a bad situation even worse.**

The argument that 14 deaths is "normal" for kids in this range is not credible. We ran the search over ALL vaccines over 5 years for deaths in this range and we found 8 deaths in 5 years, i.e. 1.6 deaths per year. 14 deaths for kids is **8.75X "higher" than baseline.**

However, only as of July 16, 2021, approximately 8.9 million U.S. adolescents aged 12–17 years had received Pfizer-BioNTech vaccine out of a population of around 24M in that range so this is 37% vaccinate rate which means our comparison years would be highly likely to have vaccinated more kids so **8.75X is conservative.**

Here is the query for the previous 5 years:






## Search Results

From the 7/30/2021 release of VAERS data:

**Found 8 cases where Age is 12-or-more-and-under-17 and Location is U.S. States or Unknown and Patient Died and Vaccination Date from '2015-01-01' to '2019-12-31'**

Table

	 
Age	Count Percent
12-17 Years	8 100%
TOTAL	8 100%

## Case Details

Out of the [14 young children who died after vaccination investigated by the CDC](#) they reported that two died from pulmonary embolism, two from suicide, and two from intracranial hemorrhage.

If we do a search in VAERS for kids 12-17 who died from these three causes in the last 10 years (2010 to 2019) from all other vaccines combined, we find 0 cases total over 10 years for intracranial hemorrhage, 1 case total over 10 years from pulmonary embolism, and an average of just 1 case per year for suicide. In short, **the most frequent causes of death for kids are all above normal and are all elevated for these vaccines.**

But the most frequent cause of death for the 12-17 year olds was cardiac arrest (5 of the 13 cases we found in VAERS). If we look at cardiac arrest over 10 years, we find just 6 deaths total. So cardiac arrest in 5 kids in a year is 8.3 times “normal” for this age range.

[Mortality Among Teenagers Aged 12-19 Years: United States, 1999-2006](#) says that:

The leading causes of death for the teenage population remained constant throughout the period 1999-2006: Accidents (unintentional injuries) (48 percent of deaths), homicide (13 percent), suicide (11 percent), cancer (6 percent), and heart disease (3 percent). Motor vehicle accident accounted for almost three quarters (73 percent) of all deaths from unintentional injury ([Figure 2](#)).

We should expect twice the death rate from cancer as from heart disease. Yet the deaths from cancer are 0 and the death from heart disease is 5/13 or 38%. So something is very wrong. These kids did not just happen to die. They were killed.

In short, the vaccine, more likely than not, played a significant role in causing their deaths.

# 4% of teens develop heart problems after the vaccine

## 360, 000 teens age 12 to 17 develop heart conditions after Covid-19 shots. with many cases need hospitalization

By Brian P. Dunleavy

Posted by  UPI News 1 day ago



See this UPI story: [360, 000 teens age 12 to 17 develop heart conditions after Covid-19 shots. with many cases need hospitalization](#)

The doctors say this is nothing to worry about. They said that IF kids ever got COVID and IF they did NOT get early treatment, they MIGHT develop heart problems too. That's a lot of IFs and MIGHTs.

But the reality is that there are nowhere close to 360,000 kids with heart problems from COVID. [According to this paper, the number is unknown.](#) The doctors who are telling us not to worry need to show us the math that proves we shouldn't worry.

Kids who develop the condition typically do so within six days of their second dose. So it is dose related.

As a result, whether the benefits of vaccination outweigh the risks "may need to be reassessed as we learn more about this complication," she said.

After all 11 of the 15 left the hospital after just a two week stay!

## NOBODY will bet us!

We always ask people who disagree with us: "How many people have been killed by the vaccines in the US?"

One person pointed us to [How many people have died from the vaccine in the US?](#)

That article says only 3 people in the US have died from the vaccine.

Then we bet them \$1M (or as much as you have) that they are wrong.

The point is this: people who claim nobody (or few people have died) do not really believe it.

This has been very frustrating for us... nobody ever takes us up on the bet.

## The Crawford excess deaths analysis shows causality of 150,000 vaccine-related deaths in the US

Mathew Crawford is a brilliant statistician who did an analysis that nobody can explain how it could happen if it wasn't the vaccine causing the deaths. It shows that approximately 150,000 Americans have been killed by the vaccines since they rolled out in mid-December in the US. **We offered a \$1M research grant**, no strings publicly to any academic to prove him wrong. We offered to put the agreement in a written contract with any researcher in the world. **Nobody responded**. Most researchers in academia would do anything for \$1M unrestricted funding. It will be hard to show an error since other researchers found the same thing using different but similar methods.

Crawford noticed that the CFR after vaccination jumped. He suspected that the jump was due to categorizing vaccine deaths as COVID deaths. He found that this was the case in the

US where [a paper pointed out that 100% of the vaccine related deaths analyzed in VAERS were coded as COVID deaths.](#)

So his hypothesis was that this miscategorization of vaccine deaths as COVID deaths was happening in other countries. Since nobody has a specific category for COVID-vaccine deaths, a vaccine death gets lumped into a COVID-related death. This of course makes the virus appear to be more lethal and makes the vaccines look harmless.

In the [original analysis](#), based on US data and Europe CFR, he estimated a range from 200 to 500 vaccine related deaths per million doses.

In the [multicountry analysis](#) in the second paper, he looked at 24 countries which comprises one quarter of the world's population and looked at deaths per day before vs. after vaccination started. These countries were selected based on a low COVID rate before vaccination criteria and a reasonable signal/noise criteria that was uniformly applied (he did not "cherry pick" the countries). It averaged **411 deaths per million doses** well within the bounds he originally estimated. If you remove India, the number is **363** deaths per million doses.

So that's 147,960 deaths in the US since we are now (Aug 10) at 360M doses.

This agrees with other estimates in this paper, including our VAERS death estimate of 6000 deaths \* 30 (underreport) \* .86 (causal) = 154,800. These are very close to each other and were done independently by different people using different methods.

All the [Bradford-Hill](#) criteria are satisfied here so we have causality.... Vax rates go up, excess deaths go up. Vax rates go down, excess deaths go down. One time is a coincidence. When it happens in every country every time, it's no longer a coincidence.

The official government stats from around the world show the inescapable conclusion of an average of 411 deaths per million doses.

**It is important to note that the true number is likely more than that** since this was just based on the COVID-19 categorized deaths. Many of these deaths manifest themselves as random cardio or neurological or organ failure events or just mysterious deaths as we noted in [These vaccines cause a WIDE range of symptoms leading to death.](#)

Does this "prove" there were 150,000? No! There COULD be another explanation, but it is VERY unlikely. **But it does shift the burden.** The burden now falls on those pushing the vaccines to **demonstrate that the signals that lead to this ballpark estimate are all false.** That can be individually or in one fell swoop. Instead, **all possible high resolution evidence is being buried**---a process that began before people outside of captured regulatory agencies could even see that the regulatory process was broken, and the precautionary principle flipped.



The precautionary principle says that we take this analysis seriously unless someone can show that there is a different cause or there was some critical error in the analysis. It's possible, but Crawford is quite thorough and rarely makes mistakes.

Subsequently, 2 of the 24,000 kids vaccinated died very quickly. This is a stupid tragedy.

<https://world-signals.com/news/2021/08/20/mass-vaccination-of-children-in-australia-without-the-presence-of-parents-has-led-to-at-least-2-dead-children/>

That's 83 per million doses when scaled. If 50% of deaths are in the first two days as McLachlan's analysis suggested, that means 167 per million [first] doses (133 per million doses assuming 60/40 split and first dose twice as deadly). This is right in my range when correcting for the age curve implied in my model.

We pointed out this analysis to two top CDC officials and they did not respond (as expected).

## Crawford's study is independently confirmed in an in-depth look at the Israel data by Dr. Steve Ohana

[Young adult mortality in Israel during the COVID-19 crisis](#) which looks just at Israel, finds spike in death rate in all age groups after vaccination, and concludes the ONLY common factor was the vaccine.

This confirms that other smart people have looked at excess deaths and determined they are excess and they are being caused by the vaccines.

## Crawford's study is confirmed independently by a Marc Girardot. He got 476; Crawford got 411

Not sure Steve had sent you this small bit of analysis I had done (see email below).

Had a similar idea to yours (except I didn't adjust for much): used tropical islands hardly touched by Covid-19 prior to vaccination. (Not sure how you get a respiratory epidemic on a hot island with scorching sun and windows always opened...). Here my hypothesis was 100% of Covid-19 were vaccine induced (people can argue about that, I felt it to be a reasonable assumption).

Sri Lanka is large enough to be significant on its own, and I added Seychelles, Comores, Fiji, Antigua, etc...into a separate cohort for 1.4 million doses. Pretty sure the BMI of these small islands vary significantly, and thus the mortality also...but interestingly we end up with 1 death



every 2,100 doses in both cohorts, or **476 death for every million doses**, the upper end of your 200-500 range.

As you saw in my article the US is on the high side of both age and BMI, as such vaccine-induced death should be higher than that, but also needs to be adjusted for the harvesting effect of last year.

I understand you took out India, probably best because everyone is convinced they actually had an epidemic in May...but the Hyderabad serology from January 2021 shows they were hit big time in 2020 (some areas had 70% SARS-COV-2 specific antibodies! Likely cross-immunity has prevented a huge death toll). If Hyderabad was hit, then the whole of India was hit given their high density. So it is fair to believe the April-May wave is 100% vaccine-induced, India goes as high as 512 death per million doses. Here the very high prevalence of recovered could be an accelerator (as they have very low BMI overall and low aged population).

From: Marc Girardot  
Subject: Vaxx-induced Death Benchmark  
Date: 23 July 2021 at 00:59:36 CEST

Here is an interesting benchmark I did.

Considering many remote islands had almost no death prior to vaccination, and that respiratory epidemics on tropical islands are unheard of (sun, wind, sea, open windows...) specially with limited travel, one can conjecture that the labelled Covid death are actually vaccine-induced death.

Sri Lanka is a good benchmark with 7,8 mn doses injected, and the sum of these 6 Island with little virus death before vaccination is 1.4 mn. Both end up around 1 death for every 2,100 injections, or about 160,000 deaths in the US, everything being equal (they might be using SinoPharm, which seems less dangerous to me...).

Given these US deaths are probably accounted for in C19 deaths, and many have been mislabelled, it is possible the vacs killed almost as many people as the virus...

Best,

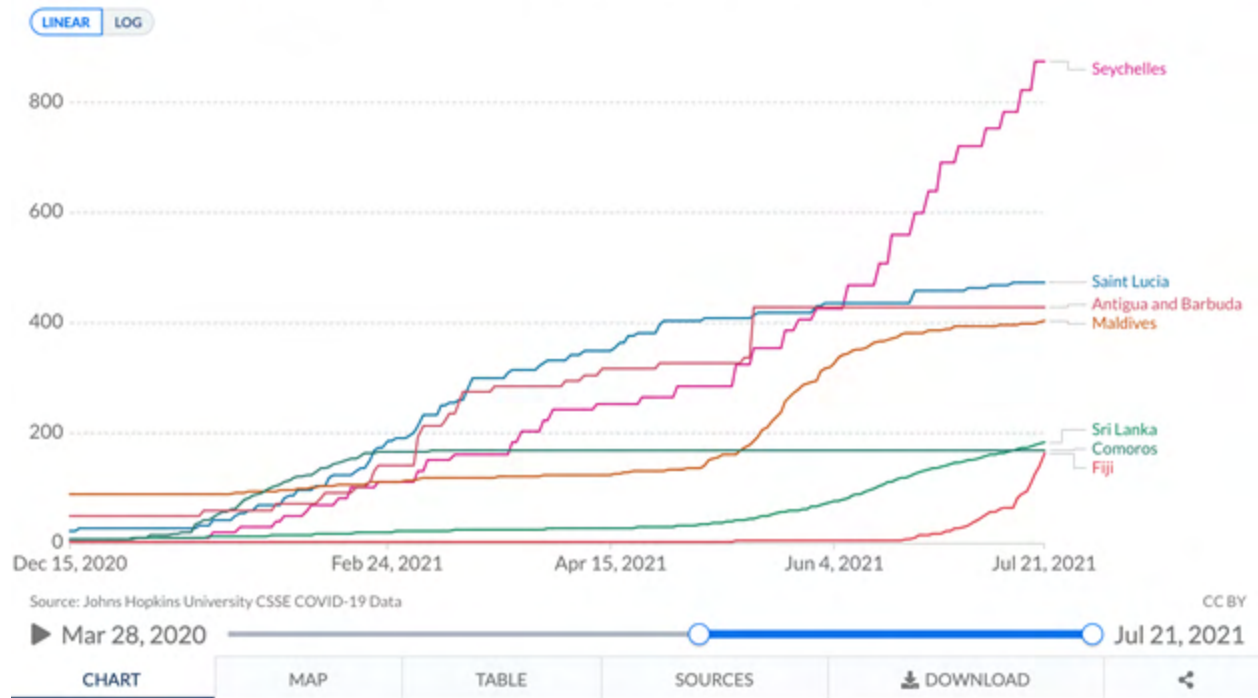
Marc



## Cumulative confirmed COVID-19 deaths per million people

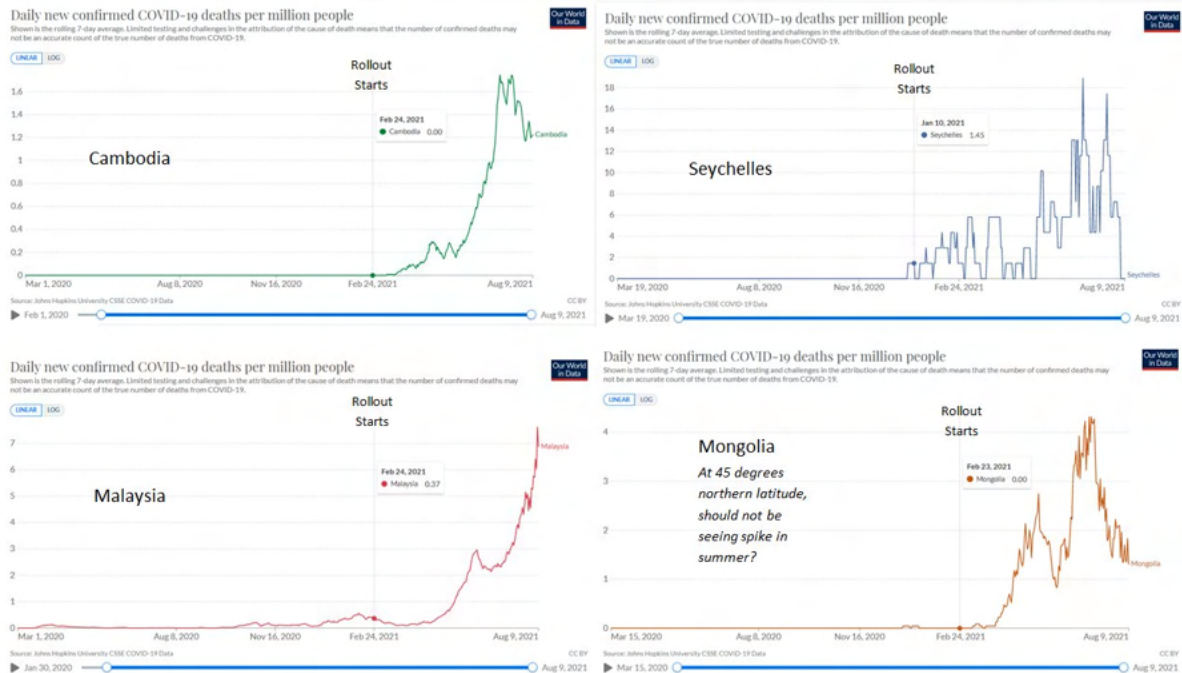
Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World  
in Data

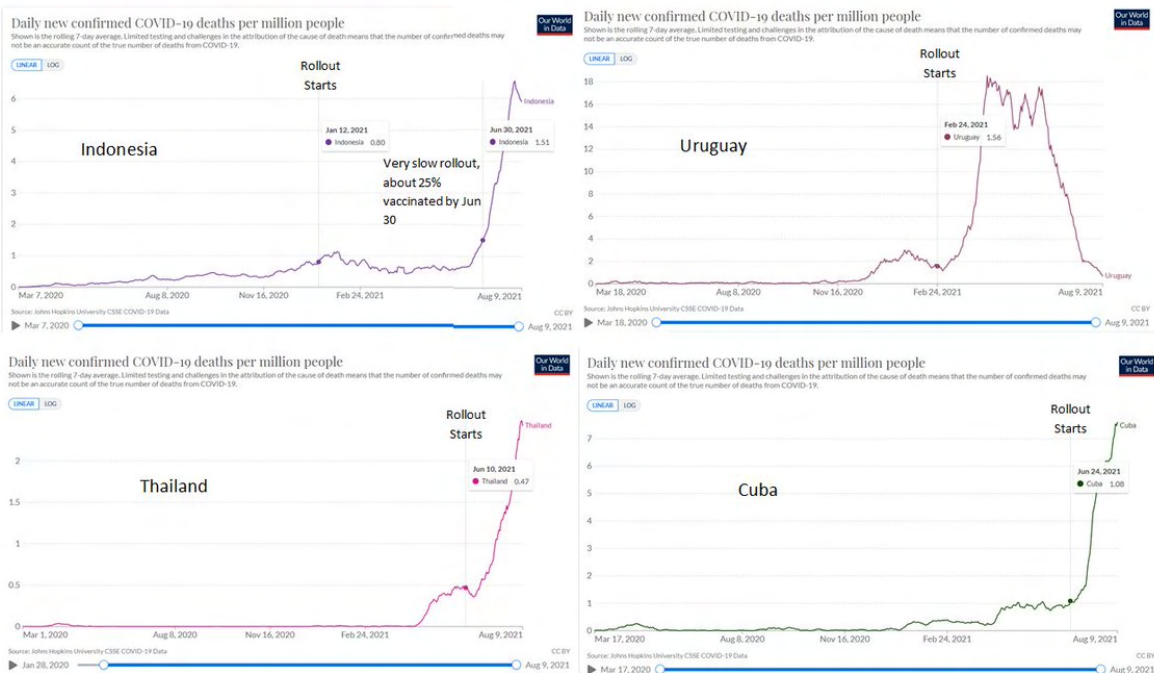


# Crawford's study confirmed by a fourth researcher

Almost no Covid-19 deaths ever, for a YEAR, then steep spike immediately after therapeutics ("vaccine")



Very few Covid-19 deaths for a year, then steep spike after therapeutics ("vaccine")



# Crawford's study confirmed by a fifth researcher: Christine Cotton

[Alerte sur les données VAERS : "67% des décès enregistrés arrivent dans les 21 jours après l'injection](#)

Read this article (use Google Translate) and then download her slides. Yet another independent researcher confirming very troubling results. If this is a safe vaccine, you can't have a death rate that peaks on the second day? That is not what reporting bias would do on a perfectly safe vaccine.

## Questions to ask academics that they won't like

1. Will you do a zoom debate with Dr. Robert Malone and others to talk about vaccine safety so that we can publicly and openly discuss the issues that people have that are causing vaccine hesitancy? The American people think open discussion is the best approach rather than censorship. They can't publish papers because the journals won't publish them. Will you consent to discuss the key issues with Dr. Malone and others in a public debate?
2. Is there any data at all showing net lower all-cause mortality with the vaccines? Even the vaccine skeptics admit the vaccines work, but they claim that the deaths are offset by elevating other causes of death. For example, in the Pfizer 6 month study, the savings in COVID deaths were offset by deaths in other areas that were elevated by the vaccine. To date, there appears to be no evidence anywhere of an ALL-CAUSE MORTALITY BENEFIT. The closest would be the Pfizer 6 month study and it showed the opposite. Where's the data?
3. How many people have been killed by the vaccines? The VAERS data is under-reported by a factor of 30 based on anaphylaxis ratio, so the 6000 American deaths -500 background deaths \* 30 is over 150,000 deaths. If these excess deaths weren't caused by the vaccine, what killed these people?? It wasn't background deaths since this analysis was confirmed using data from 1/4 of the world's population and they found the same number of excess deaths happening ONLY AFTER vaccination started. How can you dispute the VAERS number especially after a top German Pathologist determined that 30% to 40% of the deaths after vax were DEFINITELY caused by the vaccine. Is he mistaken? Why aren't there autopsies in the US?

## Top questions we'd like to ask FDA/CDC

1. *What is the stopping condition for the vaccines? How many people can be killed by the vaccine before the FDA / CDC will stop the vaccine?*
2. *Why isn't anyone listening to the advice of Geert Vanden Bossche*

- 3.
4. Maddie de Garay, a 12 year old, was paralyzed less than 24 hours after getting the Pfizer second injection in the Pfizer Phase 3 12-15 year old trial. She appears to be paralyzed for life. FDA head Janet Woodcock said they would investigate. We'd like to know what that investigation found.
5. There aren't any studies showing reduced all cause mortality with any of the vaccines. The Pfizer 6 month study shows the opposite (deaths in the vaccine group were higher than deaths in the placebo group). Similarly, the VAERS database shows it is more likely that people will die after getting the vaccine than be saved from COVID. Is there a study showing the vaccines reduce all cause mortality that we are not aware of? Shouldn't we require such a study before we approve the vaccines and/or mandate the vaccines?
6. Mathew Crawford did an analysis showing 150,000 Americans have been killed by the vaccine (see <https://roundingtheearth.substack.com/p/estimating-vaccine-induced-mortality-e07> ). This analysis and part I examined 1/4 of the world's population and estimated that the 411 deaths per million doses. Can you show us what mistakes were made and calculate the correct number of deaths per million doses based on the correct data and correct methodology? If it wasn't the vaccine causing the elevation in the CFRs and death counts that happened after the vaccines were introduced, then what was the more likely cause?
7. What is the under-reporting factor in VAERS this year for deaths? How do you determine this factor? How many deaths have been analyzed by the CDC so far? How many deaths in VAERS were deemed caused by the vaccine?
8. In the past, fewer than 500 deaths per year were caused by "background" deaths. This year, the CDC is claiming that all 6,000 deaths are "background" and that doctors are simply reporting 12 times more often than last year. Is there any evidence to back up that assertion? How do you explain that events that are not caused by the vaccine are not reported at a higher rate than in the past?
9. The CDC believes none of the deaths in VAERS are caused by the vaccines. Yet there is a clear difference between Dose 1 and Dose 2 for most neurological and cardiovascular symptoms. How do you explain how a safe vaccine can have serious side effects that are dose dependent? See for example: <http://www.skirsch.com/covid/Causality.pdf>
10. How many autopsies have been done on people dying within 2 weeks of vaccination? What percentage of the deaths listed the vaccine as a proximate cause? Can we see the autopsy reports?
11. Why do the U.S. numbers look so different from those in nearly any other nation? In the US, nearly all the deaths are from unvaccinated people. No other country has replicated that.
12. The internal CDC presentation published by the Washington Post shows a 15.1% death rate of vaccinated patients who died in May 2021. This differs from the numbers the CDC says publicly. Which one is correct and why are they different?
13. Is there a measurement of CRP and D-dimer before and after vaccination for 100 patients or more? Can we see this?

14. This article, [The More Masks Fail, The More We Need Them - by IM - Unmasked](#) shows clearly that masking makes no difference whatsoever. What is the error in the analysis?

## Questions we'd like to ask the CDC/FDA in general

*This section is under construction*

1. recovered immunity protects against variants; vaccines do not. If we want to end the pandemic, early treatment is the fastest way.
2. Mask effectiveness
3. Where is the proof of an all cause mortality benefit from taking the vaccine? The Pfizer Phase 3 6 month study showed 20 deaths in the treatment group and 14 deaths in the placebo group. No matter how you argue it, there were more deaths in the treatment group, meaning the vaccine is more likely costing lives than saving lives. This is confirmed by the VAERS analysis of the number of deaths. Yet the CDC continues to claim there are no deaths?
4. Why is there no sampling study to determine VAERS under reporting factor?
5. Would you take a meeting with Dr. Rose and her collaborators to go over her findings and discuss the answers to these questions? If not, why is that not possible?
6. WHERE IS PHARMACOVIGILANCE (PV)? VAERS is the FDA's best pharmacovigilance tool so WHY IS NOT BEING USED AS SUCH? VAERS has in fact been used as a successful PV tool in the past (childhood intussusception after vaccination to prevent rotavirus gastroenteritis, for example) and for detection of myocarditis signals in children in the current COVID injection context, so why is this tool not being exploited for the benefit of overall public health? The DATA IS THROWING OFF SAFETY SIGNALS (as hard as one might be trying to hide these signals from the inside) and it needs to be addressed IN A SERIOUS WAY.
7. Over 6,000 people have died that might be vaccine related. Why are there no autopsies done when people die within 30 days of the vaccine?
8. How can the CDC be so certain that none of the 14 kids that died after vaccination didn't die from the vaccine? For example, pulmonary embolism is strongly elevated by the vaccine and two kids died from pulmonary embolism.
9. What does the CDC think of the report from the German pathologist that at least 30% of deaths that occurred within 2 weeks after vaccination were caused by the vaccine. Was he incorrect? How do you know?
10. How do you determine when some is deemed to have died from the vaccine? Can you do that on a case by case basis or is it just done statistically?
11. Do you use Bradford-Hill criteria for causality or have a different criteria? If different, what criteria do you accept?
12. The dose 1/dose 2 studies done by Jessica Rose shows causality for a wide range of cardio and neurological events? Do you agree? If not, how do you explain these results?
13. How many people have died due to the vaccine (deaths per million doses)?



14. What is the VAERS multiplier for death events in 2021? What was it in 2020? The VAERS multiplier is the multiplier to get actual number of event from the # of events in VAERS.
15. If this is a safe vaccine then why is the adverse event profile for this vaccine so dramatically different
16. How explain high ratios for all these neuro and cardio events?
17. Which of the symptoms in the table are elevated by the vaccine vs. other vaccines? If any are not, how do you know?
18. Is spike protein cytotoxic? How do you know?
19. Is VAERS over reported this year? By how much? How can you prove that? What was the VAERS factor in 2020? In 2021?
20. Why does anyone making policy believe that they have the information they need in order to decide the best policy
21. Why are no autopsies being done to better understand both COVID and vaccine deaths? In particular, the pandemic is made out to be the most important issue in the world, but we're not leveraging the nearly 20 years of technology of robots we've designed to perform these autopsies with more forms of analysis than were previously available.
22. Why won't the FDA or CDC provide a transparent risk-benefit analysis? While Walensky has made claims a couple of times about lives saved, these claims were wildly larger than my estimates, which have so far been spot-on predictive of the current UK wave. It seems that past fatality estimates are being used for forward predictions, inappropriately padding the benefit numbers, and then no risk numbers are being subtracted.
23. Choosing the best policy---by the FDA's own guidelines---means demonstrating a policy with a positive risk-benefit and also a lack of other policy options with superior risk-benefit. If I understand correctly, that legal requirement has been waived by the EUA, but it's still the thing to do---why is nobody tasked to do that?
24. Why haven't public health authorities published or forced the publication of a single risk report or risk-benefit analysis of the vaccines after seven-and-a-half months?
25. Why aren't there any autopsies of people who die within 2 weeks of vaccination?
26. Why aren't there any autopsies of people who die from COVID after vaccination so we can look for ADE?
27. Where is the analysis of the 6,000 deaths in VAERS showing none of them could have been precipitated by the vaccines? This article claims they are all analyzed: [How many people have died from the vaccine in the US?](#)
28. Why is anyone assuming there is a positive risk-benefit? We found [a negative risk-benefit in a basic sensitivity analysis](#) under very reasonable assumptions. We [found more reason to suspect higher mortality](#) (which led us [here](#) and [here](#)). We now think there is a negative risk-benefit (and it's not even close).
29. Why aren't the people more important than us doing due diligence and running population sampling to go beyond VAERS into better statistical estimates? Why are they instead putting moratoriums on autopsies, and hiding behind [safety signals with the characteristic of masking signals of danger](#)? Does that seem like the character of people who would be granted the pool of money (by executive order in a heartbeat) if they were truly interested in studying to estimate a risk-benefit?

30. Why aren't health authorities concerned over the obviously rigged WHO trials, Surgisphere [likely] fraud, and [deep pool of evidence over other treatments together or in isolation](#)?
31. Why does it bother nobody that the trials on the vaccines were not powered enough to detect an effect size such as 1 death per 2500 doses because participation included few elderly who dominate VAERS death reports, yet were the pinnacle of the case for positive risk-benefit as effects [fade toward zero efficacy](#) longer term? That's not to even talk about the data exclusions that literally overwhelmed the inappropriately calculated effect sizes.
32. Why can't anyone produce any credible evidence that is consistent with the hypothesis that the vaccines are just as safe as previous vaccines? Not even one piece?!?

## We now know why the CDC and FDA won't engage with us on safety

They have been told to never discuss safety or engage in a discussion or email on safety. They have been told the only mission is to get a "needle in every arm" and do it at all costs.

No one will disobey. The only thing that will stop this machine is the WILL and STRENGTH of the people to refuse.

## Deaths are easiest to see in 80 year olds



**Mark Thornton** @marktho24679472 · 13h

...

Replying to @VaccineTruth2

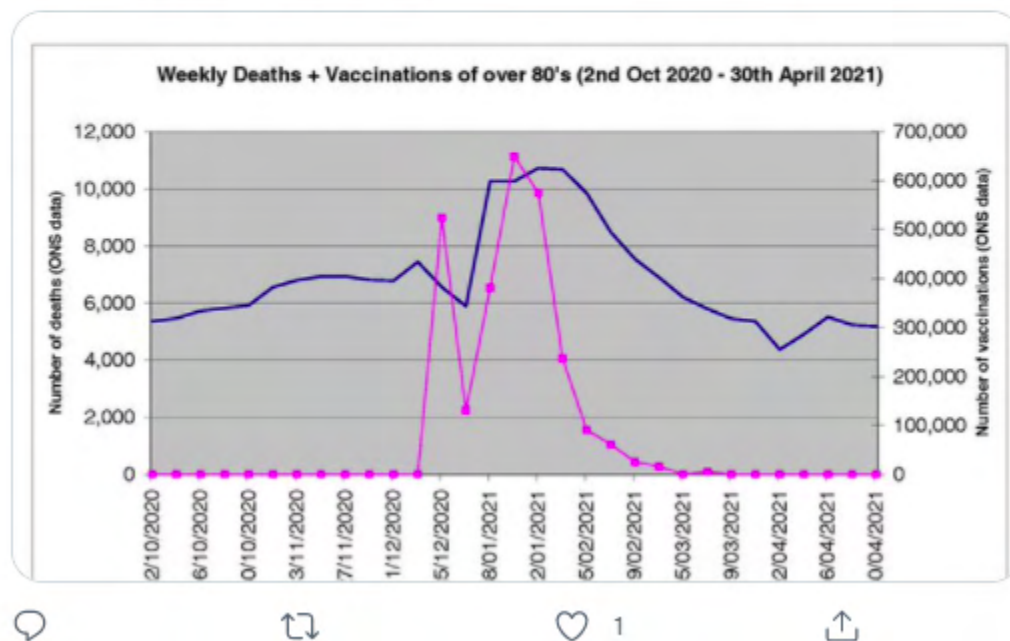
In England immediately after vax started to be given to over 80's thousands became ill + died

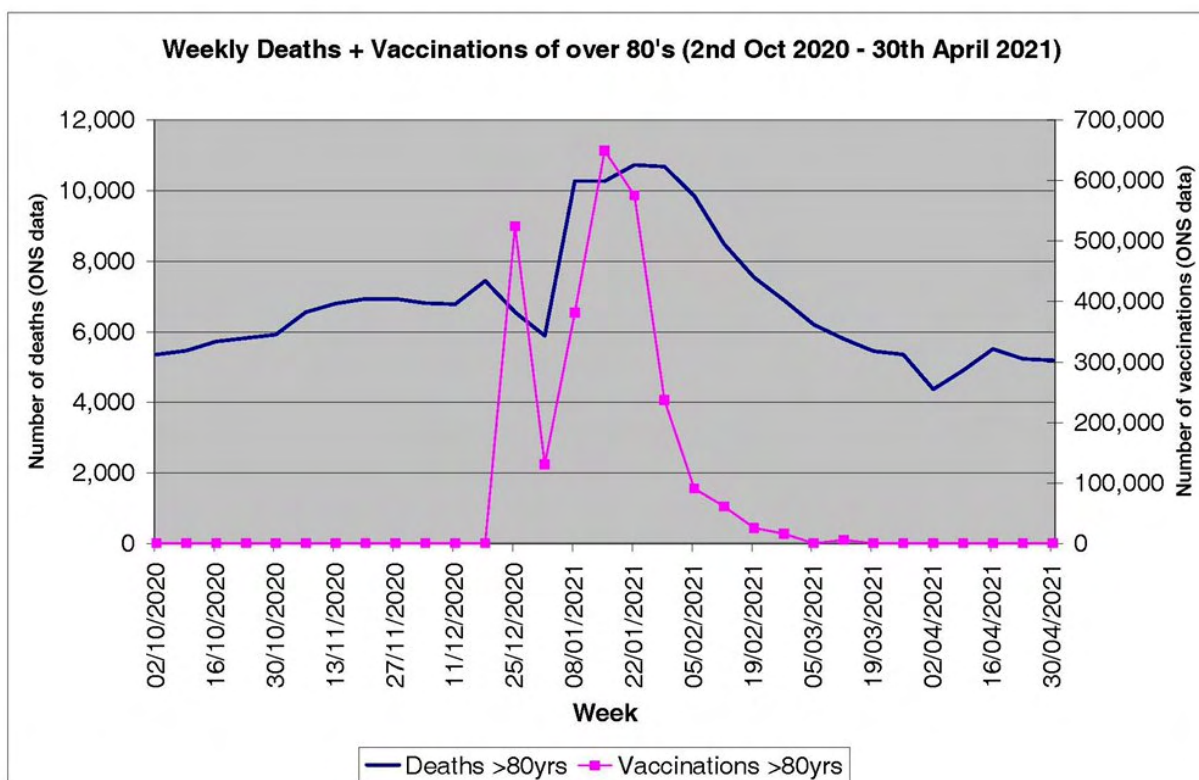
Put down to Covid

But they weren't doing anything different + survived pre vax

I now learn vax such strong assault that if u vulnerable can leave u weak

Nobody explained this to elderly





We offered a \$1M donation to fund the research to any academic anywhere in the world who could prove the Crawford analysis was flawed. No takers.

See [the offer](#).



## Thread



**Vaccine Truth**

@VaccineTruth2



Get a \$1M research grant INSTANTLY if you are the first academic to prove that it wasn't the vaccine that was the primary cause of the excess deaths in this post or if you can find an error that changes the result by a factor of 3X or more downward.



Estimating Vaccine-Induced Mortality, Part II: Isolating the Variable

The Chloroquine Wars Part LIII

[roundingtheearth.substack.com](https://roundingtheearth.substack.com)

12:51 PM · Aug 10, 2021 · Twitter Web App

View Tweet activity

## We don't like the fact that doctors are muzzled

This is an actual conversation with a physician. We find this troubling.



D-DIMERS	NEG	N	NEGATIVE
PROTEIN	6.0	N	5.0 - 8.0
UNOBLINDINGEN	NEG	N	NEG
NEUTROPHILS	16	N	32.99
LEUKOCYTES	NEG	N	mmol/L

Keep getting those elevated D dimers for the safe and effective vaccine

Weird

She was having weird symptoms. Fatigue. Shortness of breath on stairs , pain in right breast

48 years old

So you warn everybody and they don't take your advice, right?

I can't warn everyone or I lose my license

Ugh

I keep license by killing people. That's how it works now

That's the new normal

Delivered

## The numbers in the UK prove the vaccines are barely effective

The math is very clear. If you are 75% vaccinated with a vaccine that is just 90% effective then only 23% of people who die should be vaccinated, not a majority.

# The UK is experiencing a rise in Covid-19 deaths despite it being summer and 75% of adults being vaccinated, but it isn't the unvaccinated that are dying...

BY DAILY EXPOSE ON AUGUST 10, 2021 • ( LEAVE A COMMENT )



Listen Now

The UK is one of the most vaccinated countries in the world against Covid-19. Seventy-five percent of all adults are now allegedly fully vaccinated, and a further 12% have had at least one dose. Which would be great if they were not experimental and actually worked, because the UK is on the verge of a third wave, in the middle of summer, and the majority of those dying are the fully vaccinated.

Out of the nation's 68 million people, more than 47 million have received at least a single dose, and over 39 million have been fully vaccinated as of the 10th August 2021.

number of vaccinations given, by report date  
**Vaccinations in United Kingdom** ▼

UK total

by nation

We are not the only ones who analyze government data to find out that the vaccine kills more people than it might save

We aren't the only ones raising an alarm.

Seems that in Israel during the vaccination program, people notice a jump in excess deaths in the same group that was being vaccinated. Coincidence? We don't think so.





**Andrew Bostom, MD, MS**

@andrewbostom

...

1/ "Young adult mortality in Israel during time of C19 crisis": "we observed an unexpected rise of excess mortality among the 20 to 49-year-olds in Feb-March 2021...the 2 mos with the highest # of 2nd (C19 vax) doses administered among the injection mos"  
[poseidon01.ssrn.com/delivery.php?l...](https://poseidon01.ssrn.com/delivery.php?l...)

uring time of COVID-19 crisis  
 a Henrion-Caude?

Port-Louis, Mauritius – E-mail : [a.caude@simplissima.org](mailto:a.caude@simplissima.org)

y in Israel during time of COVID-19 crisis, focusing on the young old, for their susceptibility to COVID-19 mortality is low. Mostly the [Central Bureau of Statistics of Israel](#), we observed an ality among the 20 to 49-year-olds in February-March 2021. ithin those young age groups is scarcely observed, with low caused by wars. We examined whether COVID-19 could account stency between the overall excess deaths and the number of age group led to consider other potential causes: accident and mortality coincides with the beginning of the Israeli vaccination more than 75% of individuals within this age group. Such ility in young adults was also found in two other countries, the ich have in common with Israel to have massively injected their ons should prompt to pause the campaign, while clarifying the ss mortalities, all the more in the context of a low mortality risk w the age of 50.

"We thus calculated the proportion of vaccinated young adults as documented in Table 1 from January to May 2021, and observed that February and March 2021 happen to be the two months with the highest number of second doses administered among the injection months (28% of the 20-49 age group having received their second dose in each of these two months). Thus, from the data put altogether, the only event that can plausibly account for the repeated highest rises in excess deaths both in February and March 2021 is the vaccination."

Jan-21	Feb-21	Mar-21	Apr-21	May-21
13%	41%	69%	74%	75%

Table 1: Proportion of fully vaccinated among the 20 to 49-year-olds at the end of each month. Source: Israeli Ministry of Health

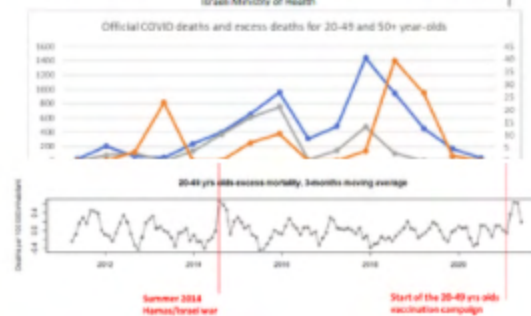


Figure 2: Upper panel: Mortality rate in the age group of the 20-49-year-olds (weighted average of the 20-29, 30-39 and 40-49-year-olds mortality rates). The excess mortality rates are defined as the mortality rates exceeding a long-term drift and seasonal effects, calibrated by a linear model with a linear trend and monthly dummy variables. All data are shown without the deaths from the Meron tragedy (April 30, 2021). Red lines indicate the main unusual notational events: in July 2014, the ground offensive of the Operation Protective Edge and in January 2021, the start of the vaccination campaign for these age categories. Lower panel: Graph was obtained from a three-month moving average on the time series plotted in the upper graph.

9:30 AM · Aug 7, 2021 · Twitter Web App

505 Retweets 76 Quote Tweets 834 Likes

For example, see [Statement from Nobel prize winner Luc Montegnier calling for halt to COVID vaccines](#)

See [Israeli Health Ministry: Pfizer Vaccine Killed 'about 40 Times More Elderly than the Disease itself would have Killed'](#). This paper was endorsed by Montegnier.

We know from personal experience how difficult it is to get an endorsement from a Nobel Prize winner. Such an endorsement trumps all "fact checker" reviews.

However we have found that people's beliefs are strong. When the facts don't fit your belief system, an unknown fact checker who isn't accountable to anyone always is more credible than any Nobel Prize winner. You don't even have to read the fact check!

In particular, note the numbers for young and old:

A [re-analysis](#) of published data from the Israeli Health Ministry by Dr. Hervé Seligmann, **a member of the faculty of Medicine Emerging Infectious and Tropical Diseases at Aix-Marseille University**, and engineer Haim Yativ reveal, in short, that the [mRNA experimental vaccine](#) from [Pfizer](#) killed “about **40 times more (elderly) people than the disease itself would have killed**” during a recent five-week vaccination period. Among the younger class, these numbers are compounded to death rates at **260 times what the COVID-19 virus would have claimed in the given time frame.**

Let's be clear: [Hervé Seligmann](#) has an **h-index of 38 with nearly 4,000 papers citing his work**. This means his work cannot be dismissed as junk science, **nor can it be challenged by some anonymous fact checker with unspecified academic qualifications** who simply tries to disparage what is written without re-doing the analysis. When you are playing in the major leagues, if your work is challenged, anyone who cannot understand the work itself in detail should always look for a challenge by someone with comparable h-index. There is no such challenge and, even worse for the fact checkers, there is an endorsement of the work by a Nobel Prize winner. **People should take this paper very seriously. Nobody will debate Herve on his paper.**

His latest work:

[Vaccinated COVID-19 are much more likely to die of illness due to a weakened immune system-הודעות של נקים \(nakim.org\)](#)

Reading the comments on the original [analysis](#) is quite interesting:

This seems to happen in Gibraltar, too.

[https://twitter.com/j\\_sato/status/1368163506957086725](https://twitter.com/j_sato/status/1368163506957086725)

The analysis on NEJM covers only 41 deaths(7%) among 570 deaths and the propotion skewed to the younger generation.

[https://twitter.com/j\\_sato/status/1369596775380647937](https://twitter.com/j_sato/status/1369596775380647937)

And the reality that the decline of Israel deaths is almost identical to Tunisia implies that the vaccine is much less effective in the elderly.

This paper has proved what this page says from Denmark data.

[Vaccine effectiveness after 1st and 2nd dose of the BNT162b2 mRNA Covid-19 Vaccine in long-term care facility residents and healthcare workers – a Danish cohort study](#)

Another way vaccine could harm if recently infected

[Surgeon Warns Vaccinating People Infected With COVID Could Cause 'Avoidable Harm'](#)

Someone else picked up on your data

[British and Israeli government data confirm Covid-19 vaccine risk: infections INCREASE in fortnight after jab](#)

Smoking gun

[Covid vaccine side effects up to three times more common in those who have had virus](#)

The most recent [updates to the article](#) include:

1. **1.August update:** CNRS research manager Laurent Mucchielli call to stop in emergency the vax campaign after analyses of US/France/UK/Holland/Europ Covid19 vaccine related death Data.see here in French, here in hebrew
2. **24.June update:** Dr. Hervé Seligmann made a new analysis-Children may die from spike protein expelled by the vaccinated here in hebrew and here in german
3. **6.June update:** Police investigate suspicions of corruption in Israeli health ministry
4. **16.May update:** Worldwide renowned Prof.Didier Raoult talks about Covid19 Vaccine inefficiency and corruption, confirming Nakim.org findings.
5. **7.May update:** Dr. Hervé Seligmann updated expert evaluation on the Covid19 Vax risk assesment including for kids.
6. **14.April update:** criminal complaint for corruption (in hebrew) against Prof Ran Balicer, Prime minister Nethanyahu and Mr Bill Gates concerning the Pfizer Vaccine authorisation process in Israel.
7. **6.April update:** French health minister confirmed our analysis:Covid19 vaccinated people are the most exposed to severe illness and death
8. **30.March update:**Dr Seligmann and Haim Yativ submitted a petition to the supreme court of Israel (in english) to stop the RNA vaccine, it includes the expert advice of prof Luc Montagnier, **Nobel prize of Medicine who supports the request**.See as well Dr Herve Seligmann expert advice demonstrating the covid19 tens times death ratio increase during the vaccination process and the petition in hebrew here.

Note: the [complete webpage](#) has links to most of the fact checks and the response to the fact checks.

They missed responding to one fact check: [Data from Israel showed that the Pfizer-BioNTech vaccine reduces the likelihood of dying from COVID-19; analysis in a forum](#)

[post claiming the opposite is flawed](#). We didn't see anything in that fact check that computed the "correct" number. We've alerted the author.

We saved a complete copy of the webpage just in case it becomes "unavailable" or Facebook censors the comments.

This article appeared in FranceSoir, in French: "[Une mortalité inédite : il y a urgence à suspendre la vaccination](#)" in which [Laurent Mucchielli](#), a research director at CNRS, **calls for a halt to vaccination**. His article was censored.

Note: CNRS is the French National Centre for Scientific Research is the French state research organisation and is the largest fundamental science agency in Europe. In 2016, it employed 31,637 staff, including 11,137 tenured researchers, 13,415 engineers and technical staff, and 7,085 contractual workers.

## We don't like to be lectured about VAERS by people who have never spent any time looking at the data

We get messages all the time from people lecturing us about the limitations of VAERS by regurgitating the warnings on the CDC website.

Our team has collectively spent many human-years analyzing the VAERS data, reading individual case reports, and running analyses. When we show people our analysis (especially the Dose 1 and Dose 2 data discussed in [Vaccine Safety FAQ](#)), they stop talking to us, without exception. **The CDC and FDA flat refuse to discuss our analysis**. They don't even want to see it.

We don't want to sound rude, but please stop patronizing us. We know more about what is in VAERS than anyone who has sent us these educational messages. If you really were an expert in VAERS, and you spent 7 months full time analyzing all the data, you'd be joining our team rather than telling us we are wrong. We guarantee it.

## Nobody has figured out how to get rid of the toxic spike protein injected into our bodies

Fifteen people who got the jab between 3 and 5 months ago were tested for spike protein by a top researcher. All 15 were presumed to be healthy controls since they had no reaction to the vax. One person (vaccinated 3 months ago) had spike in 15% of his monocytes. The rest had "undetectable" levels (less than 4% on the test).

Eight symptomatic patients (including Bri below), were tested as well. These patients had been vaccinated 4 to 9 months earlier. Spike ranged from being in 20% to 50% of their monocytes in 7 of the 8. The other symptomatic patient had spike in <1% of his monocytes which is considered to be “undetectable” since it is within the noise level of the test.

One patient, Brianne Dressen, who was in the AstraZeneca Phase 3 trial was disabled after her vaccination. This was not reported by the drug company to the FDA. This was yet another example of clinical trial fraud designed to make the vaccinations look safe.

As of August 6, 2021, she has spike protein in 50% of her monocytes 9 months after vaccination (she). She still suffers from debilitating neurological effects because she can’t get rid of the toxin.

Fact: the spike proteins generated by the vaccines can hang around for 9 months or more in some people.

So thanks, but no thanks, for your vaccines.

We’ll take our chance with the virus. If we have to get spike, we’ll take the relatively small chance of that happening with natural infection compared to the 100% chance of it happening if we opt for the vaccine.

## The D-dimer studies are an objective smoking gun that these vaccines are super dangerous

Here’s a snapshot from [Understanding mRNA COVID-19 Vaccines](#):

### A Closer Look at How COVID-19 mRNA Vaccines Work

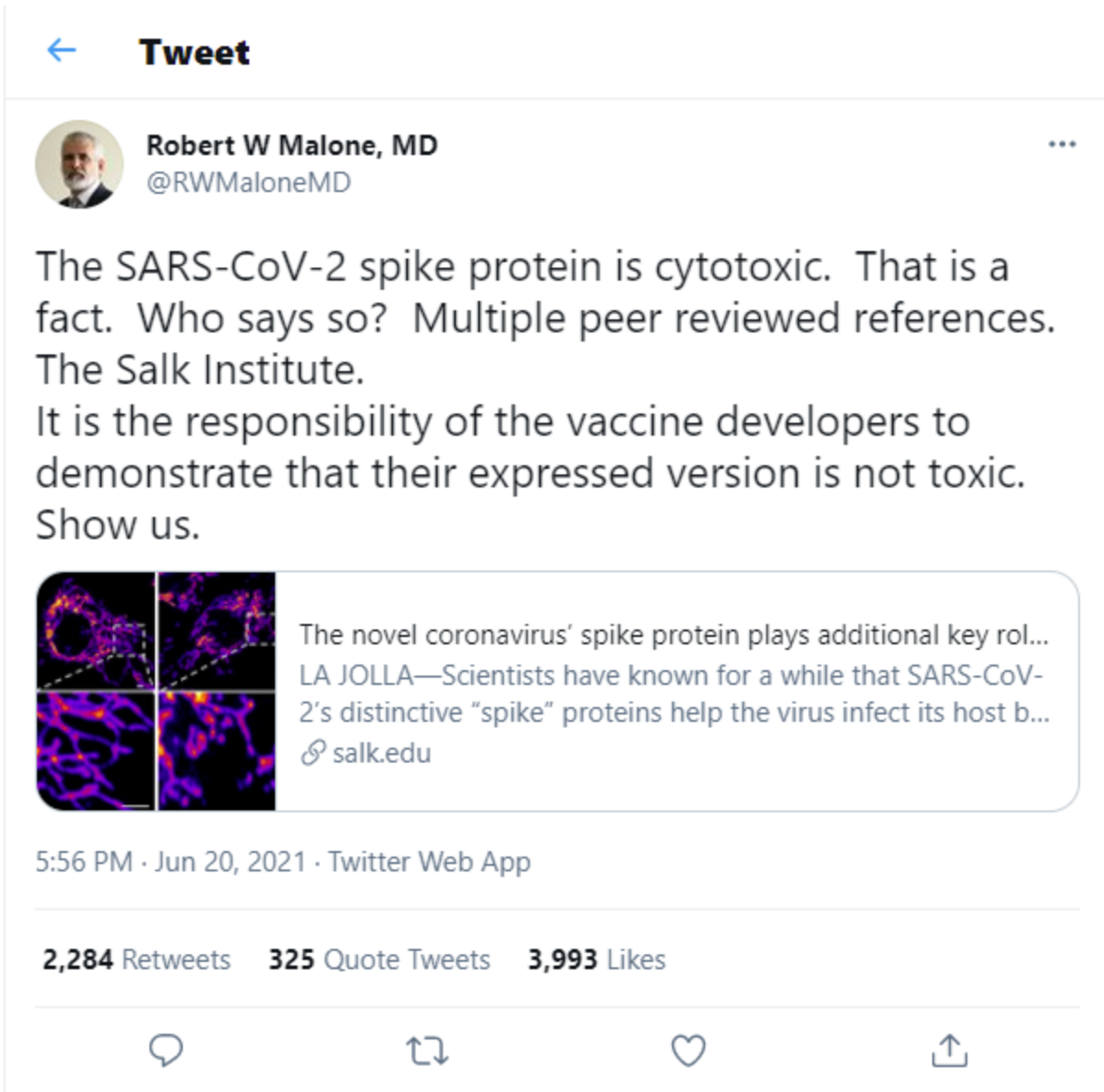
COVID-19 mRNA vaccines give instructions for our cells to make **a harmless piece** of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.

1. **First**, COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the muscle cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
2. **Next**, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn’t belong there and begin building an immune response and making antibodies like what happens in natural infection against



It says a “harmless” piece of spike protein. This is not what the scientific literature says.

Here’s the definitive tweet from Robert Malone about the spike protein being cytotoxic.



After Malone tweeted that, the authors changed the Salk paper to exonerate the vaccine!! Watch this Bret Weingstein video [▶ Spike protein causes cell damage \(from Livestream #79\)](#) which amazingly hasn't been censored yet.

Here's another example proving cytotoxicity from BMJ: [Might post-injection distribution of CoViD vaccines to the brain explain the rare fatal events of cerebral venous sinus thrombosis \(CVST\)?](#)

There is a test for clotting known as D-dimer. D-dimer is positive 4 to 7 days after an event that causes blood clotting. This is extremely serious since clots can cause heart attacks, stroke, pulmonary embolism, death, brain damage, blindness, inability to speak, paralysis, convulsions, depression, etc. In short, a whole host of very serious neurological and cardiovascular symptoms.



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.

One of our doctors in Canada did a test on five of his patients who were symptomatic after the vaccine. 100% of them had elevated D-dimers and they **were measured 1 to 2 months after vaccination.**

A	B	C	D	E	F	G	H	I	J	K	L
INITIAL	AGE	GEN	VAX BR	VAX 1 DATE	VAX BR	VAX 2 DATE	D DIMER	D DIMER	D CRP	ESR	SYMPTOMS
AO	73	F	PFIZER	3/29/2021	PFIZER	6/6/2021	1186	7/21/2021			Needles in body: back, right chest; burning
JF	85	M	PFIZER	3/11/2021	PFIZER	6/1/2021	1121	6/29/2021	125.7		red blotch on arm post second injection; rig
JS	49	M	PFIZER	4/8/2021	PFIZER	6/1/2021	560	6/27/2021	1.6		bruising on legs (new); May 18: "weird hea
MC	90	F	PFIZER	3/12/2021	PFIZER	6/6/2021	2569	7/17/2021	11.9		leg swelling, pain, rash: "superficial periva
AW	32	F	PFIZER	5/18/2021	PFIZER	6/30/2021	1106	7/29/2021	17.5	##	chest pain, heart pounding; CT neg for PE;

This is very very troubling. We don't know how long these patients will be at risk. **We were never told of this.**

The question for the FDA and CDC, since you've said the spike protein is harmless: Please tell us why the D-dimers are elevated in the first place, why they remain elevated, how long they will be elevated for, and what doctors should do to remove the spike protein from our bodies?

If you can't do that, we aren't signing up. We are instead going to be running as fast as we can in the other direction.

## You have not ruled out the risk of ADE

You never tested the vaccines for [antibody dependent enhancement \(ADE\)](#) before you granted the EUA.

What this means is that there's a decent chance that you've just given half of us a vaccine that will make it easier for us to get COVID once the initial antibody response wears off.

You knew the entire time that ADE was a risk and you went ahead anyway. If ADE is confirmed, this will be the biggest medical fuck up in human history. And it was all completely preventable had you tested it before you distributed the vaccine like you should have done.



In the Emergency Use Authorization that the FDA has granted Pfizer's vaccine includes a explicit note regarding ADE (page 52): "Available data do not indicate a risk of vaccine-enhanced disease, and conversely suggest effectiveness against severe disease within the available follow-up period. However, risk of vaccine-enhanced disease over time, potentially associated with waning immunity, remains unknown and needs to be evaluated further in ongoing clinical trials and in observational studies that could be conducted following authorization and/or licensure."

We chose not to be vaccinated so we aren't affected. But the rest of America drank the Kool-Aid and trusted you on this. And you are now compounding the problem with employer and university mandates before you know the answer to the ADE question.

You have avoided mandating autopsies on vaccinated people who die from COVID. This suggests to us that you are deliberately making sure everyone is vaccinated before anyone finds out that they have been screwed for life.

[Robert Malone, inventor of the mRNA vaccine, warned people that ADE could be a possibility](#) on June 10, 2021, but YouTube censored the video. Was it at your request? The "honeymoon period" should be wearing off for Pfizer right about now since it had the lowest dose.

More recently, Malone [warned people again in this video](#) about the ADE risks:



Other researchers have warned people as well, but nobody is listening:



**Ananias** @h56jh5 · 7h

...

Replying to @VaccineTruth2  
and this



Bombshell: Nobel Prize Winner Reveals - Covid Vaccine is 'Creating Var...  
Prof. Luc Montagnier said that epidemiologists know but are "silent"  
about the phenomenon, known as "Antibody-Dependent Enhancemen...  
[rairfoundation.com](https://rairfoundation.com)



This paper shows that there [may well be ADE with the Delta variant](#).



jakiinfoseeker  
@jakiinfoseeker

...

Infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants. A potential risk for mass vaccination?..... ah whoops!!!



Infection-enhancing anti-SARS-CoV-2 antibodies recognize ...  
Antibody dependent enhancement (ADE) of infection is a safety concern for vaccine strategies. In a recent publicatio...  
[ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)

10:55 PM · Aug 18, 2021 · Twitter for iPhone

We just got an email from a researcher who wrote: "I think that the data from Israel, which is ahead of us on the vaccination scale, and the data from Britain are very worrisome in terms of ADE. **More severe cases in the vaccinated.**" That last sentence is very alarming.

Why didn't you warn us about this in the informed consent, and why aren't you asking for the requisite autopsies so we can resolve this ASAP?

You did an analysis of viral titers recently, but you didn't separate them out by subgroups of vaccine manufacturer, date of administration, sex, and age. Why not get the data and make it public? If you had done that, we'd know whether we have an ADE problem or not.

So our question is simple: When are you going to collect the data and publish it?

## Immune escape + vaccine enhanced infection and replication is a huge deal

This [Japanese paper](#) shows that the vaccines we received may well become **completely useless to protect us** and, to make matters worse, might eventually **enhance the ability of future variants to infect us**. In short,

even if the vaccine were perfectly safe and killed no one, it's a net negative.

Robert Malone's comments:

1. Japanese are VERY careful. He thinks the paper is totally legit.
2. Paper shows the virus is mutating to TOTALLY escape the vaccine, so what we are doing is promoting ESCAPE VARIANTS just like Geert told people.
3. Delta we have today has PARTIALLY escaped the vaccine today... but it's moving in the direction of full escape
4. There is no confirmation of "classical" ADE yet, and he thinks it is unlikely to see classical ADE.
5. There continues to be risk of **vaccine enhanced infection and/or replication**. This is happening today as the paper points out ("enhanced infectivity"). This is the term we should be using going forward so as to not be shut down by fact checkers if we use ADE, etc.
6. Geert vanden Bossche called it exactly right. People like Fauci should have listened to him. Geert was right. Fauci was wrong. But the world will only listen to Fauci despite this.
7. There is NO confirmation of linked-epitope suppression aka original antigenic sin. It may be operating or not, but the paper doesn't address it. So we cannot rule it out.
8. People who are vaccinated appear to be SOMEWHAT protected against Delta for several reasons:
  - a. Delta is not a perfect escape variant yet
  - b. Vaccinated people survived the vaccine so are more resistant to spike (natural selection happened by killing off 150,000 weaker people)
  - c. Many of us are already naturally immune to COVID19 anyway (especially young people).
  - d. Some of the vaccinated were previous infected (and have "recovered immunity")

In short, we just killed 150,000 people for almost no benefit since the benefit of protection conferred by the vaccine will soon be NEGATIVE as the virus mutates. This is tragic.

## We now have clear evidence that vaccinated people are worse off if they get COVID

Once you are outside of the "honeymoon" period right after vaccination, we are seeing now in Israel that those who were vaccinated 6 months ago are doing significantly worse than the match cohort of the same age group who did not get vaccinated.

Whether this is happening from linked-epitope suppression or ADE is not yet clear, but what is clear is that you are worse off if you got COVID. We'll be updating this section as we get more data... check back.

For now see [The majority of people in hospitals and severely ill in Israel are vaccinated.](#)

The most troubling news is from the UK:

## Official data reveals 67% of Covid-19 deaths since February 2021 have been people who were vaccinated

In the UK, the fully vaccinated population accounts for 21% of all infections but 58% of all Covid-19 deaths which suggests that show the Covid-19 injections do not work, and quite possibly make the recipient worse if exposed to the alleged Covid-19 virus

## We are worried about linked-epitope suppression

[Linked-epitope suppression](#) occurs when an incomplete antigen is used in a vaccine. It allows our immune system to fight that variant, but if the virus mutates, it actually prevents our immune system from learning the new variation. This can compromise our immunity for life. This appears to be what happens with the influenza vaccine where we must be constantly taught new variations because our immune system is unable to learn them because of the vaccines that were originally used on us.

From the paper:

Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and **there is no easy way to decrease this increased lifetime susceptibility.**

Since we don't want to compromise our ability to fight off variants, we decline to take the jab until you can show us clear scientific proof that linked-epitope suppression isn't happening with this vaccine. Show us the proof and we'll withdraw our objection.

This is also referred to by old timers as [original antigenic sin \(OAS\)](#).

## We are worried about the antibody response to syncytin-1

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.

We'd like to see this resolved before the vaccines are recommended to any women and so would others (see #9 of [Lies and absurdities that damaged the COVID pandemic response - LifeSite](#)).

Is that too big of an ask? Or is there a hidden depopulation agenda? Be honest. We can deal with the truth.

## The CDC reaction to myocarditis is frightening

We spoke to a cardiologist. 90% of those cases were hospitalized. He asked “do you know what it takes to hospitalize a 17 year old?”

The point is this: there is no such thing as “rare, mild” myocarditis. It's not rare and it's not mild.

The [Israeli Ministry of Health has estimated the rate of myocarditis in men aged 16 to 24 who received the vaccine is 1 in 3,000 to 1 in 6,000](#) . That is not “rare.”





**Justin Hart** @justin\_hart · 4h

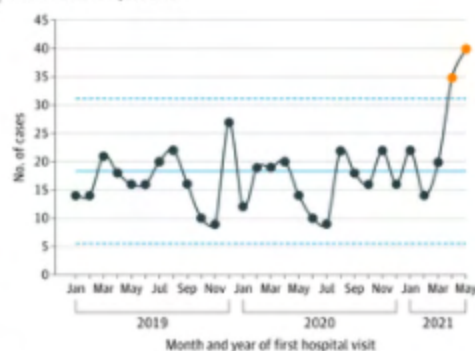
Individuals hospitalized post vaccine showed a 60% increase in specific heart issues over what you would typically find. Large sample study across 40 hospitals.



**Andrew Bostom, MD, MS** @andrewbostom · 5h

Large US hosp network reveals C19 vaxes (95%+ mRNA)→62%↑ in myopericarditis (median age 36yo) & 60%↑ in pericarditis (median age 59), v. baseline. 25% of myocarditis cases had ejection fraction <50%, which is assoc. w/↑ long term cardiac complications  
[jamanetwork.com/journals/jama/...](https://jamanetwork.com/journals/jama/)

**A** Incident cases of myocarditis



**B** Incident cases of pericarditis



**Table. Characteristics of Post-COVID-19 Vaccination Myocarditis and Pericarditis Cases\***

Characteristics	Myocarditis (n = 20)	Pericarditis without myocarditis (n = 37)
Immunizations at symptom onset		
1	4 (20)	15 (40.5)
2	16 (80)	22 (59.5)
Vaccine received most recently before symptom onset		
Ad26.COV2.S	0	2 (5.4)
mRNA-1273	11 (55)	12 (32.4)
BNT162b2	9 (45)	23 (62.2)
Time from most recent immunization to symptom onset, median (IQR), d	3.5 (3-10.8)	20 (6-41)
Age, median (IQR), y	36 (26.3-48.3)	59 (46-69)
Sex		
Female	5 (25)	10 (27)
Male	15 (75)	27 (73)
Race and ethnicity <sup>b</sup>		
White	19 (95)	31 (83.8)
Asian	0	2 (5.4)

26

258

397



Pathologists are appalled at all the deaths and nobody is looking to find out the cause

August 1, 2021, 9:53 a.m. Science - Heidelberg

## Chief pathologist insists on more autopsies from vaccinated people



Peter Schirmacher, Managing Director of the Pathological Institute at Heidelberg University Hospital. Photo: Uli Deck / dpa (Photo: dpa)

*Directly from the dpa news channel*

Stuttgart / [Heidelberg](#) (dpa / lsw) - The chief pathologist at the University of Heidelberg, Peter Schirmacher, urges many more autopsies of vaccinated people. In addition to corona deaths, the corpses of people who die in connection with a vaccination would also have to be

[Peter Schirmacher](#), Professor of Pathology and Director, Institute of Pathology at the University of Heidelberg in Germany. He is also a **member of the German National Academy of Sciences** and the chief pathologist at the University. He is world-renowned.

From [Media Blackout: Renowned German Pathologist's Vaccine Autopsy Data is Shocking... and Being Censored:](#)

Dr. Peter Schirmacher is not just an average pathologist. The German doctor is world-renowned in his field, honored by [The Pathologist](#) as one of the 100 most influential in the world. He is the acting chairman of the German Society of Pathology, director of the Institute of Pathology at Heidelberg University Hospital, and president of the German Association for the Study of the Liver. Bottom line, this professor and doctor understands pathology like very few on the planet.

[Dr. Schirmacher has an h-index of 100](#). That's extraordinary.

See also [Peter Schirmacher](#) on the Power List 2015.

A [recent published paper](#) showed "significant restrictions in the diagnostic and research performance and high willingness to perform Covid autopsies" in Germany.

They closely examined the actual bodies of 40 people who died within 2 weeks after vaccination. They [determined that 30% to 40% really did die from the vaccine](#). There was an independent study led by [Peter Schirmacher](#), Professor of Pathology and Director, Institute of Pathology at the University of Heidelberg in Germany. He is also a member of the German National Academy of Sciences and the chief pathologist at the University. They closely examined the actual bodies of 40 people who died within 2 weeks after vaccination. They [determined that 30% to 40% really did die from the vaccine](#) (you have to read the original German version to see this nuance, not the translated version). They believe that deaths following vaccination are underreported. However, Dr. Schirmacher did not have the benefit of our VAERS analysis in making this determination. We have reached out to him to inform him of our findings and expect that this will enable him to greatly increase the percentage of patients he determined were killed by the vaccines.

Schirmacher's findings were of course immediately disputed by the medical community. "The statements that there is currently too little knowledge about side effects and the dangers of vaccination are underestimated are incomprehensible," said the Paul Ehrlich Institute. "I do not know of any data that would allow a reasonable statement to be made here and I do not start from an unreported number," said the head of the Standing Vaccination Commission, Thomas Mertens.

**None of these so-called experts who dispute Schirmacher's findings ever examined the bodies, examined the data, or pointed out any flaws in the analysis.** There are no studies in the medical literature that dispute his findings because no such study has ever been done before (and if it was done, no journal would publish it because it would be too damaging to the "safe and effective" narrative).

What was more important in all this was that **calls by the Federal Association of German Pathologists to require autopsies in vaccinated patients who have died were ignored by the authorities**. In other words, the government is fully aware of the problem and **does not want anyone to find out the truth**. [This follow-up article is a must read](#) especially these paragraphs:

The pathologist however **received support from his own ranks**, and the Federal Association of German Pathologists stated that more autopsies of vaccinated people who died within a certain time frame after vaccination should be performed.

The head of the “Autopsy Working Group” in this association wanted to make general practitioners and health authorities aware of this. In other words, doctors of the patients who die within a few days or weeks after vaccination should apply for an autopsy in case of doubt or the health authorities should take action.

**The Federal Association of Pathologists had already requested this in March** in a letter to Health Minister Jens Spahn (CDU), but **it went unanswered**.

Schirmacher’s warning could of course **ruin a multi-digit long-term billion-dollar business for various pharmaceutical companies**, while the already low willingness to get the jab in the remaining unvaccinated group could further decrease dramatically and ultimately the entire pandemic strategy of the federal government could unravel.

**First, ignoring the request to do autopsies from the Federal Association of Pathologists is corrupt**. There is no other way to put it. They want to make sure people don’t learn the truth.

In our opinion, Schirmacher has given a number that is far too conservative rather than too high. That’s what we’ve found when we’ve examined the fatality reports in the VAERS system.

We want to know why you think he got it wrong and why we should believe your analysis and not his. **He is obviously risking his entire career to expose the truth; this is not something that someone in his position would make up**.

Check this out: [Media Blackout: Renowned German Pathologist's Vaccine Autopsy Data is Shocking... and Being Censored](#)





Ryte Wynger  
@RyteWynger



## Media Blackout: Renowned German Pathologist's Vaccine Autopsy Data is Shocking... and Being Censored



Media Blackout: Renowned German Pathologist's Vaccine Autopsy Data is Shock...  
Dr. Peter Schirmacher is not just an average pathologist. The German doctor is world-renowned in his field, honored by The  
[noqreport.com](https://noqreport.com)

6:09 AM · Aug 5, 2021 · Twitter Web App

141 Retweets 10 Quote Tweets 189 Likes

In [A pathologist summary of what these jabs do to the brain and other organs](#), Ryan Cole, a Mayo Clinic trained US pathologist who **says the same thing: why aren't we doing autopsies? 11,000 deaths and 0 autopsies?!!** If they aren't looking, they won't find it. Where is the funding for the autopsies after people die from the vaccine? You should assume it was the vaccine unless the autopsy can prove it wasn't. That is the precautionary thing to do.

This is well worth watching for dangers of the spike protein, how the vaccine kills you, and proof of a [16% fertility loss in mice tested with the vaccine](#) and we have no idea what effect it has on our fertility.

# Autopsy of patient who died after getting vaccine shows spike throughout his body

[Autopsy on Dead Body of COVID-19 Vaccinated Individual Reveals Spike Proteins in Every Organ](#)

This is an interesting case since it shows he died from spike protein, and the timing was REALLY telling. Got vax on day 0, hospitalized day 18, diagnosed with COVID on day 25, died on day 26. Presumably checked regularly for COVID in hospital. Dies 1 day after the test? Clearly didn't die from COVID since COVID does NOT kill in 1 day. The **reason he was in the hospital was the vaccine**. It was the vaccine which finally did him in, with help from COVID. He died from multi-organ failure.

## We can PROVE causality using Bradford-Hill on all the VAERS serious adverse events

We have lots of ways to show causality. One way is to compare with baseline rates. When you have a symptom that occurs at 100X normal, it's a pretty good indicator that there is a connection, for example.

But what is impossible for anyone to argue with is the [Dose 1 and Dose 2 studies](#). When we bring this up with VAERS "experts" they change the topic. Or just say "Let me get back to you" and we never hear from them again.

There is a more detailed explanation in [Vaccine Safety FAQ](#). Search for "How can you prove causality?"

## ADAA risk

More risks than we thought.... Here's another one

[A drug candidate for treating adverse reactions caused by pathogenic antibodies inducible by COVID-19 virus and vaccines](#)

## Very troubling stories from Daily Expose

How do you explain these stories (this is just a few samples):

[\*\*Dr Peter McCullough – “The failed mass Covid-19 vaccination programme will go down as one of the most deadly in history”\*\*](#)

## **Official data reveals 67% of Covid-19 deaths since February 2021 have been people who were vaccinated**

The fully vaccinated population accounts for 21% of all infections but 58% of all Covid-19 deaths.

## **Several Anti-C19-Vax Presidents Assassinated, Mainstream Media Silent, Covid-19 Jabs “Coincidentally” Rolled Out Just Days Later**

[Medicine Regulators need to explain how they concluded the benefits outweigh the risks in giving the Covid-19 Vaccines to children](#)

[Official data shows at least 32,000 people have died after having the Covid-19 Vaccine in Brazil, and these are just the deaths that have been labelled Covid-19](#)

[Official Data shows many more people have died due to the Covid-19 Vaccines in 8 months than people who have died of Covid-19 in 18 months](#)

[The Long-Term Outlook Due to Blood Clotting from Covid Injections is Very Grim Because with Each Successive Shot, it Will Add More Damage to Capillaries](#)

[Leaked report reveals Moderna knows their Covid-19 injection has caused over 300,000 injuries and they have hidden them from health authorities](#)

## **Whistleblowing healthcare worker claims they have seen more people die due to the Covid-19 Vaccines than from Covid-19 itself**

## **Corruption of fact checkers**

The fact checkers all have one agenda: support the vaccines.

For example, there is a [Idaho Doctor Makes Baseless Claims About Safety of COVID-19 Vaccines](#) which says he makes 4 baseless claims. We reviewed all four and they are true. The fact check is wrong (one caveat: the vaccines don't cause cancer, they can just make it worse really fast).



**You will never find a single fact check that makes the vaccine look worse than what was written about in an article.**

## Corruption in the medical community, coroner

Vaccine deaths have been deliberately covered up and made to look like the cause of death was something else. This is fraud, no two ways about it. They know it. We know they know.

For the rest of the readers, you'll have to take our word for it. It's real.

## Corruption on scientific papers

Watch [this Brett Weinstein video](#) showing how authors change their papers so they are vaccine friendly. Hence Robert Malone's tweet that originally referenced the Salk article made Malone's tweet about spike being cytotoxic look like misinformation not because Malone was wrong, but because they changed the text.

The text change wasn't even true as we see from this [pathologist video](#).

## The CDC unilaterally decided to changed the definition of TTS on May 23, 2021 so that the mRNA vaccines would never cause TTS

We are seeing gaming by the CDC.

[According to the CDC](#), TTS is a rare, but clinically serious and potentially life-threatening adverse event.

Basically, it is blood clotting and low platelets at the same time, something that shouldn't ever happen since platelets cause clotting.

Thrombosis with thrombocytopenia syndrome (TTS) found in the context of vaccines is known as VITT (Vaccine-induced immune thrombotic thrombocytopenia) or VIPIT.

TTS is defined by the Brighton Collaboration intended to be a universal definition to support uniform data collection from around the globe. This definition was originally supported by the CDC.

The problem is the vaccines triggered this so the ACIP team needed to meet to investigate it. The result is that they decided to change the definition to avoid a public panic. They defined the problem away.

In a [May 12, 2021 CDC presentation by Tom Shimabukuro](#), the CDC decided to subtly change the official TTS definition so that none of the mRNA vaccines would show any TTS events (and they threw the J&J vaccine under the bus so it would take the hit). This way, the mRNA vaccines are now safer since there are now **ZERO cases for VITT under the new definition for any of the mRNA vaccines** ([see slide 16](#)).

One key insert is the requirement for a new obscure test that must be done to make the diagnosis (Positive (+) heparin-PF4 ELISA HIT antibody\*result is required for Tier 2 cases). Since nobody did the test, and nobody knows about the change, they can say "See, no cases!"

It is a brilliant way to manipulate the numbers that never gets announced, the media never reports on it, and it keeps the public in the dark about the dangers of the vaccine.

The reality doesn't support the CDC claim of zero cases. TTS essentially means you have both thrombosis with thrombocytopenia at the same time. We did a VAERS search. It wasn't hard to find a lot of examples, for example, [1488448](#) [1492484](#) and [1487626](#). All of these reports are for mRNA vaccines. Whoops!

So we'd simply like to know why, when the CDC is supposed to be spending their efforts on spotting vaccine safety events to protect the public they are changing this definition to precisely target TTS produced by the J&J vaccine (throwing them under the bus) which then conveniently makes the mRNA vaccines look completely clean when they are clearly not.

This is scientific fraud. We'd like a public meeting to discuss this.

## If you get VITT, the mortality rate is 22%

See [Clinical Features of Vaccine-Induced Immune Thrombocytopenia and Thrombosis](#)



Josef Santos @JosefSa39957439 · 4m

...

Replying to @VaccineTruth2

A vaccine killing more than COV! Don't believe it? Let's confirm it in a new study published two days ago. Blood clot deaths after AZ jab: 294 suspected cases, 170 definite & 50 probable after the first dose! And.. a safe and effective mortality of 22%! 22%!!!!

[nejm.org/doi/full/10.10...](https://nejm.org/doi/full/10.10...)

We conducted a prospective cohort study involving patients with suspected VITT who presented to hospitals in the United Kingdom between March 22 and June 6, 2021. Data were collected with the use of an anonymized electronic form, and cases were identified as definite or probable VITT according to prespecified criteria. Baseline characteristics and clinicopathological features of the patients, risk factors, treatment, and markers of poor prognosis were determined.

#### RESULTS

Among 294 patients who were evaluated, we identified 170 definite and 50 probable cases of VITT. All the patients had received the first dose of ChAdOx1 nCoV-19 vaccine and presented 5 to 48 days (median, 14) after vaccination. The age range was 18 to 79 years (median, 48), with no sex preponderance and no identifiable medical risk factors. Overall mortality was 22%. The odds of death increased by a factor of 2.7 (95% confidence interval [CI], 1.4 to 5.2) among patients with cerebral venous sinus thrombosis, by a factor of 1.7 (95% CI, 1.3 to 2.3) for every 50% decrease in the baseline platelet count, by a factor of 1.2 (95% CI, 1.0 to 1.3) for every increase of 10,000 fibrinogen-equivalent units in the baseline D-dimer level, and by a factor of 1.7 (95% CI, 1.1 to 2.5) for every 50% decrease in the baseline fibrinogen level. Multivariate analysis identified the baseline platelet count and the presence of intracranial hemorrhage as being independently associated with death; the observed mortality was 33% among patients with platelet counts below 30,000 per cubic millimeter and



## We are concerned about TTP

Note: TTP is a specialized form of TTS.

The Pfizer coronavirus vaccine has been [linked to an increased chance of developing thrombotic thrombocytopenic purpura \(TTP\)](#), a rare blood disorder, Israeli researchers said. TTP is an autoimmune disease that causes blood clots to form in various organs of the body. According to the National Institutes of Health, these clots can limit or block the flow of oxygen-rich blood to key organs like the brain, kidneys and heart, resulting in serious health problems. Researchers from the Institute of Hematology at Shamir Medical Center said they were alerted to the problem after seeing a sudden increase in TTP in the country – **four cases detected in one month compared to two or three cases per year**. The medical team said they found a “**chronological connection**” between the vaccination of the patient and the onset of symptoms of the disease. They stressed that these are both new patients and patients whose disease flared up after a long period of remission.

How come the crack CDC monitoring team never picked this up? It came in on our chart at 16.3 times normal so it was a red flag in our analysis. What is remarkable is that this validates our numbers as  $4 \times 12/3 = 16$ . So either we got very lucky or our methodology is pretty good (probably a bit of both).

## The entire vaccine strategy is based on four flawed assumptions

The strategy rests on [four flawed assumptions](#):

1. Universal vaccination can eradicate the virus and secure economic recovery by achieving herd immunity throughout the country (and the world)
2. Vaccines are (near) perfectly effective
3. Vaccines are safe
4. The protection is durable

We think the better strategy is to treat early with repurposed drugs, using novel drugs when available and a safe, sterilizing vaccine when available.

## Medical professionals share our safety concerns

Read the 1,115 comments when MedScape asked medical professionals [How concerned are you about adverse events related to the vaccines?](#)

This comment sums it up succinctly:

---

**Jodi Hickman**

5 hours ago

Very concerned

4  Like Reply

---

## Vaccine efficacy is a complete red herring

Data from the UK, Singapore, and Israel all show that the percentage of people vaccinated is the same percentage as the people getting COVID, so it **no longer provides protection against infection**. [Pfizer has admitted the protection wanes over time](#).

Although the latest data out of Israel (included below) show that the vaccines do reduce the relative risk of hospitalization for severe disease by up to 80%, the absolute benefit is tiny, especially for younger people.

But **the efficacy argument is a red herring** because the absolute risk reduction is miniscule and is less than the immediate risk of death from the vaccines for those under 60. This means **efficacy doesn't matter at all**; it can't be justified even if it was 100%. Early treatment with repurposed drugs has a superior cost-benefit for all ages.

This is a really important point:

If the absolute risk reduction from the jab is less than the absolute risk of getting the shot, you should never take the shot, no matter how effective the vaccine is.

Until vaccines can compete on safety and efficacy, they should not be used. The CDC should know better and should start educating the public about proven early treatment protocols immediately.

## The majority of people in hospitals and severely ill in Israel are vaccinated

[Top Israeli Health Official: Vaccinated people account for 95% of severe and 85-90% of new COVID hospitalizations](#)

# Top Israeli Health Official: Vaccinated people account for 95% of severe and 85-90% of new COVID hospitalizations

[Dawn Barlowe](#) | TheBL • 08/09/21 • 3,850 views



Israel seeing surge in Delta variant cases on June 29, 2021. (Click On Detroit Local 4 WDIV/Screenshot via TheBL/Youtube)





**Vaccine Truth**  
@VaccineTruth2



Majority of Hospitalized COVID-19 Patients are Fully Vaccinated at Israel Hospital: Doctor. This is known as an inconvenient truth.



Majority of Hospitalized COVID-19 Patients are Fully Vaccinated at Israel Hospit...  
An Israeli doctor says that the majority of COVID-19 patients hospitalized at his hospital are fully vaccinated and ...  
[theepochtimes.com](https://theepochtimes.com)

7:04 AM · Aug 7, 2021 · Twitter for iPhone

View Tweet activity

47 Retweets   3 Quote Tweets   66 Likes

From the [August 7 article in \*The Epoch Times\*](#):



An Israeli doctor says that the majority of COVID-19 patients hospitalized at his hospital are fully vaccinated and those with severe illness have also been vaccinated.

Talking with Channel 13 TV News on August 5, Dr. Kobi Haviv, medical director of Herzog Hospital in Jerusalem [said](#) that **“85 to 90 percent of the hospitalizations are in fully vaccinated people,”** and **“95 percent of the severe patients are vaccinated.”** Herzog Hospital specializes in nursing care for the elderly.

This is the hospitalization rate you'd expect if the vaccines did NOTHING and the fact that 95% of the severe patients are vaccinated is also troubling. While this could be due to age skew (since older people are likely to be hospitalized), only 70-80 years olds are 95% vaccinated in Israel, so at best, the vaccines are doing absolutely nothing in Israel and at worst are harmful.

How does the CDC explain this if vaccination works so well?

## Iceland, the country with most vaccinations in the world found they were largely ineffective

Just like we said. So explain why they are doing that to us. We're listening....



Louisa Clary  
@louisaclary

...

Iceland: The country w/the most vaccinations in the world, restrictions have returned & the vaccinated end up in hospitals. 86% of those over 16 are vaccinated.

Gudrun Aspelund...Are the unvaccinated responsible for this increase in infections? "No"

Translate via Chrome:Link 🗨️ 🗨️

## **Covid, the Iceland case. Restrictions have returned to the country with the most vaccinates in the world**



Granfoulard @BluDiChina · 17h

Nel paese con più vaccinati al mondo sono tornate le restrizioni e i vaccinati

Here's [the article](#).

86% of those over 16 are fully vaccinated or around 70% of the entire population.

**Are the unvaccinated responsible for this increase in infections?**

No

**What is your therapeutic approach: how do you manage the sick: do you also treat them at home, early on?**

Treat them with telemedicine at home and outpatient treatment as much as possible (assessments, fluids, etc. as needed). Hospitalization, of course, if necessary.

**Inconvenient truth: efficacy wanes 6% every 2 months**

From Pfizer's own data, article in BMJ ([Covid-19: Pfizer vaccine's efficacy declined from 96% to 84% four months after second dose, company reports](#)) reports that:

The preprint, which contains the latest data from the original clinical trial, found an average decline in vaccine efficacy of 6% every two months

Doing the math, expect it to be 69% as effective in 1 year.

**The efficacy data is inconsistent**

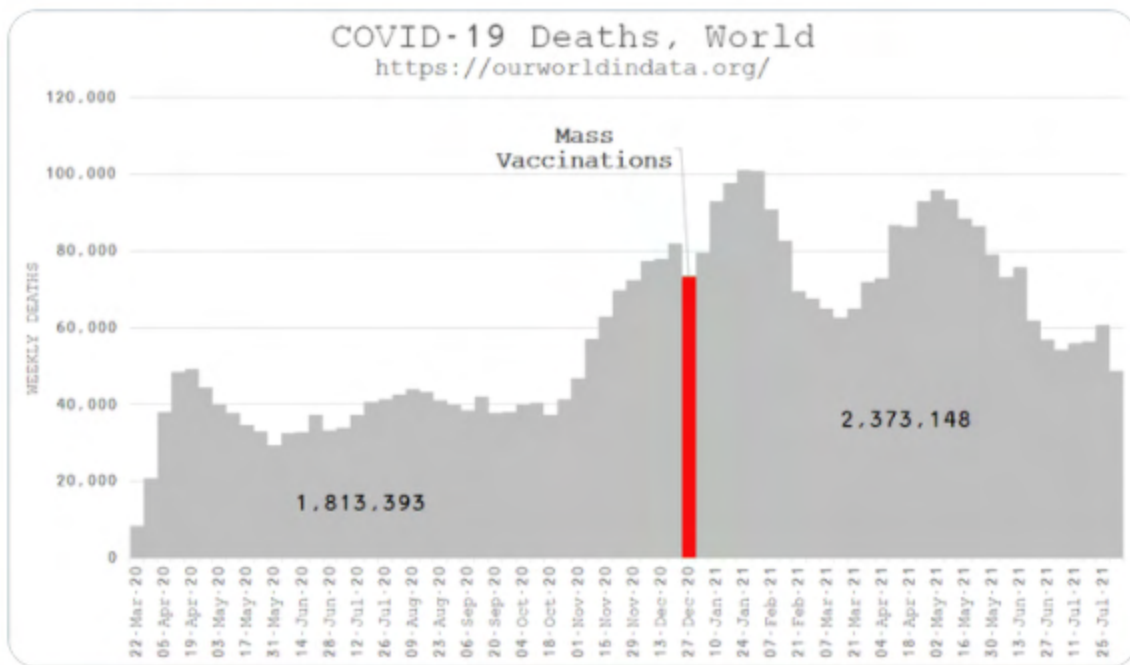
Here's a very simple and objective way to see that shown below.



**Joel Smalley**  
@RealJoelSmalley

...

I'm being accused of manipulating data again and producing misleading graphs. So here's a nice simple one. COVID deaths all around the world before and after the safe and effective mass vaccination programs come to save the day.



5:42 AM · Jul 31, 2021 · Twitter Web App

1,249 Retweets 102 Quote Tweets 2,222 Likes

Basically the COVID-19 deaths in the first 6 months of 2021 (to the right of the red bar) are more than all the deaths in 2020 from COVID. This isn't even counting the COVID-19 vaccines deaths (which aren't really zero like everyone thinks). So the vaccines haven't really made a dent in the problem and arguably, they've made things worse.

For the Delta variant, everyone agrees [that the viral titers are the same](#) for vax and unvaxd. You can [see the data for yourself here](#) (see page 3).

Data from Singapore, the UK, and Israel (shown below) showing that the percentage of people infected is the same as the percentage vaccinated. In short, the vaccines don't do squat against Delta.

NOTE: We freely admit the data below disagrees with the US data in internal CDC presentations (which are likely to be more honest than external presentations). Who is right? Nobody knows. The CDC data shows strong efficacy for prevention, reduced risk of hospitalization and mortality.



**Ran Israeli** @RanIsraeli · Jul 23

87.1% of COVID deaths in the last 6 months were 60+.  
The estimated vaccine protection for people aged 65+ from being hospitalized in severe/critical conditions seems negligible in July:  
95-> vaccinated.  
16-> unvaccinated.  
It's pretty close to their vaxx/unvaxxed ratio in Israel.



26

289

439



**David Windt** @DavidLWindt · Jul 23

I'm detecting a pattern.



**David Windt** @DavidLWindt · Jul 23

#Singapore:

- 75% of Covid infections are in vaccinated people.
- 75% of the population is vaccinated.
- The vaccines were claimed to have 94%-95% efficacy.

I guess that's just how math works? 🤔

Anyway, obviously #VaccinesWork! 😊

twitter.com/DavidLWindt/st...

[Show this thread](#)



2



15







**David Windt** @DavidLWindt · Jul 23

"Three quarters of #Singapore's COVID-19 infections in the last 4 weeks were among vaccinated individuals ... Singapore has ... inoculated nearly 75% of its 5.7M people" with either Pfizer ("95% efficacy") or Moderna ("94%") vaccines [newsinfo.inquirer.net/1463485/vaccin...](https://newsinfo.inquirer.net/1463485/vaccin...)

bUt #VaccinesWork! 😊

[Show this thread](#)



**Vaccinated people in Singapore make up 75% of recent COVID-19 cases | Inquir...**

Three quarters of Singapore's COVID-19 infections in the last four weeks were among vaccinated individuals, government data shows, as a...

[newsinfo.inquirer.net](https://newsinfo.inquirer.net)

6:14 AM · Jul 23, 2021 · Twitter Web App

Here is the data from Israel. It is broken out by age group which is the best way to see that there is no effect. The third column is always supposed to be less than the fourth column. This is largely true, but the difference is very small for each age group. This is expected as vaccination rates become very high that the numbers will converge. But the chart clearly shows that even at a 78% vaccination rate, there is a higher percentage of cases that are vaccinated than the population. This is what is known as an "inconvenient



truth.”

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

So the above data shows that the vaccines don't protect you against being infected by delta.

Let's look at the recent data from Scotland.

← **Tweet**



**Let's hope Scotland's July 9-15 C19 data is WRONG!** @campb... · 3h ...

Replying to @SVE13 and @VaccineTruth2

The data's still out:

OFFICIAL Scottish data: 74% of deaths between July 8-15 were FULLY VACCINATED, 13% more were PARTIALLY VACCINATED.

87% of DEATHS came from 23% of CASES; only 5 unvax'd died despite acct'ing for 77% of cases over prev 4 weeks:



**Let's hope Scotland's July 9-15 C19 data is WRONG!** @c... · Jul 29

Do the math yourself between the 2 tables of official Scottish data.

[publichealthscotland.scot/media/8500/21-...](https://publichealthscotland.scot/media/8500/21-...)

[publichealthscotland.scot/media/8568/21-...](https://publichealthscotland.scot/media/8568/21-...)

These are week-over-week numbers; subtract the July 8 numbers from the July 15 numbers to get the numbers for week of July 9-15

Credit: [dailyexpose.co.uk/2021/07/29/87-...](https://dailyexpose.co.uk/2021/07/29/87-...)

[Show this thread](#)

**Confirmed COVID-19 related deaths by vaccination status, 0 to 15 July 2021** **Confirmed COVID-19 related deaths by vaccination status, at the most recent PCR positive specimen date, 29 December 2021**

Group	Unvaccinated	1 Dose	2 Doses	Unvaccinated	1 Dose	2 Doses
0-49	22	1	0	21	1	0
50-59	55	1	1	55	1	1
60-69	185	6	2	184	5	1
70-79	414	15	8	412	13	5
80-89	766	43	32	765	43	26
90+	1,525	196	49	1,525	194	31
<b>Total</b>	<b>2,967</b>	<b>262</b>	<b>92</b>	<b>2,962</b>	<b>257</b>	<b>64</b>

at the most recent PCR positive specimen date according to the definitions described in the definitions document



So the Scotland data is basically:

Vaccinated (23% of cases): 87% of deaths

Unvaccinated(77% of cases): 13% of deaths

Public Health Scotland's own data shows you are more likely to be hospitalized and more likely to die if you are infected with Covid-19 after being vaccinated.

Here is the [July 19 report](#). Here is the [July 26 report](#).

In other words, if you did get infected, **you are 22 times better off if you are unvaccinated** (which is computed as  $(77/13)*(87/23)$ ).

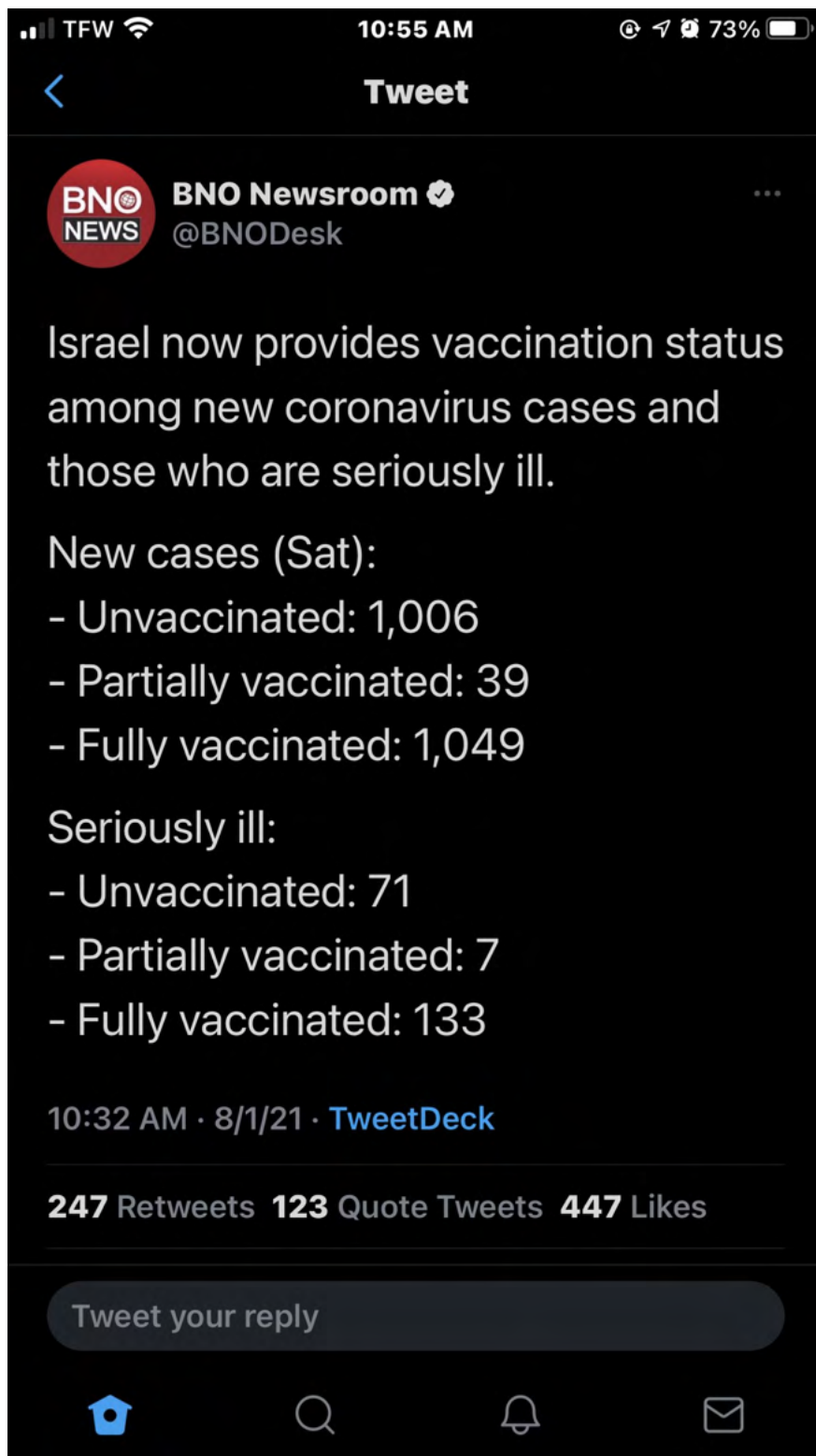
But things are not that bad. If we were trying to mislead you, we'd end there. But if you remove the 80+ category, things are more equal, and **you are only  $(77/28)*(72/23)= 8.6$  times better off if you are unvaccinated**.

If we remove the 70 -79 category too, then we get to:  $(77/36)*(64/23)=6$  **times better off if you are unvaccinated**.

Here is [the original article which pointed this out](#), but the data is from official government websites.

Although the numbers in Scotland are small, it does illustrate that for the same virus, we can find dramatically different numbers depending on where we look. And because everyone reports in a different way, they are hard to compare. Wouldn't it be great if everyone reported numbers in the same format??

To get a better sense of what is going on, let's look at the very latest Israel data where the numbers are much bigger and **they are now reported in real time**. This tweet from [BNO News](#) tells us everything we need to know.



It took them a few hours before they realized **that their tweet indicates that the vaccines made things worse by a factor of 2** (since the same number of people in both groups were infected, yet there were twice as many severe cases in the vaccinated group).

So they deleted the tweet and posted a replacement and this time **omitting the cases**.



**BNO Newsroom** ✓  
@BNODesk

...

Israel now provides vaccination status in real-time:

Seriously ill, age <60: raw figure (per 100k)

- Unvaccinated: 28 (0.8)
- Partially: 2 (0.8)
- Vaccinated: 10 (0.2)

Seriously ill, 60+: raw (per 100k)

- Unvaccinated: 43 (45.7)
- Partially: 5 (22.8)
- Vaccinated: 123 (9.4)

1:44 PM · 8/1/21 · [TweetDeck](#)

You [can see both tweets here](#).

**The new numbers look really impressive!** It shows the vaccines give you a 75% to 80% risk reduction just like the CDC found! Same total number of seriously ill cases as before, we've just broken out the seriously ill category, and now presented them compared to the overall population instead of compared to the number of cases.

But **they don't show the cases** so it's hard to tell where the benefit is coming from: protection from infection or protection from getting really sick or a bit of both?

Can you tell which tweet was the more accurate picture? This was one of the motivations behind the article [Lies, Damned Lies, and Vaccine Statistics - by Dr RollerGator PhD](#) in which he points out how easy it is to miscast the numbers to obscure what is truly going on.

This shows three things:

1. It is easy to recast the same underlying numbers so things look very good or very bad
2. The public is easily fooled
3. The media is biased to present the numbers in such a way that it appears the vaccines are very effective, e.g., they didn't leave the original tweet up.

This loss of trust in mainstream media causes us to become vaccine hesitant because the people we thought we could trust are biased.

In this case, we agree that the most recent tweet better reflects reality that the vaccines give a 75% to 80% risk reduction in severe disease if you get COVID.

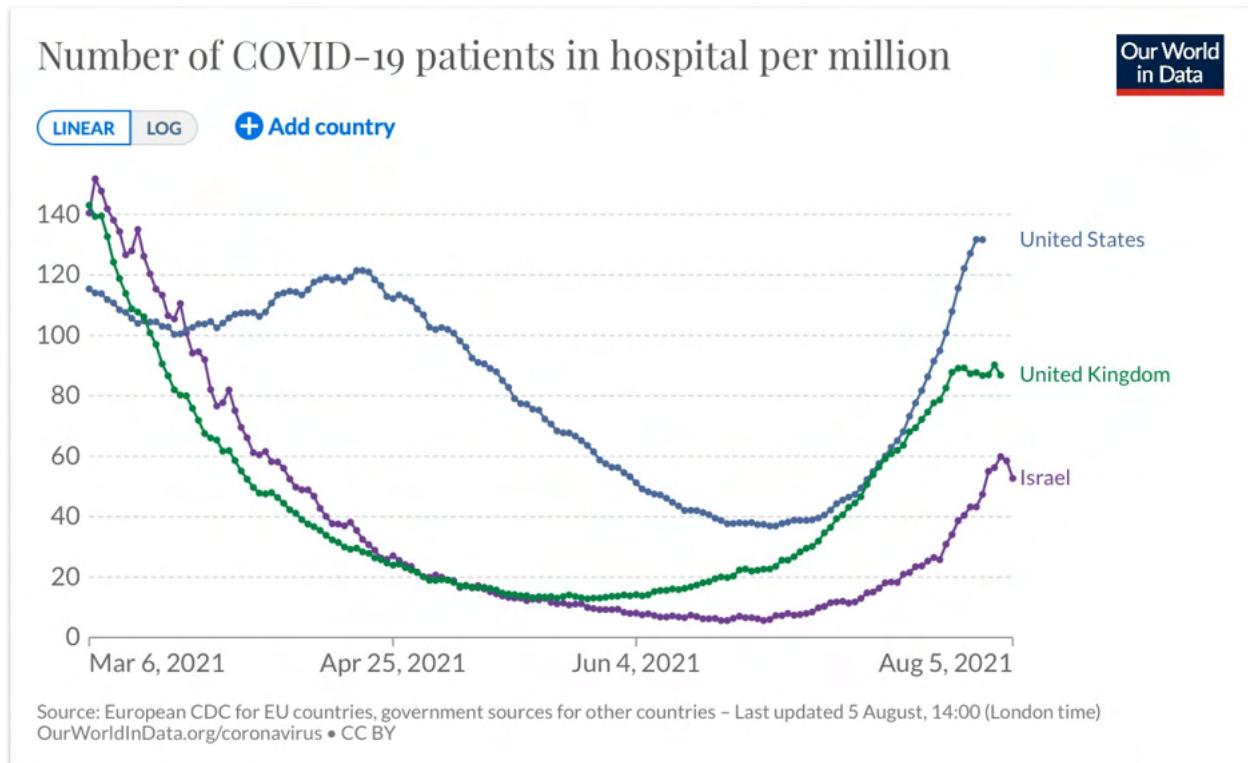
To summarize our argument so far, you simply need to clearly explain to us why would we take a vaccine which:

1. Is much more likely to kill us than save us over the next year if we are 30 and younger
2. was never properly tested,
3. has unknown long term effects,
4. may make it easier for us to be infected in the future (through both ADE and linked epitope suppression),
5. if it doesn't kill us outright could give us a medical condition that nobody knows how to treat,
6. is almost certain to [leave toxins in our bodies that stay for at least 5 months](#) that nobody knows the implications of or how to get rid of
7. and has a tiny absolute risk reduction benefit (for those of us 30 years and younger).

## This doesn't look like a success story to us

Maybe it is time to rethink our approach?? Why do we continue to ignore proven early treatments? Why is the press not asking why the CDC doesn't recommend these very effective (and never discredited) early treatment multidrug protocols. There is no evidence that any of these protocols do more harm than good. Why not give them a try?

Cyprus has the highest vax rate in the world and highest per capita infection rate in the world. Explain how this is a success story that we are trying to emulate.



## The real numbers are confusing to most people

Is delta less lethal? Is it twice as contagious or 5 times as contagious? Is the vaccine protecting us against being infected? Being hospitalized? Dying?

There are lots of questions and inconsistent answers that legitimately are changing over time.

We realize there are excellent arguments on both sides and that the data is very inconsistent, even from the same country.

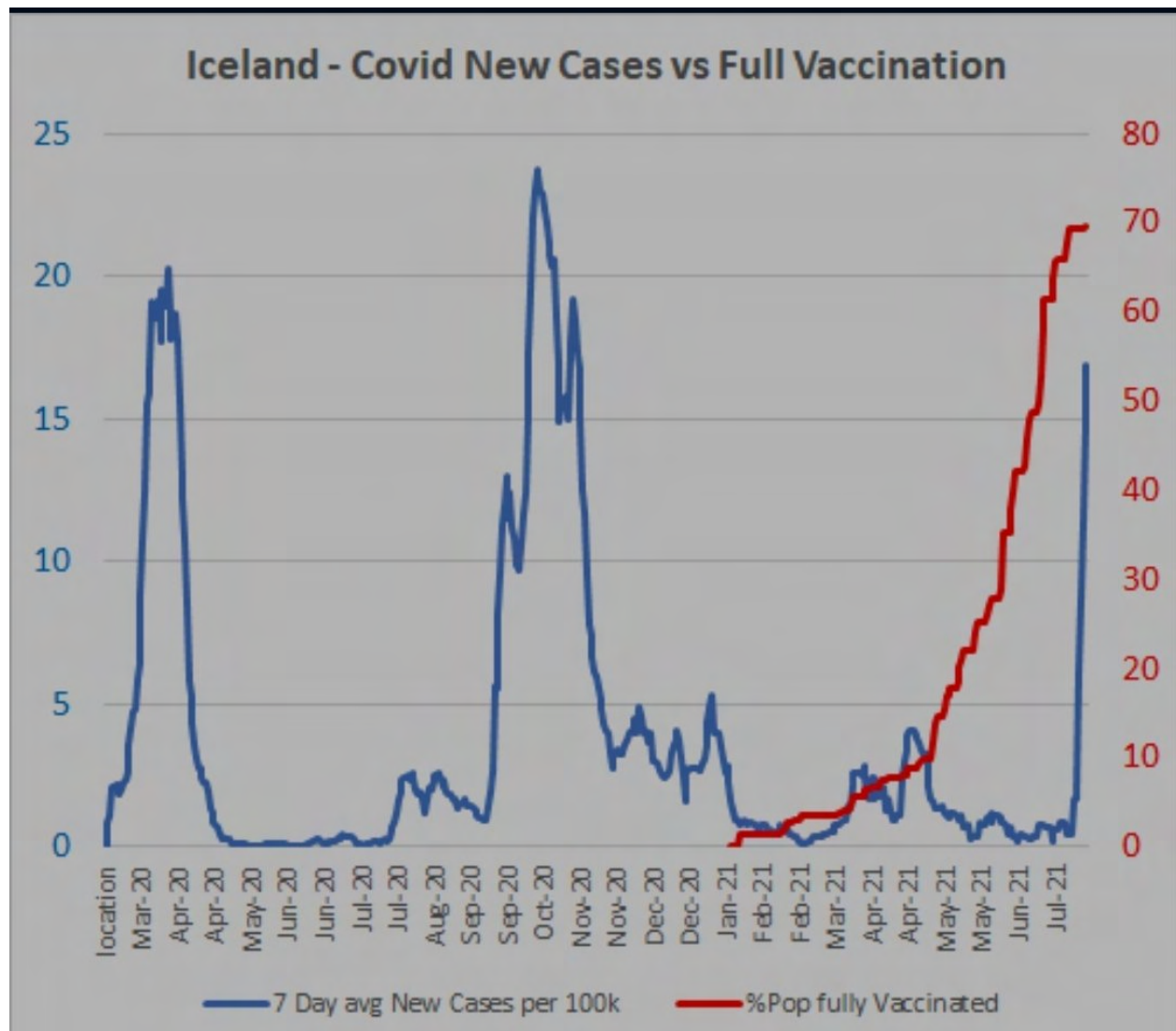
For example, in Israel, from the age stratified numbers, it looks like the vaccines do nothing against Delta. But in the case numbers, we see equal numbers of vaccinated and unvaccinated cases which is exactly what we'd expect in a 90% vaccinated population where the vaccines were 90% effective in reducing infection. We see that vaccinated people are twice as likely to be hospitalized with severe disease than unvaccinated people, but the average age of unvaccinated people is lower than vaccinated people.

We see how governments (such as Scotland) are changing their presentation formats to use cumulative data from the start of the year to make things look different than if they presented them on a rolling 30 day basis.

This is why having an open debate with qualified experts we trust on both sides of the issue is going to be useful to help us decide on the numbers.



If vaccination really works without unintended consequences, then how do you explain this?



The vaccines are also effective for another reason few people appreciate: natural selection

If the vaccine didn't kill you, it is because you are very resistant to COVID-19 spike protein before you got the jab. Hence, anyone who gets the vaccine and survives is going to be more likely to be resistant to COVID. The vaccine basically culled out those people who were susceptible to COVID and killed them.

We aren't saying this is the only effect that is operating, but in looking at the effectiveness of the vaccine, nobody considered this because they all thought the vaccines didn't kill anyone. We cover the clinical trial gaming techniques in a separate section.

## We don't like the lack of accountability

You've said there are no risks other than a few symptoms. Carve them out and let's get full liability on the other symptoms. You have nothing to lose by doing that since these vaccines are so safe! This would inspire more confidence if you did that.

But you can't because the [vaccine agreements prohibit them from being held responsible](#).

Vaccine court is useless. We'll be dead before we get a recovery.

We want to be able to sue the drug companies and employers and universities who have mandates including the state and federal government. If you give us the accountability we deserve, we'll be a lot more inclined to take the jab.

## Large nursing facility in Hawaii finds twice as many vaccine deaths as COVID deaths



Abrien Aguirre, board certified occupational therapist, worked in Oahu's biggest Rehab and Skilled Nursing Facilities in three separate covid units and he shares what he witnessed. He

works at the largest [skilled nursing facility in Oahu](#), working with the geriatric population. He was interviewed by a group known as "Hawaii Free Speech News."

In this video, [Abrien Aguirre Hawaii Covid Whistleblower](#), you can hear first hand how more than twice as many people died from the vaccine (32) compared to COVID (16 people) and how people are being cast as COVID cases even when they aren't due to higher reimbursements.

If nobody dies from the vaccine, how can one clinic in Oahu, Hawaii with just **288** beds have **32 deaths from the vaccine** and only 16 deaths from COVID? If the vaccines are safe, this is impossible.

According to the CDC, only 3 people have died?!? [How many people have died from the vaccine in the US?](#)

Abrien couldn't get anyone in the government to investigate even though he was claiming the government was being defrauded. That's impressive. The press doesn't investigate.

See [this article](#) on Health Impact News for all the key points in the video.

## We are not happy about misleading information on deaths

This is from the Philippines. We estimate nearly 10,000 deaths from the vaccine. They estimate 0. Early treatment is the better option.

# CONCERNED ABOUT SAFETY OF COVID-19 VACCINES?

TAKE A LOOK AT THE DATA:

DIED FROM COVID-19

29,128\*

DIED FROM COVID-19 VACCINES

0

RECEIVED 1ST DOSE

13,087,781\*

RECEIVED 2ND DOSE

11,391,969\*

\*AS OF 9 AUGUST 2021

**VACCINES ARE SAFE!  
BE PART OF THE  
BIDA BAKUNATION!**



Not happy about vaccinated moms inadvertently  
killing their newborn babies

Spike protein gets into breast milk and transmitted to babies can cause death.



Last year tests with breastfeeding mothers showed NO transmission of Covid to the **baby**

Healthy young & children must be protected from BIG pharma's trials

@CraigKellyMP

Page 129





Aaron Jones @Azza\_Jones44 · Aug 5

...

Replying to @OMGTheMess

**Baby** in America **died** from mother's **breast** milk after 2nd dose of Pfizer. Any **breast** feeding mother that gets the **vaccine** is a lunatic. No evidence it's safe. How could they take the risk...



1

2

12



neeci @neecirenee · Mar 31

...

A **baby** died because his mom got the **vaccine** and was **breast** feeding 🙄  
I'll pass on that one

2

2

2



## Lawsuits are being filed

Lawsuits against state and local mandates are being filed like this one in Hawaii:

[Lawsuit involving 1,200 first responders targets state's vaccina - Honolulu, Hawaii news, sports & weather](#)

Also, see the video on this site where [Attorney Michael Green talks about 45,000 deaths within 72 hours from the vaccine.](#)

# There is a reason only the unvaccinated are filling the hospitals in the US that NOBODY knows about

Additionally, health experts are speaking out about the amount of deaths. People like Miguel A Escobar (PA-C) in TX have access to these studies & stated he's happy to share the info.

Watch [this video of Miguel A Escobar, physicians assistant](#) (worked in healthcare for over 15 years) explaining several things in this video on (YouTube: Edinburg Texas CISD Board Meeting 7-27-2021)

1. 1:40: If you test positive for COVID, you die of COVID, even if you died from a car accident
2. 2:05: The CDC said at the end of July: stop using the PCR test we gave you. It can't distinguish between the flu and COVID.
3. 2:30 Masks should never be worn by children. Handwashing and wearing surgical masks don't work to prevent infection.
4. 3:20: CDC changed the rules. if you are vaccinated, you don't have to register the person as a COVID case if they have COVID. **This is why the hospitals are only filled with unvaccinated people.** This is why only unvaccinated people die of COVID.
5. 4:15 . No study on social distancing or partitions (like the plexiglass partitions). Masks used by the public don't work (properly fitted N95 masks work)
6. 4:40: Vaccines are more reports in 6 months than all the vaccines in the last 20 years. Only 1% are reported. 12,000 have died.
7. 5:45: He has seen **more people die from the vaccine than COVID**, just like [Abrien Aguirre](#) said.
8. 7:00 treat early and nobody is hospitalized or dies that he's treated. You can still get and spread covid if you are vaccinated
9. 7:36: no proof a child has infected any teacher anywhere.
10. 8:00: suicides of kids increased 5X
11. 9:00 Germs create immunity in our body
12. 11:00 He sees facilities with 70,000 people in tents. No masks. Not vaccinated. No one was wearing a mask. No covid deaths.
13. 11:45 Johns Hopkins study: 48,000 kids. No healthy kids died from COVID. Masks don't work.

This guy is right on all his points. MiguelAEscobar55 at gmail.

## The Mount Vernon school board meeting was censored by YouTube. We want to watch it before we get vaccinated.

Here is the video: <https://www.youtube.com/watch?v=RUPD0W71iMc> Blocked by YouTube.



Here is the original video: [Dr. Destroys the Entire COVID Narrative | Warren](#) Doctor Dan Stock. He's very articulate and very well informed.

We agree with all his points except one: ADE may be at work, but it isn't confirmed yet one way or the other. So nobody can say this is right or wrong yet. He points out that masks are ineffective. We especially agree with the point that the vaccinated people are the ones we should try to avoid associating with (a bit past half way). The vaccine doesn't prevent you from spreading the disease. He also talks about animal reservoirs which means you can't eliminate COVID even if you vaccinate in an attempt to achieve herd immunity by reducing R0. It has over 500K views.

The [medical authorities at Twitter](#) referenced articles written by "fact-checkers" as proof that the statements were false. No debates allowed!

Here's another example: [Dr. Dan Stock's anti-vax comments went viral. They were also wrong.](#) They don't list specific statements that were made that were wrong. But we do like that they acknowledged mask wearing doesn't work: "In his post, Bosslet says that there are some nuggets of truth in what Stock says. The data on the effectiveness of masks is largely observational up to this point, he said. It **suggests that they are helpful**, although probably not as much as we would like." We still can't find a mask study that didn't have very serious flaws that actually shows this.

The public is restricted from seeing what he actually said since censorship of doctors who disagree with the mainstream narrative is the new norm in America. This is why there are NO DEBATES. Censorship is the ONLY option here.

Fact-checkers will never debate. When challenged with facts that dispute what they write, they simply ignore it in our experience.

There is no point in going through each of the points as they are all shown to be true here and we invite any "fact checker" to a public debate on this.

When the fact checkers control 100% of the narrative in the mainstream media, they have a strategic advantage. Any disagreements are censored. Fair fight? What are they afraid of? None will debate.

## Anyone who forces us to be jabbed should answer a few questions first

If you are being forced to take the jab, simply ask your employer for the error in [Crawford's analysis](#) and the two others that verified it. Why wouldn't your employer take the \$1M?

Or point out that the overall mortality was not demonstrated in the Pfizer 6 month study. That study was BURIED by the press because [more people died in the vaccine group than in the treatment group in the ALL CAUSE MORTALITY category](#) and it wasn't for random things; it was for causes that are proven in VAERS to be significantly elevated by the vaccine. You could see the difference in the placebo vs. treatment group in the video at the start.

## We don't think mandates are a sensible solution

Excellent article about why George Mason University law professor Todd Zywicki who has recovered from COVID shouldn't be mandated to be vaccinated. That's nonsensical.

[Opinion | Why I'm Suing Over My Employer's Vaccine Mandate](#)

## There is no way in the short term to force the government to provide proper informed consent

The FDA can label the vaccine as perfectly safe no matter how many people are killed.

There is a citizen's petition that can be filed to fix this, but the FDA has 6 months to respond to the petition before we can enforce it in court.

So this isn't a short term solution, but it is a viable long term solution.

## We don't know what is in the vial

We've all seen the "graphene oxide" videos. To be honest, we find them difficult to believe.

On the other hand, we haven't seen independent testing showing that the vaccines don't contain graphene oxide. With so much mistrust in institutions we previously thought we could trust, our new motto is trust but verify.

So where is the independent proof of what's in the vial? Of all the points in this document, this one is the simplest to satisfy.

## We don't want to shed spike

We've heard too many stories from people we trust about getting sick when they come into contact with vaccinated people. Women's menstrual cycles are often disrupted by a roommate that gets vaccinated.

We want to know why this happens and how we can prevent it before we take the jab.

Presumably this is via exosomes which get excreted via the lungs. This shedding is more likely for newly vaccinated people and would affect non-vaccinated people.

## Vaccinated people are more dangerous

A vaccinated person is much more likely to be an asymptomatic spreader than an unvaccinated person. They are the Trojan Horses in the battle against the virus. Everyone thinks they are safe but they aren't.

We believe it's safer to be unvaccinated for two reasons:

1. We will know when we are infected so we're less likely to spread it.
2. Because we will more likely know when we are infected, we can treat early ASAP which results in better outcomes. The vaccinated won't know, won't treat, and [20% will end up with long haul COVID](#).

## We have watched the “vaccine safety” videos and don't like what we see

See [People left severely injured by the Covid-19 Vaccines speak out to warn others and express their regret](#).

We think that everyone should watch the videos on [1000 COVID Stories – Share Your Story](#) before going to get their vaccine shot.

Another option is [Highwire Episode 224 \(see 6:30\)](#).

Another option: [Shocking Compilation of Vaccine Side Effects Shows Neurological and Pulmonary Damage](#).

We think anyone who is vaccinated should be required to watch these “vaccine safety” videos before they get jabbed so they clearly understand the “benefits.”

Our surveys indicate that over 500,000 people have been disabled by this vaccine. That is not insignificant

Frankly, we find these videos very troubling. There are hundreds of thousands of cases like this. We'd have been able to see them if Facebook hadn't removed the large vaccine side effects groups.

So we need to know why we shouldn't be afraid to take the vax after watching these videos because to be perfectly honest, we would rather not voluntarily subject ourselves to joining this group. Frankly, we'd rather take our chances with the virus itself; it seems less dangerous.

Call us back if you develop a vaccine that doesn't cause blindness, paralysis, strokes, heart attacks, etc. at such a high rate.

## The decision to vaccinate is irrevocable; you can never be “unvaccinated”

Vaccination is a one-way street. Once you get vaccinated, you can never be “unvaccinated.” The case isn't compelling enough to make a decision that can never be reversed.

## We don't like enticing kids to be vaccinated with free giveaways when there is no cost benefit analysis

[American Schoolchildren are Being LURED into Getting Covid-19 Vaccine](#)

## We want to do what is best for society

In our view, getting vaccinated is not only bad for us personally, but also for society. The more vaccinated people there are, the greater the risk of developing variants that are vaccine resistant and the greater the risk of mass surges in cases. And there are the time bomb effects: the unknown long-term consequences. We could literally compound the problem many fold by participating in something so dangerous.

Secondly, being vaccinated makes us more likely to spread variants unknowingly since we are less likely to have symptoms and know we have the virus.

This article by Geert Vanden Bossche explains this: [Why is the ongoing mass vaccination experiment driving a rapid evolutionary response of SARS-CoV-2?](#)

Is he wrong? What he says makes perfect sense to us that the vaccinated are making the problem worse, not better.

Also, since the vaccine kills more people than it saves, how can that be shown to be a net benefit to society? It basically achieves very fast depopulation, but this is more ethically achieved through birth control incentives than killing and/or sterilizing people, right?

What is better is if we get naturally infected with delta (which is more than 6 times less deadly than alpha according to UK government data), treat it with early treatment. We get natural broad immunity, fewer deaths, fewer disabilities.

It turns out the deaths that are created by vaccination mean any benefit conferred by lower transmission is very small in comparison. So there isn't a net societal benefit.

Finally, where is the written cost/benefit analysis showing the claimed societal benefit for risking our lives?

And even if there were a societal benefit, it is unethical to not disclose the math justifying that tradeoff.

Nobody on the planet understands what the tradeoff is because nobody is ever presented with the risk benefit analysis.

Let's be very clear: Asking people to take a drug that is more likely to kill them than save them, must be done voluntarily; **it cannot and should not be mandated and it must be done with full disclosure.**

As a society, we failed on both counts.

## We aren't the villains. We are the heroes.

We are constantly told that virtually all the people coming down with COVID are the unvaccinated. In [this press briefing](#), we are told that "Over 97 percent of people who are entering the hospital right now are unvaccinated."

Is this true?

Suppose there is a vaccine where there is a 1% risk you'll die from the vaccine, but for each person who dies, the life of 10 other people are saved. Should we ask that person to take the 1% risk if there is no personal benefit? The answer is no. That is unconstitutional. Such a sacrifice must be purely voluntary and it should always be done with full informed consent showing tradeoff numbers that nobody can dispute. We don't have that. We have hand waving for the social benefit and we have a complete lack of transparency on the deaths..

The more important issue is: "Does this even matter?" The answer is no. It does not matter at all. **It is a complete distraction to what we should focus on.**

What does matter is that people should be asking the question: Am I more likely to die from the vaccine than from COVID? That is the only thing that matters. This is both a personal question and a societal question. The answer to both is the same. If you save your own life that is a net reduction in loss of total lives which is a net societal benefit.

Some people will argue that it is a selfish decision; [Olympic swimmer Michael Andrew was criticized by Maya DiRado that being unvaccinated puts other people at risk](#). She's wrong.

Vaccinated people, because they don't show symptoms, are more likely to infect someone else than an unvaccinated person would (who would stay home if symptomatic). And there is no "shedding" of spike protein if you are not vaccinated, so that's another benefit.

A vaccinated person is basically a Trojan Horse virus spreader. Nobody suspects you.

Tony Fauci has admitted that vaccinated people have the same viral titers as unvaccinated people. Data from Israel shows that the vaccinated people are as likely as unvaccinated people to be infected. That means that a vaccinated person is just as likely to infect you as an unvaccinated person.

So we need to stop avoiding unvaccinated people like they are carrying the plague and treat vaccinated and unvaccinated people exactly the same because with Delta they now are.

And if ADE is confirmed, then we need to do extra screening on vaccinated people since those people will be putting you at greater risk. At that point, you'll want to avoid your vaccinated friends and only associate with your unvaccinated friends.

So Michael Andrew is both protecting his own health and the health of others. He's making it less likely he'll disqualify a teammate from competing. Secondly, those other teammates, if they got sick with COVID could use the same early treatments as Michael Andrew would use. Nobody has to die or be hospitalized. No sacrifices needed. Fewer disqualifications, fewer deaths. Everyone wins.

Michael Andrew isn't the villain. He's a hero for doing the right thing and setting an example.

## Olympic athletes are refusing to take the jab

There is evidence that vaccination degrades athletic performance. This is why some athletes like Michael Andrew are skipping getting vaccinated. In highly competitive sports like swimming, every edge counts.

While we couldn't find anything definitive about this, we do know two things for certain:

1. There is no possible way that taking the COVID jab will improve performance
2. Based upon the mechanism of action and known side effects, it is possible that taking the vaccine could harm an athlete's performance or render them unable to compete for the rest of their life. For example, in Maddie de Garay's case she was the unlucky 1 in 1,000 who was paralyzed and she was a healthy 12 year old. 1 in 1,000 isn't "rare."

Michael Andrew was smart for refusing to be vaccinated. Not only did he minimize his chances of getting injured by the vaccine, but that decision also helps his team because he gains a small performance edge on his vaccinated competition and he's more likely to be able to help the team win since he has a performance edge and is less likely to be sidelined. If he gets infected with COVID, he'd simply be treated with one of the proven protocols.

## Insults and name calling is not a good way to persuade us

If [Governor Phil Murphy and other public officials want to persuade us, they should address the concerns in this document](#).

**Governor Murphy:** Using sophisticated language such as “you’ve lost your minds” and “you are the ultimate knuckleheads” is not persuasive.

**Governor Larry Hogan:** Thank you for being more civil, but you are wrong in your assertions. Your assertions are not supported by the facts.

**Mayor John Dennis:** Calling us “unvaccinated assholes” is not a great way to bring us around to your point of view. We’d prefer scientific evidence instead, not regurgitation of CDC propaganda.

Governors and Mayors: You should stop mindlessly repeating the CDC propaganda and start using your critical thinking skills and start verifying independently what you are being told. To make it easy, here is our list of over 100 reasons for not taking the jab. It's all laid out for you. Please respond to each of the points, show the error in our reasoning and/or calculations, and post your document on your website, and we will absolutely consider your arguments before we make up our mind. You will convince us by your analysis of risks like ADE, linked-epitope suppression, risk-benefit analysis for those of us younger than 50, VAERS adverse event causality analysis, and so on where you can show our experts simply got it wrong.

**Avoiding addressing our issues and calling us names or characterizing us as bad people is never going to convince us** and is simply going to cause us to solidify our position.

You will quickly realize however, that you are incapable of addressing our concerns and we hope that this will cause you to reconsider your position and do the right thing and profusely apologize.



## We have type-O blood and want to be able to donate clean blood

We feel that blood contaminated with spike protein is either not going to be usable or not filtered out before it is given to the recipient.

## You will need us alive if things don't go as planned

If the virus mutates to a strain that infects the vaccinated and kills them, you are going to need people around who are not susceptible to this and can care for the sick and continue to provide essential services for society.

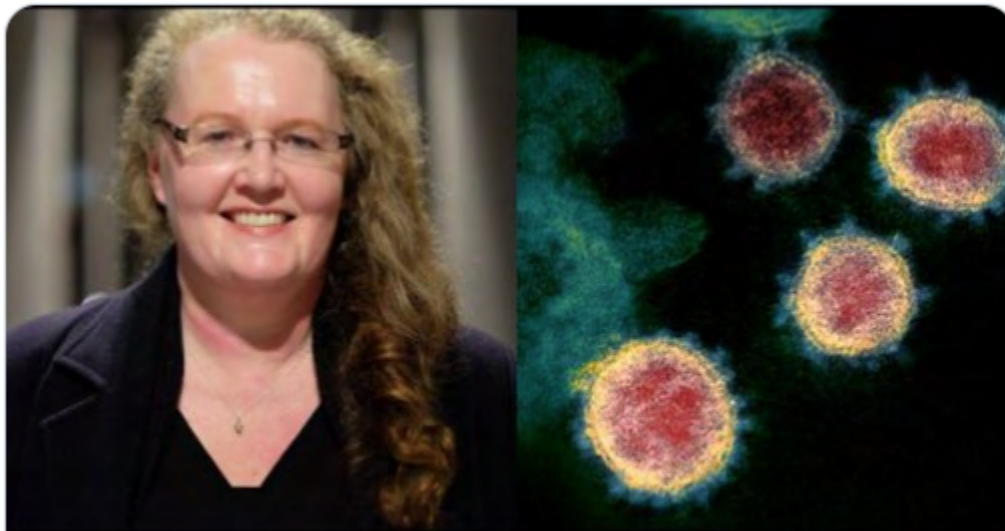
Some people think the vaccinated will die in 10 years.



**Critical ThinQer** 🇺🇸 🚫 🗣️ @RickOSh37414751 · 5h

Replying to @VaccineTruth2 and @stephanieseneff

Dr Cahill gives some grave news for people who've been 🧬💉  
[rumble.com/vfpimz-highly-....](https://rumble.com/vfpimz-highly-....)



Highly Acclaimed Professor Cahill: Vaccinated Recipients Will Likely Die...  
Highly educated and experienced molecular biology professor exposes the catastrophe awaiting the vaccine recipients. Many more covid/vax ...  
[🔗 rumble.com](https://rumble.com)

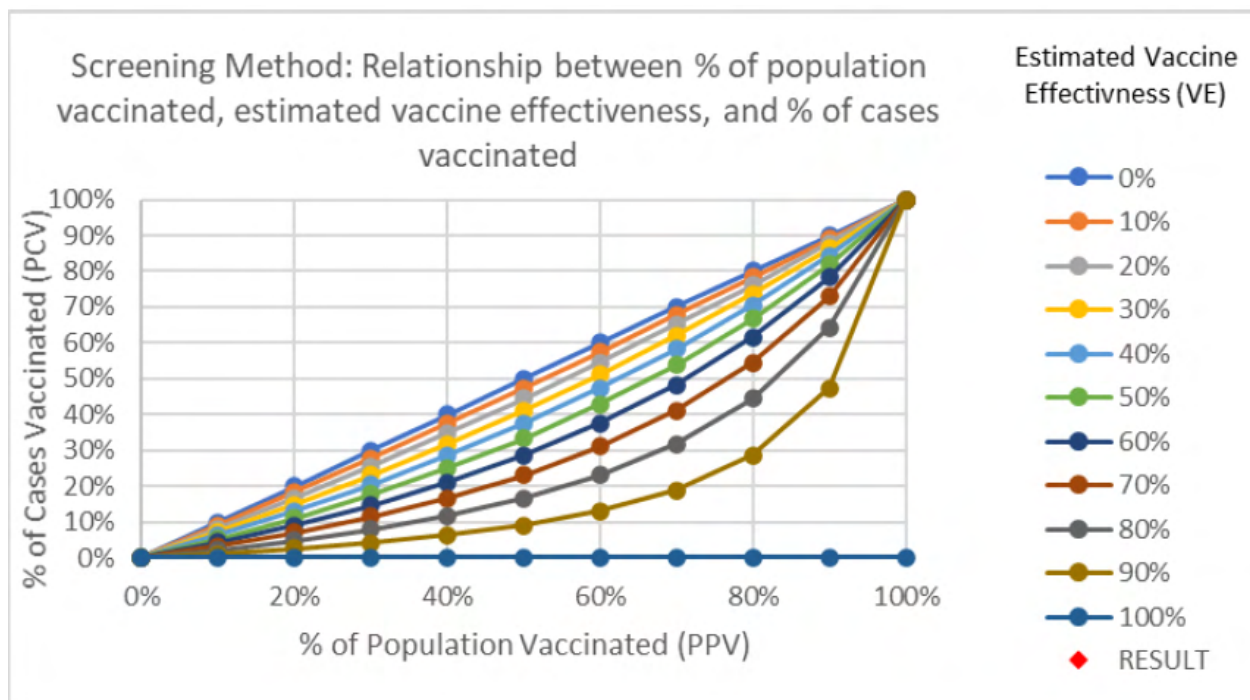


## We can do the math: the vaccines don't work as promised

Here is the data from Israel:

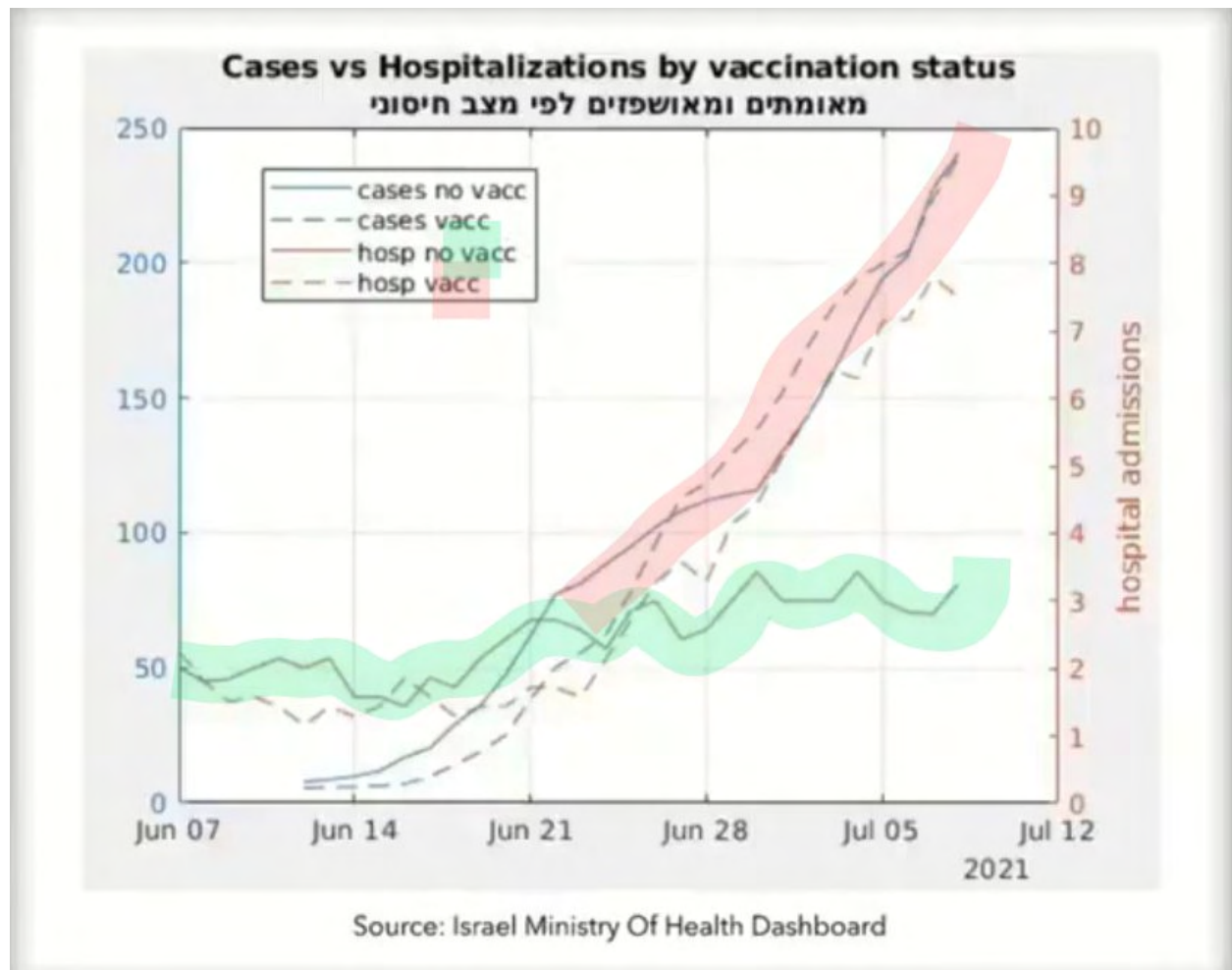
Israel Confirmed Cases, June 27 <sup>th</sup> – July 3 <sup>rd</sup> , Vaccinated vs. Unvaccinated				
Age Group	Cases, Vaccinated	Cases, Unvaccinated	Percent of Cases Vaccinated	Percent of Population Vaccinated
20-29	95	25	79%	78%
30-39	133	33	80%	83%
40-49	175	33	84%	86%
50-59	127	18	88%	89%
60-69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

If the vaccines are 90% effective, the “% of cases vaccinated” should be around 47%, regardless of how infectious the variants are. This is easy to show mathematically and best visualized in the table below.



As you can see from the Israel data, the VE is likely 30%. The vaccines were promised to keep us from getting infected. The promise was broken. So we no longer trust those who have given us information we relied on.

## We are good at extrapolating trend lines



The wheels have fully come off the vaccine wagon. In Israel, one of the world's most (and earliest) vaccinated countries, as of now about two-thirds of COVID cases have been jabbed at least twice with the Pfizer. The number of hospitalized cases has tripled since late July. The country is now seeing over 8,000 new cases per day, among a population of about nine million. On a proportional basis, this is almost exactly as bad as the U.S. peak early last January (**before the vaccine was rolled out.**) It is now well known that the partial immunity conveyed by the Pfizer vaccine disappears completely within about 6 months, Israel has "third-jabbed" over one million people in recent weeks, although there's no evidence that this go-round will have any lasting effect, either. Also, Pfizer is now widely acknowledged to be barely effective against

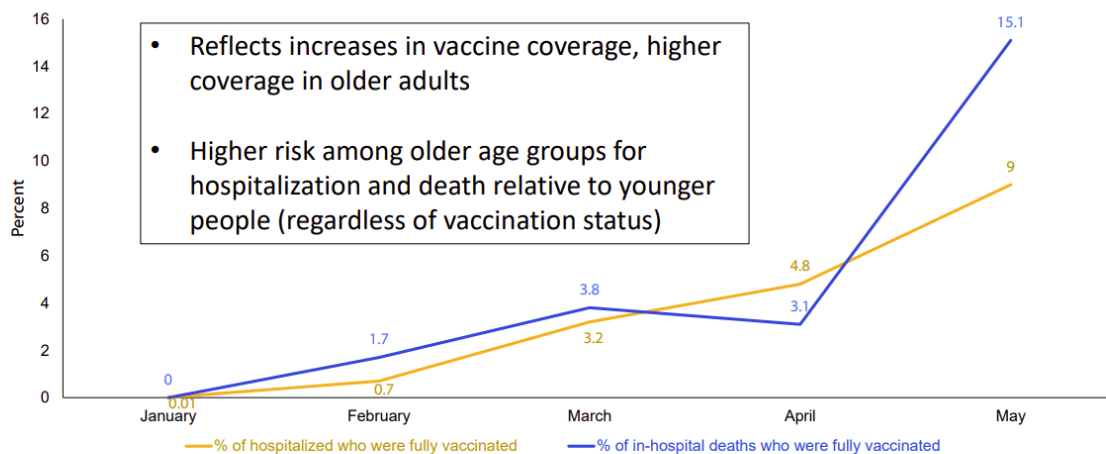
the Delta, and no one knows how it will do against the Lambda from Peru. The third shot is a crapshoot, but even if it “works”, we will be told that we likely need a fourth in six months, etc.

[Home](#) | Israel News

## Israel Hits Six-month High With More Than 8,000 New Daily COVID Cases

Serious cases appear to be stable at 559; over a million Israelis have received third COVID shot

### Increasing percentage of vaccinated persons among those hospitalized in COVID-NET



(CONFIDENTIAL – preliminary data, subject to change)

4

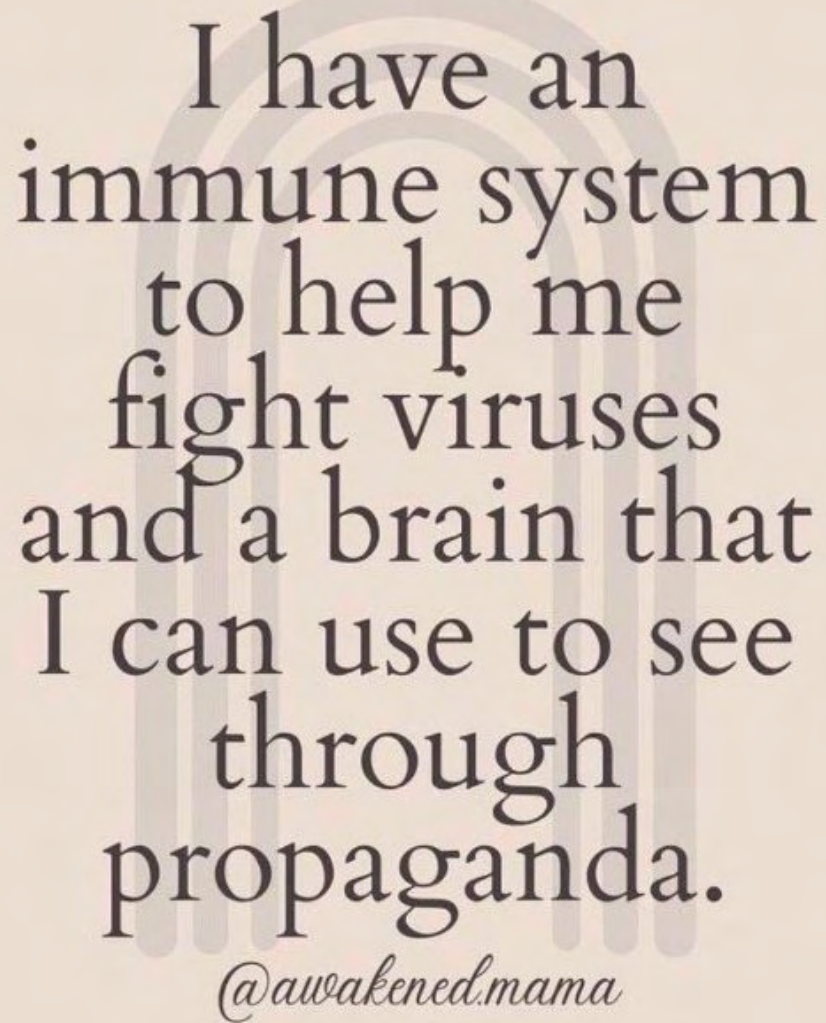
The figure above is a trend line from the internal [CDC confidential presentation](#) obtained by the Washington Post:

There are three big problems here:

1. The rates for both hospitalization and death are increasing for vaccinated people
2. It completely disputes what the CDC has been saying about all of the people in the hospital or dying are unvaccinated. Now the virus is going after the vaccinated.
3. The slopes are increasing at an alarming rate.



We know how to use our brain correctly



I have an  
immune system  
to help me  
fight viruses  
and a brain that  
I can use to see  
through  
propaganda.  
*@awakened.mama*

We don't appreciate being patronized

From the conclusion of [Vaccine Hesitancy Is Informed, Scientifically Literate](#):

“Allowances must be made for the legitimate concerns of citizens who, for their own reasons, don’t want to get jabbed. But if indeed, individuals are doing their own risk-benefit calculations, it would help enormously if the Left would refrain from their sickening condescension toward those with serious, legitimate questions.”

# The people we trust are all discovering the same thing: the vaccines are killing people in large numbers

Up to 180,000 people in America according to one analysis.



## We are waiting for a response to the vaccine safety issues raised by ICAN

We read the [vaccine safety debate](#). ICAN brings up a number of excellent points about vaccine safety. They sent their most recent [letter to HHS more than 2.5 years ago](#) and never received a response.

A satisfactory response to the key issues raised in their well thought out letter would go a long way to increasing our trust in HHS and the agencies underneath (such as the NIH, FDA, and CDC).

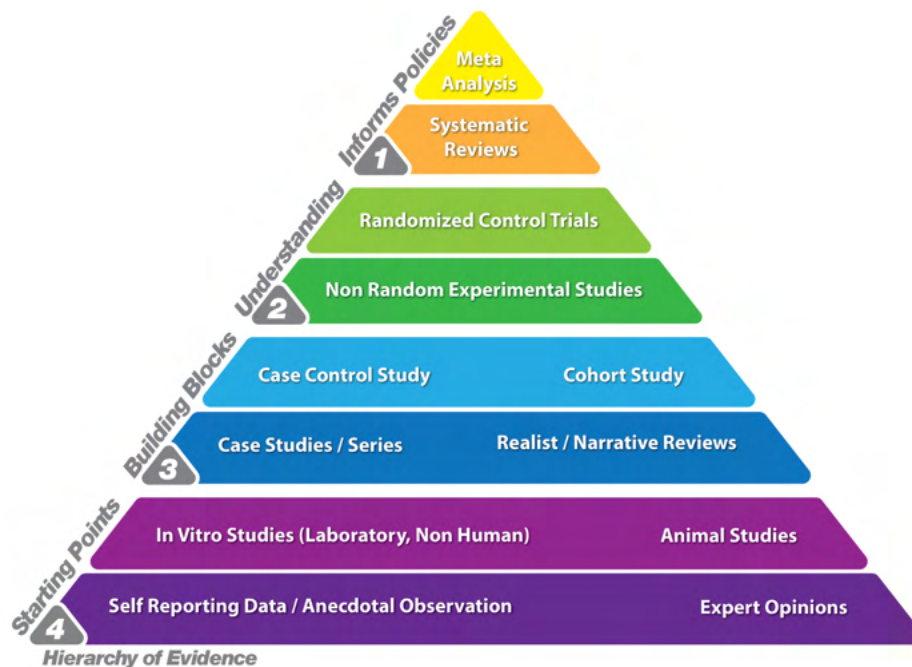
## We don't trust the NIH recommendations

A Silicon valley entrepreneur offered \$2M reward to anyone who could show evidence that the NIH recommendations were consistent with the evidence or would result in more lives being

saved (see [If you can prove that the NIH and WHO got their treatment guidelines right, you could win \\$2M](#)). There were no takers.

Now we find out that one of the [members of the guidelines committee was given a \\$155M grant after possibly writing the recommendation to not approve ivermectin](#).

Let's be very clear. There is a [peer-reviewed systematic review on ivermectin for use in COVID](#) which is the highest level of evidence in evidence based medicine. It is like winning a gold medal at the Olympics. It doesn't get any better than that in evidence-based medicine.



The ivermectin systematic review was never challenged. The paper was not withdrawn. Yet the NIH committee did not revise their recommendation on ivermectin. They did absolutely nothing. They acted like it never happened. How is that possible? It's the top of the evidence-based medicine pyramid! Why are they not following their own rules?

There was one study that was included in the systematic review [that was found to be fraudulent](#). It was removed from the analysis and did not change the result (the RR went up and the CI threshold widened).





**Covid19Crusher** @Covid19Crusher · Jul 18

In her latest interview with [@BretWeinstein](#), Dr. **Lawrie** has presented the (non-)impact of withdrawing the retracted **Elgazzar ivermectin** study:

- on treatment (wider but still significant RR 0.51 [0.27-0.95],  $p = .03$ )
- on prophylaxis (unchanged 0.13 [0.08-0.21],  $p < 0.00001$ )

#### Lawrie Ivermectin Meta-analysis

##### Mortality

##### With Elgazzar

Total (95% CI)

Total events

Test for overall effect:  $Z = 2.87$  ( $P = 0.004$ )

##### Without Elgazzar

Total (95% CI)

Total events

Test for overall effect:  $Z = 2.14$  ( $P = 0.033$ )

Ivermectin		Control		Weight	Risk Ratio IV, Random, 95% CI
Events	Total	Events	Total		
4	117	25	117	18.4%	0.16 [0.06, 0.45]
2	100	10	100	8.7%	0.20 [0.04, 0.89]
15	203	59	101	73.0%	0.13 [0.08, 0.21]
	420		318	100.0%	0.14 [0.09, 0.21]
21		94			

Ivermectin		Control		Weight	Risk Ratio IV, Random, 95% CI
Events	Total	Events	Total		
4	117	25	117	20.1%	0.16 [0.06, 0.45]
2	100	10	100	0.0%	0.20 [0.04, 0.89]
15	203	59	101	79.9%	0.13 [0.08, 0.21]
	320		218	100.0%	0.13 [0.08, 0.21]
19		84			

5

62

178



**John Bowe** @JohnBoweActor · Jul 16

Dr Tess **Lawrie** this morning:- 'The findings in favour of **Ivermectin** are robust so that even if you take the **Elgazzar** trial out of the meta-analysis the overall effect favours **Ivermectin**'.

37

557

1.5K



**Chris Street, MBA, MSc (Med. Chem. '16)** @ChrisGStreet · Jul 17

Full Interview Tess **Lawrie** w/ Bret Weinstein, discusses **Elgazzar Ivermectin** Guardian article. [odysee.com/@BretWeinstein...?](#)



DarkHorse Podcast with Tess Lawrie & Bret Weins...  
Tess Lawrie is an MD and PHD, external analyst for the World Health Organization, and an expert in ...  
[odysee.com](#)

We'd like to have a public debate on ivermectin between the NIH guidelines committee members vs. Pierre Kory and Tess Lawrie and a couple of our statisticians. Let's go through the

23 positive studies and explain how all of them could come to the same conclusion and all be flawed in the same direction.

More importantly, we want to have the panel show the public how most of the time, when there are 23 out of 26 studies, all done independently, showing positive outcomes on a proven safe drug, that the drug was more often to be found to be more harmful than beneficial.

Or show us the case that when there is a positive systematic review on a repurposed drug that more than half the time, that drug was found later to have been more harmful than beneficial.

If you can show us either, **Pierre Kory has promised to quit talking about ivermectin.** But you won't because you can't.

Lives were at stake here and the NIH has very seriously dropped the ball on this one and ivermectin is the canary in the coal mine. There is massive corruption going on here. Doctors write ivermectin prescriptions and then patients can't get them filled because the drug stores refer to the NIH guidelines and instruct all the pharmacists not to fill the prescriptions.

What we want to know is what you are doing to correct that and save lives?

We'd also like to see the calculation of how many lives you are saving with the neutral decision on ivermectin. There are real consequences to being wrong.

Even if the chance that ivermectin works is only 10%, it should be recommended. It meets all the criteria that was laid out by Fauci on August 4, 2021.

The optimal profile – we're comfortable with this, because we've developed product profiles for so many other drugs, including with HIV. So, first of all, I want a pill that blocks a specific viral function. I want to give it once a day if possible. I want it to be low in toxicity. And I want it to have very minimal drug-drug interactions. So orally administered, single pill, given for seven to 10 days, little drug-drug interaction, and low toxicity; give me that and I'll be really happy.

Let's both tell him he just endorsed IVM...the cheap, safe pill that will end the pandemic!



Would the panel members bet their lives that they made the decision that would maximize the lives saved? It's about as harmless a drug as it gets. It's statistically improbable that anyone could decide that keeping it from being used will save more lives than allowing physicians to make their own decisions.

Why not let doctors practice medicine? Are we now basically dictating to doctors what they can and cannot prescribe? When has this ever worked out as a benefit?

The NIH cannot argue that the neutral recommendation is letting doctors decide. Sure, we saw the fine print that says neutral means nothing. But everyone interprets a neutral recommendation as "don't do it." This is why entire pharmacy chains ban all their pharmacists from filling prescriptions for ivermectin for treating COVID and why doctors don't prescribe it.

Unless you can PROVE that the 23 clinical trials were all positively biased, the precautionary principle suggests that more lives are saved with a FOR recommendation.

## We don't appreciate coercion techniques

We think everyone should be free to make their own decisions about what goes in their bodies.

Centralized coercion does not enhance trust.

The fact that you have to stoop to coercion (such as "take the vaccine or you are fired") as a tactic to get adoption of your agenda is extremely troubling.

We get why you are doing that. The polls show that coercion is one of the most effective techniques for convincing people to do something that is clearly harmful to their health.

It is also a tacit admission that the case for vaccination is fundamentally flawed.

If you had a safe and effective vaccine, we'd be lining up. But you don't so that's why you need the coercion techniques.



Pretending that you are doing this to protect other employees/students is bullshit because you have no data showing that the spreaders are all unvaccinated. That's a myth. Show us the double-blind randomized control trial that proves this.

Forcing us to get a vaccine that basically makes little difference for anyone under 44 is bad practice. See [Lies, Damned Lies, and Vaccine Statistics - by Dr RollerGator PhD](#) for details.




# We don't appreciate the carrots to kids to do something that is harmful to their health

We think the marketing to kids should be a lot more honest with full disclosure like in the drug ads on TV. We suggest something like, "Hey kids. We want to give you a vaccine that experts estimate is up to 9 times more likely to kill you than save your life. And there is a pretty good chance you may be paralyzed for life like one of the 1,000 participants in the clinical trial for kids. We realize that this is not a super compelling proposition, but if you take the jab, you could win a \$25,000 scholarship."

This then lays out the risk and leaves it to the kids to weigh the pros and cons. This would be more honest than the current campaigns.

 **Mayor Muriel Bowser**  @Mayor... · 11h

DC youth (12-17) who get vaccinated will be eligible to win:

-  A \$25,000 scholarship (two winners per week)
-  An iPad and headphones (8 winners per week)
-  Free AirPods




Parents, you'll also get a \$51 VISA gift card per child who receives their first shot!

#TakeTheShotDC

---

**TAKE THE SHOT, DC YOUTH VACCINE GIVEAWAY**

All District youth aged 12-17 who get vaccinated will be eligible to win:

-  A \$25,000 college scholarship (2 winners each week)
-  iPad and headphones (8 winners each week)
-  While supplies last, DC youth aged 12-17 who receive their first shot at these Take The Shot, DC Giveaway Sites can receive free AirPods!




Beginning August 30, for four weeks, 10 winners will be drawn each week from a database of students between the ages of 12 and 17. Parents/guardians will also get one \$51 VISA gift card per child who receives their first shot at these sites.

**TAKE THE SHOT, DC - YOUTH VACCINE GIVEAWAY SITES** AUGUST 7 - SEPTEMBER 30

School Name	Address	Hours
Brentwood Middle School	1900 McKinley Avenue, NE	Mon - Thurs 11am - 5pm Sat 11am - 4pm
Green Middle School	3000 Ely Avenue, SE	Mon - Thurs 11am - 5pm Sat 11am - 4pm
Johnson Middle School	1400 Bruce Street, SE	Mon - Thurs 11am - 5pm Sat 11am - 4pm

\*Students ages 12-17 who are currently enrolled in a DC school will be eligible to win a \$25,000 scholarship, an iPad and headphones, or AirPods (if available).

#DCHoPE #TakeTheShotDC  
Learn more: [taketheshotdc.com](https://taketheshotdc.com)



## We don't like being called anti-vaxers

We aren't anti-vax. We are **anti-unsafe** vax.

## We don't like it when our arguments are being ignored

If you are serious about your vaccination agenda, address our concerns, don't ignore them. Ignoring our legitimate concerns will make your objectives harder.

## We don't like the attacks being brought against people who speak the truth

Someone with very deep pockets is funding the Baylor frivolous lawsuit against Peter McCullough suing him for \$1M because he's speaking the truth. There appear to be over a dozen lawyers on this case, the claims are frivolous, and it appears to be designed to harass Dr. McCullough to get him to stop speaking out against the narrative. Baylor would normally do this with inside counsel, but has hired expensive outside counsel apparently with an unlimited budget. They did a press release to NBC about it even before Dr. McCullough was served with the lawsuit.

We don't like intimidation tactics like this. Why doesn't Baylor simply debate him on the merits of his arguments? They won't. Just like everyone else they hide in the shadows using coercive tactics rather than open debate. If you want our trust, this is not the way to get it.

LinkedIn has removed Robert Malone's account a second time on Aug 4, 2021. No warning. No reason given. Through executives there we got it restored.

Forcing [Dr. Joseph Mercola to delete all his content for the past 25 years](#) doesn't make America stronger. How, after 25 years, is Dr. Mercola a threat to the world? Are we systematically going to stop people from talking through intimidation tactics? Who is next?

We don't like the fact that truth tellers are being both harassed and censored when **nobody has the decency or guts to debate them.**

I can assure you that those of us who have been lifelong Democrats find the censorship appalling and unacceptable and we are going to do the only thing we can to stop it: voting Republican in the midterm elections.

# Nobody is watching the safety signals

The CDC says that this is “[the most intense safety monitoring in US history](#).” Really? The VAERS system has been showing huge safety signals since January, but the CBER teams and ACIP teams haven’t noticed any of them.

## Vaccine Safety and Monitoring

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

To be honest, they seem to be asleep at the wheel. For example, we [found a huge flaw in their safety monitoring algorithm](#). Can we have a chat to show you all the very serious side-effects we found? The list is very long, the effects are serious, it is shocking and it is undeniable (you can see the table yourself: [Vaccine Safety FAQ](#) section “What did you find when you looked at VAERS for adverse events?”).

Dose dependency is an easy way to show causality and hard for anyone to dispute. We tried to share our findings, but the CBER and ACIP teams refused to meet with us.

[The ACIP members directed us to submit our comments to a redirector \(acip@cdc.gov\)](#) that leads to a dead end. We felt like we were talking to a wall.

## We don’t like being lied to by the CDC

The CDC has been deliberately lying to the American people about the death data and telling people nobody has been killed by the COVID vaccines. Why is their analysis of the 11,000 fatalities in VAERS not public?

A close examination of individual VAERS records show that [nearly 90% of the deaths were likely caused by the vaccines](#). The rate of false reports is extremely low.

We can show causality of these events using the Bradford-Hill criteria. See [Vaccine Safety FAQ](#) for details.



But what the CDC does is write a report ([CDC VAERS review of the 12-17 year old data](#)) that mentions 14 deaths among young kids (who are never supposed to die after vaccination), and it just lists the causes of death without any commentary.

14 kids dying is a train wreck. The [safety standards for our kids used to be extremely high](#); if 4 kids die from a toy, it is recalled. Today, 14 kids dying is a non-event. It should have at least triggered an analysis showing that we are correct that kids are 9 times more likely to die from the vaccine than from COVID. But you don't even need to do the analysis. 14 kids dying should be a STOP THE VACCINE NOW event.

Because even if the vaccines worked exactly as promised, the absolute death benefit for kids is infinitesimal.

**Have you ever noticed how the CDC never tells parents what the absolute death benefit is for kids?** They can't do that because we showed there was fraud in the trials and that 1 out of 1,000 kids got paralyzed. What parent is going to enroll their kids in the next trial?

One of our team members wrote a nice article entitled [Lies, Damned Lies, and Vaccine Statistics - by Dr RollerGator PhD](#). We are being lied to on 80% of the claims being made. This hardly inspires trust.

This diagram is how they are being communicated and how they are being received by the clear majority of public figures and citizens. If you are vaccinated it is being communicated that the study showed that you are:

1. >90% less likely to get infected — **true**
2. >90% less likely to get symptoms if infected — **false**
3. >90% less likely to become hospitalized if you develop symptoms — **false**
4. >90% less likely to become severely hospitalized if you become hospitalized — **false**
5. >90% less likely to die you if become severely hospitalized — **false**

**We are appalled by the new CDC policy of testing on the public before testing in a trial, especially on something as important as pregnancy**

How can the CDC tell pregnant women the vaccine is safe before the data is in (and before the pregnancy trial started)? Aren't you supposed to test the vaccine *first*?

In the original analysis, we didn't have all the data to determine whether the vaccines are safe. This is because it takes 9 months to have a baby so you don't know until 9 months after you stop enrolling in the trial what happened to women who got pregnant shortly after their last jab.

Despite the lack of data, the CDC declared the vaccine was safe for pregnant women.

When Moderna launched a trial for pregnant women in July of 2021, the Yahoo headline proclaimed, "[Moderna launches vaccine trial for pregnant women after thousands have already received shot](#)." We find that absurd.

What we want to know is whether "recommend now, test later" is the new mantra of the CDC.

Don't you think you should at least let people know it was never fully tested? And why should we ever trust the CDC again?

## VAERS reports are being sandbagged

[Some actual news - by Alex Berenson - Unreported Truths](#) shows that the reports from Moderna have not shown up in the VAERS system as required by law. Only about half of the reports are there as of 8/6/21.

So we aren't getting the full picture. Who is at fault here?



Dr. Brian Tyson, MD   
@btysonmd

...

Some actual news - by Alex Berenson - Unreported Truths

Shocking results about Moderna side effects.

- Applied more than 12 automations to drive greater efficiencies and quality and ensure regulatory compliance for the Moderna pharmacovigilance program. This enabled the team to effectively manage approximately 300,000 adverse event reports and 30,000 medical information queries in a three-month span to support the global launch of their COVID-19 vaccine.

Some actual news  
About Moderna adverse event reports  
[alexberenson.substack.com](https://alexberenson.substack.com)

If the vaccines are so safe, then how do you explain these events?



**AshleyL**

@AshleyL323

My family's experience with the Covid-19 Vaccine:

Family Member 1: After shot 2, incapacitated for 5 days and was unable to get out of bed. Body weakness, fever, chills, complete exhaustion.

Family Member 2: After shot 2, high fever, chills, body aches, unable to get out of bed for 3 days. Complete exhaustion.

Family Member 3: After shot 2, heavy bloody nose for 4-5 days

Family Member 4: After shot 1, 48-60 hours after vaccine, found passed out on bathroom floor with heavy bleeding from her body. Sent to hospital and needed blood transfusion and spent several days in the hospital. Hospital refused to associate her bleeding with the vaccine and said that it was a coincidence.

All were 100% healthy before with vaccine.



11:25 AM

[Perfectly healthy 32-year old dies just 12 hours after being injected](#)

[Two athletes need to drop out of competition in the middle of a game](#)

Even the creator of the app for safety monitoring died just days after vaccination. There is a message there. Of course the press didn't cover it.



**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](http://informatialibera.ro)

# We think you are pushing the vaccine and the mandates hard because you realize the information that the vaccines are unsafe and ineffective is starting to come out

New information like the [autopsy report from Germany](#) is starting to hit the news. This is putting pressure to get everyone vaccinated before they find out how dangerous and ineffective the vaccines are.

Since over 40% of America is still unvaccinated, if the 40% organize and protest, the Administration cannot succeed. The best strategy is to quickly vaccinate everyone so only a small minority is left to protest. That minority is easier to crush after 90% have been vaccinated.

# We don't like censorship as a way to deal with legitimate scientific dissent

In [Quite frankly](#), Alex Berenson quotes Fauci,

*If I have an issue with someone, I'll try and sit down with them and let them know why I differ with them and see if we can come to some sort of resolution. I mean my differences with Dr. Atlas, I'm always willing to sit down and talk with him.*

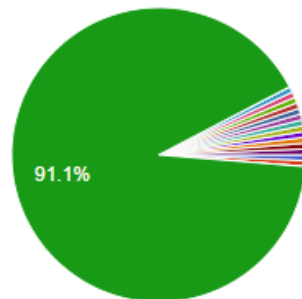
So why aren't they doing this with top scientists who disagree with them? Nobody will debate us. Instead, we get censorship from social media, mainstream media, and academic journals and forums.

The [White House and surgeon general are strong believers in censorship as the preferred method of dealing with people with opposing views](#).

By contrast, over 90% of Americans would rather see a calm open discussion of the issues between qualified groups with differing views rather than censorship. Censorship breeds distrust. What is the administration afraid of? When in American history has censorship ever been the right solution?

Of the following options, which is the best way to deal with scientists who disagree with mainstream scientific thinking, e.g., people who think the evidence shows that the vaccines are not "safe and effective"?

157 responses



- Urge their funders to stop supporting t...
- Death threats
- Put them on a "misinformation dozen"...
- Debate them on the merits of their arg...
- Demonitize their YouTube channel, re...
- Definitely not the way Drs Zelenko, Ko...
- Tar and feather!
- Have a discussion with them. Debates...

▲ 1/3 ▼

Column

## The Censorship of Physicians and Scientists Spells Disaster

by Dr. Steve LaTulippe | Jul 30, 2021 | Healthcare, Politics





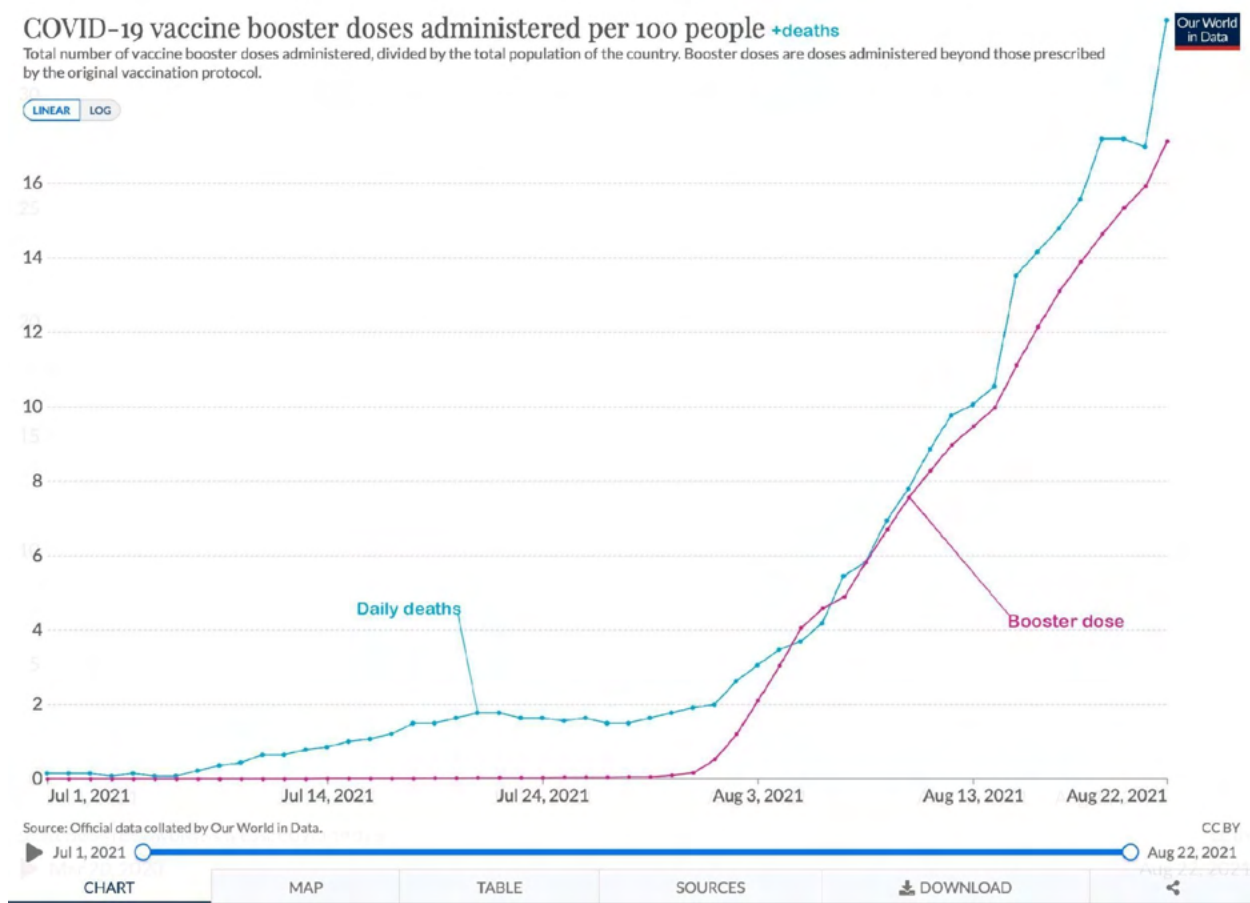
We don't like censorship/post removal/account removal/demonetization on YouTube, Facebook, Twitter, and Medium.

## Why do people die from the vaccine in Norway and Israel but not in the US? Someone isn't telling the truth

How is it in [Norway the government acknowledges that people are dying and being disabled from the vaccine](#), yet in the US it is 100% safe and effective?

[Norwegian Medicines Agency links 13 deaths to vaccine side effects. Those who died were frail and old](#) showed that all 13 of the 13 deaths investigated were caused by the vaccine. So that's 100% likelihood that deaths following vaccination were due to the vaccine.

Here's the chart out of Israel again to remind us of that:



# The US government is paying these drug companies over 50 billion dollars and we are even funding their trials to kill us

We don't like the fact that our own government is not only paying these drug companies to make a vaccine that for most of us is more likely to kill us than save us, but on top of that we are also funding the clinical trials of these drugs.

When fraud with proof is shown to the FDA, they ignore it.

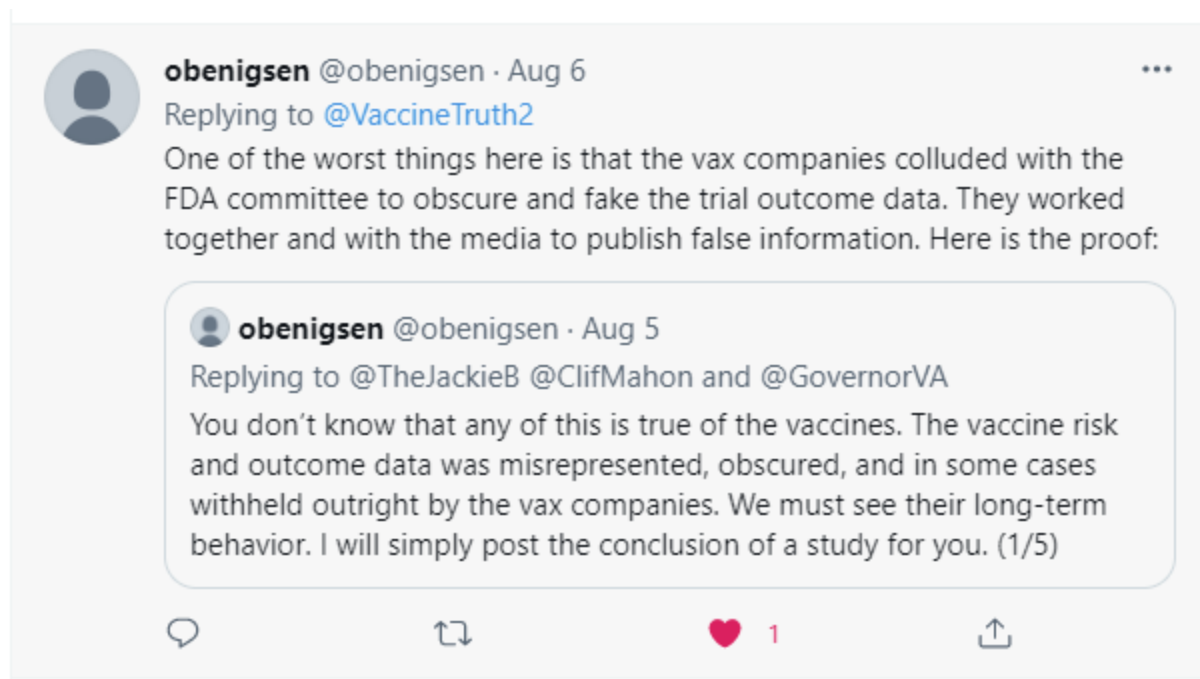
It is a totally corrupt system and Congress is not asking any questions about the proof of deaths. Nobody is asking for autopsies of people who died after vaccinations. Nobody is asking why.

## We will not support corruption, especially fraud in Phase 3 trials of a vaccine

The Phase 3 trials showed the vaccines were perfectly safe (except for relatively rare events which the trials were not sufficiently powered to detect). But that conclusion is wrong because there was fraud that nobody is investigating. We have a lot of questions:

1. Why are you not investigating the Maddie de Garay case? She was 12, enrolled in the Pfizer study, and was paralyzed less than 24 hours after the second dose. So this suggests the possibility that 1 in 1,000 kids who get the vaccine may be paralyzed. And we'll never hear about any of those stories just like nobody heard about Maddie's story. But she isn't the only one.
2. Why was it so difficult to report adverse events that participants gave up?
3. Why did Facebook delete the evidence of participants complaining about not being able to report adverse events? Was it so nobody would know? If not, then why did Facebook remove these patient support groups? Because there were dozens of complainers about the clinical trials?
4. Why were there **5 times as many people dropped from the treatment arm than the placebo arm** of the Pfizer trial? It's a double-blind study. Wasn't anyone curious about that?

Read [this thread](#) which summarizes this study: [Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials](#).



Why is the mainstream media ignoring this? All of these are huge red flags.

Finish the investigations of each of these if you want our trust back.

## Facebook groups keep getting deleted by Facebook

Why? This group had 50K members and got deleted around Aug 15, 2021 :



# Mainstream media is compromised; they are not telling us the truth and not providing unbiased information

Mainstream media is not asking any tough questions, won't investigate anything in this document, and won't publish anything that goes against the false narrative.

There was one reporter for a large city newspaper in California who covered the story, verified everything was true, but the newspaper told him he couldn't run the story because it was "inappropriate." That reporter was very thorough; he was formerly a reporter at the *NY Times*.

We've heard similar stories of NY Times and NPR reporters where stories get written and then quashed.

As for bias, when was the last time you saw a story on mainstream news on vaccine victims? How many major media outlets covered Maddie de Garay's story? There are stories of people dying, but most often no connection with the vaccines are ever mentioned and they are expressly denied and the press never presses on people to justify "so how do you know these were not vaccine related."

It's very unlikely that any from the mainstream media will ever write about any of the concerns in this document.

The German pathologist who did the autopsies on vaccine deaths will never be covered in any mainstream media.

Investigative journalism is dead. We hired a specialty PR company and they reached out to every mainstream media outlet and nobody wanted to cover any evidence that would be counter to the narrative of "safe and effective."

So we don't feel we are getting unbiased information from the media.



zeetubes @zeetubes · 4h

Replying to @VaccineTruth2

Media compliance:

USA guns 390M  
10000 gun deaths so far this year.  
MSM outrage. Ban the guns.

USA Vaccines 334M  
12000 Vaccine deaths so far this year  
MSM crickets



1



## We know why there is a coverup, but it's misguided

Is there a conspiracy to keep this quiet?

First of all, about 90% of people are completely clueless about the dangers of the vaccine. They believe what they are told.

The other 10% aren't evil.

They know the vaccines are dangerous but they believe they are less dangerous than COVID. More importantly, **they think only around 100 people have been killed by the vaccines.**

They have no clue that the number is more like 150,000 (it's basically the 6,000 domestic deaths in VAERS times 30). They believe the story that the VAERS deaths are all "background" deaths. They don't verify this themselves. They rely on others. Those others don't analyze the VAERS data either. So it is the blind leading the blind. A system of trust where nobody checks the underlying facts.

Fewer than 1% of us realize what is going on, we've educated ourselves on the numbers, and we are appalled and are risking our careers and friendships to speak out in order to save our fellow citizens from doing something that is irreversible that is not in their best interest due to the existence of superior alternatives.

The 10% who know the vaccines aren't safe believe that by suppressing the truth, everyone will get vaccinated and that is a better outcome for society. They reason that the ends justify the means. They think that documents like this are dangerous because it would cause vaccine hesitancy and that would be bad. It would create a lose lose where more people would die. That

is how they justify the coverup. They think early treatment won't work because the NIH won't support it.

Their claim is that the NIH has covered up early treatments so well, that if people aren't vaccinated more people will die.

The biggest problem with that argument is that they have no clue that for anyone under 50, that it isn't true. If they are going to go with that belief system, then they should only recommend the vaccine for those over 50. But doing that defeats the herd immunity story. So basically, they want you to risk your life so society can get to herd immunity, but there is no such thing since the vaccine doesn't work.

The mainstream media is perfectly capable of exposing the fact that early treatments work and challenging the NIH. But they are afraid of challenging the Fauci narrative because it will label them as anti-science.

Also, both mainstream media and medical academia and Congress are in a no-win situation. If any of them speak out, they destroy their own credibility (after all, they were the ones who recommended this disaster) as well as the credibility of everyone else.

This is why nobody will make a move, nobody will talk about it, and nobody in mainstream media, Congress, or HHS agencies will respond to our calls.

People like UCSF Professor Monica Gandhi know full well what is going on, but she can't say anything or she'll be fired, lose all her NIH grants, and be ostracized for life.

We know a former *NY Times* reporter who investigated this story, determined it was all true, but said he couldn't write about it because he'd never be able to get a job in the media ever again. He's looking for a place where he can ensure his financial security and be able to write honest stories. He's still looking.

The medical journals are in on it too. If they publish something that goes against the narrative, the Editorial Board members threaten to quit.

This is a bit like Bernie Madoff and his Ponzi scheme. You get into it so deep that there is no way out other than to keep doing it and hope that nobody who can stop you can figure it out. Madoff was able to continue this for 8 years after [Harry Markopolos](#) proved in 1999 it was a fraud. Madoff only got charged when his sons turned him in.

So don't expect this to be resolved anytime in the next 5 years. It will continue to be covered up.



# The fact checkers can no longer be trusted

Consider the case of the [5 JetBlue pilots who are claimed to have died after being vaccinated](#). They showed pictures of all five in the video. This is troubling because there are [only 3714 pilots at JetBlue](#). This number is confirmed in the [JetBlue annual report](#).

This was a [Stew Peters show featuring Dr. Jane Ruby](#). We don't trust any source so we always verify what they say.

They claimed the following JetBlue pilots, based out of Logan airport in Boston, aged 31 to 60, had died. At 4:00 in the video they show the names and pictures of the deceased:



1. [Captain Robert Glenn Hampton](#), from Goldsboro, NC (age 60) passed away at his home on February 25, 2021. No cause of death. Just died. He's a pilot for JetBlue and he died at home for no cause.
2. [Captain Alexander Ross Givan](#), (age 50): died Feb 17, 2021. No cause of death. Just died.

3. [Captain Benjamin C. Ingraham \(age 31\)](#): died March 30, 2021, who is from Cumberland, Maine. [His obituary said that he died from metastasized renal cell carcinoma](#). He joined JetBlue in 2018. His condition has a [5 year survival rate of 0% to 20%, so it doesn't kill you immediately](#). That diagnosis would normally ground him, so how could he be actively flying when he passed away? The JetBlue doctors must have believed he was a long way from dying.
4. [Captain Alan Herring](#) (age 47): from Laurel Fork, VA. Died May 16, 2021 after a UTV accident at his new cabin home in the mountains of Virginia. How could that have happened? It's more likely he had a heart attack while driving the vehicle and then it crashed.
5. [Mark Daigle \(age 57\)](#): from Orlando, FL. Died "unexpectedly at his home" on April 1, 2021. He was not a pilot, but a crew member. No cause of death other than it was "unexpected."

There were fact checks at [Politifact](#) and [Snopes](#) who claimed this was false.

JetBlue told PolitiFact that it was "aware of a report that mentions four of our pilots and one inflight crew member who have passed away this year," but said there is "no connection in their deaths or to the COVID-19 vaccine."

This itself is extremely troubling. The most important thing we can infer from this is that the airline basically admitted that they knew the jab status of the five crew members since they deliberately brought up the vaccine. If they wanted to end vaccine hesitancy, they would have said, "None of these crew members were vaccinated." **But they didn't say that at all. There was no denial.** JetBlue said "it wasn't connected to the COVID vaccine." How could they possibly make that assertion if they didn't know whether the crew were vaccinated or not? And why didn't they disclose exactly how they came to the conclusion it wasn't related to the vaccine since that would reduce vaccine hesitancy? And why not reveal the vaccination dates of the pilots to PROVE that they weren't connected? It shouldn't be a privacy problem; the pilot is dead. So the most logical conclusion is that they were all vaccinated, consistent with the original news report.

Politifact said that they reviewed their obituaries and found no mention of COVID-19, a vaccine, or the coronavirus. Sure, that's true. But obits NEVER NEVER NEVER mention the vaccine. **Nobody ever dies from the COVID vaccine. They die from symptoms such as unexplained, unpredicted cardiac arrest that are directly caused by the COVID vaccine.** And due to vaccine hesitancy, NOBODY ever mentions the jab date in any news report or obit because it would cause vaccine hesitancy. So the vaccine is never mentioned, even if they got the jab just 20 hours before they died. Everyone believes the vaccines are "safe and effective."

[Snopes wrote](#) "In company marketing materials, JetBlue said it encouraged employees to get vaccinated and that the "majority" of crew members had received the vaccine." In other words, JetBlue knows most everyone was vaccinated which is why they didn't deny that any of the deceased were vaccinated. They also said "In a statement emailed to Snopes, JetBlue

acknowledged that four pilots died in 2021. One employee named by Ruby wasn't a pilot, but an inflight crew member." This is from the Snopes article:

JetBlue is aware of a report that mentions four of our pilots and one inflight crewmember who have passed away this year. While we mourn their loss, there is no connection in their deaths or to the COVID-19 vaccine. The social media video appears designed to intentionally deceive the public and should not be considered a trusted source of information.

One dead pilot in a year would not raise suspicions. That can happen by bad luck. **Four actively working pilots out of 3714 pilots, all of whom have likely been vaccinated, dying within a 3 month period is statistically nearly impossible** because pilot health is strictly monitored. There was nothing in the obituaries that ruled out the vaccines as a cause. There was nothing that the fact checkers found that ruled it out either. JetBlue never told us the last time 4 pilots died in a 3 month period. The answer is likely never. We sent an email to them to find out. We doubt we will get a response because the answer would be bad for business.

Snopes wrote "the cause of death in two of the five cases — directly contradicts the claim." That is simply false. As we said, the causes listed do not rule out the possibility of the vaccine being the unspoken underlying cause of both of those deaths. We encourage the families or friends of any of the victims to contact us with details (DM us on Twitter) so we can expose the truth.

Just like with the 4 British Airways pilots who died in about a 1 month period (1 in 532,000), our point remains that it is **statistically unlikely that these events happened "by chance" (it's basically not likely to happen in our lifetime)**. Therefore, the **most likely hypothesis is that they are all related and all 4 were vaxed**. If you have a more likely explanation, we'd love to hear it.

Or consider the case of the fact checkers at the *Washington Post* who fact-checked Senator Ron Johnson: [Analysis | Four Pinocchios for Ron Johnson's campaign of vaccine misinformation](#). We wrote to the fact checker and provided very objective evidence that his fact check was wrong on both points. He never responded to any emails (and we know that he and his boss got them).

Or consider this Reuters "fact check" on the spike protein. See [Might post-injection distribution of CoViD vaccines to the brain explain the rare fatal events of cerebral venous sinus thrombosis \(CVST\)?](#). There is no doubt of the damage caused by the vaccine. It was confirmed in the VAERS analysis above. Why isn't Reuters correcting their fact check? It's because **facts that contradict their belief system don't matter to the fact checkers**. Peer reviewed literature

doesn't matter to Reuters which is shameful. They didn't do any VAERS analysis in the fact check. VAERS is primary data.

The point is the **fact checkers are not held accountable**. They can simply ignore input like ours. We welcome them to an open public discussion on this important issue, e.g., why doesn't the Washington Post voluntarily agree to an independent dispute resolution process?

## We don't like the fact that the fact checkers are indirectly funded by the drug companies



## Morticians are mortified

We made a number of calls to morticians to understand their point of view. Most of them refused to talk to us which is understandable since it became known that the vaccines aren't safe, it would not be good for their business.

So the problem here is that the morticians who would talk to us off the record paint a story of a very dangerous vaccine. In order to overcome our hesitancy here, you'd have to show us how business declined after the vaccines were rolled out rather than doubled or tripled. Also, how casket makers saw a drop in business as well. In fact, one mortician we talked to said he had trouble getting enough caskets in Jan through March. If this is a safe vaccine, can you explain how this could be happening?

Here's what the few that would talk to us had to say (all of them declined to be identified):

### **Baton Rouge, LA**

1. "...I can tell you **they are NOT going to let them put those shots in kids** here -- NO, NO, NO!!"
2. **"People have come up with all kinds of things wrong that they've never had before."**
3. "All you need to do is go talk to the people in the street. They'll tell you."
4. "And do you know that now Louisiana hospitals are paying people to take the vaccine!? Anyone in their right mind has to ask what is going on here!? Something just ain't right with that!"

### **San Jose, CA**

1. "I got the Moderna shot in Feb 21. I'm 60...poster child for ending up on ventilator if Covid."
2. "I had the usual feeling sick for a few days. Then [early July] I developed a severe rash on the injection arm going all the way down. Worst rash of my life. **My arm felt like I had an ice pick stabbing it...the pain stopped after a couple of weeks**...treated the rash with cortisone."
3. [Do you think from the vaccine?] Yes. Definitely.
4. [Are you seeing cases of vaccine as cause of death?] **"No way they're not putting the vaccine as the cause of death. That's not gonna happen!"**
5. [What about family members...are they telling you otherwise?] "One family told me they felt the vaccine killed their mom. She died 2 days after being vaccinated. Vax not on her cert."
6. And... "Honestly, the whole process is that the physician doesn't know the cause of death...will look at the meds they're taking...name the illness for the meds... that's always how it is."
7. **[ He said 160 deaths is DOUBLE what he normally has by this time in a year. Others we have talked to reported tripling of business in Jan - March. ]**
8. "About 50% of the deaths I handled had Covid on the certificate before the vaccines, up to about March 2021. Since then very few Covid deaths. None on my certificates." [which is interesting since California is only half vaccinated]

9. [Do you think there is a push to stay away from Covid as the cause of death since the vaccine rollout?] **“You can bet it’s political. If the State says this needs to calm down, it’s gonna calm down.”**

## Hospital admission statistics give us a more accurate picture of what is really going on

The first report is being prepared and they asked us not to reveal the hospital until the paper is published.

One hospital started asking people upon admission their vaccination status.

90% of the hospital admissions were vaccinated, but the area around the hospital had a 50% vaccination rate.

To add to the mystery, one of our friends was admitted into the COVID ward of a California hospital. There were 18 other people in the ward. All were vaccinated.

When we hear these anecdotes from very trusted sources, we get concerned.

And to be fair, we also hear anecdotes of the exact opposite: that hospitals are filled with unvaxed people who followed the CDC’s advice to not get early treatment.

## We have no clue what the long term effects of the vaccines are

We’d like to see the studies showing that there are no long term effects of vaccination.

What are the long term effects on our organs of the spike protein being in our bodies for years longer than anyone expected?

Since spike is a can you possibly rule out prion diseases?

According to [this article we have nothing to fear](#). The vaccines are perfectly safe, haven’t killed anyone, and the levels of spike are negligible. People like Brianne Dressen simply do not exist in this fantasy world where nobody cheats on trials and we can ignore all the reports in VAERS.

We know for a [fact that the spike protein causes the creation of Lewy bodies](#). As soon as Professor Bridle learned about the biodistribution data of the Pfizer vaccine, he immediately worried about Lewy body formation. This is very serious and nobody is talking about this. If you want us to get over our vaccine hesitancy, explain to us how this doesn’t happen in vaccinated



people and prove to us it doesn't in the same monkeys. We are 99% certain we'll find exactly the same problem with the vaccines and it will likely be a lot worse than natural COVID.

Also, we know anecdotes are not data, but when you have this many anecdotes, isn't this hard to ignore? Here are a few anecdotes that are disturbing to us:

**Conspiracy Mill**  
@conspiracymill

Prion disease is super rare. There are usually about 300 cases a year in America - it's always been a one in a million disease.

We've now had \*eleven\* anecdotal reports of prion disease brought to our attn, w symptoms generally starting about 3 wks post-mark, w rapid decline. 🤪

9:53 PM · Jul 14, 2021 · Twitter Web App

34 Retweets 2 Quote Tweets 48 Likes



Tweet your reply Reply

**JVarContinental2** 🇺🇸 🐶 @JVarCont2 · Jul 14  
Replying to @conspiracymill  
Stephanie Seneff warned everyone.

 4 



# Recovered immunity is broader and longer lasting

The recovered immunity you get by treating the virus early is **more robust than vaccine-induced immunity**. People who have recovered from the virus are [a factor of 6.72 less likely to be infected according to numbers presented to the Israeli Health Ministry](#)).

Watch this [Chris Martenson video at 12:30](#). Basically, the vaccine immunity doesn't last very long, and natural COVID immunity is long lasting. Recovered patients 9.5% of the population but just 2% of hospitalizations.

Bottom line:

1. Infection risk: 6.72X better
2. Hospitalization risk: 4.75X better

Here's a very recent paper from researchers in Israel: [Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections](#) showing the same thing (they looked at 3 different cases: vax, recovered, both).

Article by Marc Girardot: [Natural immunity vs Covid-19 vaccine-induced immunity - Marc Girardot of PANDA - BizNews.com](#)

Recovered immunity is both [13 times stronger](#) and more durable than vaccine-induced immunity (this story points out it is [27 times better](#) in terms of protection from infection)

[Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections](#):

“SARS-CoV-2-naïve vaccinees had a 13.06-fold (95% CI, 8.08 to 21.11) increased risk for breakthrough infection with the Delta variant compared to those previously infected, when the first event (infection or vaccination) occurred during January and February of 2021. The increased risk was significant ( $P < 0.001$ ) for symptomatic disease as well. When allowing the infection to occur at any time before vaccination (from March 2020 to February 2021), evidence of waning natural immunity was demonstrated, though SARS-CoV-2 naïve vaccinees had a 5.96-fold (95% CI, 4.85 to 7.33) increased risk for breakthrough infection and a 7.13-fold (95% CI, 5.51 to 9.21) increased risk for symptomatic disease. SARS-CoV-2-naïve vaccinees were also at a greater risk for COVID-19-related-hospitalizations compared to those that were previously infected.”

“Conclusions: This study demonstrated that **natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.**”

Despite earlier reports showing that antibodies declined rapidly after infection, in May of this year, scientists at the Washington University School of Medicine in St Louis, Missouri, released a [study](#) showing that “robust” antibodies were still present **at least 11 months after infection**. (France [accepts](#) proof of prior infection not older than six months. If they trust the science, they’ll soon be accepting prior infection for a year.)

Then in June, the Cleveland Clinic produced a gigantic, controlled [study](#) which found that people who’d already had COVID received no benefit from vaccination. The clinic had tested its 52,238 employees throughout 2020. At one point or another, 2,579 tested positive. By mid-December, 46% of the recovered COVID patients had taken the vaccine, but more than half (54%) had not.

**Five months later, none of the previously infected had been re-infected — including the 1,359 who did not take the vaccine.** (Among clinic employees who were vaccinated, but not previously infected, 15 got COVID.)

We like this particular part: “but not among those previously infected (HR 0.313, 95% CI 0 to Infinity).” When was the last time you saw a CI from 0 to infinity? **In short, there is no proof of a benefit to vaccination of recovered patients.**

The authors concluded: **“Our study ... provid[es] direct evidence that vaccination does not add protection to those who were previously infected.”**

A [study out of the Emory University Vaccine Center](#), found “durable and broad immune memory after SARS-CoV-2 infection.” The researchers also found that a natural COVID infection protects against a range of other coronaviruses, too.

Here’s yet another article that natural infection is more broad: [Antibody responses following SARS-CoV-2 infection more potent than vaccine-elicited ones](#). “Memory antibodies selected over time by natural infection **have greater potency and breadth than antibodies elicited by vaccination**,” says Michel Nussenzweig and colleagues.”

By contrast, [vaccine protection fades over time](#). [Covid-19: Pfizer vaccine’s efficacy declined from 96% to 84% four months after second dose, company reports](#), finding an average decline in vaccine efficacy of 6% every two months.

**Israel, protection against  
symptomatic disease, 41%**

Those vaccinated in January, 16%  
protection

Those vaccinated in February, 44%  
protection

Those vaccinated in March, 69%



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

We believe that allowing people to get the virus and treating it early is both safer and a more effective way to achieve the goals; [recovered 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).

One of our scientists wrote:

Immunology 101: recovered immunity ALWAYS SUPERIOR: robust and long-lasting (sometimes for life). anyone making claims otherwise has no clue about what the immune system is for and how it functions or that it has been developing and co-evolving with earth pathogens for as long as humans have been. it's a bloody good system and inoculation simply high-jacks the idea at best. if it works. IF.

Data from Israel confirms this:



**John Smith** @JohnSmi60287922 · 5h

Replying to @VaccineTruth2

The rest of the world is in for a rude awakening as they are in Israel now.



Horowitz: Israeli government data shows natural immunity from infection much stronger than vaccin...  
[theblaze.com](https://theblaze.com)



And also see this article: [Natural infection vs vaccination: Which gives more protection?](#)

And this article: [Overwhelming evidence now that previously infected have robust immune protection against reinfection](#)

#### [Lasting immunity found after recovery from COVID-19 | National Institutes of Health](#)

The researchers found durable immune responses in the majority of people studied. Antibodies against the spike protein of SARS-CoV-2, which the virus uses to get inside cells, were found in 98% of participants one month after symptom onset. As seen in previous studies, the number of antibodies ranged widely between individuals. But, promisingly, their levels remained fairly stable over time, declining only modestly at 6 to 8 months after infection.

Virus-specific B cells increased over time. People had more memory B cells six months after symptom onset than at one month afterwards. Although the number of these cells appeared to reach a plateau after a few months, levels didn't decline over the period studied.

Levels of T cells for the virus also remained high after infection. Six months after symptom onset, 92% of participants had CD4+ T cells that recognized the virus. These cells help coordinate the immune response. About half the participants had CD8+ T cells, which kill cells that are infected by the virus.

Here's yet another article summarized in [this Twitter thread](#) to [Antibody Evolution after SARS-CoV-2 mRNA Vaccination](#).

Here's another anecdote that wasn't hard to find. With the vaccines being pretty ineffective against the variants, this anecdote isn't hard to believe at all. In this trip report to Mexico, everyone who was vaccinated got COVID except for the people who had recovered

immunity: The bottom line is that early treatment is no longer an option: it should be mandatory if you get COVID. Once you get real COVID, then you are immune.



**Darius Maximus** @neowesternist · 21m ...

Replying to @neowesternist

Have 10 friends who went to Mexico, all vaccinated.

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

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



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

So why aren't we better off getting recovered immunity than vaccine immunity?

Why not just give us a very mild case delta, then give us a shot of interferon lambda, and call it a day?

We'd have way fewer side effects, it's safer, and we'd all get broad recovered immunity with fewer deaths than the current vaccines.

Interferon lambda is one of the safest, most effective COVID treatments, orders of magnitude safer than the vaccines and it's been around far longer. A lot of us would happily opt for this treatment over the current vaccines in a heartbeat.

Any other proven early treatment protocol could be used as well. There are lots of 99% solutions here. We just used Lambda as an example since it is a simple one-and-done solution.

MedPageToday says the debate is over on previously infected people and vaccination but we never had the debate. Huh?

Here is [the article from MedPageToday](#):



**Breaking News Alert**

Friday, August 06, 2021

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## **Debate Is Over: COVID Vax Doubled Protection for the Previously Infected**

'If you have had COVID-19 before, please still get vaccinated,' says CDC Director

Unvaccinated adults who were previously infected with COVID-19 were twice as likely to be reinfected as those previously infected but also fully vaccinated, researchers found.

A case-control study in Kentucky found a more than two times higher risk of COVID-19 cases among unvaccinated adults with prior infection compared with their fully vaccinated counterparts (OR 2.34, 95% CI 1.58-3.47), reported Alyson Cavanaugh, PhD, of the CDC, and colleagues, writing in an early edition of the *Morbidity and Mortality Weekly Report*.

There are three problems with the proclamation that that debate is over:

1. We never had the debate in the first place. You never invited us.
2. The data were from May to June 2021, prior to reports of the Delta variant becoming the predominant strain in the U.S.
3. The people who got vaccinated were RECENTLY vaccinated as compared to those who were previously infected. In fact, you had to be infected a LONG time ago to be eligible for the study! "Kentucky residents aged  $\geq 18$  years with SARS-CoV-2 infection confirmed by positive nucleic acid amplification test (NAAT) or antigen test results† reported in Kentucky's National Electronic Disease Surveillance System (NEDSS) during March–December 2020 were eligible for inclusion."

Do you really think we don't read the study?

The bottom line is that the debate isn't over. The debate hasn't even started. More press misinformation and misleading studies.

This is more proof that the press is not on your side; they are a marketing arm of the government now.

## Vaccinated people breed variants so we don't want to contribute to the problem by getting vaccinated

Our statisticians are nearly certain that delta was generated in a vaccinated person. Getting vaccinated with a non-sterilizing vaccine creates a huge liability for society. We want to do what is best for society by getting [broad recovered immunity](#).

Let's have Geert Vanden Bossche and a few others from our team have an open discussion to resolve this issue, OK?

## We don't want to get shingles again

The vaccines reactivate latent viruses like shingles which can come back with a vengeance. This was known inside the FDA very early on, but nobody talked about it because they didn't want to create vaccine hesitancy.

## We have cancer and don't want to make it worse

There are way too many reports of people who say that after the vaccine their cancer (especially leukemia) got significantly worse. After you hear this multiple times, you realize these are not anecdotes. This doesn't show up in VAERS as people haven't realized that there really is a cause and effect here.

## We don't like the backdoor deal that was done in Israel between Pfizer and the government of Israel not to report adverse events on the vaccine for the next 10 years

This is not in the contract with the government but in a side agreement. It is well known by people who live in Israel, but not outside Israel.





**Robert W Malone, MD** @RWMaloneMD · 1h

This is key to understanding "what the heck is going on". Apparently in Israel, I am told by Israeli scientist, the agreement between Pfizer and the government is that no adverse events from the vax are to be disclosed for a minimum of 10 years.



**Jan Kowalski Bunga** @JanKowBunga · 2h

Replying to @RWMaloneMD

[americasfrontlinedoctors.org/frontlinenews/...](https://americasfrontlinedoctors.org/frontlinenews/)

229

2.8K

3.8K



This begs the question: if the vaccines are safe, why was this agreement necessary? Nobody is asking that question because the Western press is asleep at the wheel.

## We object to segmentation of vaccinated vs. unvaccinated people

Data from multiple countries show that the number of infected people is proportional to the vaccination status, so treating the groups differently makes absolutely no sense.

The CDC has officially said that once infected, vaccinated people are equally likely to spread infection as unvaccinated people.

Why segment?

## You clearly violated federal law by not giving people informed consent

These vaccines are not safe and thus they are not exempt from informed consent. All events in VAERS that are outside the normal limits should be listed along with their relative risk. The death risks should be stratified by age. The public needs to know and understand all of this before they are injected. They need to understand the risk of dying, of being permanently paralyzed or suffering from other cardiovascular or neurological events, and of ADE.

Today, no one who gets the vaccine knows how many people have been killed by the vaccines and that's the most basic statistic. Even the people who administer the vaccine have no idea

how many people have been killed. If you are going to kill and maim us, the least you can do is level with us before we get the shot.

So we want to know why you have not complied with federal law and when will you start complying? Do we have to take you to court and issue a TRO to stop the vaccines?

Here is a short list of some of the things people should be warned about:

1. From CDC and VAERS data, we can show if you are <30, the risk of death from vaccine >> risk of death from COVID
2. We know from the German pathology study that AT LEAST 30% of people who die within 14 days of the shot are killed by the vaccine. Yet no notice at all! People who dispute it dispute it WITHOUT having looked at the data.
3. And there is the Mclachlan analysis showing 86% of reports are consistent with death from vaccine
4. We can show causality for death and other SAE's in the VAERS data (affidavit from our VAERS expert)
5. There is my VAERS table showing elevated risk for every cardio and neuro event you can think of (already sent to you)
6. And there is the [CDC report saying we don't know what killed 6 kids](#)
7. all the other kids died from symptoms CONSISTENT with those elevated by the vaccines as shown above
8. And we have Maddie de Garay showing 1 in 1,000 kids could be paralyzed for life
9. There is no disclosure of the risk of ADE and that it hasn't been ruled out even though FDA admitted it is a risk
10. No disclosure of the risk of linked-epitope suppression
11. No disclosure that medical conditions experienced after vaccination have no known treatment, e.g., Maddie is proof of that
12. That 65% will get elevated d-dimer right after vax
13. that the d-dimer can remain elevated for 2 months or more after the jab... we don't know for how long (affidavit from MD who tested this)
14. That the FDA has no clue about the long term side effects, which could include the risk of dementia and other prion diseases (since spike is associated with Lewy bodies in published literature)
15. That it is highly likely the spike protein can remain in your body for as long as 5 months or more in 100% of patients tested (affidavit from Bruce Patterson)
16. That there was fraud alleged in the clinical trial that has not been investigated (Maddie's case, the 5X drop off rate, the inability to report adverse events) and thus there may be further unknowns

The lack of disclosure is also a violation of the [Nuremberg Code on human experimentation](#):

**The voluntary consent of the human subject is absolutely essential.**

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of **any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion**; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; **all inconveniences and hazards reasonably to be expected**; and the **effects upon his health or person which may possibly come from his participation in the experiment**.

## Stanford University experts would not refute our findings

Our team met with the Dean of the School of Medicine of Stanford and two of his top infectious disease Professors. We presented our reasons that Stanford should not require students to be vaccinated: that more students would be killed than saved. The Stanford team did not argue with our results. The Dean said that the decision was made above their heads and that future discussions would be unproductive. This is the closest our team has ever had to discussing our findings. There was no engagement and no intellectual curiosity at all in looking at what the data showed.

## The FDA approval calls out a number of appalling things

Here's an unedited note we got from one of our collaborators after the FDA approval of Pfizer came out.

I am going through the regulatory documents and I am literally shaking. I don't why this particularly as we have all seen egregious abuses for the last 20 months. Aside from what already has been said about pregnancy and the lack of warnings etc., within the [package insert](#) can be found the following:

### **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

**COMIRNATY has not been evaluated for the potential to cause carcinogenicity, genotoxicity, or impairment of male fertility. In a developmental toxicity study in rats with COMIRNATY there were no vaccine-related effects on female fertility [see Use in Specific Populations (8.1)].**

Within the [BLA approval letter](#), there is NO POST MARKETING REQUIREMENT to conduct these studies. Neither is there anything in the [Summary Basis for Regulatory Action](#).

Really? In what galaxy is a manufacturer of a new drug NOT required to do **carcinogenicity or genotoxicity studies? And you have no plans to do so?**

This is all the more poignant since the FDA Guidance on [Long Term Follow up of Gene Therapy](#) products includes this language:

In addition, for the first five years or more (as applicable to your product), we recommend that you do the following:

- Ensure that investigators maintain, in the case history, a detailed record of exposures to mutagenic agents and other medicinal products, and have ready access to information about their adverse event profiles.

- Establish a method for investigators to record the emergence of new clinical conditions, such as:

- **New malignancy(ies)**

- New incidence or exacerbation of a pre-existing neurologic disorder

- New incidence or exacerbation of a prior rheumatologic or other autoimmune disorder

- New incidence of a hematologic disorder.

- New incidence of infection (potentially product-related)

## Mask wearing is pure political theater. It doesn't work. We'd bet the farm on it.

The [CDC says cloth masks “offer little protection” against wildfire smoke](#) (see below). They are correct. The smoke is too small and goes right through the masks.

[Why Wildfire Smoke is a Health Concern | US EPA](#) says “particles generally 2.5 µm in diameter or smaller represent a main pollutant emitted from wildfire smoke, comprising approximately 90% of total particle mass.”

COVID19 has a [diameter of approximately 60–140 nm or 0.06 to 1.4 microns](#).

So COVID is smaller than smoke which does not get filtered out.

cdc.gov/disasters/covid-19/wildfire\_smoke\_covid-19.html

Calendly - Steve Kir... Digital COVID-19 V... A PATHOLOGIST SU... Why so many Amer... Why so many Amer... Why so many Amer... Other bookmarks

Volcanoes	+	• Stock up on medicines routinely taken. Store a 7 to 10-day supply of prescription medicines in a waterproof, childproof container to take with you if you evacuate.
Wildfires	+	• As part of your planning for a potential evacuation, consider developing <a href="#">a family disaster plan</a> .
Winter Weather	+	
Disaster Resources	+	
Health and Safety Concerns for All Disasters	+	
Coping with a Disaster or Traumatic Event	+	
Prepare Your Health		
Information for Specific Groups		
Disaster Evacuation Centers	+	

### Take actions to protect yourself from wildfire smoke during the COVID-19 pandemic.

- The best way to protect against the potentially harmful effects of wildfire smoke is to reduce your exposure to wildfire smoke, for example, by seeking [cleaner air shelters and cleaner air spaces](#).
- Limit your outdoor exercise when it is smoky outside or choose lower-intensity activities to reduce your smoke exposure.

Keep in mind that while [physical distancing](#) guidelines are in place, finding cleaner air might be harder if public facilities such as libraries, community centers, and shopping malls are closed or have limited their capacity.

**Cloth masks will not protect you from wildfire smoke.**

Cloth [masks](#) that are used to slow the spread of COVID-19 by blocking respiratory droplets offer little protection against wildfire smoke. They might not catch small, harmful particles in smoke that can harm your health.

N95 and KN95 respirators can provide protection from wildfire smoke and from getting and spreading COVID-19. CDC does not recommend the use of N95 respirators in non-healthcare settings because N95 respirators should be reserved for health care workers. [KN95 respirators](#) are commonly made in China and are similar to N95 masks commonly used in the United States. Look for KN95 masks that meet [requirements](#) similar to those set by CDC's National Institute for Occupational Safety and Health (NIOSH) for respirators.

Mask wearing is all political theater with no science. This is why there is no mask wearing study for COVID: it would fail. We couldn't find a single well done study that show that mask wearing protects either the wearer or the people around her.

The experts at the CDC know this too. But they are being muzzled.

NOTE: We absolutely do agree that N95 masks do work if properly fit-tested and used with the proper procedures.

See [The More Masks Fail, The More We Need Them - by IM - Unmasked](#) which shows that masking makes no difference whatsoever.

Even more entertaining is this article showing how the CDC is braindead: [The Destruction of Trust In The CDC and Public Health Establishment Is Now Complete](#)

See [COVID face masks \(blue surgical masks and white cloth masks/man made masks\) are largely ineffective and potentially harmful: be careful what we do to our children](#) by Paul Alexander for many of the arguments.

Here's his most recent op-ed:

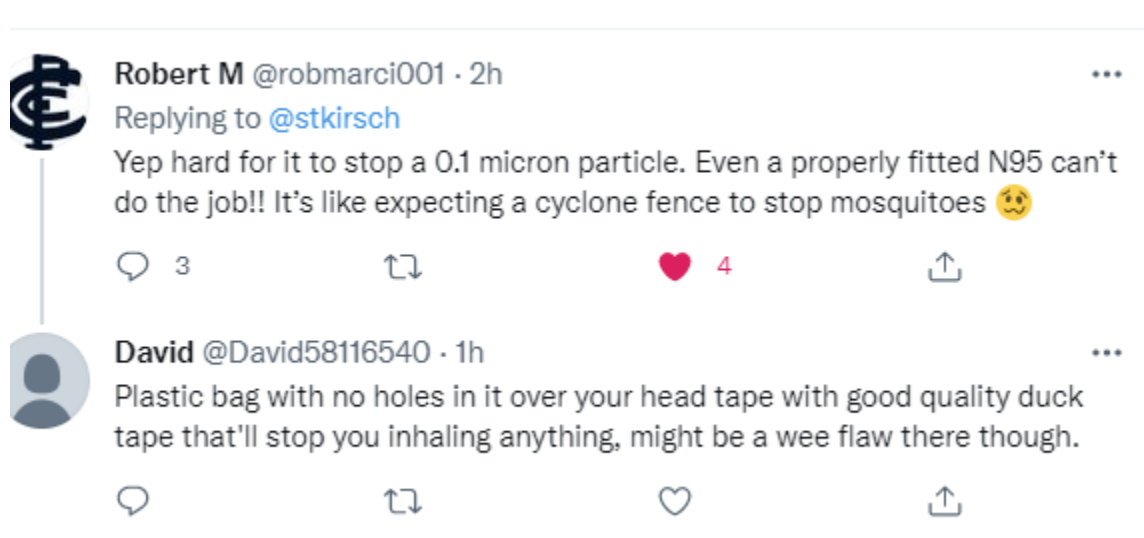
[Why talk of lockdowns, school closures, and masks due to COVID-19 Delta variant is absurd and without any scientific basis: do the CDC and NIH leaders and Surgeon General ever read the science?](#)

Or [this article is an easier read that gets right to the point](#) about the futility of using cloth masks.

Why isn't the press asking anyone at the CDC about this:



We love the analogies:





MuttleyMusings 🍷🌸 @MuttleyMusings · 18m

Replying to @VaccineTruth2

...



Cloth face masks are 'comfort blankets' that do little to curb Covid spr...  
Dr Colin Axon warned some cloth masks have gaps that are invisible to  
the naked eye, but are 5000 times the size of viral Covid particles  
[telegraph.co.uk](https://www.telegraph.co.uk)



It says so right on the label that it doesn't work:





**WARNING:**

THIS PRODUCT IS AN EAR LOOP MASK. THIS PRODUCT IS NOT A RESPIRATOR AND WILL NOT PROVIDE ANY PROTECTION AGAINST COVID-19(CORONAVIRUS) OR OTHER VIRUSES OR CONTAMINANTS.

Wearing an ear loop mask does not reduce the risk of contracting any disease or infection. User is solely responsible for the selection of appropriate personal protective equipment for the setting and application. Change immediately if contaminated.

- Made of Soft Material
- General Purpose Use Only
- Latex Free
- 50 Masks



**Glenn Greenwald** @gggreenwald · Aug 11



Amazing: Google's YouTube suspended [@RandPaul](#) -- a US Senator and a medical doctor -- for disputing the efficacy of cloth masks.

JUST LAST WEEK: Biden's former COVID adviser, the epidemiologist Michael Osterholm, told [@camanpour](#) exactly the same thing.



YouTube suspends Rand Paul for a week over a video disputing the eff...  
On Twitter, Mr. Paul called his suspension "a badge of honor" and blamed "left-wing cretins at YouTube."

[nytimes.com](#)

1.5K

6.1K

14.4K





Glenn Greenwald  @ggreenwald · Aug 11

...

Here's Dr. Osterholm on CNN saying exactly the same thing that @RandPaul just got suspended from YouTube for saying: that cloth masks, as opposed to N95s, provide very, very little protection. Why can yo say this on CNN or PBS but not YouTube????



From Jewish Deplorable

386

1.7K

4.8K



[Show this thread](#)

Basically using a cloth mask to stop a virus is **like using a chain-link fence to stop a mosquito**. See [this thread for more examples](#).

**THEY AREN'T REQUIRING YOU  
TO WEAR A N95 OR BETTER MASK...**



**YOU CAN USE ANYTHING FOR A  
MASK, BECAUSE IT'S NOT ABOUT YOUR  
SAFETY, IT'S ABOUT YOUR COMPLIANCE**





Prof Dr. Azeema A. Shah @pacifistworld · 14m

...

Replying to @stkirsch and @eileeniorio

This JAMA study shows why masks are a danger to your health and that of children. When masked, inhaled CO<sub>2</sub> levels are 6 times above federal mandates.

Time for public health to read the scientific literature and reconsider their plan of action.

**Carbon Dioxide Values Under Various Conditions**

	Participants, No.	Carbon dioxide, % by volume Mean (SD) [95% CI]	Range
	45	0.268 (0.108) [0.235-0.300]	0.100-0.628
	39	0.281 (0.105) [0.247-0.316]	0.100-0.525
with surgical mask	45	1.312 (0.384) [1.197-1.427]	0.577-2.554
with FFP2 mask	45	1.391 (0.374) [1.279-1.504]	0.600-2.475
inhaled and inhaled air with mask	45	2.650 (0.486) [2.504-2.796]	1.33-3.41
with surgical mask	44	3.847 (0.678) [3.641-4.053]	1.783-4.754
inhaled and exhaled air with FFP2	45	2.677 (0.386) [2.561-2.793]	1.660-3.418
with FFP2	45	3.846 (0.547) [3.682-4.011]	2.592-5.24
CO <sub>2</sub> content in ambient air	NA	0.074 (0.003) [0.073-0.075]	0.067-0.083

Abbreviations: FFP, filter facepiece; NA, not applicable.  
\* Posttest scores were not measured in children because they were not wearing masks.

Experimental Assessment of Carbon Dioxide Content in Inhaled Air With and Without Face Masks  
This randomized clinical trial measured inhaled and exhaled carbon dioxide in children with and without face masks.  
[jamanetwork.com](https://jamanetwork.com)



## Masks, False Safety and Real Dangers, Part 4

pdmj.org

### Proposed chemical mechanisms for increased COVID-19 susceptibility due to mask use

Low oxygen has been measured in the airspace inside a variety of masks. Available oxygen as a percentage of available air volume decreased to less than the US Occupational Safety and Health Administration (OSHA) required minimum of 19.5% less than 10 seconds of wear, and stayed below that threshold. A study of 53 surgeons found a decrease in saturation of arterial pulsations (SpO2) when performing surgery while masked. Oxygen saturation decreased significantly after the operations.

During a state of hypoxia, the body produces hypoxia-inducible factor-1 (HIF-1). HIF-1 is known to lower T-cell function. CD-4 T-cells have been observed to decline in this process. However, it is essential to understand that CD-4 T-cells are known to fight viral infections. This raises concerns that masked persons might more easily acquire, incubate and subsequently transmit a virus that has been the focus of intense attention, fear and concern throughout the world in 2020.

Another effect of HIF-1 is that it reduces angiotensin converting enzyme 2 (ACE2). ACE2 enzyme plays key roles in maintaining blood pressure and electrolytes and controlling inflammation. Cells throughout the body carry receptors for ACE2, and they are especially concentrated in lung and bronchial epithelial cells, and also present in oral and nasal mucosa. ACE2 receptors are also the initial portal by which SARS-CoV-2 enter cells of the upper respiratory tract. An effect of SARS-CoV-2 is that it down-regulates ACE2 receptors. A masked person with a new SARS-CoV-2 infection then would lose both ACE2 and ACE2 receptors. ACE2 is helpful to counteract damaging effects of Angiotensin II, such as inflammation and vasoconstriction. But as ACE2 effects on the body plummet from both loss of ACE2 and loss of receptors, the masked person with a new SARS-CoV-2 infection is especially at risk of marked inflammation and accompanying disease severity. So pathogenic effects of SARS-CoV-2 would be augmented by a hypoxic influence, such as masking, and therefore,

5

[https://pdmj.org/papers/masks\\_false\\_safety\\_and\\_real\\_dangers\\_part4/](https://pdmj.org/papers/masks_false_safety_and_real_dangers_part4/)

would be contraindicated in one who could become infected with this coronavirus. Therefore, mask-induced hypoxia may make the difference between an asymptomatic or lightly symptomatic interaction with SARS-CoV-2 in a normoxic individual, compared with a severe case of COVID-19 in a hypoxic individual.

Carbon dioxide has also been found to rise within 30 seconds of donning a mask and remains at high levels in masked airspace, above OSHA requirements. Masked individuals have been found to manifest evidence of hypercapnia, which affects multiple body systems.<sup>28</sup>

Hypercapnia immobilizes cilia, the hair-like structures we rely on to clear pathogens from the upper airways. This leads to predisposing mask wearers to respiratory tract infections and vulnerability to deep entry of pathogens. The lower respiratory system is usually sterile because of the action of the cilia that escalate debris and microorganisms up toward the mouth and nose. Impairment of this process, such as in hypercapnia, is a risk factor for pathogenesis and severity of respiratory infections.

Hypercapnia was found to downregulate genes related to immune response. It was found that "hypercapnia would suppress airway epithelial innate immune response to microbial pathogens and other inflammatory stimuli." Suppressive effects of hypercapnia were found on macrophage, neutrophil and alveolar epithelial cell functions.

Another effect of masks that may have direct impact on vulnerability to COVID-19 infection is that a mask covers some of the small portion of body surface area that would otherwise be exposed to sunlight in winter, when seasonal coronaviruses are most prevalent. Skin exposure to the sun is the initial mechanism for bodily production of vitamin D. Vitamin D is known to

## Masking may be the cause of RSV cases

**Question:** Could excessive mask use be causing the uptick in RSV cases?

**Answer From Tyson Gabriel:** Yes, I believe they are. Dr. Jim Meehan and I coordinate often and he has sick patients from all over the country who've had staph infections, viral meningitis, strep, fungal infections, etc from excessive mask use.

Masking is THE perfect example on how society can be completely duped into a belief that is totally false, cannot possibly work, and NOBODY questions authorities.

This opens the possibility then: could the same thing be happening with vaccine safety and effectiveness?

We would love to fund a trial that proves that mask wearing doesn't work, but the labs we needed to cooperate refused to participate since they were worried their participation would get them in trouble.

Isn't it time to level with the American people? Mask wearing for COVID is not only all political theater and there is evidence it is **dangerous for the wearer's health** [as explained in detail in this highly recommended 1 hour video](#).





TY LEMMON  
@tuxlemons



According to Dr Axon, the leading British cross-infection expert, "cloth face masks are comfort blankets with invisible gaps that are 5000 times larger than the size of a Covid particle."

The trade-off for this mandated virtue-signalling? 1.6 billion masks are now in our oceans.

11:19 AM · Aug 4, 2021 · Twitter for iPhone

469 Retweets 34 Quote Tweets 835 Likes

The NIH never funded a clinical trial to prove wearing a mask is effective. Could the reason be that the NIH knew such a trial would fail? The [only trial that was done for COVID showed it made no difference](#) (and [they had to rewrite the conclusion as positive in order to get it published](#) since journals are never going to publish science that goes against the political narrative).

Isn't it time we all stopped pretending there is evidence that it works for COVID and actually do a proper trial? The [WHO document justifying mask wearing](#) has 171 references, but there isn't a single study in there that proves it works (even though to the untrained eye the referenced studies look impressive). Isn't it time we had an open discussion here so we can show the American public that mask wearing has been completely useless the entire time? We understand you will never want to debate us on this because you will lose very badly. Once the debate is over, YouTube should censor any video that recommends mask wearing as medical misinformation.

Here's what Tyson Gabriel, our mask expert, wrote:

Yes, bottom line how masks are being advised for use, **they're worthless. Homemade and all cloth masks aren't properly engineered for proper use and are a joke.**

Surgical masks were designed to protect from blood splash and to prevent droplets going into a patient's open wound or mouth. Never have I seen training that justifies the CDC's recommendations, which is why I dug deep into their "science." We're witnessing science quackery in the mainstream.

They would have been better served teaching the public on the hierarchy of controls and put more focus into engineering controls such as HVAC systems, UV-C technology, etc. Sanitation and hygiene is a mix of engineering controls (cleaning agents) and administrative controls (cleaning procedures) that have had a greater impact because they're ending the process of contamination. That simple education would've prevented the country from locking down and keeping our society moving without being so paralyzed with fear.

The obsession of PPE is a joke and clearly the talking heads don't know what they're talking about. I'd LOVE to have a round with Fauci, that guy is a clear idiot and his reputation in the government is that he's a cocky little man that is all hat and no cattle. These morons are touting the least effective control in the hierarchy as the silver bullet and what makes it crazier to me is that masks are the least in the PPE category.

The current recommendations of mask use offers no benefit but rather are a contamination point. Saturated masks will attract infectious material and likely lead to more infections. Look at Texas, a few weeks after they lifted the mask mandate, infections crashed. My training has always stated that masking like this doesn't work and that respirators should be the only thing used as PPE but only in scenarios where contamination was possible.

Grocery stores and other public areas won't be likely areas. The viral load to infect someone takes 30 minutes to develop with people who aren't symptomatic and who are spending 30 or more minutes in stores around the same strangers. This whole response has been nonsense and it's making people mask zombies who believe ridiculous things about this whole experience.

We can't wait for the debate. Let's let the public decide who's telling the truth. From talks we've given, wearing is **the** hot topic, so this debate will have a huge audience.



**Wusan Sojcicki** @WusanSojcicki · 2h

Replying to @VaccineTruth2

"It shows that characterizing antimask groups as data-illiterate or not engaging with the data, is empirically false."



When more Covid-19 data doesn't equal more understanding  
MIT researchers found that Covid-19 skeptics on Twitter and Facebook  
— far from being "data illiterate" — often use sophisticated data ...  
[news.mit.edu](https://news.mit.edu)



If we do get hospitalized, it is going to be nearly impossible to get treated properly

Watch this video from Kate Dalley on how she had to manage treatment in the hospital using the Marik Vitamin C protocol and more:

[Our First Hand ICU Story - What is ACTUALLY Killing People In The Hospital](#)

The proper testing of these vaccines was never done.

The FDA screwed up and regulated the vaccine as a vaccine and not a vaccine and a gene therapy. When are you going to admit to the public this mistake? The FDA insiders know it. The public deserves to hear it too. Once you admit that, then for an mRNA vaccine, you need to

measure the amount, duration, and distribution of the spike protein. This was never measured. Preliminary measurements in vaccinated individuals 5 months after vaccination show the spike protein was present in 100% of people tested.

In addition, the risk of ADE was known by the FDA as a significant risk factor, yet **ADE testing was never done prior to the public rollout**. Instead, the US public is being used as the guinea pig in a giant scientific experiment. We still don't know.

Congress is pushing for full approval of the Pfizer vaccine instead of pushing for an investigation of fraud in the clinical trials. They will hopefully get to that later, but it's troubling. Only after the fraud investigation completes are we are willing to reconsider our position on the jab.

## There is no stopping condition

All clinical trials have a stopping condition. Except this one. Why was one never created? The vaccine can kill 10M people and the FDA would not stop it. Shouldn't we at least stop it for age groups where it is clearly shown to kill more people than it saves?

## We have a big problem taking drugs when the dosing is uncontrolled

The fundamental problem inherent in all mRNA vaccines in use today is that the amount of the antigen that is made in people after injection is uncontrollable because each person will react differently and may produce vastly different amounts of the antigen. This means that the effective dosing cannot be determined in advance for any individual; it's a complete crap shoot. Some people will produce very little antigen, other people will produce too much. This is why some people have no reaction while other people are paralyzed or die. It's unpredictable.

We don't like vaccines where you have to play Russian Roulette with the vaccines. Do you understand that?

## We feel this is discriminatory

Black people have a lower rate of vaccination perhaps because they are better informed than others.

Not allowing them into restaurants, etc. because they haven't been vaccinated is discriminatory. It is modern day racism

# Novavax is a better vaccine, but there are issues that need to be resolved first

Novavax is a new vaccine based on traditional vaccine principles where the antigen (in this case the spike protein) is produced outside the body and then injected. Unlike the current vaccines (in which each person's body produces an unpredictable amount of spike), Novavax has a known controlled amount of antigen injected into each person's body.

We like the fact that the dosing and distribution of spike antigen is much more controlled in this vaccine.

Unfortunately, as of August 5, 2021, the adjuvant has safety issues which means that the vaccine needs to be reformulated and that will take months. And it has the same potential ADE issues as well.

Bottom line: it's not a slam dunk alternative by any means.

## CDC's advice on three classes of people isn't backed by science

Three classes of people should never be vaccinated with the current vaccines:

1. [those who have had COVID and recovered](#),
2. those who are pregnant unless all the safety studies are done and the vaccine is safe for normal people
3. our children.

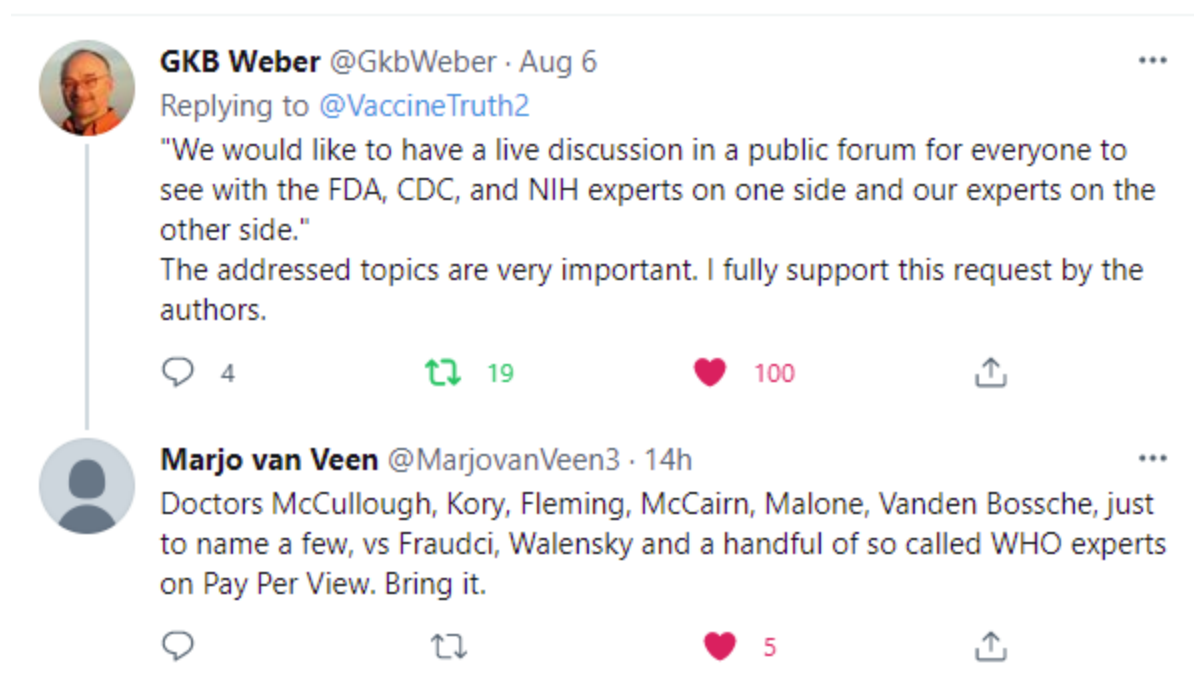
The most clear cut is previously infected individuals. There are two independent reasons:

1. [Covid vaccine side effects up to three times more common in those who have had virus](#)
2. There is absolutely no scientific evidence that this makes a difference [as noted in this study](#).

For pregnant women, we don't have any completed study to show.

For our kids, we have the analysis here as well as in this section: [We are not the only ones who analyze government data to find out that the vaccine kills more people than it might save](#)

Let's have an open debate on this if you disagree? What are you afraid of?



The point of this is that there is no defense here. Telling people who were previously infected to get vaccinated is done with no scientific evidence at all.

In contrast to the evidence for ivermectin which is ignored by the scientific community, the evidence for vaccination of previous infected people is a joke. Yet everyone says to vaccinate previously infected people, and nobody wants to use ivermectin.

This is a complete double standard in the use of scientific evidence. We'd like an explanation for the double standard and we'd like an admission that the CDC told people to do something with absolutely no scientific basis. Even worse, when papers came out proving the advice was wrong, the CDC did nothing to alter the advice which is even worse.





## We don't trust Tony Fauci

We saw his testimony when recently questioned by Senator Rand Paul. Fauci lied. Fauci funded the gain of function research, he tried to cover up his involvement when the virus was released by claiming it was natural when he knew it wasn't, he will not release his unredacted emails to Congress, and he continues to perpetrate the lie that the COVID vaccines have not killed anyone.

Why not release his emails, acknowledge that early treatments work, and show us the analysis of the 11,000 deaths in VAERS showing nobody died due to the vaccine? That would go a long way to repairing the lost trust.

## We don't trust the FDA anymore... how can they pull NAC and approve a deadly and ineffective vaccine?

They approve an unsafe vaccine that has killed over 100,000 people and make it available for free without a prescription, they take a totally safe drug (NAC) that has been on the market for 60 years which has killed nobody and is integrated into 1,100 products, and make it prescription only. How do you explain that? Could the fact that NAC can be used to treat COVID have anything to do with that? What prompted the change after 60 years? The timing is awfully suspicious to pull it right after people started realizing they could use it to treat COVID, don't you think?

## Government lawyers are playing legal games to avoid a Preliminary Injunction to stop the vaccines

If HHS has nothing to hide, it should stop trying to delay the Renz Preliminary Injunction case in Alabama by claiming they were improperly served. If they weren't served, then how did they know to file an objection?

It is important that the issues being raised (that there is no informed consent) be brought in front of a court ASAP.

This is a matter of great public importance and the government is doing everything they can to delay the case and avoid discovery. That is not in the public interest. Congress should intervene but they are compromised as well.

## We object to being blamed for creating the delta variant

Our experts think it is pretty statistically unlikely that the variant emerged from an unvaccinated person because natural selection of that variant for replication can only be done in a vaccinated individual. This is important to resolve because the unvaccinated are being unfairly targeted here. It's time we put the onus where it belongs: it's the vaccinated people who are driving these vaccine-resistant variants. Let's resolve this once and for all in an open discussion.

## UK data: you are five time more likely to die if you are infected with Delta if you are vaccinated

Today in the UK, the CFR for vaccinated people infected with Delta is five times higher than the CFR for unvaccinated people infected with Delta. In other words, getting the vaccine makes you 5 times more likely to die if you get infected with Delta. This is referenced in the attached document.

# Stories of so many pilots dying soon after vaccination simply cannot be explained by random chance

We've heard that 6 Delta pilots died after vaccination, 4 JetBlue pilots died after vaccination, and 4 BA pilots died after vaccination. We know one Emirates pilot who was in perfect health who had a DVT confirmed by a vascular surgeon, but the airline denied it. The pilot said everything is hush hush. British Airways stopped answering our emails as soon as we asked if the pilots were vaccinated. Four BA pilots never die in a month; it's rare for one to die in a year. Hiding the details of these deaths causes vaccine hesitancy. If none of these pilots were vaccinated, why wouldn't the airline say that? Instead, the airlines have said nothing and nobody is talking. All of the death details we've uncovered so far suggest the deaths (including a suicide) could be related to the vaccine. Why would someone who was going to commit suicide get vaccinated right before he killed himself? Delta, which had been normally open when a team member dies, suddenly has a new policy where team member deaths are now no longer shared with employees. The timing of that policy change is very suspicious. Why now? BA has said the pilot deaths were not related, but if they don't know the vaccination status of the pilots, how can they say that? It's all very suspicious and the 1 in 1,000 death rate of these pilots is commensurate with the overall death rate we estimated from other sources. The fact that none of these airlines is open about the deaths creates a huge amount of vaccine hesitancy, as you can imagine.

For 4 British Airways pilots, the chance of this happening just by random chance is 1 in 532,000 that at least 4 pilots **die in the same month** like that (our assumption in that calculation was pilots are very healthy and die at the rate of 1 per 4,000 per year on average).

So clearly it is much more likely that they all had something in common, something that could kill around 1 in 1,000 pilots shortly after exposure and they were all exposed to?

The vaccine fits that bill.

Can you name one other thing they all had in common like that that could have caused the deaths? That could sway our thinking on this important data point.

## We don't understand why academics are ignoring the VAERS data

We recently had a zoom meeting with an epidemiology professor who wrote an article about the VAERS database and how there is nothing to see. He could not explain the results we found. He admitted he had not ever looked at any of the specific records in VAERS.

He believed there were only 100 deaths from the vaccine.

Aren't scientists supposed to look at the data before they write articles pooh-poohing the data? He should have noted that in his article.

## The CDC ACIP team latest report: they see nothing unusual in a train wreck

[Use of COVID-19 Vaccines After Reports of Adverse Events...](#) shows 100 reports in VAERS for GBS. There were only 12.6M doses administered. They said this is 7.8 cases per million Janssen COVID-19 vaccine doses administered (which is wrong, but what the heck).

The point is in the entire report there is never a correction for VAERS under reporting.

Assuming a 30X rate, this would be 3,000 GBS cases. That's a trainwreck. In [1976, they halted the H1N1 vaccine after 500 GBS cases](#) and 32 people died.

In 2021, this doesn't warrant any kind of stopping signal or even any sort of alarm in the report.

## We don't like having our fertility decrease by 16%

In the Pfizer study, they discovered a decrease in fertility of 16% in rats given the injection. Rats are one of the most fertile mammals. (See [Ryan Cole's video presentation](#))

What we don't know is the decrease for humans because it was never measured.

We'd like to know what the numbers are and see the studies on this before we take the jab.

See this [A pathologist summary of what these jabs do to the brain and other organs](#) at 10:50 for details done by Ryan Cole, a Mayo clinic trained pathologist.

## You want to silence rather than debate people who disagree with your point of view. That creates mistrust.

Mercola ([public enemy #1](#)) was [successfully silenced](#) after constant death threats and harassment. He removed 25 years of his posts, even though they were accurate. Could you actually identify any real misinformation there?

Robert F. Kennedy, Jr. is on your [misinformation dozen list](#) as Enemy [#2](#).

He has been trying for 20 years to get someone to debate him on vaccine safety [as this tweet points out](#):



**orphanblack**  
@orphanb23189796

...

Replying to @annaCKar1 and @PeterHotez

Hey how about a debate? For years the MSM/CDC and pro-vax fascist have refused to an open public debate on vaccines. RKJ has offerd to debate ANYONE from the CDC/pharma. Venues were arranged, Dr's lined up to appear only to not show up because the CDC ordered them not to.

Why aren't we debating people with views that challenge mainstream science rather than silencing them?

After 20 years, doesn't Robert F. Kennedy Jr deserve at least one debate against a qualified opponent? Why will nobody accept?

Debating him is the best way to discredit him. But we're sure you'll lose. Prove us wrong. Or at least explain why the CDC ordered doctors not to debate him? We're guessing is because they didn't want to expose the truth. If that's not the reason, then tell us the real reason please.

We don't understand why the FDA is still ignoring Geert Vanden Bossche. Everything he predicted has come to pass.

Dr. Vanden Bossche's [advice is pretty simple](#): **don't vaccinate with a non-sterilizing vaccine in the middle of a pandemic or you will pay a huge price**. The better approach is to get recovered immunity by using early treatment to mitigate symptoms.

What we don't understand is why can't we have an open discussion about the merits of what he is saying? Why won't anyone debate him?

We are still waiting for the 2-3 year follow up results to make sure there are no auto-immune diseases that might be created

We are just being safety conscious, just like the FDA used to be.



**JorJorWell**  
@JorJorWell



"...you typically want a 2-3 year follow-up period on the initial group of Phase 3 patients to make sure that autoimmune consequences don't develop because they typically take time."

Dr. RW Malone, one of the inventors of mRNA vaccine technology

\*Google/YouTube deleted this video



# Obtaining herd immunity is a myth

Admissions of the myth from:

1. CDC See [C.D.C. Internal Report Calls Delta Variant as Contagious as Chickenpox](#) and [‘The war has changed’: Internal CDC document urges new messaging, warns delta infections likely more severe](#).
2. [Pfizer](#): “Alongside vaccines, success against #COVID19 will likely require #antiviral treatments for those who contract the virus.”
3. [CNN](#): “Vaccination alone won’t stop the rise of variants and in fact could push the evolution of strains that evade their protection, researchers warned. They said people need to wear masks and take other preventative steps until almost everyone is vaccinated.”

We love the expert comments quoted by CNN. The second sentence contradicts the first sentence. They are hoping you didn’t notice that.

Basically, even the CDC admits you cannot vaccinate your way out of this pandemic.

You have a mutating virus with a high R0. You are vaccinating in the middle of a pandemic with a non-sterilizing vaccine.

Herd immunity is therefore impossible. You can never win that game.

Even on HMS Queen Elizabeth the flagship of the Royal navy **with a 100% vaccinated crew**, [there was still an outbreak of COVID that spread throughout the ship](#).

Therefore, the insane drive to quickly vaccinate everyone on the planet is crazy. It will not work.

And it makes no sense to give a vaccination to someone under 50 where you are more likely to kill them than save them.

In short, everything Geert Vanden Bossche said was true. Why are they still continuing to ignore him? Why can we at least debate him?





**David Windt**  
@DavidLWindt

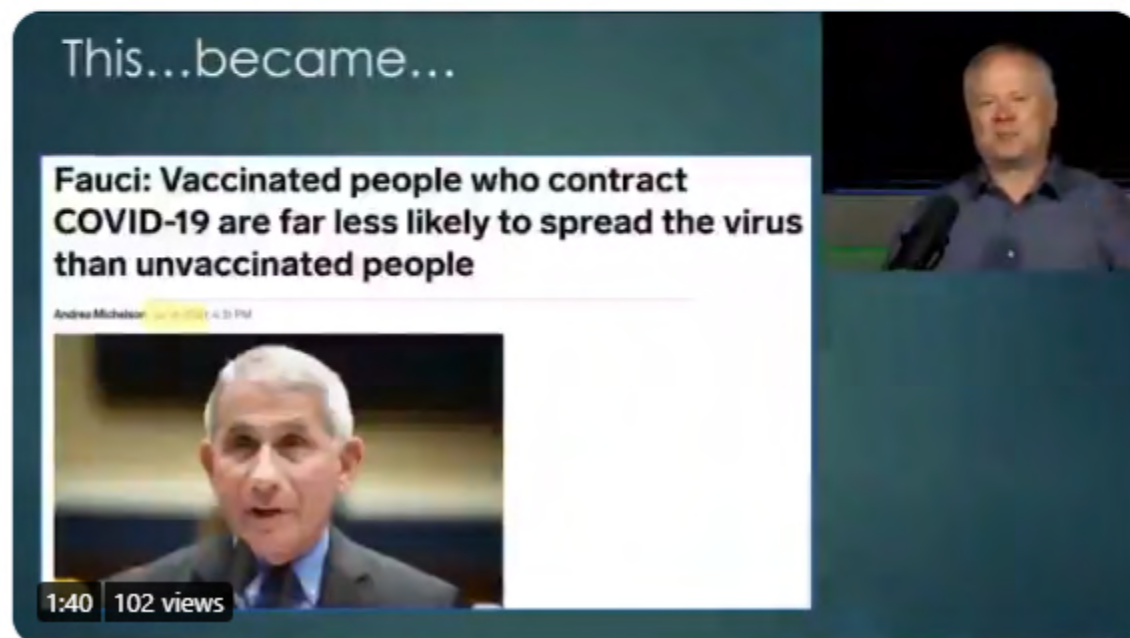


Replying to @DavidLWindt

The wheels are coming off.

"How can a vaccine possibly create herd immunity ... when ... a vaccinated person [can have] virus loads that are just as high as people who are unvaccinated?"

[youtube.com/watch?v=68B1gt...](https://www.youtube.com/watch?v=68B1gt...)





**David Windt**  
@DavidLWindt

...

Replying to @DavidLWindt

"It is, indeed, quite unbelievable that some advising experts pretend that although we won't achieve herd immunity, we will still be able to exchange the pandemic for an endemic situation. When does that happen? The answer is: never."

[geertvandenbossche.org/post/not-covid...](https://geertvandenbossche.org/post/not-covid...)

It is, indeed, quite unbelievable that some advising experts pretend that although we won't achieve herd immunity, we will still be able to exchange the pandemic for an endemic situation. When does that happen? The answer is: never. Neither disappointing vaccine coverage rates nor diminished virus neutralization rates should be blamed for failure of these vaccines to enable herd immunity. *From their very first conceptualization, it should have been very clear that these 'S-based' Covid-19 vaccines are completely inadequate for generating herd immunity in a population, regardless of the magnitude of Ab titers induced or the rate of vaccine coverage.* Why is this? Let's first have a closer look at the definition of 'herd immunity'. Herd immunity occurs when most of a population is immune to an infectious disease and thereby provides indirect protection to those who are not immune to the disease. Mechanistically, indirect protection is due to absence or strong reduction of infectious transmission by those who have been immunized (i.e., the majority of the population). So who concluded all of a sudden that herd immunity would only depend on antigen (Ag)-specific (in this case, 'spike-specific') humoral (Ab) responses and nonantigen-specific innate immunity (i.e., operated through several different immune stimulatory and modulatory cytokines and chemokines secreted by immunocompetent cells, including noncytotoxic Ag-specific T cells)? If this were the case, a natural pandemic could never irreversibly evolve into an endemic infectious situation. *Here is why S-specific Abs and nonAg-specific innate immunity could never force the Sars-CoV-2 pandemic into endemicity, let alone eradicate Sars-CoV-2.*



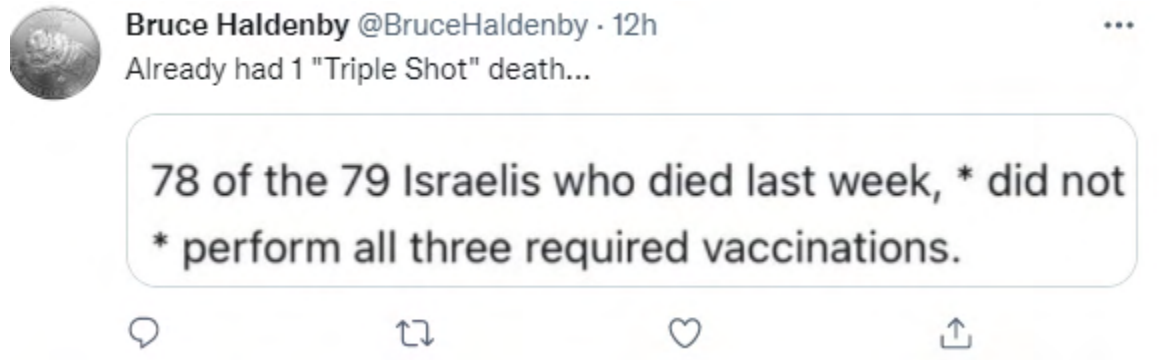
**David Windt** @DavidLWindt · Jul 14

"Herd immunity occurs when most of a population is immune to an infectious disease and thereby provides indirect protection to those who are not immune to the disease." [twitter.com/GVDBossche/status...](https://twitter.com/GVDBossche/status...)

[Show this thread](#)

## Triple vaccination still doesn't work

Note: Relatively few Israelis are triple vaccinated at this time (Aug 16, 2021).



## There are too many troubling anecdotes for us to believe this is a safe vaccine

We know you can't explain everything, but there are a couple of anecdotes that defy explanation if the vaccines are safe as you say.

First is this [DOUBLE BLACK SWAN EVENT](#) where the women's cricket team was fully vaccinated a few days before the game. Two team members drop on the field within 5 minutes of each other. One is convulsing violently and foaming at the mouth. Look, we get that stuff happens randomly, but two members of an 11 player on the team? If it wasn't the vaccine, what was the cause?

We talked to a funeral home employee in the US who said there was a 3X jump in deaths right after vaccines rolled out in the elderly in nursing homes. The jump started in late December and lasted until April. He's never seen anything like it in his career (over 20 years). He said others in the industry notice the same thing. He can't talk about it openly or he'd be fired. Apparently, vaccines are really good for business so they don't want anyone to know the truth. So nobody is saying anything. The casket makers were overwhelmed with business as well so they aren't going to say anything.

He is not alone. [The Awake Undertaker video](#) in the UK tells a story that is very similar:

1. 15 years in the coroner industry
2. 5 years as Funeral Dir of his family biz in his town
3. No uptick in deaths in 2020 UNTIL Jan 6, 2021 when they started jabbing in his town
4. Next 3 months **highest death rate in his 15 yrs in the industry**

5. Start listening at 34:00
6. 36:55: "Everything associated with vaccination is deemed a coincidence"
7. 38:22 to 39:00: He described all the phone calls he got after the vaccine rollout. **This would never happen if the vaccines were as safe as they claim.** People are dead, paralyzed, blind, etc. right after getting the vaccine.
8. 43:40 - 44:25: Huge number of neurological events (eight hospitalizations of women under 40), but the **physician is instructed not to report it** and the **staff is concerned but they are not allowed to speak about it.**

If you are short on time, just listen to item 7 and 8. Then ask yourself, **why was the doctor told not to report it and why was the staff not allowed to speak about it?**

## We object to censorship of safe drugs that can be used to treat COVID

This [article](#) describes the censorship on social media and the mainstream media about drugs that work. How can you be forbidden to talk about one of the safest drugs ever invented? How can you censor the inventor of the drug? He won the Nobel prize [and he's censored on YouTube for talking about the drug he won the Nobel prize for?](#)

This needs to be sorted out in Congress before we will ever consider your request to take the vaccine. You are jeopardizing lives by allowing social media companies to censor life saving information. Please [watch the full censored video here](#) of Ivermectin inventor Satoshi Omura and decide for yourself (it will only take 5 seconds).



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...



## We object to censorship of doctors

This article shows we are entering a new era when doctors are no longer able to provide patients with their honest opinions: [Physicians who post COVID-19 vaccine misinformation may lose license, medical panel says](#).

We view this as unacceptable and will register our protest of such censorship of licensed physicians by vowing never to take any more vaccines until this policy is rescinded.

However, if you want to honestly enforce that policy based on science rather than disagreement with mainstream thinking, and you are willing to revoke the license of physicians who are the real spreaders of misinformation such as those doctors who claim “the vaccines are safe and effective,” then we wouldn’t object at all. Those doctors are legitimately putting their patients’ lives at risk and doctors which do that should in fact have their license to practice medicine revoked.

If you revoke the license of any doctor who claims or has claimed these vaccines are both “safe and effective,” then we will enthusiastically remove our objection on this point.

## The courts are starting to agree with us

[Alberta Court Victory ENDS covid](#)

## We want to know who is playing games with the VAERS reports which are key to spotting safety signals

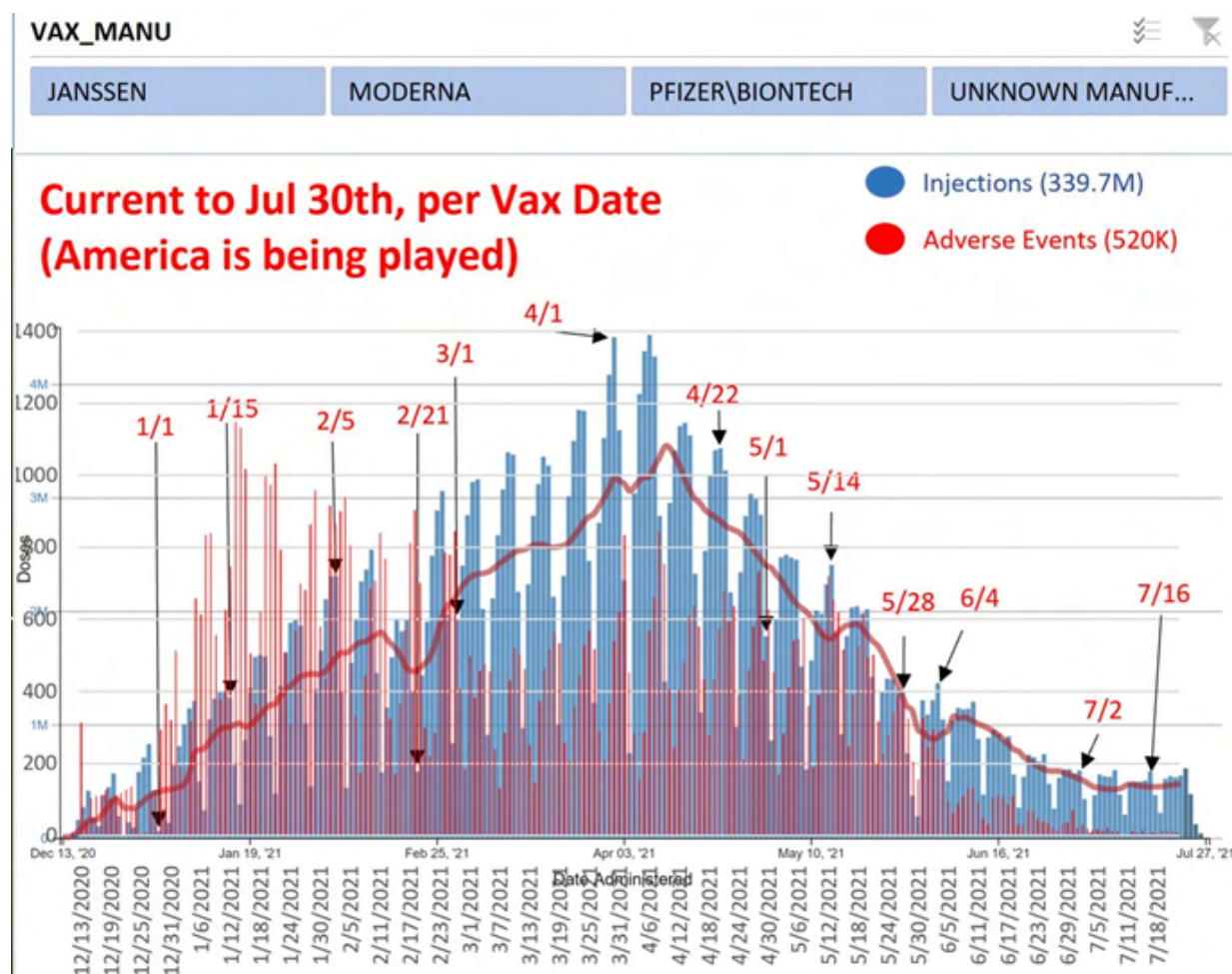
We aren’t going to take the vax if we think you are suppressing the safety data. **Playing games with the VAERS AE’s is not a good way to earn our trust.**

We’d like an explanation of how the vaccine can generate AE’s if given in Jan through February, but then generate significantly lower AE’s after that.

The CDC crack monitoring team missed that one since it wasn’t in their report ([CDC VAERS review of the 12-17 year old data](#)).

Please explain the chart below because we cannot figure out what is going on here. It looks nefarious to us. Something is very wrong. And how could alarm bells not have gone off back in March when it was obvious something was amiss?

Vaccination was rolled out on an age basis in the US. So we should have expected the rate of AEs vs. # of vaccinations to gradually decrease over time as the vaccinated population gets younger and younger. This isn't happening.



## We are not afraid of the Delta variant

First of all, for those under 50, the risk of dying from Delta is about the same whether you are vaccinated or unvaccinated according to the UK data. **The difference is microscopic on an absolute scale** .0286% (unvaccinated) - .0260 (vaccinated) = 0.0026%.



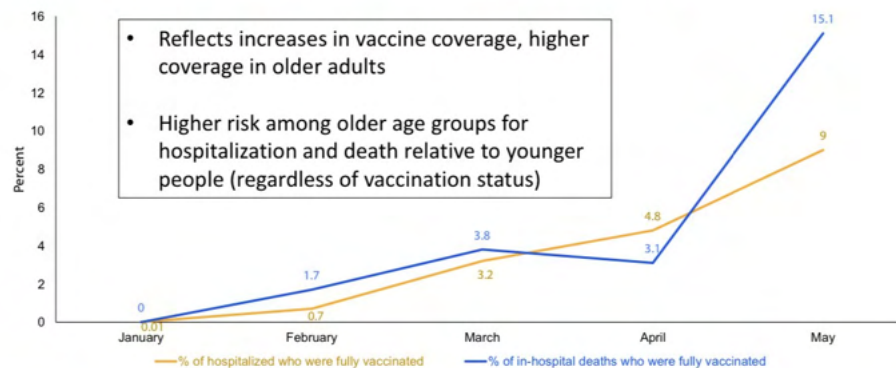
When you consider that your risk of dying from the vaccine is likely 10 times greater than this benefit, **vaccination is a losing proposition for anyone under 50, even if we didn't have any early treatments.**



And it sure looks to us like those who got vaccinated are more likely to be hospitalized than those of us who skipped the jab from the CDC slide below (from the [confidential internal CDC briefing obtained from the Washington Post](#)).

The CDC had expected the blue line to go under the yellow line which it should have done because **the age mix in the vax group is getting more favorable over time with a younger mix**, so the blue line should be going **under** the yellow line. **It's going in the wrong direction.** So that's why we're happy with our decision not to take the jab. Make sense?

## Increasing percentage of vaccinated persons among those hospitalized in COVID-NET



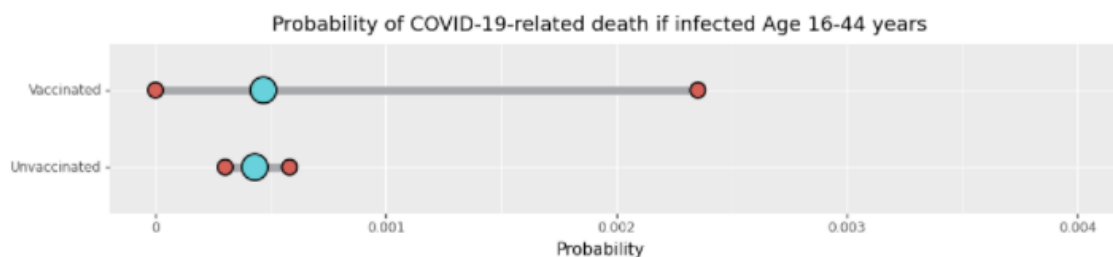
(CONFIDENTIAL – preliminary data, subject to change)

4

[Lies, Damned Lies, and Vaccine Statistics](#) shows if you are under 44, there is no difference in the chances of dying:

## What the numbers really showed

When you actually take a look at who was infected and who died by age group, the idea of additional protection disappears for most.



It is only when you get to over 65 that there is a benefit.

The outbreak in Massachusetts aligns with this. There, 73% had 1 dose and 64% are fully vaccinated. But 74% of the people infected were vaccinated and 80% of the hospitalized patients were vaccinated. Some of this is due to the fact that the vaccinated group is older, but in general, **the protection offered by vaccination (if any) was negligible.**

See also [The vaccines aren't effective](#) for the latest data from Israel showing the vaccines make you twice as likely to get severe disease.

So thanks, but no thanks. If we get sick, we plan to opt for early treatment.

We want to know why you need to accelerate approval, especially in light of all the issues here you refuse to discuss? Shouldn't we resolve the safety issues here first?

There is an "all hands on deck" effort to approve the Pfizer vaccine before Labor Day. This is understandable because vaccine approval will reduce vaccine hesitancy. And the wheels are coming off the bus pretty fast so it's important to do a big push before everyone figures out that they just made a huge mistake.

In our view, there should instead be an all hands on deck effort to answer the serious safety and efficacy issues raised in this article FIRST.

Is safety no longer a priority at the FDA? Is the new FDA motto "Approve first, ask questions and do safety studies later?" Why is the press ignoring the fact that 1 in 1,000 kids in the Phase 3 trial were paralyzed. Shouldn't that be news? Why isn't the FDA investigating? We still don't know and the press won't ask the question.

SATURDAY, JULY 31, 2021 • THE WASHINGTON POST

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## THE CORONAVIRUS PANDEMIC

### FDA goes 'all hands on deck' to expedite full approval for the Pfizer vaccine

BY LAURIE MCGINLEY

With coronavirus cases surging, the Food and Drug Administration's top vaccine official said Friday the agency is redeploying staff and adding computer and other technical resources to accelerate an effort to grant the Pfizer coronavirus vaccine full approval as rapidly as possible. "We have rolled out an all hands on deck" strategy to identify ways to expedite approval of the vaccine, which is currently being administered under the FDA's emergency use authority, said Peter Marks, director of the Center for Biologics Evaluation

and Research, in an interview.

He said the center — which, in addition to overseeing vaccines, regulates biologics, stem cells and gene therapies — is "thoughtfully reprioritizing" its work to focus on the vaccine as much as possible.

Pfizer received emergency authorization for its two-shot vaccine in December and had applied to the FDA for full approval May 7.

Moderna, whose vaccine also is being administered under emergency authorization, filed for full FDA approval June 1. Typically, it takes the agency at least several months to grant a

full approval for a vaccine.

Marks would not speculate on when the FDA might grant full approval, but some officials in the agency have suggested it could be a matter of weeks, not months.

The move comes as the agency faces mounting pressure from lawmakers and some public health experts to fully approve a vaccine that has already been administered to millions of people in the United States, and more worldwide, without major problems.

Those pushing for quick approval say it could encourage vaccinations among people who

have qualms about receiving what is still officially an experimental vaccine. They say it also could make governments, employers and other institutions more comfortable in mandating vaccinations.

"This will remove one more layer for the vaccine-hesitant," Marks said. "If all this does is get five to 10 million more people vaccinated down south, that will save lives."

The Kaiser Family Foundation, which is tracking sentiment toward the shots, reported in June that among unvaccinated adults who are aware that the vaccines are available under

emergency use authorization, 32 percent said they would be more likely to get vaccinated if one of the vaccines were granted full approval by the FDA.

Stat, a news site that covers health and medical news, first reported the FDA's reprioritization.

The need for a fully approved product is becoming more urgent as the start of the academic year approaches.

Some governments and universities are interested in requiring vaccinations but are holding off until the FDA grants full approval to the vaccine. The stepped-up effort is "essentially a sprint" using a team

that focuses on one task at a time, rather than on multiple tasks, as FDA staff typically do, Marks said.

He added that the agency would stick to its high standards for safety and efficacy.

Marks said the center would try to minimize delays that might affect other biologic products, because of missed meetings or slower action on applications — but couldn't guarantee it.

"We are risk managers, and this is a matter of maximizing the potential benefit of getting the vaccine out," he said.

laurie.mcginley@washpost.com

We don't know how to react when we get messages like this one (which we get all the time)

Hi, my situation does not exactly match what you just posted but it does have to do with extremely adverse effects of the Pfizer COVID vax. My father was vaccinated in late January,

and at the time, he was in the best shape of his life. He was running again (which he hadn't done in decades), playing lots of golf, and doing other physical activities he enjoyed. After the 2nd dose of the vax, he began experiencing extreme headaches, neck inflammation and tightness, and severe fatigue. For the first couple days he attributed it to normal side effects, but after a week of continued and worsening symptoms, he contacted a doctor. He saw over a dozen doctors, all of which refused to acknowledge the vaccine had any effect on him and that it was something they could not diagnose. **By the end of February, he struggled to be awake for more than 4-5 hours per day.** By March, he was forced to **make trips to the emergency room to treat unbearable headaches that would not stop.** It wasn't until early June- and 4 months of the hellish and literally life changing symptoms for him- that he saw a world renowned doctor in Boston (I will keep his name private per his request) who acknowledged and attributed his symptoms to an adverse vaccine reaction known as Reactive axillary lymphadenopathy, a serious disorder that the CDC does not even acknowledge as a possible side effect. The world renowned doctor who diagnosed my father has done what he can for him- his symptoms have improved quite drastically but he still faces occasional headaches and damaged nerves in his neck. He will never be able to run again, may not be able to play golf again, but he has at the very least regained some quality of life which we are very thankful for. I'd be happy to answer any questions you may have and I thank you for what you are doing. It is a brave mission you are on and I can assure you that millions are behind you.

## 86% of Youth Getting First Pfizer COVID-19 Shot Experienced Adverse Reactions According to FDA Data

Please explain to us how a safe vaccine can cause that.

[86% of Youth Getting First Pfizer COVID-19 Shot Experienced Adverse Reactions According to FDA Data](#)

A UK newspaper wrote: "If all four million 12–15 year-olds in the UK were given this shot, we could "expect to see 1,600 suffer an extremely serious adverse reaction which could include death." *The Daily Expose* points out that we need to compare these risks to the actual risk to kids from COVID-19. Given that youth don't tend to get very sick from this pandemic, we should ask why we need to vaccinate them if real risks are involved?"

## We want to know why nobody is told to collect the data on vaccination status

We got this message from an RN who works in an urgent care center. This is typical. Doctors are following orders rather than thinking for themselves. This is frightening.

When somebody comes in with an emergency issue, we have them shipped off to the ER ASAP. Yes, I did notice an upswing of strokes and emergency Neuro issues when vaccine rollout but it has calmed down. I noticed it the most early this year. I realize **I am the only one asking these patients if they have had a COVID vaccine** and when. It's not really my job to triage but when I do I will ask them and put it in their MR. I have noticed a major uptick in Bells palsy. We do keep these records on file where I can go back and look at cases. Keep in mind, we've been short staffed and without any management for a majority of the year. I've been burnt out. I had a young man in his 30s with no past medical history, no meds, doubling down in chest pain. The Dr was concerned about a PE and **I'm the only one who asked him if he was vaccinated.** The Dr looked at me and said that was still up in the air and sent him to the ER. **It's like they're waiting to hear what the official word is rather than to collect the data and ask the questions themselves.**

## We are disturbed by young people dying shortly after vaccination

Healthy young people are dying at an alarming frequency, but **everyone pretends these are anecdotes that have nothing to do with vaccines.** If our table at the start of this document is wrong, then let's correct it ASAP. If it is right, then we need to let everyone know ASAP.

Watch this video: [Man dies shortly after his second vaccine shot](#)

## We don't think our kids should be vaccinated: the risk reward isn't there

The Pfizer 6 month study is very instructive here yet wasn't mentioned. 20 people died who took the vaccine. 14 people died on placebo. So on average people who got the jab had a negative benefit. The vaccines may be justifiable on a risk reward basis if you are old enough. But as you go younger, the all-cause death benefit flips to benefit the unvaccinated. The numbers based on VAERS are very clear. **DO NOT VACCINATE YOUR KIDS.** You are much more likely to harm them than to help them. Consider for example the fact that in the Pfizer Phase 3 study of 12 to 15 year olds, one girl was paralyzed, likely for life. This was never disclosed. The FDA refused to even call her. They are now taking legal action. There were only 1,032 kids in that arm. Why would you risk a 1 in 1,000 risk of paralysis for a much smaller mortality benefit? No parent would if they knew that. But our mainstream press buried the story of Maddie de Garay. And if you treat COVID early, you get way better risk reduction than any vaccine as proven by protocols such as Fareed-Tyson which have over 99% risk reduction regardless of variant, but they depend on starting treatment immediately after symptoms. The one thing all hospitalized patients have in common: they didn't get early treatment.



# Doing something that could kill or disable us for a tiny absolute benefit is not worth the risk

This is especially true when the safer alternative of early treatment is available.

Note that the absolute risk reduction offered by the vaccines depends on your age. The older you are, the greater the benefit. If you are younger than 50 years old, you should demand that the CDC show you the true current absolute risk reduction numbers for your age group and local COVID rates. Then compare that to the risk of death and disability from the jab itself.

The chart below shows only the ideal absolute risk reduction of getting infected, not your absolute risk reduction from hospitalization or death, both of which are much much smaller.

If you are under 30 and the vaccine is perfectly safe, you can reduce your risk of dying by less than 1 chance in 100,000 which is .001%. Your chance of dying from a car accident is 10 times higher.

## THE SCALE OF THE COVID-19 INJECTION **EFFICACY LIE**

	What they told you it did	What it actually does
	THE MARKETING LIE	THE LANCET STUDY
Jab Type	Relative Risk Reduction	Absolute Risk Reduction from Jab
Pfizer/BioNtech	95.03%	0.84%
Moderna (NIH)	94.08%	1.24%
Janssen	66.62%	1.19%
AstraZeneca/Oxford	66.84%	1.28%

Source: [www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext)  
For more information please visit: [doctors4covidethics.org](https://doctors4covidethics.org)



## We can't find anyone to discuss these points with

When our friends claim we are wrong about the vaccines and we send them this document, they simply say that they don't want to discuss it anymore.

In other words, "I disagree with your views, but I can't argue with any of your points."

You'll find that nobody will change their viewpoint, even when you can address every argument they try to throw at you.

## Your experts are lying

[Doctor talks to NFL team about vaccines, says Americans should be 'more worried about taking aspirin'](#) says: Osterholm noted that of 180 million people who received Pfizer's COVID shot, zero died.

That is preposterous. Since there were no autopsies, how could he possibly know that?

Osterholm was a [former advisor to President Biden](#). It's pretty scary who Biden has picked to advise him.

You fail our safety checklist

COVID-19

# Vaccine Q&A



## Facts to help you make a decision

	YES	NO
1. Are the mRNA vaccines <b>experimental</b> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have they been <b>safety tested</b> on animals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have they been subject to medium or long term <b>safety testing</b> on humans?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the effects of the vaccines <b>reversible</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Will the vaccines stop me <b>getting</b> COVID?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Will the vaccines stop me <b>spreading</b> COVID?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Will the vaccines allow me to stop wearing a <b>mask</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Do the vaccines contain <b>genetically modified organisms (GMOs)</b> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do the Astra-Zeneca & Johnson & Johnson vaccines contain <b>aborted human or monkey cells</b> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do doctors have concerns about the mRNA vaccine's long term effect on <b>fertility</b> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is there is <b>risk of auto immune disease</b> , strokes, seizures, convulsions or other side effects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have the vaccines caused any <b>deaths or injuries</b> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Are the vaccine manufacturers <b>liable</b> for injuries or deaths caused by the vaccines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Are there <b>doctors and scientists</b> recommending people NOT to take it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FOR UNCENSORED INFORMATION  
ON COVID VACCINES SEE

- [Mercola.com](https://www.mercola.com)
- [AmericasFrontlineDoctors.com](https://www.americasfrontlinedoctors.com)
- [WorldDoctorsAlliance.com](https://www.worlddoctorsalliance.com)
- [ChildrensHealthDefense.org](https://www.childrenshealthdefense.org)
- [Principia-Scientific.org](https://www.principia-scientific.org)
- [SWPRS.org](https://www.swprs.org)
- [TheHighWire.com](https://www.thehighwire.com)

Disidentsignposts.org

### Would you...

get on an **experimental** aircraft that had **NOT** completed standard **safety testing**, had **NO** air worthiness certificate and for which the makers have absolutely **NO liability** for any deaths or injuries? This is what you are being asked to do with the experimental, high risk mRNA COVID vaccines.



## We want to know when the Hippocratic oath to “do no harm” was suspended?

Obviously, someone sent out the memo that it is OK to kill or [cripple someone for life](#) to **protect them from something they are unlikely to ever get in their life** and that there is a 99% safe and effective treatment for. Can we see a copy of the memo?

For more stories of vaccine victims, [please watch this short segment of The Highwire](#).

## We don't like that doctors are clearing people to take the vaccine when it is clearly unsafe

For example, [VAERS report 1104431](#). He got one shot, bad reaction. Doctor cleared him for second shot saying reaction wasn't related to the vaccine, died shortly after shot.

## We are worried that if we get the vaccine and have side effects, we won't be treated properly when we are hospitalized because the doctors still believe the false narrative that the vaccines are perfectly safe

Doctors are trained to believe the vaccine never causes any side effects.

So when Hollywood actors have a heart attack in the middle of a shoot, they chalk it up to bad luck. When [athletes need to drop out of competition in the middle of a game](#) because of the lack of physical control over their bodies, they chalk it up to “mental stress.” Nobody wants to blame the safe vaccines. When was the last time [two cricket players](#) had to withdraw from a game in the middle of a match?

Similarly, when all these stroke cases happen due to the vaccines (they occur at 326X greater than normal incidence), **the doctors are not going to treat it properly because they will never believe that stroke is associated with the vaccines.**

The press hasn't saved lives by hiding the truth. They have jeopardized lives and caused people who may die to get the wrong treatment.

Entrepreneur, Brand Ambassador

83 Following 18 Followers

 Joined May 2009

Steve .. my wife as you know is a hospital RN ... she told me today they are suddenly seeing a large number of codes for strokes coming into the ER .. code Stroke . Which is very very unusual .

Yesterday, 11:15 PM

You accepted the request

do they ask "have you recently been vaccinated?"

what is a large number? tell me before and after?

8:55 PM ✓

They don't ask them that . She said one night recently they had 5 code strokes on the just night shift . Typically they would have had zero to one maybe . She said the neurologist was wondering if they were related to Covid ... not the vaccine but just the Covid

11:12 PM

## Morbidity comparisons don't matter; you'd lose on that one

One person said, it's not just mortality but morbidity as well!

In our view mortality trumps morbidity, but they would lose the argument on morbidity as well.

The morbidity is far worse with the vaccines than COVID (see below). And if you opt for the vaccines, you get the morbidities due to the vaccine AND the morbidities when you get that breakthrough infection (which is potentially enhanced by ADE).

NEJM: [20% of the vaccinated will end up with long haul COVID](#)

NPR: [COVID Symptoms May Linger In Some Vaccinated People Who Get Infected, Study Finds](#)

which said “Of those, seven — or about 19% — developed symptoms that lasted at least six weeks, including headaches, muscle pain, loss of taste and smell and fatigue.” [Note: the NPR article referred to the NEJM study].

The best comparison is user statistics. Here’s our survey. May we see your survey?

The 45% incidence of vaccine injury is more than 2X higher than the fatality rate, suggesting that if 150,000 people have been killed by the vaccines, the number who are disabled is on the order of 300,000.





**Louisa Clary**  
@louisaclary



How many people do you know that have been either paralyzed and/or unable to work due to a vaccine injury?



630 votes · Final results

1:18 PM · 7/30/21 · [Twitter for iPhone](#)



**Louisa Clary**  
@louisaclary



Answer and share!

How many people do you know that are injured enough by their Covid-19 infection that they are not able to work?



410 votes · Final results

## We don't like the side-effects

One of our followers wrote:

I have a few friends that have developed weird illnesses after getting the vax. I'll pass this on to them, however they are already dealing with them and are in and out of the hospital :(

38 year old ~ kidney failure, dialysis and myeloma cancer, chemo (April 2021).

42 ~ blood cancer, did 6 weeks of intensive chemo treatments staying at the hospital for the week (March 2021)

35 ~ her hair is falling out (May 2021)

36 ~ stomach issues, burping all the time, blisters on her tongue (July 2021)

3 of my mom's friends developed breast cancer in December 2020.

I'm sure there is more but they know I'm not for it and don't share the info/side effects with me.

29 - MS, vertigo and all of a sudden compromised health :( (December 2020 - got the vax in Nov)

The others above developed their symptoms **a week to a few weeks after getting the vax, and were relatively healthy before that.**

Note that the vaccine seems to light a fire for pre-existing cancers. So while it wasn't likely to cause these cancer cases, it is consistent with reports that the vaccine may have caused previously undetected cancers to aggressively advance..

## We don't want to lose our kids

[Mother suffers seizure at the wheel with kids in the car after having the Pfizer Covid-19 Injection](#)

# Mother suffers seizure at the wheel with kids in the car after having the Pfizer Covid-19 Injection

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

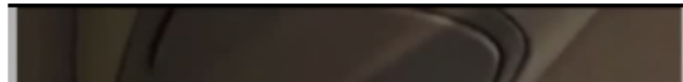


Listen Now

**Shocking footage has emerged of a mother suffering a seizure in front of her traumatised children, due to the Pfizer mRNA Covid-19 vaccine.**

The incident took place in the US, and the seizure started whilst the mother was driving, but she luckily managed to pull over before losing complete control of her body.

You can watch the distressing footage in full below...



## We don't want to lose our limbs

These examples [can happen if we get COVID too](#), but why would we voluntarily subject ourselves to the 100% certainty of taking the risk if we take the jab? We would get the risk of amputation from the jab, and then also have the risk of amputation when we get COVID after taking the jab. It's twice the risk of losing a limb.



Just met a very eminent Professor of Internal Medicine. He don't want to say as the administration of Hospital already warned him in Long Island New York . He just admitted 8 people vaccinated with gangrene starting in extremities or badly sick from Covid few days after vaxx.



**DR AFZAL NIAZ M.D, M.B.B.S**  
**(King Edward) ,FRCS**

[twitter.com](https://twitter.com)

Note that the photos in the tweet above are stock images, but the cases are real.



# Minnesota Woman and Christian Missionary has Legs Amputated After Taking Pfizer Jab – May Also Lose Her Hands – GoFundMe Account Set up

By Jim Hoft

Published July 29, 2021 at 9:00am

1071 Comments

f Share (1.9k)

🐦 Tweet

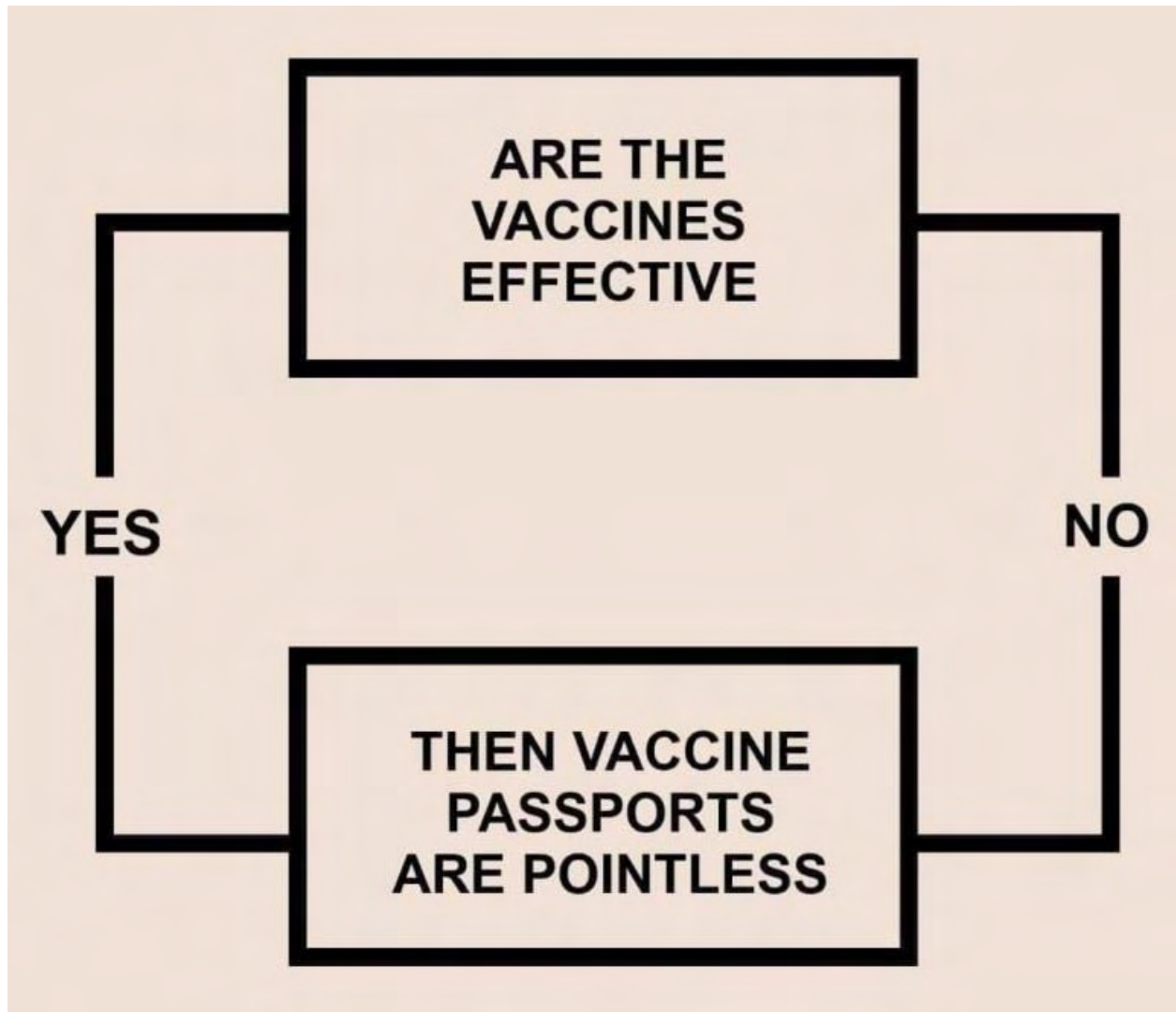
Gab Share

Telegram

Share



## Vaccine passports don't make sense



## Doctors give the same patient completely different advice

We received this message which we reproduce unedited.

Tale of 2 Doctors and 1 Seeker of Truth

In an effort to make the best decisions for my family and myself regarding the current health crisis, I have sought answers from 2 Medical Doctors that I have great respect for, so that I can make a prayerfully, well informed decision about what to do. To protect their privacy, I will refer to one as Dr. A and the other Dr. B.

Here are their responses to my 7 questions.

1. Should My wife and I receive the shot?

Dr. A: Yes, it is the one and only solution to get this pandemic under control, and you owe it to yourself and the community to receive it. The shot will protect you from the virus and stop community spread.

Dr. B: If you are at high risk with comorbidity conditions, you may want to consider it. My concern is that it is still in the trial phase and we do not know the long term effects of the shot. There is no conclusive evidence that the shot stops the virus. In fact the country of Israel, which has an 85% rate of taking the shot is now experiencing an outbreak of the current variant.

2. Should I have my young adult son of 22 get the shot?

Dr. A: Yes, he will benefit from the increased antibodies, and it will help slow community spread.

Dr. B: Absolutely not. Since he is healthy, combined with his age, he has statistically a 0% chance of death from the virus without any treatment. Why would you give an experimental therapy to someone who does not need it? Also, regarding community spread, the latest research says those who have received the shot, and those who have not both have the potential to spread the virus.

3. Is there any early treatment options for the virus?

Dr. A: We do not have any effective treatments in the early stages of the virus. I work in the outpatient setting and recommend Tylenol to help with pain and discomfort. We let the natural immune response take care of it. For those who struggle, we will treat them if they have serious breathing issues, oxygen levels below a certain threshold, 92%, and then we recommend hospitalization.

Dr. B: Yes, there definitely is effective early treatment. I have used a protocol that combines HCQ and now I like Ivermectin, zinc, z-pack, vitamin C, Vitamin D3 that has been very effective when used at early onset of the virus. In fact, based on my research, early intervention reduces hospitalizations and death by 85%.

4. Is the shot safe?

Dr. A: Yes, it is more dangerous to take an aspirin then it is to take the shot. It is effective, safe and vitally important to you and our community. I have taken it, and all of my family. Our highest governmental organizations of health, CDC and NIH recommend it as safe and effective.

Dr. B: We don't know. That is why I hesitate to recommend it, unless there is absolute benefit to a high risk individual. It has been shown to significantly increase antibodies to fight the virus. I am concerned about the adverse effects reported on VAERS. This is a government website that people

can report adverse effects from taking the shot. There have been over 6,000 deaths reported, blood clots, myocarditis, Guillen-Barre and other neurological problems reported. We are not sure of the level of risk because it is only been used in our emergency use scenario since around January. It is too early to assess the long term effects. The shot may cause a paradoxical reaction, called ADE Antibody-Dependent Enhancement. These enhanced antibodies are extremely dangerous to people as they actually help the virus get into the cell. If the person who develops ADE is later exposed to the virus, they will have a much more serious reaction than if they hadn't taken the shot. Studies show that the elderly may be more prone to ADE. The above is all preliminary. I want you to be aware of the potential benefits and potential risks involved so you can make the best decision.

5. Is there anything else we can do to stay safe?

Dr. A: Yes, wear your mask when interacting with other people, wash your hands, practice social distancing to reduce exposure, and limit your social interactions. Get the shot to stay safe and provide greater safety to others.

Dr. B: Yes, make sure you eat healthy, exercise, spend time in the sun, and take wholesome supplements to keep your immune system strong. Obviously, if you are feeling symptoms of the virus, limit social interactions, yet if you are healthy, live your life as you normally would.

6. What is your thoughts about the 2 drugs HCQ and Ivermectin?

Dr. A: There is no conclusive study that they benefit in treating the virus. In fact some information from the CDC says it may even be dangerous to use these medications in treating this virus. I don't prescribe them to any of my patients.

Dr. B: I have had great success in using these medications in combinations with other meds and supplements in treating the virus. In fact, both of these meds have been around for decades and have an excellent safety record. They are cheap, readily available and highly effective in combination with other interventions.

7. Since I had the virus already and recovered, does my body have antibodies to fight the variants of the virus.

Dr. A: You do create natural antibodies and we don't know how long they will last so we recommend the shot to boost your immune system. It will provide greater protection from the variants.

Dr. B: Your natural immune system is a thousand times better than an immune response created through the shot. Since you recovered successfully and it is in the recent past, I believe that you are immune competent to fight the virus variants.

## Most Members of Congress refuse to acknowledge there is a problem

No member of Congress wants to be seen as “anti-science.” If you call and want to ask about vaccine safety, they will not have anyone get back to you.

If you want to find out how many people have to die before they stop the vaccine, they will not tell you.

We talked to one member of congress who said he had an “expert” review our materials, said we were wrong and said there were “dozens” of articles showing the vaccines were safe and effective. When we asked for one, he stopped talking to us.

Our point is this: if you want to convince us you are correct, refusing to provide your references, refusing to answer any of our questions, refusing to return our calls, and refusing to enable us to engage with your experts will do nothing to convince us that you are right. It will instead reinforce our belief that we should not be vaccinated.

## Those Members of Congress who know there is a problem won't do anything to upset the narrative because it's political suicide

House Democratic Speaker Nancy Pelosi knows exactly what is going on. We know she knows. But she's not going to say anything. It would make Democrats look stupid.

Similarly, the Republicans know what is going on and they can't say anything either since the vaccine was developed and rolled out under their control.

The press isn't going to say anything. They'd lose all credibility.

Academia will never acknowledge the problems. They'd lose all credibility.

So nobody wants to admit they made a mistake and the killing of naive Americans will continue with no end in sight. The reasoning is that they've made it this far and nobody has caught on, so they'll just continue with the narrative and continue to suppress early treatment with repurposed drugs.

It's a bit like a Ponzi scheme... once you are in too deep, there is no way out.

There is a remote possibility that one of the parties will actually tell the truth and then use that to get American support in the mid-term elections. Or they could treat it as a third rail and not touch it assuming the other party won't touch it either.

If Americans want to know the truth, they will need to rely on uncensored media which is not sponsored by advertising and people who cannot be bought such as Bret Weinstein, Joe Rogan, Del Bigtree, and others.

## Many other reasons...

There are additional reasons [suggested by our followers](#). Here is a short list in their own words:

1. Bottom line: a marketing/propaganda campaign that's dependent on fear of a virus only ticks smart people off. Use of **experimental** vax w/ **minimal absolute risk reduction** makes no sense.
2. The **absolute risk reduction reported in the covid vaccine trials is minuscule**. This is its own reason. It's the primary reason people don't want the vaccine. No fair analysis of the value of the vaccine can be done without full long term safety studies.
3. We don't like that the manufacturers of these drugs have been **absolved of liability** for death, injury, and harm caused by these products, given the obvious, known risks. And that **none of the government agencies or private organizations coercing their use has done so either**. All risks accrue to the drug recipients, who have been misled about those risks. Is there any other drug that people are even ALLOWED to take whose mfr is exempt from liability?
4. Because we set the wrong example to our children. Put them at risk by an experimental vaccine for a disease they have no risk to, that is unproven and still spreads among vaccinated.
5. The vast majority of people don't have the time, skills, or inclination to examine the raw data, scientific papers. They rely on public bodies, media, etc for reliable information, and they can't anymore.
6. The complete lack of specific data points used in the marketing campaign behind the covid vaccines suggests that those underlying data are not sufficient.
7. Dishonesty right from the start: Trials didn't even use the same vax, ultra purified. [BMJ article](#)(bottom), they wouldn't answer up front where the LNPs go even though this is a known issue. Complete dishonesty with the Adverse effects(death)
8. Peter Doshi @ bmj: None of the trials currently underway are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.
9. The ability of governments and employers to mandate purchase of their medical products is the death of freedom of choice.



10. The public shaming of people that choose informed consent is reason enough to suspect that the underlying data supporting the use of covid vaccines is lacking and doesn't really command respect.
11. The number needed to treat for all covid vaccines is very poor. The number needed to harm is unknown as full safety tests were not completed.
12. The novel vaccine technology is being marketed through an abusive and subversive campaign by international and federal organizations resulting in massive private profits for a few selected companies.
13. The basis of the emergency use authorization of the vaccines is rooted in the use of the pcr test which is utterly unreliable which means there is no way to trust the reported numbers of positive covid cases.
14. Because asking critical questions about new vaccine technology or non-sterilizing vaccines is science.
15. mRNA vaccine technology has never been successfully used in humans before.
16. Moderna doesn't have any commercially licensed and approved drugs before this.
17. J&J has repeatedly sold products that cause cancer like baby powder and sunscreen.
18. I've been swimming against the mainstream messaging & standard Lyme disease guidance for 4 years. That journey made me realize that healthcare leaders don't always have our best interests at heart. I am not willing to be part of the clinical trial, as I struggle to return to health.
19. Moderna's covid vaccine trial was not designed to demonstrate prevention or transmission.
20. Vaccine passports give politicians too much power. At the flick of a switch people can be forced to get the next jab upgrade. This can be controlled by region, race, political affiliation or creed.
21. I got covid. Mild symptoms. I now have strong recovered immunity. It is absolutely ridiculous to get a vaccine against something I already had. Plus, I don't trust the government and big pharma. Do you think big pharma wants healthy people? Plus Origin of the virus is shady.
22. Nothing you do is gonna get me to take that vaccine. Nothing. I can't be bribed, bullied, or shamed into it. Not because I'm anti-vaccine. But because all the people who've lied about everything for five years are the ones demanding I take it. Trust is earned.
23. Risk outweighs the benefit, especially in kids. Too many adverse events that we learned about by having to DIG for the information.
24. It smelt off from the start. The subsequent data didn't tally. Too many previously lauded scientists and docs have been discredited despite decades of being lauded in their chosen field. And they're now resorting to bribery and coercion.
25. It is just common sense. This virus/toxin shut down the world 14 months ago, yet everyone is rushing to inject themselves after several months of testing?

26. When my 80 year old bedridden mother got covid and was put on the Zelenko protocol, she recovered within 36 hours and it was just a sore throat. I knew lifesaving early treatment was being suppressed
27. The progression of fast, then faster, then fastest tracking the approval of the vaccine makes me trust it LESS:

One responder put together a list of 12 points:

● 12 Reasons why some people may be genuinely hesitant to take the new Covid jabs:

- 1) the jabs don't stop you getting Covid
- 2) they don't stop you spreading Covid
- 3) we don't know if they will work against all variants
- 4) you may need to get further boosters - every single year for the rest of your life?
- 5) "95% effective" actually means that with the jab you have 99.95% chance of no symptoms, & without the jab it's 99%: i.e. \*less than 1%\* difference. (Relative vs Absolute Risk)
- 6) they are still just in trials (till 2022/2023), so humans are the guinea pigs
- 7) they have not been \*approved\* by any regulator (only "emergency \*authorisation\*")
- 8) in 4 months, around 4,200 deaths have been reported to the vaccine reporting system in the US (VAERS), more than all other vaccines put together in the past \*20 years\*
- 9) they use new DNA/mRNA technology with NO long term safety data or guarantees
- 10) they're so safe that the Pharma companies have ensured they themselves have NO liability if anything goes wrong
- 11) they're so safe that - despite the already higher-than-hoped-for uptake - Governments are still pressuring and threatening people to take them, or even bribing them to take them (e.g. with fries/donuts!)
- 12) they're so safe that some countries' scientists have either banned their use, or have completely contradictory rules about which age groups they can be used on

● So, it's not about being "anti-vaxx". It's about personal choice, and balancing the pros & cons of \*these particular new Covid jabs\* against a 99.7% survival rate without them. 👍😐●

# It is the most educated people who are the most resistant, especially PhDs

A recent [MIT study found that the people who refuse vaccination are among the most well informed people in America](#).



**Robert W Malone, MD**  
@RWMaloneMD



This is key. The most hesitant are the most educated.



**CryptoThis** @jacleena · 19h

Replying to @RWMaloneMD

"The largest decrease in hesitancy between January and May by education group was in those with a high school education or less. Hesitancy held constant in the most educated group (those with a Ph.D.); by May Ph.D.'s were the most hesitant group."

[upmc.com/media/news/072...](https://www.upmc.com/media/news/072...)

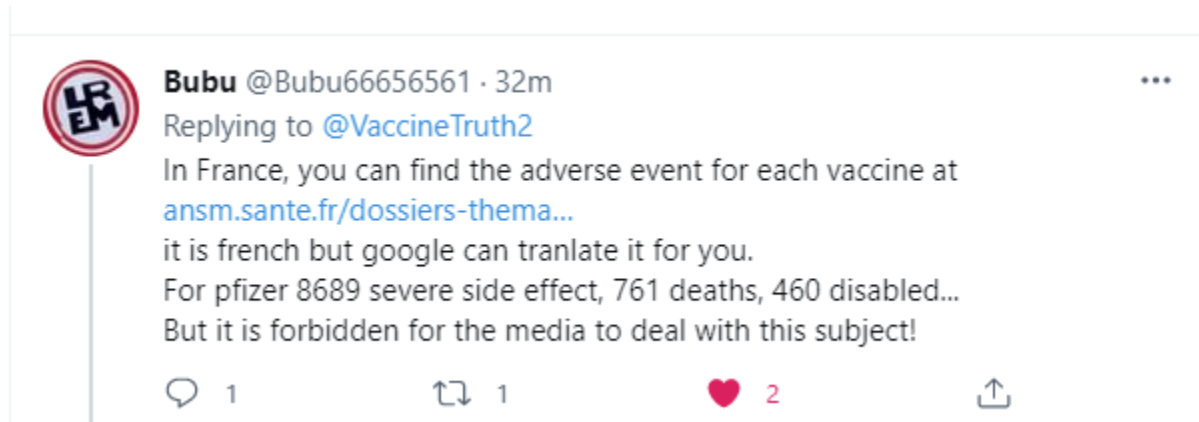
7:21 AM · Aug 8, 2021 · Twitter Web App

**1,313** Retweets   **102** Quote Tweets   **3,327** Likes

Here is the [tweet](#) and the [article](#).

Why are the most educated so resistant to vaccination? Could it be that they know something we don't?

## Media in France is prohibited to talk negatively about the vaccines



Here [is the article referenced in the tweet.](#)

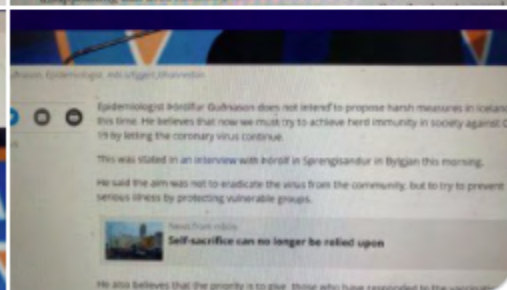
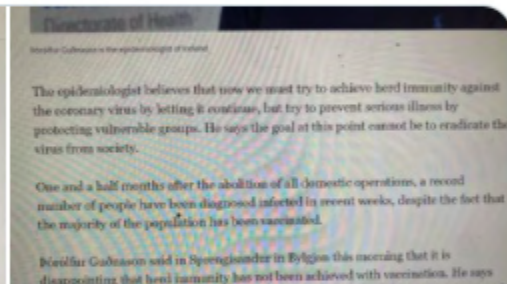
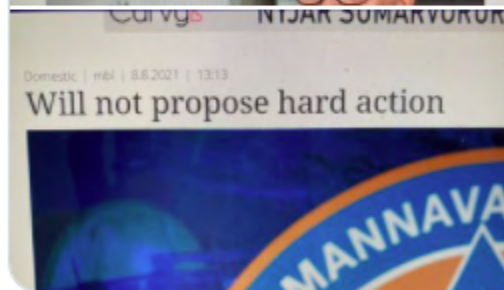
# Iceland numbers are a disaster



**Alex Berenson** @AlexBerenson · 2h

1/ Stunning news from Iceland - among the world's most vaccinated countries - today.

Facing a huge new #Covid outbreak that translates into ~100,000 new US cases a day, the country's chief epidemiologist now says natural infection is the only way to reach herd immunity...



333

4.1K

6.5K



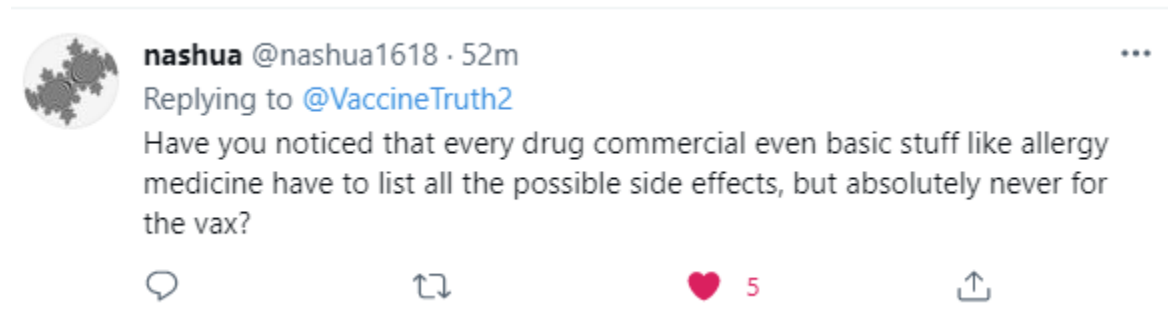


## Israel numbers are a disaster



## Failure to provide informed consent

We don't understand why for any other drug, they list the adverse events but for the vaccine they only talk about a couple of remote mild risks and no risk of death.



## We don't like the lack of transparency



**Vaccine Truth** @VaccineTruth2 · 47m

...

I claim nobody can produce any evidence that is consistent with the hypothesis that the vaccines are as safe as previous vaccines.

Am I right?



5

9

54



**GKB Weber** @GkbWeber · 4m

...

Public health agencies publish nearly no credible safety data. Just some data on "very rare" side effects for which underreporting is not estimated. No data on autopsies, pre and post vaccination inflammatory markers, obvious neurological side effects, follow-ups on AE, ...

2



**Vaccine Truth** @VaccineTruth2 · 2m

...

It's really odd isn't it? If they want to reduce vaccine hesitancy, you'd think they'd want to publish all that data!



# Criticisms we've received don't show anything we've said is false

Criticisms of this document include:

1. **Your challenge is impossible. You can't prove a negative.** The claim we made is that nobody can produce evidence the vaccine is safe. Examples of evidence you could point to (**none of which are true** of course): "# of VAERS deaths this year are lower than last year", "survey of docs showed 10X as many docs using VAERS this year vs. last year", "survey on Twitter of 100,000 users showed nobody knew anyone who died from the vaccine", formal survey done by a top polling firm shows nobody died, there are no facebook groups of vaccine victims and never have been, the government offers compensation of \$1M to anyone who dies from the vaccine yet nobody applies, 100 autopsies were done on people who died within 2 weeks of the vaccine by 100 different pathologists and they all certified the vaccine wasn't a cause, D-dimer was not elevated in anyone who died, in 10,000 injections, nobody reported any side effects beyond pain or soreness at the injection site, nobody under age 50 died in 21 days after injection, etc.
2. **The 99% early treatment protocols haven't been published so we don't believe you.** That is because the doctors are spending all their time with patients. Just because it isn't published doesn't mean it isn't true. In the Italy case, there was a government restriction on reporting the results. The Fareed results will be submitted for publication soon.
3. **You don't understand VAERS.** Our understanding of VAERS has proven every time to be greater than those who have made that statement. Every. Single. Time.
4. **VAERS can only be used to spot safety signals.** No, the under reporting ratios are very consistent and we can show that very very clearly. The people who discount the utility of VAERS analysis are the same people who have spent no time analyzing the data in VAERS. Otherwise, their position would be inconsistent. We can show causality in VAERS but nobody wants to talk about that. The main problem with VAERS is under-reporting, not bogus data. This has actually been studied in a peer-reviewed article and the large majority (~65%) of entries to VAERS are made by GPs. Anyone commenting on the VAERS system must be aware of the facts and VAERS is actually one of the best and most comprehensive pharmacovigilance systems in the world now - as frightening as that fact is to analysts like our experts. It is still a tragically outdated system. There is a massive problem of under-reporting, under-recording, missing fields, late data entry and removal of data (not a huge amount but there should be **no** removal of non-redundant data without justification and documentation. For those who know how to use it properly (such as the people on our team), it is a gold mine of information.
5. **You can't make a medical claim based on the experience of one large clinic with 6,000 COVID patients and no hospitalizations.** We disagree and would be happy to debate that.
6. **Twitter polls are worthless.** Twitter polls and informal audience polls are data and all data is valuable. How much you weigh that data is a different question. We weigh it as interesting and hypothesis generating only. We never rely on a single data point or single

method to determine the number of people who have been killed by the vaccines. In the case of the Twitter poll, it was consistent with the numbers we determined 12 other ways. Had the poll found a number that was out of range, we would have looked further into the methodology. In short, we use a mixture of quick and easy things to do as well as those that are difficult and time consuming in order to validate our hypotheses.

## We don't believe the best way to resolve the divergence of opinion is through document exchange

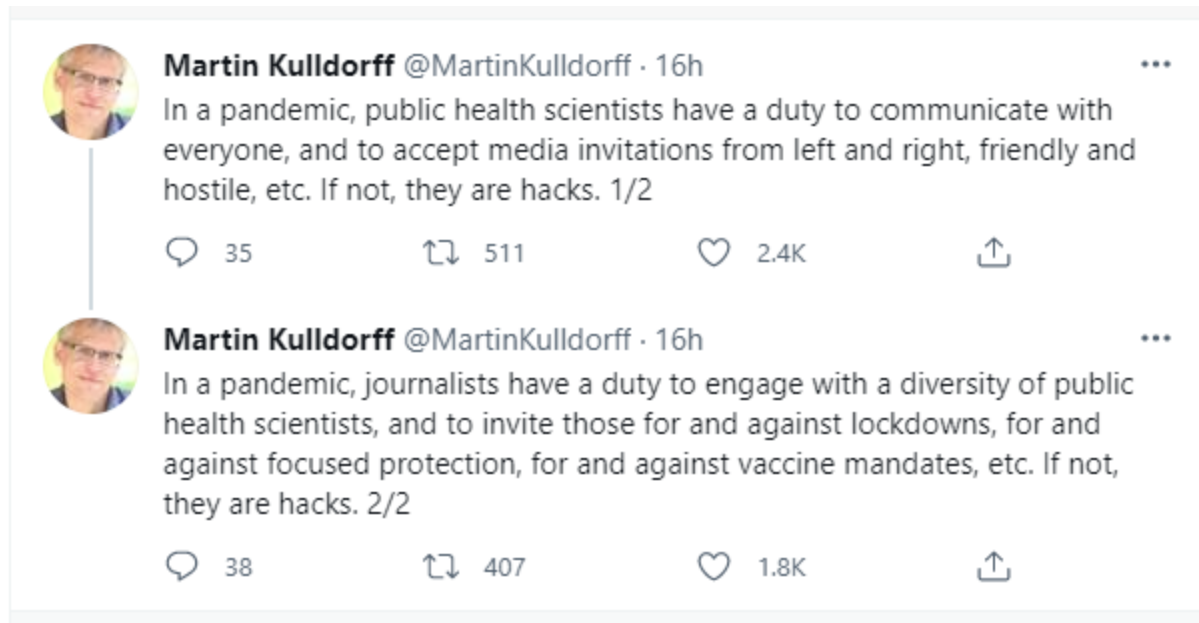
When censorship and ignoring feedback is no longer an option, the narrative supporters will then insist on document exchange as the preferred way to resolve disagreements.

Dueling written documents is not the best way to sway public opinion in an emergency where time is of the essence. It would just create confusion as we see from [the first two letters in this exchange with the HHS](#). The [third letter](#) (88 pages long) which took almost a year to prepare, then gets much too complicated for mainstream public consumption.

That is why the narrative supporters like it so much: it slows things down, it loses the audience almost immediately.

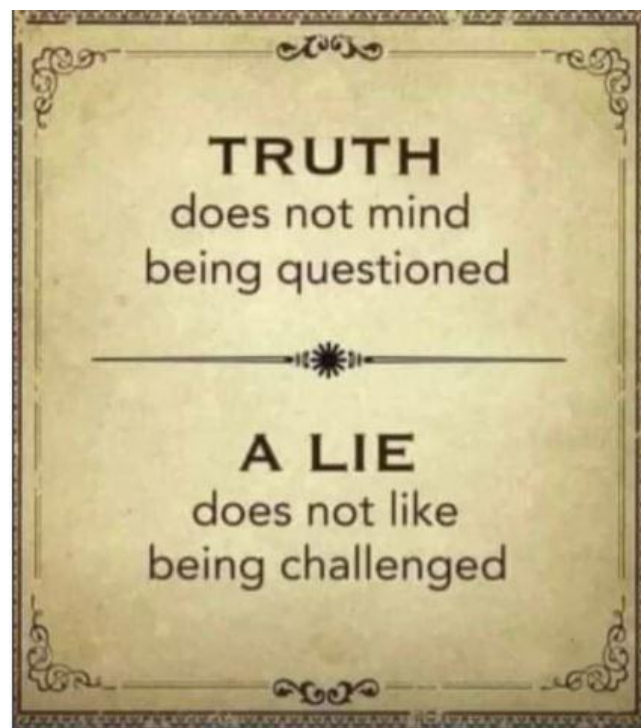
## We want to know when you will come out of the shadows and meet with a qualified team of people who don't share the same views

We don't appreciate the fact that these government agencies hide in the shadows and will not discuss any of the issues above our team of experts.



No expert from any of the drug companies, the CDC, FDA, NIH, or any leading academic institution will agree to debate our team on any of these issues in this article.

Yet these very same experts have no trouble at all making time for softball interviews on CNN and speaking at other public events where they don't have to be questioned by anyone with any serious domain expertise. We know the reason for this:



We are happy to respond to the “list test” with your list if you respond to the “list test” with our list

We'll respond to each and every point on your list if you can do the same on our list.

## Early treatments are really easy to deploy

Some people say “early treatments are too hard to deploy compared to a vaccine.”

I disagree. Poor countries create boxes with the meds and give them out for free to anyone who needs them. How hard is that?

And if the early treatment is a shot of interferon lambda, people should be able to just walk into a pharmacy and get the shot just like they do now for vaccine shots. The beauty is that it is all spread out naturally over time. And the drugs don't have the specialized freezer requirements of the vaccines.





# We are as data poor today as we were more than a year ago

WE are not tracking overall mortality from the vaccines. No autopsies if you die after vaccination. No risk-benefit analysis. No recognition of the risks of treatment based on real world data. We recently read these articles and thought they were relevant, but then realized they were both written over a year ago!

[COVID-19 is occurring in clusters, making good data and resource allocation crucial](#)

[statnews.com In the coronavirus pandemic, we're making decisions without reliable data](#)

## Blood analysis after vaccination is horrifying

Blood smears are hard to get right. If these are confirmed, and there is no reason they shouldn't be, **there is no way these vaccines are harmless.**

One of our experts wrote:

The images certainly do not look typical to me. The red blood cells in some of the images look legit. However, I don't see any evidence of white blood cells among them. This could be because the image is fake, or it might be the result of looking at random fields of view that simply miss the relatively few white blood cells. It could also be legit but not look that way because the vaccine has messed everything up so much. Some of the verbiage suggests these may not be hematologists. I would feel better if several hematologists independently ran these kinds of tests.

We are waiting on further confirmation.

Watch both videos:

Stew Peters

[VAXXED Patients' Blood Examined, Horrific Findings Revealed by German Physicians](#)

Original video in German with English subtitles

[Vaccine & Blood Analysis Under Microscope Presented By Independent Researches, Lawyers & Doctor](#)

# We don't believe that 99% of the people in hospitals for COVID are unvaxed

On May 1, they redefined a breakthrough COVID case as meeting ALL criteria:

1. Death or Hospitalized AND
2. Positive PCR @ Ct of 28 or below (i.e., severe disease)

This is why there are so few vaccinated cases!

In May, from that leaked CDC slide deck, there were 9% vaccinated in hospitals for Covid. In Israel, on Aug 1 60% in hospitals were vaccinated.

The reason for this is simple: the CDC guidance to vaccinated is to discourage COVID-19 testing. **Many hospitals will not test a COVID-19 vaxxed patient.** That is why the non-COVID codes are going up. They have COVID, but not as far as the hospital is concerned.

And of course there is [the internal CDC report](#) which says what they are saying is not what their internal presentations say.

# The actual number of true deaths from COVID-19 is likely smaller than we are led to believe

See [They're lying to you – Official NHS data shows only 3.5K have died of COVID-19](#)

↻ Ian Clayton Retweeted



**Mark McGoldrick** @1markmcgoldrick · 1m

Replying to @AI\_Clayton

**THEY'RE LYING TO YOU!**  
**OFFICIAL NHS DATA SHOWS**  
**ONLY 3.5K PEOPLE**  
**HAVE DIED OF COVID-19**

They're lying to you – Official NHS data shows only 3.5K have died of ...  
For twelve long months the people of the United Kingdom have been  
repeatedly told to stay at home in order to protect an NHS which see...  
[dailyexpose.co.uk](https://dailyexpose.co.uk)



## Even more dangers of vaccination are coming out

I think this preprint on Research Square coming out of Hangzhou, China is very significant, even astonishing.

<https://www.researchsquare.com/article/rs-612103/v1>

"Pathogenic antibodies induced by spike proteins of COVID-19 and SARS-CoV viruses"

They identified a neutralizing IgG antibody to S1 of the spike protein

(REGN10987) that has extremely toxic effects.

They injected this antibody into the peritoneum of pregnant rats and tracked the health of the pups.

They found:

- o Acute renal tubular injury
- o Myocardial hemorrhage (heart damage)
- o Inflammation in the brain
- o Many were born dead

Curiously, when they injected this antibody along with non-neutralizing antibodies to the nucleocapsid protein of SARS-CoV-2, the toxic effects were greatly reduced.

**Ominously, the vaccines will not generate any of these non-neutralizing antibodies to the nucleocapsid protein.**

They also showed that the antibody was toxic to human cells grown in culture.

## We should be using Sanger sequencing to confirm PCR

It started with the CDC when it deviated from its established diagnostic protocol for SARS-CoV to introduce its patented but unproven and flawed RT-qPCR assays in February 2020. Without an accurate diagnostic tool, various con artists can manipulate statistic data easily at will to justify any draconian lockdown policies, massive transfer of wealth from the middle class to a few rich and powerful by printing paper moneys in large scales, and authorizing boosting vaccines with unproven efficacy for permanent control of people through fear.

Why not use Sanger sequencing to be sure? Dr. Sin Lee would be happy to assist.

## Our views are validated by world-class experts

[France's long-time vaccine policy chief: Covid policy is "completely stupid" and "unethical."](#)

Reading that interview of top French vaccine expert [Professor Christian Perronne](#) sounds exactly like what we would say when asked the same questions. We wrote the same answers here before we saw the interview.

# Pfizer contract is one-sided

Basically, governments are restricted in what they can do. For example, the government can't publish autopsy reports without Pfizer's permission. See [Leaked Document Reveals 'Shocking' Terms of Pfizer's International Vaccine Agreements](#)

## We have an easy way to fix the unvaccinated problem

To fix the unvaccinated problem, just end manufacturer immunity immediately and make sure the government will pay all judgments when all the vaccine manufacturers file for bankruptcy. There is no risk to the companies and the government since the vaccines are safe and effective according to the CDC.

## Selected feedback we've received

From a nurse in Maryland:

I have read every single page. My daily life as a nurse is confirmed in the pages of your hard work. It is ALL true... the neurological syndromes, the cardiac events, strokes, visual deficits, gait disturbances, bizarre infections, GI disorders, bleeding, the crazy cancers et al. It is beyond heartbreaking. Today, I lost another patient to sudden onset of an entirely new cancer and a good friend's son took his life. Both took the mRNA shots several months ago. Both have suffered deteriorating health status ever since. I grieve for humanity. What is happening is pure evil.

## Summary

The current batch of Covid 19 vaccines are so unsafe for anyone under 65, it doesn't even make sense to discuss efficacy. There was fraud in the Pfizer Phase 3 trial that the FDA refuses to investigate. We estimate that over 150,000 Americans have been killed by the vaccines so far and we're only half way through the program. Our government has lied to us. The media, Congress, and mainstream academia have all bought into the false narrative of a safe and effective vaccine. The solution has been on the shelf the entire time. Treating COVID with a proven early treatment protocol is both safer and more effective; unlike the vaccines, early treatments never cause death or disability and only need to be used in the rare chance you get COVID.

There are many drugs and many early treatment protocols that have been very successful. One drug deserves special mention because it is amazingly effective on its own and has been available the whole time: interferon lambda. This drug is being completely ignored by the FDA

and NIH despite amazing results in the phase 2 clinical trial that are more impressive than any other single drug we've seen.

The one thing nearly all the patients who are hospitalized today have in common is they followed the CDC advice to do nothing after they got COVID, rather than starting one of the proven early treatment protocols. If patients were treated with an existing proven early treatment protocol, our hospitals would be empty today.

The NIH will never admit they were wrong. In the meantime, the entire world will suffer from this mistake.

## **IMPORTANT**

If you agree with the above and want to help, [please register here \(it takes just 30 seconds\)](#).



We are happy to change our minds but nobody from any of the primary enablers of the false narrative will challenge us on any of our 50 reasons. They tell us we are bad people, but they will not sit down and listen to our reasoning. If you are a subject matter expert and would like to challenge any of the points listed above and will agree to an open, public recorded discussion, please DM us on Twitter @VaccineTruth2. We can't wait to hear from you.

## Our team of experts

Our team of experts are specialists in different areas of COVID mitigation. Inclusion in this list does not mean each person will defend or endorse areas outside of their expertise area listed



below. All of them are anxious to participate in any open public scientific discussion of scientific evidence that challenges the mainstream narrative that the vaccines are safe and effective and that masks work. Our experts include:

1. **Dr. Robert Malone**, widely [recognized](#) as the inventor of the mRNA vaccine. He immediately recognized the dangers of the current vaccines when the biodistribution data was revealed after a FOIA request. He was one of the first people to go on record warning the world about vaccine enhanced infection and replication [which was later confirmed](#).
2. **Dr. Geert Vanden Bossche**, one of the few virologists in the world to warn the world about vaccinating with a non-sterilizing vaccine against a virus capable of mutation in the middle of a pandemic. Nobody at the NIH paid any attention. They still are ignoring him. Why we listen to people who don't know what they are talking about and continue to ignore people who get it right remains a mystery.
3. **Dr. Byram Bridle**, a highly respected viral immunologist at University of Guelph, did the FOIA request that exposed the biodistribution data showing the vaccines do not stay at the injection site like people thought, but instead cause the production of a toxin in all parts of the body including the brain.
4. **Dr. Peter McCullough**, Professor of Medicine, is the author of over 1,000 peer reviewed publications, He serves as editor of two journals and sits on the editorial boards of multiple specialty journals.
5. **Dr. Ryan Cole**, one of the few pathologists who has been unafraid to speak out. His videos are included in this paper.
6. **Dr. Bret Weinstein** host of the DarkHorse podcast, expert in evolutionary biology and co-author with Dr. Heather Heying of the forthcoming book, "A Hunter-Gatherer's Guide to the 21st Century."
7. **Dr. Chris Martenson**, pathologist and host of [Peak Prosperity on YouTube](#). Chris's videos on YouTube are the most insightful videos about the virus and the vaccines.
8. **Dr. Pierre Kory** is our ivermectin expert, and one of our experts on early treatment.
9. **Dr. Paul Alexander** has expertise in the teaching of epidemiology (clinical epidemiology), evidence-based medicine, and research methodology. He is a former professor at McMaster University in evidence-based medicine; former COVID pandemic advisor to WHO-PAHO in Washington, D.C. (2020); and a former senior advisor on COVID pandemic policy at the U.S. government's Department of Health and Human Services (HHS) in Washington, D.C.
10. **Dr. Ira Bernstein**, a physician in Canada who has observed two deaths in 700 vaccinated patients and staff that can be easily shown to be attributable to the vaccine. That is a 1 in 350 death rate. One of those deaths was a previously healthy 24 year old who died in his sleep. Bernstein replicated Hoffe's D-dimer test.
11. **Dr. Jessica Rose** is an expert on the VAERS system. Her [video on VAERS](#) have never been challenged. She has a published paper on [VAERS](#) with several more on the way.
12. **Dr. Meryl Nass**, is a physician and VAERS expert.
13. **Dr. Sin Hang Lee**, an [expert on DNA sequencing](#).

14. **Mathew Crawford**, is a mathematician and statistician [who writes frequently about the pandemic](#) including two articles on a serious CDC math error that no other person had noticed ([Part I](#) and [Part II](#))
15. **Dr. Charles Hoffe**, is a physician in Canada: he had 1 vaccine death in 900 patients and then did the study on d-dimer and discovered that the vaccine elevated D-dimer in most patients, an adverse vaccine effect. D-dimer is usually normal in nearly all patients.
16. **Marc Girardot**, is a member of PANDA. <https://www.pandata.org/team/>. PANDA is a politically and economically independent organization, focused on science-based explanations and tests them against international data. Marc has published extensively on the pandemic.
17. **Dr. George Fareed**, a physician in southern California who developed an extremely effective protocol for treating COVID-19 infections with a [99.76% risk reduction](#) which is far more effective and safer than any vaccine
18. **Tyson Gabriel** is our mask expert. He produced this 1 hour [instructional video](#). Nobody wants to challenge him to a debate on mask wearing.
19. **Stephanie Seneff**, senior research scientist at MIT. Although her field is computer science, she has an amazing breadth of knowledge in biology.
20. **Aditi Bhargava**, Professor, ObGyn and CRS, UCSF.
21. **Vinu and Vinay Julapalli** are brothers. Vinu is the gastroenterologist and Vinay is the cardiologist at Houston Methodist and are involved in lawsuits against the hospital over physician sovereignty. They are both appalled at what they are seeing happening to their profession especially with respect to how unvaccinated patients are treated (as second-class citizens). They've seen 2 to 3X the number of STEMI's in June-August than any time in history.
22. **Dr. James Lyons-Weiler** is an academic biomedical research scientist and policy analyst focused on the pursuit of knowledge to reduce human pain and suffering without profit motive.

We will debate any qualified experts with comparable credentials in an open public fair debate to defend any topic listed in this document.

**The only problem is that NOBODY will debate us. They will claim privately that everything here is false, yet they REFUSE to debate us in an open public debate.**

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You can do whatever it takes to get this information out. Feel free to make more digestible versions of this document.

# Errors, omissions, and positive feedback

Please [report any errors here](#). You can also use that form for feedback (positive or negative) and suggestions. If you are a whistleblower inside HHS or one of the vaccine makers, you can let us know.

[All responses are publicly accessible](#).

Unlike the fact checkers on mainstream media sites, we will promptly review and correct any factual errors. You must provide your contact information if you want us to take action on your comment.

The latest version of this document is available [here](#).

## Response to feedback sent via feedback link

1. Yes, it's too long. We have someone creating a 25 page version, one topic per page with cute graphics on each page.
2. Sorry, "The Left" was part of the quote so we had to leave it in
3. All other suggestions (mostly typos) were fixed.

## For more information

These documents contain information supporting the topics discussed in this document.

[Vaccine Safety FAQ](#) (200 pages)

A 200 page document of over 100 questions answered about vaccine safety including how the FDA missed all the safety signals and a table of adverse events and their frequency distribution. Has the Dose 1 and Dose 2 VAERS analysis links.

[Vaccine Safety Evidence](#) (127 pages)

Contains additional references and detailed calculations by age showing how we calculated the breakeven point for when vaccines would have a favorable risk/benefit ratio.

[EPISODE 225: THE COVID BLAME GAME](#)

Del Bigtree is the host of The Highwire which is free from YouTube censorship. Well researched, highly informative commentary. [Episode 224](#) which has vaccine victim stories (at 6:30) and other episodes are excellent.

[1000 COVID Stories – Share Your Story](#)

If you are still on the fence about whether you or your children should get vaccinated or not, these videos will help you decide.

[Lies and absurdities that damaged the COVID pandemic response](#)

An excellent independent viewpoint on what is happening from someone outside our group, just to show we are not alone. You'll see striking similarities in his list and our list. After he wrote this, we invited him to join our team.

# Appendix

Information to be incorporated into the main text above

A MUST WATCH video So you KNOW and Understand what the shots do! Should we really be doing this to our children?!

**August 3, 2021. video: [A PATHOLOGIST SUMMARY OF WHAT THESE JABS DO TO THE BRAIN AND OTHER ORGANS](#) By Ryan Cole, MD**

<https://rumble.com/vkopys-a-pathologist-summary-of-what-these-jabs-do-to-the-brain-and-other-organs.html>

FYI, did you see this apology by a German paper to the children of Germany?

**[GERMANY: POPULAR GERMAN NEWSPAPER ISSUES APOLOGY ON COVID DECEPTION](#)** August 2, 2021.

Also was good to see this:

**[MEXICO'S PRESIDENT WARNS: "WE MUST NOT SUBMIT TO THE DICTATES OF BIG PHARMA"](#)** July 31st, 2021.

**[Breakthrough COVID-19 infections after vaccination can lead to long-haul symptoms, Israeli study shows](#)**. July 29, 2021

<https://www.thegatewaypundit.com/2021/08/please-add-video-leading-israeli-health-official-vaccinated-account-95-severe-85-90-new-covid-hospitalizations-vaccine-effectiveness-really-fading-video/>

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