Hammering The Point: Six Studies Showing That The COVID Shots Are Ineffective

As the mainstream finally comes around to reporting on the ineffectiveness of the shots, we here are TLAV continue to fill in the gaps in their reporting and offer the information that they leave out

The Last American Vagabond
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Clip from The Daily Wrap-Up with Ryan Cristián, Full Episode: **CDC Hides COVID Jab Stroke Risk (And The Rest) & BBC Inadvertently Admits The #PandemicOfTheInjected (1/15/2023) ineffective**

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We Showed You So

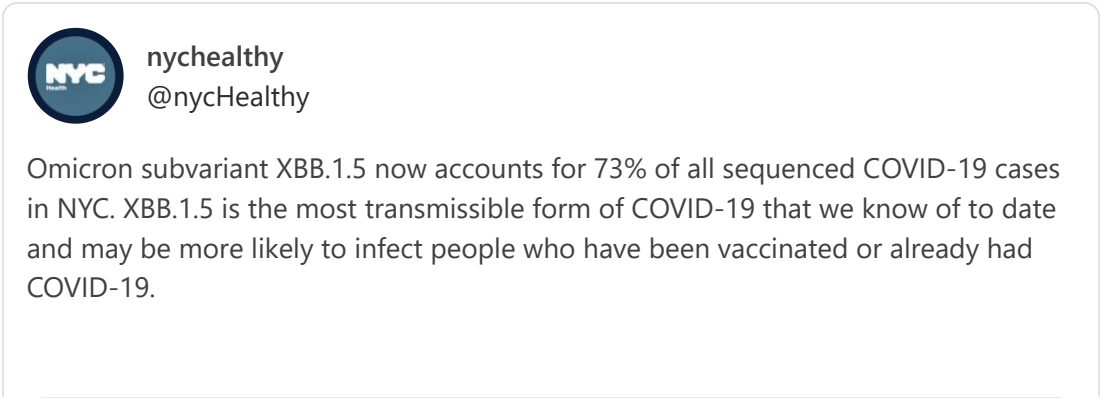
Some days it's hard not to slip into an "I-told-you-so" attitude regarding the information being reported by the mainstream around COVID. We've seen them reverse their position on cloth masking, we've seen Fox News (who has a vaccine mandate within their own company) lightly touch on the topic of heart issues among athletes in an interview with Tucker Carlson and Dr. Peter McCullough, but none of it goes far enough to really lay out the information that is crucial for understanding the danger and the lack of efficacy of the COVID injections.

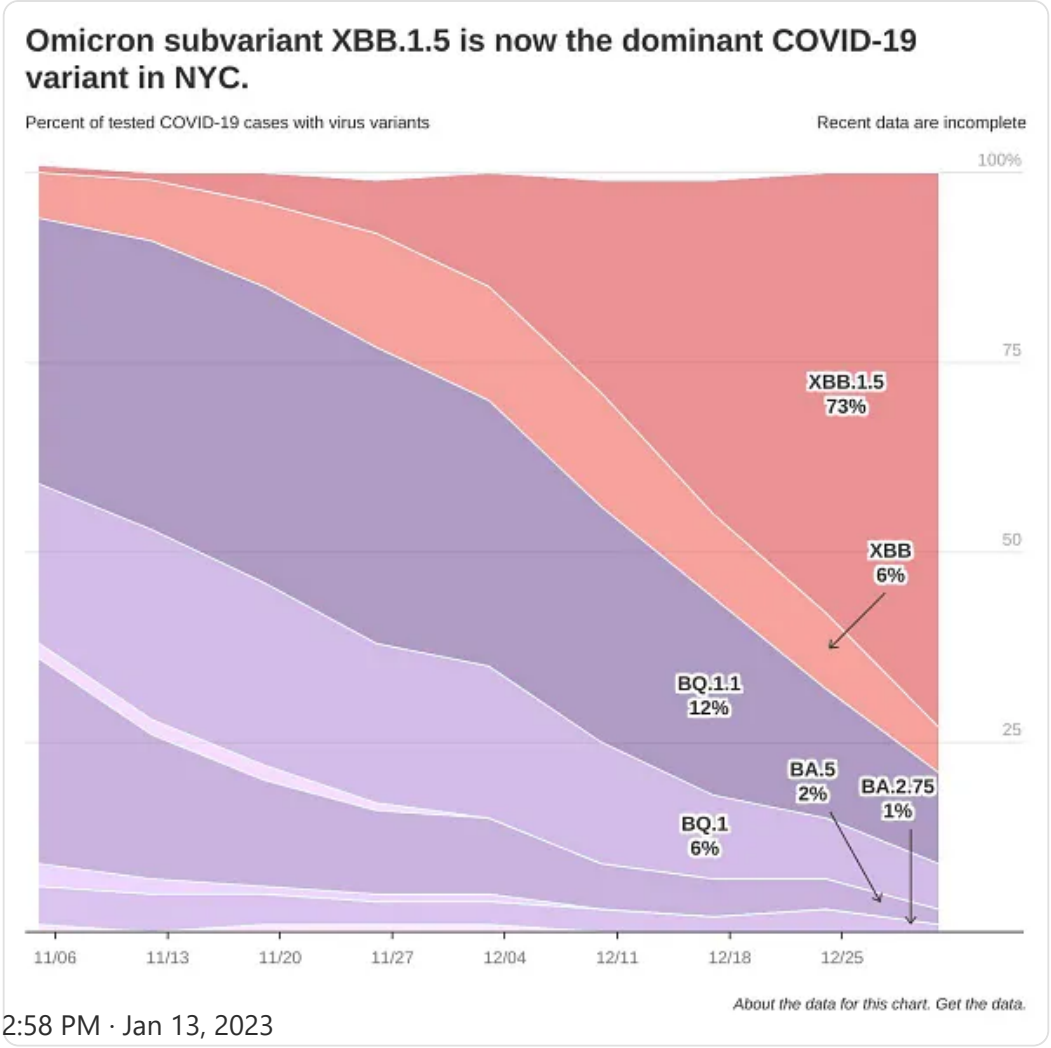
So instead of brow-beating those who continue to push the lie, or only offer half of the truth, we here at The Last American Vagabond will do the job of giving you the science that supports the ever-growing consensus that the shots are not only ineffective, but they are hurting people.

Let's start by taking a look at a recent article by the New York Post discussing the fact that people who are injected are more susceptible to this "new strain" of COVID that is being touted as The Current Thing to be afraid of. From the New York Post:

> New York City health officials are warning residents that the infectious omicron subvariant XBB.1.5 may be more likely to infect people who have already been vaccinated or infected with COVID-19.

Here it is directly from the "official account of the NYC Department of Health and Mental Hygiene", @nycHealthy on Twitter:





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We also see Time Magazine starting to slowly tiptoe their way out of the conversation with this headline: **Data Doesn't Support New COVID-19 Booster Shots for Most, Says Vaccine Expert**

From the article:

> In the third year of the pandemic, the population's immune situation is vastly different from what it was in 2019 when SARS-CoV-2 emerged. Now, most people have been vaccinated against the virus, been infected with it (once or multiple times), or both. And the latest data show that the newest booster shot, which targets the Omicron BA.4/5 strain and original virus variants in a bivalent formulation, isn't that much more effective in generating virus-fighting antibodies than the original vaccine when used as a booster.

So as the mainstream softly indicates that there may be some concerns about the effectiveness of the injections, let's get into some studies that would break the narrative wide open if more people were aware of them.

Relative vs Absolute Risk Reduction

This is a great opportunity to clarify the often-cited but easily misinterpreted difference between Relative Risk Reduction (RRR) and Absolute Risk Reduction (ARR). The pharmaceutical companies and regulatory bodies rely heavily on Relative Risk Reduction to make their products seem way more effective than they actually are. Here is a fun example from a site I found at TL;DR Pharmacy:

I am afraid of flying and I want to decrease my chances of dying in a plane crash:

- Chance of dying in a plane crash while in a plane is around 1 in 11 million
    - Therefore, Absolute Risk of dying in a plane crash is 0.00000009%
- Chances of dying in a plane crash while not aboard a plane is 0 (not considering getting hit by a falling plane while doing yard work)
    - Absolute Risk of dying in a plane crash while not on a plane is 0 or 0.0%
- Relative Risk Reduction of not flying in a plane is 100%
- Absolute Risk Reduction of not flying in a plane is a -0.00000009%
- What is the sexier headline?
    - “Man finds a way to prevent his own death in a plane crash by 100%!”
    - or “Man finds a way to reduce chances of dying in a plane crash by -0.00000009%!”

The use of ARR is a very effective way of making very insignificant and almost irrelevant information seem extremely important. It is deceptive and once you see it, you can understand how you it is being used against you.

The Science

Negative Efficacy

We have known for a long time that these injections actually serve to reduce the overall immune function of those who receive them over time. In this study entitled "**Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study",** the data clearly show that after 90 days, the effectiveness of the injection drops into the negative, upwards of -76.5%, indicating that the shots reduce immune function below that of someone who never received the shot in the first place.

Table Estimated vaccine effectiveness for BNT162b2 and mRNA-1273 against infection with the SARS-CoV-2 Omicron and Delta variants during November 20 – December 12, 2021, Denmark.

	Pfizer – BNT162b2				Moderna - mRNA-1273			
Time since vaccine	Omicron		Delta		Omicron		Delta	
protection	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)
1-30 days	14	55.2 (23.5; 73.7)	171	86.7 (84.6; 88.6)	4	36.7 (-69.9; 76.4)	29	88.2 (83.1; 91.8)
31-60 days	32	16.1 (-20.8; 41.7)	454	80.9 (79.0; 82.6)	8	30.0 (-41.3; 65.4)	116	81.5 (77.7; 84.6)
61-90 days	145	9.8 (-10.0; 26.1)	3,177	72.8 (71.7; 73.8)	48	4.2 (-30.8; 29.8)	1,037	72.2 (70.4; 74.0)
91-150 days	2,851	-76.5 (-95.3;-59.5)	34,947	53.8 (52.9; 54.6)	393	-39.3 (-61.6;-20.0)	3,459	65.0 (63.6; 66.3)
1-30 days after booster vaccination								
protection	29	54.6 (30.4; 70.4)	453	81.2 (79.2; 82.9)	-	-	5	82.8 (58.8; 92.9)

CI = confidence intervals; VE = vaccine effectiveness. VE estimates adjusted for 10-year age groups, sex and region (five geographical regions). Vaccine protection was assumed 14 days post 2nd dose. Insufficient data to estimate mRNA-1273 booster VE against Omicron.

Download the PDF to find this chart

Net Harm

Once again, we cite the peer-reviewed study from the British Medical Journal entitled "**COVID-19 vaccine boosters for young adults: a risk benefit assessment and ethical analysis of mandate policies at universities**"which states that these injections are

causing a Net Harm (see previous TLAV Substack Article on this topic) relative to any potential benefit that they may offer. From our previous coverage on this study:

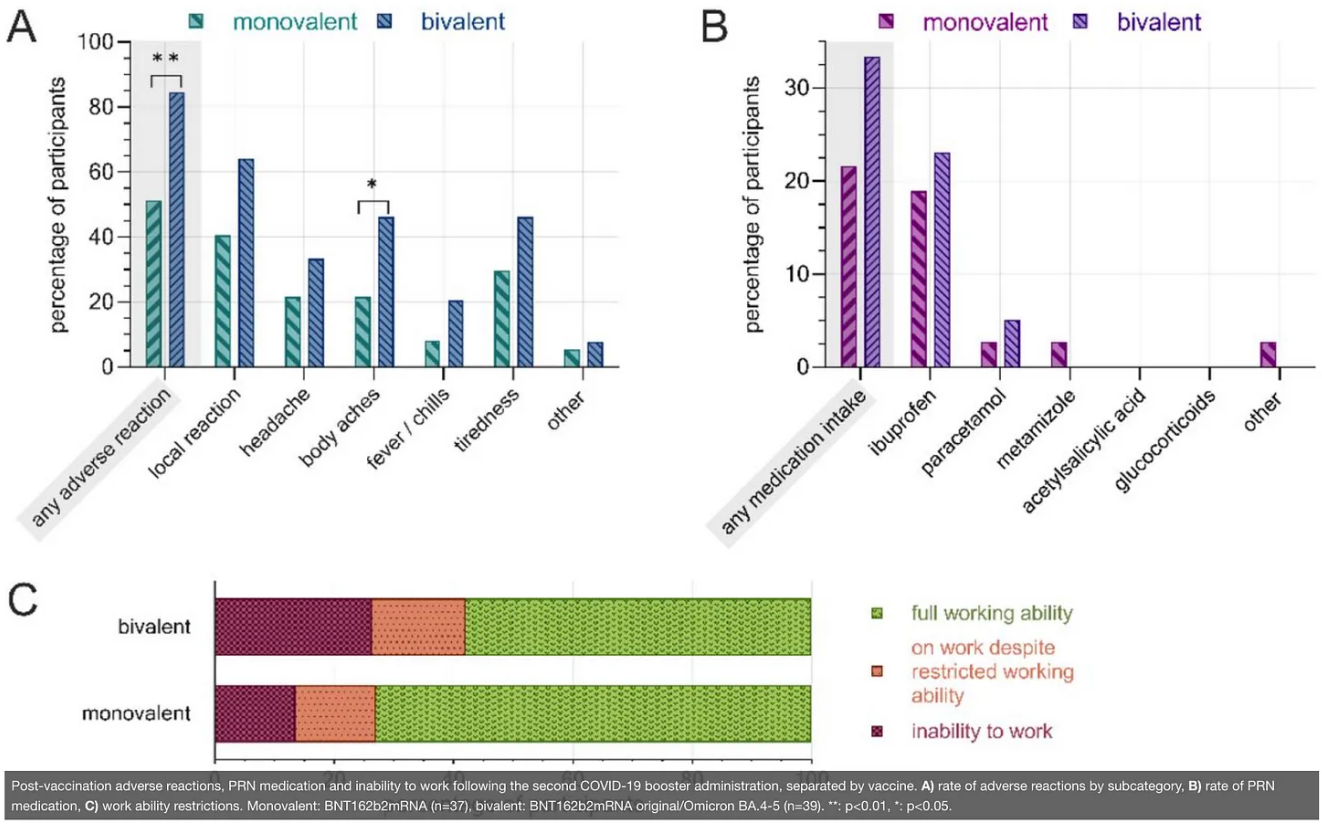
> From the study: "To prevent one COVID-19 hospitalisation over a 6-month period, we estimate that 31,207–42,836 young adults aged 18–29 years must receive a third mRNA vaccine."
>
> This suggests that upwards of **42,000 people would need to receive a third injection before one person was saved from hospitalization.** They didn't even go into evaluating how many would have been needed to prevent a single death.
>
> What we know is that people have a wide range of adverse reactions post-injection, many of them permanent, debilitating, life-threatening or deadly. The paper goes on to illuminate how many estimated adverse reactions would occur in pursuit of preventing that one single hospitalization:
>
> **18.5 serious adverse events from mRNA vaccines**, including;
>
> 1.5–4.6 booster-associated myopericarditis cases in males (typically requiring hospitalisation)
>
> 1430–4626 cases of grade ≥3 reactogenicity interfering with daily activities (although typically not requiring hospitalisation)
>
> Reactogenicity is defined as the *"physical manifestation of the inflammatory response to vaccination."*

Read the full article here by TLAV Substack here.

The perception is that these injections are doing amazing work to save people's lives, but does the public really know that it takes upwards of 42,000 injections and 18.5 **serious** adverse events to save one hospitalization?

Inability To Work From A Fourth Booster

This study entitled "**Bivalent BNT162b2mRNA original/Omicron BA.4-5 booster vaccination: adverse reactions and inability to work compared to the monovalent COVID-19 booster**" took a look at adverse reactions following a second booster dose (a fourth injection) and found that upwards of 84.6% people suffered an adverse reaction from the bivalent booster, compared to 51.4% from the monovalent shot. An increase in the amount of people who reported an "inability to work" was higher in the bivalent group as well.



Adverse events and inability to work

According to the Washington State Department of Health, the difference between the bivalent and the monovalent injections are as follows:

> A monovalent vaccine is a vaccine with one strain or component of a virus. A bivalent vaccine is a vaccine with two strains or components of a virus.

We are adding to the amount of evidence suggesting that the more booster doses a person receives, the more at risk they are of experiencing an adverse event.

Serious Adverse Events of Special Interest

In this study entitled "**Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults**", scientists took a closer look at the adverse events being reported from Pfizer and Moderna's COVID injection Phase-III clinical trial data. From the study:

> Pfizer and Moderna mRNA COVID-19 vaccines were associated with an excess risk of serious adverse events of special interest… The Pfizer trial exhibited a 36 % higher risk of serious adverse events in vaccinated participants in comparison to placebo recipients: 67.5 per 10,000 versus 49.5 per 10,000.

This is saying that 49.5 health issues were observed among the uninjected per 10,000 and 67.5 were observed in the injected group, which indicates a 36% increase in adverse events among the injected. Just to be fair, looking at these numbers in terms of Absolute Risk, there is only a difference of 18 cases, but it is still a safety signal that should be taken into consideration. There is a lot of good data and information in this study and we encourage you to go take a look at it for yourself.

The Spike Protein is Neurotoxic

This peer-reviewed study entitled "**Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs**" reaches some very daming conclusions, suggesting that more safety testing needs to be done. Highlights from this study:

- mRNA vaccines promote sustained synthesis of the SARS-CoV-2 spike protein.
- The spike protein is neurotoxic, and it impairs DNA repair mechanisms.
- Suppression of type I interferon responses results in impaired innate immunity.
- The mRNA vaccines potentially cause increased risk to infectious diseases and cancer.
- Codon optimization results in G-rich mRNA that has unpredictable complex effects.

If the mainstream really cared about our health or reporting the facts, Tucker Carlson included, they could easily cite this study and demand accountability. Clearly that is not their objective.

Overall Infection Fatality Rate

So why are these injections still being pushed so hard? Are we at a point where COVID is so scary and dangerous that it warrants the overwhelming campaign to continue to put mRNA in people's bodies?

This study entitled "**Age-stratified infection fatality rate of COVID-19 in the non-elderly population**" breaks down the overall IFR, or Infection Fatality Rate (the rate at which people die from the infection of a particular disease) among various populations.

One of the key pieces from this study shows that the overall risk of dying from COVID once infected, before the worldwide injection campaign, was as low as 0.03% for people 0–59 years old and 0.07% for the 0–69 age range. Here are the overall takeaways from this study:

- Across 31 systematically identified national seroprevalence studies in the pre-vaccination era, the median infection fatality rate of COVID-19 was estimated to be 0.034% for people aged 0–59 years people and 0.095% for those aged 0–69 years.
- The median IFR was 0.0003% at 0–19 years, 0.002% at 20–29 years, 0.011% at 30–39 years, 0.035% at 40–49 years, 0.123% at 50–59 years, and 0.506% at 60–69 years.
- At a global level, pre-vaccination IFR may have been as low as 0.03% and 0.07% for 0–59 and 0–69 year old people, respectively.
- These IFR estimates in non-elderly populations are lower than previous calculations had suggested.

One of the conclusions drawn in the study is that these deaths associated with COVID appear to be substantially lower than deaths associated with influenza in lower age populations, particularly 5 and younger:

> These absolute numbers of fatalities are overall probably modestly higher than seasonal flu fatalities over three typical pre-pandemic years (Ioannidis, 2022) when the entire 0–69 year old population is considered, but they are lower than pre-pandemic years when only the younger age strata are considered. For example, Iuliano et al. (2018) estimate 9243–105,690 deaths for children <5 years old per year based on data from 92 countries for seasonal influenza.

There seems to be no need to push these injections on the 0-19 age group other than the need to put more money into the pockets of the pharmaceutical companies behind this campaign

We can see very clearly that there are concerns surrounding these shots. Whether they are involving safety concerns that we have covered here at TLAV relentlessly, or the overall lack of efficacy that is being hidden from the public, there is no real reason to continue to move forward with this aggressive push to inject the entire world. We are winning though. According to a piece from Dr. Paul Offit (also referenced in the aforementioned Time Magazine article), only 10% of the population has received a second booster (fourth injection), if you believe their numbers.

> As of November 15, 2022, only about 10% of the population for whom the bivalent vaccine had been recommended had received it.

This indicates that people, by-and-large, see through the propaganda and have made up their minds to move on with their lives. Please share this article far and wide to reach as many people as we can with this information. It is crucial that we make this information known so that we can save lives.

Just watch, six months from now, these studies mentioned above are going to be Breaking News everywhere else.

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