A Special Signal 50 Podcast Transmission Report:

A Critical Review & Analysis Surrounding the #HardTruth:

About SARS-CoV-2 Adverse Effects & Forced Mass Vaccination

By:

The Cohosts of the Signal 50 Podcast

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Abstract

Cohosts of the Signal 50 Podcast observed since the onset of the of the COVID-19 pandemic in the United States, several inconsistencies and nonsensical policy decisions coming from all levels of the government, bureaucratic agencies, and media of all types. Once the Biden Administration took power in 2021, a single focus approach to controlling the COVID-19 pandemic was to mandate all Americans receive an emergency use authorized SARS-CoV-2 vaccine. As numerous reports began to surface regarding the adverse effects people were reporting, the Biden Administration continued to insist all vaccine mandates stay enforced. Advocacy groups petitioned the Federal District Court to release the Pfizer Adverse Effects Reports that the FDA wanted to keep sealed until 2097. After thorough analysis of the recently released data, and comparison to the VARES database, it was observed by the investigators of this report that the SARS-CoV-2 vaccine were far from being safe but were causing harm to people in the U.S. who were mandated to receive. them.

Keywords: #HardTruth #NotSafeorEffective #Myocarditis #AdverseEffects #LifeInsurance

Background

Two lifelong friends who have a strong affinity for the *#HardTruth* related to today's current events questioned the necessity, safety, and efficacy of the SARS-CoV-2 vaccine. Over the past two years since the first cases of SARS-CoV-2 were diagnosed, public health policy was being imposed upon the Citizens of the United States. Depending on where a person lived in the United States, the political party that held the majority in each city or state was directly proportional to the number of draconian measures placed upon the people. During the pandemic, citizens of Democrat-controlled states were subject to measures such as: being forced to stay home, not work, not travel, not attend religious services, or have medical autonomy.

The U.S. Constitution guarantees every person living in this country life, liberty, and the pursuit of happiness. In addition, the Bill of Rights created by our Founding Fathers guarantees inalienable rights to the people, the right to free speech, the freedom to practice a religion of one's choosing, the right to keep and bear arms and the right to self-determination. The states were led by governors, legislatures, mayors, and school boards who utilized the SARS-CoV-2 pandemic to revoke civil liberties, essentially suspending ordinary commerce and social relationships. Policymakers then utilized draconian measures to force people to receive an unvetted, novel, and potentially harmful vaccine that led to millions of people suffering extraordinary morbidly and mortality.

Several warning flags were raised, and they were ignored

The vaccine adverse event reporting system (VARES) database was established in 1990 and maintained by the Centers for Disease Control and Prevention (CDC) to record serious and non-serious medical complications or deaths associated with vaccine administration in the United States [1]. When the Biden Admiration took over the reins of power in 2021, began

mandating vaccines to all adults, adolescents, and school-age children; vaccine injuries reported in VARES noted a significant increase of serious adverse effects and unexplained deaths. However, vaccine manufacturers and government officials insisted the risks posed by vaccines were low [2]. However, Pfizer and the FDA wanted to seal all adverse event data that was more comprehensive and revealing than the VARES database. Pfizer and the FDA wanted these data sealed for 75 years (or 2097). Still, a successful lawsuit brought by the Children's Health Defense would force the release of the adverse event reports as ordered by Texas Federal District Court Judge Mark Pittman, starting March 1, 2022 [3].

Fifteen days to slow the spread and more questions that need to be answered

Before the Biden Administration instituted a mandated vaccine health policy, and vaccines were not available, U.S. Citizens were initially asked in 2020, to perform their civic duty toward public health and provide 15 days to slow the spread of the virus. The investigators (and authors of this report) raised concerns that many liberal thought leaders used the pandemic as an excellent opportunity for Federal, State, and local health bureaucracies to erode peoples' civil liberties. During Episodes 77 and 78 of the Signal 50 Podcast, the co-hosts (and authors of this article) have been questioning the following related to the SARS-CoV-2 vaccines:

1. Are the vaccines safe? [4] [5]
2. Are people being unnecessarily injured or killed by the vaccine mandates?
3. Are policymakers making decisions based on accurate and statistically significant data?
4. Under what safety criteria were SARS-CoV-2 vaccines evaluated, and were the standards altered to speed authorization for use?

Are the vaccines more harmful than beneficial?

During the initial stages of the pandemic, projected deaths from SARS-CoV-2 were estimated to be 2.2 million Americans, contingent upon instituting meaningful pandemic mitigation steps [6]. Government policymakers and bureaucratic health agencies were strongly influenced, along with those advising President Trump that he must take decisive and drastic steps to control the spread of the deadly SARS-CoV-2 throughout the U.S. population.

The Trump Administration delegated to each state (as stated in the U.S. Constitution) and local government how they would respond to the SARS-CoV-2 pandemic, unlike the current administration implementing a top-down approach that forces pandemic policies upon all the states. These draconian federal policies essentially took away state, and local governments' ability of self-determination. The authors also note a vast disparity between Republican-led states that allowed local municipalities to determine their response (i.e., mask requirements, lockdowns, and vaccine mandates) to Democrat-controlled states that seemingly did the complete and total opposite. In retrospect, severe restrictions and lockdowns proved to be largely ineffective at curbing the spread of a highly contagious respiratory virus and in fact did more harm than good in the overall strategy to deal with SARS-CoV2. [7]

At the beginning stages of the **SARS-COV-2** pandemic, Americans voluntarily surrendered their freedoms to help lessen the impact on the U.S. healthcare system, and slow the spread of SARS-CoV2, simply because they were asked to by the Federal Government [8]. As the mainstream media began to cover the pandemic every minute of every day with extraordinarily little information to pass along except for the daily briefs by the Trump Administration, independent experts filled the airtime between briefings; people were forced into their homes to shelter in place and work from home unless deemed an *essential worker*.

As the two-week mark to *slow the spread* passed quickly, citizens were forced to stay home; small business owners were mandated not to open their stores and working from home became the new normal. Public schools then began to move away from good academic standards of teaching children *in-person* and moved to an *online* distance learning model. According to Dennis Prager, in his article titled, *"Why the Remedy May Be Worse Than the Disease*," published on March 17, 2020, he predicted that shutting down the U.S. society would result in a significant number of people being ruined economically, small businesses being forced to close, decimating American's life savings [9]. The American people began a year-long suspension of their everyday routines, and authorities would continue to ask them to wait just a little longer so the virus could be contained. As time passed, state and local governments imposed various draconian and nonsensical mandates that were intended to stop the spread of a highly contagious respiratory virus. Implementation of mask mandates, plexiglass hanging in space as it were, occupancy limitations, and finally a vaccine passport system restricting the freedoms of unvaccinated individuals to participate in commerce and society. However, as each day passed, many people began to lose hope, and despair would begin to take hold amid the population and yet the virus still spread throughout the larger population.

A vax would become the only hope to end the pandemic

As 2021 began, a new vaccine developed by the *Warp Speed* program was about to be distributed to front-line medical and essential workers. The Trump Administration policy from the onset of when the vaccine became available was to implement a military-led distribution network for the vaccine. In addition, the decision as to whether to take the vaccine was entirely left to the individual U.S. Citizen. According to Dr. Peter Navarro, economic advisor to President Trump, who was reassigned to Operation Warp Speed, advocated for early treatment

and reserved the vaccine for the immunosuppressed and elderly [10]. But as the vaccine was rolled out to the country, the CDC, FDA, National Institutes of Health (NIH), and the National Institute of Allergy and Infectious Disease (NIAID) had other plans to deal with distributing the vaccines. The investigators raised numerous times during the Signal 50 Podcast season 1 that many of the bureaucratic agencies are not listening to the head of the executive branch and playing to the beat of their separate drums. Coincidentally as the summer of 2020 approached, the Presidential Election season was in full swing. The Democrats were desperate to get back the reins of power from the most popular President since Ronald Reagan in 1980.

The time it took to blink an eye, everything changed

Despite providing the incoming Biden Administration with a well-established plan to utilize novel SARS-CoV-2 vaccines as a vital component to overcome the pandemic. The Biden administration utilized numerous draconian measures to force vaccinations onto U.S. Citizens by any means necessary. The many methods employed by the Biden Regime included utilizing Federal agencies (i.e., Federal Aviation Administration (FAA), Occupation Safety and Health Administration (OSHA), and Centers for Medicare and Medicaid Services (CMS)), mandating employers across all industries to mandate vaccinations or lose federal funding [11]. Within days of President Biden suggesting these bureaucratic measures, mandates started to be imposed by significant airlines, private corporations, health care organizations, and many others. Employers established deadlines for employees to obtain a full vaccination status or would be summarily terminated. Employers also disregarded legitimate vaccine exemptions from both medical providers and religious objectors. Never in the history of the United States were citizens' medical autonomy or ability to freely self-determine flagrantly disregarded by government or employer.

Reports surrounding vaccine complications and side effects were purposefully suppressed by Google, Facebook, Twitter, and the mainstream media, whereby people receiving the vaccine were recorded to have evident and shocking adverse reactions [12]. News reports and posts showed people of all ages suddenly fainting, seizing, showing signs of paralysis, or suffering from full cardiac arrest were being wiped from social media, and these reports were placed into the proverbial circular file by legitimate medical health care systems—labeled as *misinformation* [13]. Shockingly, professional medical research associations also claimed reports of athletes suffering from sudden deaths without a known history of cardiac problems and recorded by the thousands of spectators who were in shock of what their eyes were showing them; was not to be believed because it was *misinformation* [14].

Every story has two sides and is affected by several factors affecting its credibility. Dan Bongino constantly says during his several years of podcasts, “Whenever you hear a news story, first wait 24-48 hours to ensure it is not fake news and listen carefully to make sure you are getting THE story, not the story A story” [15]. When the Biden administration began mandating the SARS-CoV-2 vaccines and disregarding credible reports of recipients being harmed or killed, the investigators of this paper came across data that told a much different story than the Federal Government, mainstream media, big tech oligarchs, the medical establishment, and pharmaceutical companies wanted us to hear. The time has time to become serious about telling THE story about the SARS-CoV-2 vaccines and their relationship to adverse side effects, death, and erasing the unalienable rights of *We the People*.

Methods

The methodology used to determine the safety of the SARS-CoV-2 vaccines was derived by evaluating several data sources. The primary data source was the recent court order (March 1, 2022) release from Pfizer, *…5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports - BNT162b2* [4]. BNT162b2 refers to the batch or lot number of the vaccine used to collect the data and, for purposes of this report, is the only batch referenced in all Pfizer-related notations.

The evaluated data set contained twenty-nine pages of technical citations and data points and nine pages of serious reported adverse effects from a particular Pfizer SARS-CoV-2 vaccine, batch number BNT162b2, referred to as *APPENDIX 1. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST* [4]. The data discussed the 3-month post-administration of a 44,165 [16] subject cohort receiving the vaccine BNT162b2, *Adverse Effects* (AE's) in the sample group were 42,086 adversely affected subjects. It is important to note that clinicians recorded most side effects reported, and less than half were self-reported. Adverse effects are all-inclusive and range from general injection site issues considered minor compared to events requiring further medical follow-up, a medical intervention, exacerbated existing chronic conditions, and fatalities which are considered *severe* adverse effects.

The recently released report is part of the FDA Emergency Use Authorization surveillance and was authored by Pfizer –Worldwide Safety. The data were collected from several countries where BNT162b2 was administered to adults of the general population [4]. In the dataset, the population referred to or "N" number was N=42,086. This number represents the number of persons experiencing an AE. The data was broken down into AE categories, with 9400 patients being excluded and categorized as *unknown*. The investigators of this report

excluded the 9400 subjects out of the analysis due to insufficient details regarding subjects' dispositions of their AE. Initially, no precise data were revealed to indicate the number of persons vaccinated. The total cohort receiving an injection from BNT162b2 was later discovered after an exhaustive search.

It is important to note that the internal Pfizer data revealed an approximately 3% death rate among subjects suffering an adverse effect and an overall 92% rate of AEs among all vaccinated subjects.

The investigators noted trends within the Pfizer study and later applied these observations against other datasets to analyze, then compare data in the following manner. The formula applied to reach an interpreted number of deaths from the Pfizer data is

(AE x 0.52).03 = Number of Deaths

The investigators later applied this formula as a basis to develop a predictive model of adverse events across all vaccinated cohorts across the multiple data sources utilized in this analysis.

In addition to the Pfizer AE Report, the investigators have incorporated data derived directly from the Vaccine Adverse Event Reporting System (VAERS) [17]. U.S. Government data consolidated by a website named, *How Bad is my batch*, whose author has been fully cited [5]. The data directly analyzed individual batches of SARS-CoV-2 vaccines from Janssen (J&J), Pfizer, and Moderna. The data made available from this source was from worldwide data; however, for the authors' analysis and this report, they have only utilized data from batches of vaccines administered in the U.S.

The data includes information from a sampling of N=10,377,588 vaccinated persons (VP) administered various vaccines and were pulled directly from the VAERS System. It is important

to note that VAERS might not contain complete information due to clinician reporting deficiencies, patients' lack of reporting, or potential incompleteness of data for undefined reasons.

The VAERS adverse effects data analysis was completed by sorting out significant data matching established study criteria and analyzing for adverse effects and deaths among the three U.S. brands administered as vaccines. It is also important to note that the dataset contained an N=10,377,588, representing roughly $1/20^{th}$ of the CDC stated vaccinated population. A factor of 20.8 was used to extrapolate predictive results across the entire vaccinated population (VP) from this cohort to form viable conclusions and to confirm predictions of adverse events applied to the vaccinated population. The authors' model calculated accuracy obtained from the extrapolation factor with a 95% Confidence Interval of (99.86-100.0) and a *p*-value of 0.04. that confirmed the predictive model was statistically significant.

Additionally, the investigators then calculated a factor of 80% to estimate all forms of adverse events across various vaccinated cohorts and brands of vaccine (AE's ranging from general reactions to severe medical conditions that include death.) The median of 80% was calculated by utilizing the observed rage of AEs to be 70% to 92% (actual data reported by Pfizer). The formula applied was used to obtain serious AEs is as follows:

(VP x 0.80) 0.52 = Serious AE's

The investigators then developed a direct comparison between VAERS and the noted Pfizer report to formulate the actual accuracy of the databases, along with other conclusions using this logic. Additionally, a predictive model using our conclusions and observations was built that addresses two categories against the total U.S. vaccinated population:

1. Rate of Adverse Effects of vaccinated Subjects (80% of all vaccinated)

2. Rate of Serious AEs against the vaccinated population in the US (52%) of all reported AE's

Discussion

This study intended to answer fundamental questions posed at the beginning of this investigation and how people were impacted after receiving single or multiple doses of the SARS-CoV-2 vaccination. Another objective of this investigation was to separate the actual factual events from hyperbolic misinformation coming from the mainstream media, social media, and public health care policymakers surrounding vaccine mandates thrust upon the American people after the Biden Administration took over in January 2021.

Are the vaccines safe?

Data submitted to the FDA from Pfizer was initially withheld from the public and, for reasons that need to be disclosed was slated to be withheld for 75-years by Pfizer, was recently released under court order on March 1, 2022, via a 55,000-page data dump. While the exact reasoning behind Pfizer and the FDA took extraordinary measures to keep adverse effects reports from people who were receiving their vaccine, it will require further investigation. However, the facts point to a concerted effort, and the pharmaceutical makers conspired with the Government to control the narrative that vaccines were safe. Any reasonable thinking person's insight had been clouded by this action, and the overall safety of the mRNA vaccine, associated possible adverse effects should have been released much earlier [18].

It is essential to note that both the U.S. Government (FDA) and Pfizer requested that all adverse effects databases remain out of the public's view for 75 years, or until 2097. This request made by the U.S. Government and a private company should raise fundamental questions among the public who have been mandated to receive a vaccination, preceding natural immunity, and repurposed early treatments (i.e., ivermectin and hydroxychloroquine).

Another question remains unclear, what criteria must be considered for a vaccine to be *safe*? The FDA Vaccine Safety Definition is as follows, *"The trials and all other data must show that the vaccine's benefits outweigh the potential risks for people recommended to receive the vaccine. Only if a vaccine's benefits outweigh its potential risks does the FDA grant a license for the vaccine, allowing it to be used by the public"* [19].

It is important to note that a EUA authorized all the SARS-COV-2 vaccines, and the FDA has fully licensed only one as of the date of this report. However, the data utilized in this report is from a EUA only version of the Pfizer vaccine.

The investigators of this report also asked what other factors can contribute to a safe vaccine? The investigators remarked that an important distinction to make and a term essential for clarity is what does a patient expect to be an acceptable adverse effect? In other words, was the current standard of medical care applied appropriately and congruent to other medications or vaccines designated for EUA usage. As reported by the CDC, an estimated 216,000,000 people in the United States have been administered the EUA vaccine. The authors of this project are concerned if all appropriate safety measures have been applied to all patients. According to the U.S. HHS Agency, established standards for informed consent have been established, and withholding known severe adverse effects from patients seriously deviates from the accepted standard of care [20]. Additionally, whether a vaccine is safe or experimental must be *fully* disclosed to any person receiving medication or vaccine. Further investigation and data are required to comprehend if the expected standard of care was met and if every person receiving a SARSCoV2 vaccine obtained the established informed consent criteria.

Historically, serious adverse events are grounds to place any license or emergency use authorized medication or vaccine on *clinical hold* until further safety investigations are

completed. The overall safety of administering a novel vaccine must receive a thorough safety profile before its predicted, and hypothesized benefits of controlling SARS-COV-2 were mandated. In addition, not adhering to observed or recorded data revealing potential detrimental adverse side effects goes against all medical and bioethical established standards. Medication approvals historically take on average 5-7 years to complete. The authors observed that Pfizer collected copious amounts of data surrounding adverse effects and did not place a clinical hold on the mass vaccine administration. Further investigation into the decision-making process to forego issuing a clinical stop and what stakeholders were complicit in ignoring all the necessary rigorous controls, observations, and analysis to ensure patient safety was the top priority.

The investigators' data indicate many adverse events disproportionate to other commonly used vaccines or medications. Figure 1 clearly shows subjects suffered from at least one adverse effect, and the Pfizer data indicated that 92% of the persons receiving the vaccine suffered an adverse event. In contrast, 52% of the 92% of subjects suffered a *severe* adverse event.

Table 1 reveals a considerable number of adverse events. According to Pfizer's data, of the serious adverse events, there was a 3% death rate among the vaccinated population, or 1.223 subjects died because of the vaccine [4].

Table 1: Data Breakdown: Pfizer Report 2021

Pfizer AE Report to the FDA	Population Numbers
Sample Size (N)	**44,165**
Adverse Effects In Report Pfizer Only	42,086
52% Serious AE's of the 92% that had a reaction (Pfizer AE Data)	27,688
Fatalities reported in Sample Group	1,223
Vaccine Fatality Rate for Sample Group	**2.77%**

The authors of this study have serious concerns regarding the 3% death rate. A 92% incidence of patients experiencing any adverse effects would be considered safe by Pfizer or the FDA, which requires further investigation. This vaccine's perceived and proclaimed benefit would be outweighed by its reported adverse effects and documented deaths. The list of adverse reactions of particular interest (severe adverse effects) is nine pages long, single-spaced, and in 10pt font that affects multiple body systems, are all known to cause severe morbidity and mortality, and were deemed by Pfizer not to be *serious* [4]. Essentially, all the documented harms were ignored, and mass vaccination programs throughout the U.S. were to continue uninhibited.

The investigators of this study then turned their attention to the risks and benefits of receiving a SARS-COV-2 vaccine against those who reportedly died from SARS-COV-2 and did not receive a SARSCoV2 vaccine. The data reviewed indicated that in the U.S., the risk of death

from receiving a vaccine against SARS-COV-2 increases the risk of death by 294% when compared to people dying without receiving any vaccination [4] (see Figure 2).

Additionally, the death rate for persons with an adverse event is as follows:

- Subjects with AE-Chance of Death secondary receiving a vaccine administration (Pfizer Data) = 4.42%
- Subjects with AE – Chance of Death secondary receiving a Vaccine administration – VAERS Data (all vaccine manufacturers) = **32%**

Table 2: Predictive Math Overall Death Rate Chart

Datapoint	Population Numbers
Vaccinated Americans	216,000,000.00
80%* of vaccinated had some sort of Adverse Event (ALL)	172,800,000.00
52% Serious AE's of the predicted 80% that had a reaction	89,856,000.00
3% Fatality Rate amoung severe reactions (Pfizer Data)	**2,695,680**
Vaccine Fatlity Rate in VACCINATED US Population	**1.25%**

Total US Population	**325,719,178**
Total **ADULT** population	**252,070,495**
%Vaccinated (discounting children)	86%
Un-Vaccinated (Including children and others)	109,719,178
Overall Death Rate vs Poulation (Vaxed vs. Total Pop) ADULTS ONLY	**1.07%**
COVID 19 Deaths in the US to Date	916,000
Likelyhood of death from Vaccine VERSUS Covid 19	**294%**

Table 2 obtained directly from the FDA's website regarding vaccine safety policies and their application of recommending everyone should receive a SARS-CoV-2 vaccination "…*Only if a vaccine's benefits are found to outweigh its potential risks does the FDA grant a license for the vaccine, allowing it to be used by the public"* [19]. The authors note that the vaccines currently being used by Pfizer are not licensed and have been authorized for emergency use only. However, out of all the vaccine producers here in the United States, Pfizer received the FDA's

only full license and authorization on August 21, 2021, and was *proclaimed a key achievement for public health* [21]. As of the writing of this report, Pfizer proclaimed that all their vaccine administrations would utilize the emergency use authorization vaccine and not the fully licensed version due to both vaccines being the same, but the licensed version is not yet available [22].

Specifically related to the authors' key question related to the safety of the Pfizer SARSCoV2 vaccine, the authors of this report have several questions:

- ⇒ Why has Pfizer not utilized the fully licensed SARS-CoV-2 vaccine, and is it directly related to the recently released adverse effects?
- ⇒ Is Pfizer previously using its fully licensed vaccine to continue vaccinations for children that the EUA version allows use on, while the fully licensed version does not?
- ⇒ Despite all the recently released adverse effects, why did the FDA grant a fully licensed use for a vaccine that causes harm and death to those receiving it?
- ⇒ Is Pfizer knowingly withholding the fully licensed vaccine to take advantage of the indemnity provided via the emergency use authorization?

While there have not been any other announcements from Pfizer regarding the questions posed above, further investigation is necessary to answer if this vaccine should be considered safe.

Are people being unnecessarily injured or killed by the vaccine mandates?

The next question researched for this project was the mass administration of drugs throughout a population with varying underlying medical histories, medical conditions, and different health states. The observation made by the authors was an investigation to reach the *#HardTruth* that the self-proclaimed pandemic czar, NIAID director Anthony Fauci, endorsed

the *one size fits all solution* for all people in the U.S., disregarding the infinite number of health variables [10]. Many confounding factors needed to be considered and may have contributed to the flawed decision-making process that utilized these novel vaccines. The data reviewed from the Pfizer report did not include individual subjects' medical histories or a follow-up after a medication administration. Seemingly, the report data only accounted for the adverse effects after administration.

The limited scope of this report did not address potential risk factors patients may have possessed that would have precluded them from receiving the Pfizer medication. Further investigation is essential to understand better if vaccination was the only appropriate health modality to treat SARS-COV-2. The survival rate among those with a low level of morbidity and low obesity rates contributed to a survival rate of 99.9% [23] SARS-CoV-2 The investigators of this report note there were obvious that persons receiving a vaccine were at an increased risk of developing an adverse effect to the vaccine administration based upon their health history. The noted hubris exhibited by the FDA and Pfizer to promote and enforce public health policy to coerce, or mandate by the threat of taking away an individual's rights or medical autonomy via a forced medical intervention, without notifying them of the potential adverse effects places people at risk for higher levels of morbidity and mortality, unnecessarily.

The dictionary definition of coercion is as follows, the *practice of persuading someone to do something by using force or threats*, and examples as it applies to the likelihood the FDA and Pfizer coerced the American people to receive their vaccination are loss of employment, loss of access to public facilities and services, loss of access to private facilities or services, and social ostracization. Seemingly, any of these coercive actions would be considered immoral and unjust, but the authors understand that people felt they had no choice and must adhere to these powerful

motivators. Pfizer and the FDA forced a population to take their unapproved, untested, and potentially unsafe mRNA vaccine.

The CDC data indicates that 216,000,000 people have been vaccinated, all under a certain degree of coercion from both the government and private entities at the urging of the Biden Administration. This investigation notes additional questions surrounding the morality and ethics of forced vaccination to a population with a novel vaccine that has not been thoroughly tested for safety. The data analyzed in this study strongly suggest the Pfizer novel vaccine has severe and potentially fatal side effects in those people receiving the vaccine. Further study is required to understand better the increased risks people were placed into and how well the efficacy of preventing SARS-COV2.

Are policymakers making decisions based on accurate and statistically significant data?

The investigators used data from several sources but realized even though these data were only available to the FDA and Pfizer, their decisions to continue the mandated vaccination program came from another public source. Policymakers used the VAERS database to justify, authorize, and mandate that the SARSCoV2 vaccine was not causing adverse effects to large numbers of people. However, it is clear from the evidence presented thus far policymakers and drug manufacturers alike did have this data and purposefully kept it secret until its release was mandated.

The investigators of this report note that the data from Pfizer's clinical trial data for BNT162b2 was undisclosed from the VAERS Database. Further investigation is recommended to understand the serious revelations and correlations between adverse effects and a death rate of 3%.

Additionally, the FDA slated all information to be sequestered for 75-years, thus relying upon information from the VARES system. Throughout 2021, the investigators of this report surmise that non-FDA policymakers and healthcare providers were using erroneous information that was admittingly substandard, incomplete, subdued, and outright censored by the CDC [24]. While the FDA was utilizing the VARES database to make the mandates appear safe, the mainstream media and social media worked overtime to create a narrative that would silence vaccine recipients and label them *anti-vaxxers* [25].

According to the CDC, VAERS is a provider and patient reporting database that the CDC developed to track data relating to any vaccine adverse effects (Refer to Appendix for CDC Polity). VARES data points can be added to by health care providers, administrators, and family members alike to record adverse effects from a vaccine administration [19]. The authors of this study carefully reviewed and cross-checked VARES with the Pfizer data and observed significant errors within the system. Yet, the FDA, Anthony Fauci, lawmakers, and mainstream media relied on a flawed database to declare unequivocally that SARS-CoV-2 vaccines were *safe and effective*.

A closer look into the VAERS dataset and analysis using the formulas from the methods section of this report suggested that the data may be incomplete regarding the vaccine's efficacy to prevent COVID-19. However, the data indicated the safety profile noted from using these vaccines to be extremely low and suspect to extraordinary high risk to adverse effects—including death. The authors of this report recognize the data analyzed does not provide vaccine effectiveness to preventing COVID-19 infection and the vaccine's ability to predict re-infection rates.

Table 3: Discrepancy in VAERS v. Pfizer Data

Fig. 3: Discrepancy in VAERS from Pfizer Data

Data Discrepancy (VAERS v. Pfizer)	Delta from Pfizer Data (VAERS v. Pfizer) (Numbers are in multiples or X times More or Less as Indicated)
SAMPLE SIZE Factor Greater than Pfizer (VAERS N / Pfizer N)	227.68
AE (ALL) Factor Greater than Pfizer (AE VAERS / AE Pfizer)	10.07
AE (Serious) Factor LESS than Pfizer (VAERS Serious AE / Pfizer Serious AE)	0.67
FATALITIES Factor Greater than Pfizer (VAERS Fatalities / Pfizer Fatalities)	4.81
Overall Death Rate % in VAERS v. Pfizer (Death Rate Vaers - Death Rate Pfizer in %)	-2.63%

Table 3 demonstrates the disparity between the data from Pfizer and VAERS. The calculated data from VAERS as compared to Pfizer indicates a cohort *228 times* greater than the Pfizer FDA EUA Surveillance report, with a ten times greater rate of adverse events reported, with 0.67 times the overall adverse effects reported as severe, yielding an overall death rate of -*2.63%* lower than the reported Pfizer data. The investigators find relevant death rates for persons reporting an adverse effect from VAERS, having a death rate of *32%* in cases where *serious* adverse effects were reported. While the stated death rate in VAERS is lower, 0.06%, with a higher death rate as reported by the VARES data revealing severe adverse effects are significantly higher, at a rate of 32%, as compared to Pfizer data reveals serious adverse effects death rate is estimated to be 4% [4].

Additional verification confirming the significantly elevated, 32% death rate from above was performed by Edward Dowd, who discovered six times higher than expected excessive death rate among the Millennials (see Appendix B) [26]. Further analysis utilizing life insurance actuarial data compared to CDC death rates was confirmed by Dowd when observed excessive death spikes were correlated to specific timed events during lockdowns, vaccine rollouts and at

the highest levels during mandated vaccine administration among the Millennial Generation (see Appendix C) [27]. While the highest numbers of deaths were seen among the Millennials, a similar pattern of death spikes can be observed among Generation X, with congruent peaks and valley patterns seen during the course of the pandemic response (see Appendix D) [28],

The investigators observed the VARES database reported a lower percentage of death reported against the cohort might lead one to believe that the SARS-COV-2 vaccines are safer than the reported death rate from the recently released data by Pfizer; after extensive analysis by the investigators of this report, the data is strongly suggestive that death rates resulting from mRNA vaccination placed people at a significantly high risk of dying from the vaccine than COVID-19 without vaccination.

Upon reviewing the VAERS database specifically for results from the data released by Pfizer, the investigators of this report noted a mismatch of reported adverse effects between the two data sets. This observation leads the investigators of this report to determine that the VAERS Database was vastly under-reported and incomplete. The investigators also note that the data discrepancies suggest that VAERS is a poor data source to formulate health policy for vaccine administration mandates. These data demonstrated a severe lack of complete data. Both clinician and self-reported data were unreliable, thus not dependable to formulate public health policy or provide full informed consent. These revelations also suggest further investigation to determine the reliability and statistical significance of the databases. An added note of interest was the CDC reportedly admitted to censoring the VARES database and removing case reports to revise the number of deaths downward [29]. The investigators of this report surmise these events occurred in both adults, and pediatric cases, skew adverse effects downward and promote mandated vaccines.

Under what safety criteria were SARS-CoV-2 vaccines evaluated, and were the standards altered to speed authorization for use?

At the time of this report, there was one licensed vaccine to prevent SARSCOV2 in persons over the age of 16 years. Formerly, the Pfizer-BioNTech SARS-COV-2 vaccine, and will now be marketed as Comirnaty [30]

This report notes that under normal circumstances where a novel drug or vaccination has caused one death during safety efficacy trials would institute a clinical stop to the trial as mandated by FDA policy [31]. The investigators have reviewed the data from the Pfizer trial data released to the public. It clearly shows *significant* problems caused by adverse effects causing deaths among the vaccine administered population. As a result of this observation, the investigators demand further investigation into these findings by the U.S. Attorneys' General.

At the beginning of the pandemic, the U.S. declared via the Trump Administration on March 20, 2020, the development of vaccines, and they were thought to be an integral defense in fighting COVID-19. The projected death rates made by the Federal Government Agency, the CDC; then echoed without scrutiny by corporate health systems, mainstream media, large companies, and social media. Proclaimed death rates would be extraordinarily elevated [32]. The investigators surmised that the data sources used to make these claims were purposefully challenging to verify and non-transparent. The data alone was not enough to justify mandating vaccines due to the elevated adverse effect. However, utilizing fear as a catalyst was a solid motivator to develop, distribute, and administer vaccines [33]. The investigators of this report also observed the public was eager to embrace the vaccine mandates because life could return to normal, and vaccines were safe and an essential lifesaving tool.

Fear being a potent emotion, policymakers and pharmaceutical companies convince people in the U.S. to accept vaccines unconditionally [34]. SARS-CoV-2 vaccines, according to observations of the authors of this report, were already in development and introduced for use in apparent record time considering the average 4–6-year development, testing, trials, and approval cycle for others currently used vaccinations [33].

After the authors reviewed FDA and CDC standards for approval of [novel] medications, there was no plausible possibility that the SARS-CoV-2 vaccines were subjected to the same rigorous safety trials that would identify possible adverse effects due to the sheer amount of concealed and documented adverse effects from the recent data release [4]. The cohort studied by the Pfizer dataset suffered significantly higher numbers of deaths and injuries from adverse effects. Additionally, throughout the Pfizer data, the numerous body systems and medical conditions documented to have occurred to recipients of the Pfizer shot were deemed unremarkable, *no clinical stoppage* was needed to be initiated, and Pfizer would continue to monitor [4]. Despite these recorded and threatening adverse effects, the novel mRNA vaccine was still granted an emergency use authorization by the FDA for administration to adults first, then to children [21]. The investigators question the processes applied by the U.S. Government and Pfizer as to why these novel vaccines were ever approved or discontinued to be utilized as a vaccine. In addition, the authors also would suggest further investigation into the FDA's action to issue a license to only Pfizer and why Pfizer has not yet used its licensed vaccine but continues to use the emergency use authorized vaccine.

The authors must point out that Federal, State, and Local governments were closing businesses and mandating *stay-at-home* orders, while propagandizing upon the public that SARS-CoV-2 was a life-threatening condition. The direct effect of this campaign led by the

federal government and supported by the other co-conspirators was to pave the way for a return to normal and control the pandemic was to get vaccinated. People overlook possible risks because of the elevated level of fear and mass panic perceived by people in the United States. Dr. Robert Malone offers a plausible explanation presented during his appearance on the Joe Rogan Experience Podcast. He refers to the idea of mass formation psychosis, and further study would be indicated [35].

Are the vaccines more harmful than beneficial in the prevention of SARS-CoV-2?

Regarding this question, the investigators cannot quantify the *prevention* of SARS-CoV-2 in any meaningful way from the available data utilized in this report, and further investigation would be recommended. Additionally, the initial indication from the CDC was that those individuals fully vaccinated still had an elevated chance to be diagnosed with COVID-19 and spread the disease to others [1]. Further investigation would be necessary to answer this question and why the recommendation for utilizing early treatment was preferred over mandated vaccines.

Conclusion

Many people review the data released from Pfizer to the U.S. FDA; however, no policymakers are talking about what appears to be a high rate of adverse effects and serious long-term consequences to taking this vaccine. The investigators' primary intent in authoring this paper was to ascertain the overall safety of the various COVID vaccines. The data we collected and analyzed places safety claims in serious doubt.

The FDA and Pfizer wanted the report referenced in this paper held out of public view for 75 years, a glaring red flag. The data suggests that 92% of persons taking the vaccine had at least one adverse effect, 52% had at least one profound adverse effect, and a 3% relative death rate overall. Even more eye-opening is the rate of death of those in the cohort that had a serious AE of 4.42%. In colloquial terms, we might say that out of all people that take the vaccine, almost all (93 out of 100) have some sort of reaction, half of those people (52%) have at least one severe reaction, and just under 5 out of 100 of those people die as a direct result of the Pfizer vaccine. That is staggering in and of itself. The Government had this data ***and*** VAERS data which is even more eye-opening. VAERS shows a 0.06% death rate from Vaccine reactions across the examined cohort; however, of those that had a severe reaction, 32% of those persons died as calculated by the investigators. It is important to note that VAERS data is from all vaccines and not just data on the Pfizer vaccine.

The investigators were not the only people who had access to this data, yet policymakers are still pushing these vaccines on the U.S. population as safe and effective. As of the writing of this report, both Pfizer and Moderna are pressing for approval of a 4th shot or second booster for their “safe and effective” vaccines in the elderly and vulnerable population. Additionally, the FDA has quietly adjusted the COVID Death rates in children downwards and has removed many

deaths related to COVID from “coding errors.” This raises fundamental questions and skews the data brutally that would have to be examined differently. Did these people die with COVID or because of COVID? The answer to that question is not readily apparent to the investigators at the time of this report.

How can policymakers promote vaccines with a death rate that is substantially higher than the disease they were meant to prevent? The VAERS and Pfizer data indicate on a percentage basis. The investigators introduced a predictive model showing that the vaccinated population is 294% more likely to die from the vaccine than the covid virus itself. This is a datapoint that cannot be ignored.

In December 2021, President Biden stated: *For unvaccinated, we are looking at winter of severe illness and death... for themselves, their families, and the hospitals they’ll soon overwhelm," Biden continued. "But there's good news. If you're vaccinated and have your booster shot, you’re protected from severe illness and death* [36]. This statement was a famous quote from the President, making a definitive statement assuring the safety and effectiveness of the SARS-CoV-2 vaccines. The President went on to say: “The whole point is omicron is here," Biden said. "It will start to spread much more rapidly at the beginning of the year. And the only real protection is to get your shots. If you get one shot, you haven't gotten it yet, that'll help. If you're at a point where you have everything, including your booster, you’re in excellent shape. So, move now, move now. Thank you all very much." [36] The leader of the free world not only touted the safety of the vaccines but promoted them while the U.S. Government-owned vital information indicates that these injections were anything but safe.

The pharmaceutical companies provided data to the FDA per the surveillance program for the EUA. The investigators question how that data was applied to approvals and mass

distribution of at least the Pfizer vaccine. The data clearly shows there are severe risks to the vaccine. Yet, in 2021 the US Government-mandated its administration as a condition of employment – and - contracting with the federal government and pressed OSHA (Occupational Health and Safety Administration) to push a vaccine mandate for employment upon the private sector.

Local Governments took mandates a step farther by mandating vaccines to access certain public places and thus created a de facto state of Apartheid against those who chose not to take an experimental medical procedure.

The primary intent of this report was to examine the safety of the various COVID Vaccines; the investigators have clearly shown through data analysis and logic that the vaccines are not at all safe.

The FDA's guidelines for vaccine safety were ignored, and the data was hidden from the public. Our policymakers repeatedly promoted the vaccines as safe, mandated their administration, and used coercion to ensure compliance. Vaccine mandates raise serious concerns surrounding informed consent and the long-term impacts of these medications. The forced vaccination of a population with a medication that could be significantly more harmful than good violates vaccine safety protocols [31] and the ethos of medicine. [20]

Again, we ask why a medication with a 260% greater chance of killing the recipients, rather than preventing the spread of the disease it is supposed to prevent would-be approved, promoted, or administered to 216,000,000 people across the U.S.

The investigators had developed a predictive model extrapolating data and interpreting findings that indicate the following: 2,358,720 vaccinated U.S. citizens will die as a direct result of the vaccine, or 1.09% of the vaccinated population overall. In more critical terms, this is a

death rate directly tied to the vaccine of 0.94% of the total U.S. population. (See Appendix B for further details)

One cannot ignore that vaccine manufacturers had been indemnified from ***any*** criminal liability and financial culpability. The FDA has granted approvals for Emergency Use, and at this time of this report's generation, and total approvals under certain circumstances. Additionally, Pfizer and Moderna were pushing for a second booster to be administered. The investigators conclude that this would be a poor decision based upon the evidence.

Overwhelming data suggests that the overall death rate in the U.S. has risen significantly due directly to SARS-CoV-2 vaccination and COVID policy-related issues. The data that would support this assertion is taken from data unrelated to either the VAERS database or the Pfizer report to the FDA. Please refer to Appendices B, C, and D. We asked the following at the start of this project:

1. Are the vaccines safe? (Pfizer, 2021) (Paardekooper, 2022)
2. Are people being unnecessarily injured or killed by vaccine mandates?
3. Are policymakers making decisions based on accurate and statistically significant data?
4. Under what safety criteria were SARS-CoV-2 vaccines evaluated, and were the standards altered to speed authorization for use?
5. Are the vaccines more harmful than beneficial in the prevention of SARS-CoV2?

The data suggests that the vaccines are not safe, people are being unnecessarily killed (or seriously harmed) by vaccine mandates, policymakers are making decisions that are seriously questionable given the data (both public and government-controlled), and the safety evaluation

criteria the FDA typically were seemingly ignored to speed distribution and approval of SARS-COV-2 vaccines.

The FDA's policy refers to the benefit of good over harm in approving medications or vaccines. The data identifies many risks that ignored pursuing a policy of 100% vaccination as the way out of a pandemic while ignoring well-established sciences of natural or acquired immunity, preventatives, and treatments.

The data reviewed by the investigators do not represent a severe aspect of this pandemic. Curative research was not pursued at the beginning of the wider pandemic. Once specific lifesaving treatments were discovered, the development and distribution of those medications were back seated to push vaccinations that utilized an unproven and experimental technology in mRNA.[10]

Further, in concert with social media and "news" outlets, the U.S. government banned discussing alternatives to an experimental medication as *misinformation*. Physicians were disciplined, revocation of licensure to practice medicine, and ostracized at the mere suggestion of administering alternatives to the vaccines when the Hippocratic Oath's very premise is to *Do No Harm*. Many clinicians saw the harm in these vaccines and were censored and publicly humiliated from practicing the scientific model.

The media was engaged in an all-out and coordinated attack against alternatives to the vaccine. Ivermectin (IVM) and Hydroxychloroquine (HCQ) are well tested and approved medications that have been successfully administered to hundreds of millions of people with a very near 100% rate of safety for their intended purposes, yet, these medications were labeled as dangerous, horse paste, ineffective, and went as far as to suggest Physicians administering these

medications as treatments or preventatives for SARS-CoV-2 were committing malpractice and should face charges regardless of the success rates in using them as an off-label treatment.

Potentially there were other sources of misleading information influencing policymakers and the public regarding the safety and efficacy of SARS-CoV-2 vaccines, most specifically the Pfizer BNT162b2 lot. The investigators were having a challenging time ascertaining the N=Total Number of VPs in the Pfizer report as it was omitted from the Pfizer study; either purposefully, or accidentally. In our research, the investigators located a report on the BNT162b2 lot. *Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months* [16]. This report indicated the number of cohorts in the trial, which the authors feel is the missing total number of subjects administered the lot.

Additionally, it is important to understand that the report noted from the New England Journal of Medicine [16] and the Pfizer report to the FDA [18] vary wildly in their results, and basis of finding assuming that the lot of vaccine and the base research was the same, which it appears to be. It is the conclusion of the authors that [16] was published in November of 2021, and the Pfizer report [18] was supposed to remain out of the public domain for 75-years. The facts would lead one to believe that the NEJM report could have been manipulated to indicate a much safer vaccine than the *actual* data that was supposed to be hidden.

The investigators would offer that these alternative treatments have shown a significant success rate and a nonexistent rate of AE or fatality related to the administration of IVM and HCQ itself. This study does not address treatments or results of treatment with IVM or HCQ. The investigators did not review data related to the treatment of SARS-CoV-2. The investigators only raise alternative treatments using proven drugs with a substantial decades-long safety record over an experimental treatment with significant safety issues. Suppressing alternatives that may

have offered effectiveness in treating SARS-CoV-2 is illogical and immoral. Peer-reviewed studies have been available on the effectiveness in treating SARS-CoV-2 with HCQ and IVM since the inception of vaccine mandates and were subdued in favor of a vaccine-only approach to contain SARS-CoV2. In summation, the investigators of this report present the following main take-aways. The reader can refer to our cited data sources and draw their conclusions.

The U.S. Government acted in a manner that:

1. Promoted vaccines that were anything but safe and utilized clinical trial data that was intentionally concealed from the population, and VAERS data that is mainly incomplete and inadequate to formulate public health policy decisions
2. Caused significant numbers of severe long-term illnesses and chronic conditions by allowing the approval and administration of experimental medications on a mass scale
3. Omitted substantial findings from the Pfizer trial in VAERS reporting.
4. It has caused a severe monetary impact on those harmed while the vaccine manufacturers and the U.S. Government are indemnified against all liability.
5. Harmed people by **not** obtaining proper implied consent of the vaccinated by concealing the true nature of adverse effects that could be suffered by vaccine administration
6. Coerced the population using various serious and existential threats into forced vaccination
7. Intentionally misled the U.S. Population in a coordinated messaging campaign utilizing the broadcast media and social media to promote vaccine safety and

alternative treatment danger while suppressing dissenting voices through censorship

8. Suppressed any research or mention of effective curatives for SARS-CoV-2

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Appendix A

The following section is taken from the CDC VARES Policy and Procedure pertaining to the appropriate use and application of VARES data:

…Post licensure monitoring begins with the Vaccine Adverse Event Reporting System (VAERS), a national system used by scientists at FDA and the Centers for Disease Control and Prevention (CDC) to collect reports of adverse events (possible side effects) that happen after vaccination. Health care professionals, vaccine manufacturers, vaccine recipients, and parents or family members of people who have received a vaccine are encouraged to submit reports to VAERS if they experience any adverse events after getting any vaccine. Scientists monitor VAERS reports to identify adverse events that need to be studied further. All serious reports are reviewed by medical professionals on a daily basis.

VAERS data provide medical professionals at CDC and FDA with a signal of a potential adverse event. Experience has shown that VAERS is an excellent tool for detecting potential adverse events. Reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies" [19].

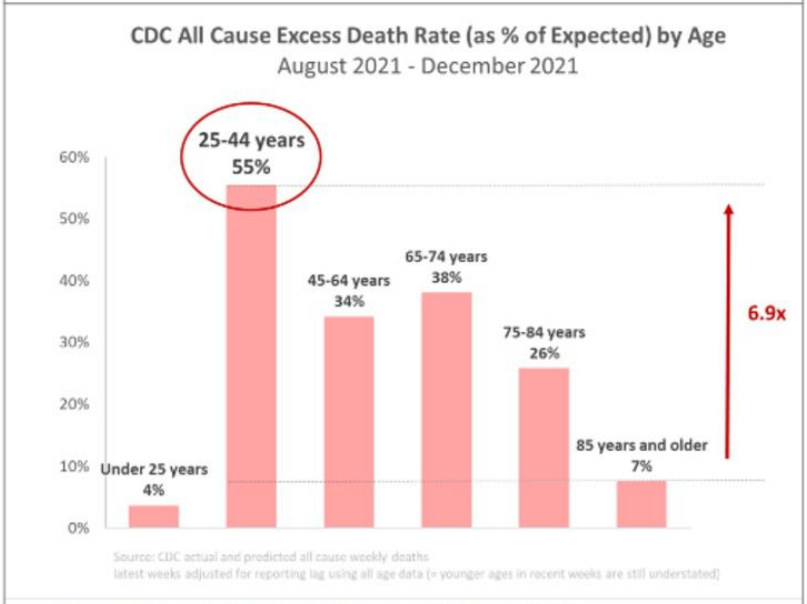
Appendix B

Excessive Death Rate from Life Insurance Actuarial Data, Grouped by Generational Age Group

Excess death rate by age shows that recent spike in excess mortality has been strongly concentrated in working age adults.

Millennials saw nearly seven times higher rate of excess death than the Silent Generation.

Exhibit 3 | Millenials Have Seen The Highest Level of Increase In Excess Mortality



Source:https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard

Adverse Mortality Trends in U.S, Using Age Stratified Excess Mortality. 4 | Page

Source: Edward Dowd, March 10, 2022, @EdwardDowd, GETTR, https://gettr.com/user/edwarddowd, Retrieved: March 24, 2022.

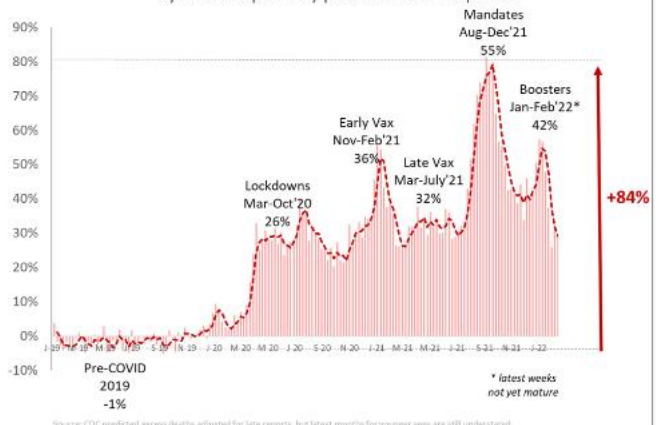
Appendix C

The Millennial generation suffered its worst-ever excess mortality last fall, and these deaths occurred the same time as vaccine mandates were announced, and boosters approved.

This younger population is not particularly at risk to COVID, and the size and timing of this spike in fall of 2021, raises clear questions about potential contribution from the vaccines and boosters.

As you know, mortality reporting for younger age people is also typically much slower (due to slower reporting of non-hospital deaths), so the recently elevated levels for this age group persisting into early 2022 will most likely develop further, and may signal for continuing elevated mortality among working age in 2022.

Exhibit 4 | Millenials Suffered Rapid and Record Rate of Excess Deaths in Fall '21



Source:https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard

Adverse Mortality Trends in U.S, Using Age Stratified Excess Mortality. 5 | Page

Source: Edward Dowd, March 10, 2022, @EdwardDowd, GETTR, https://gettr.com/user/edwarddowd, Retrieved: March 24, 2022.

Appendix D

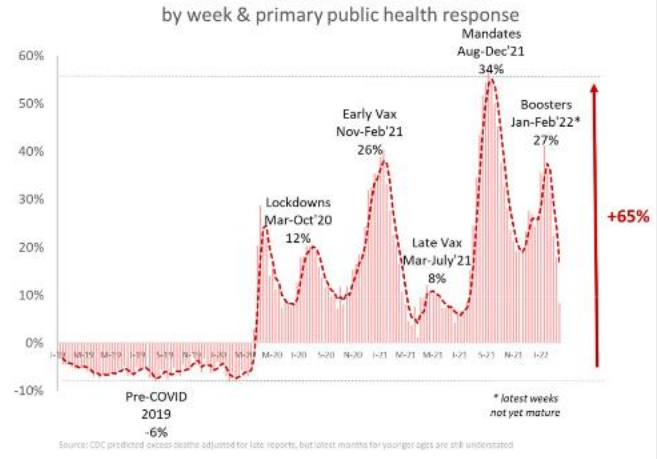
Unfortunately, Gen X's excess mortality also shows a clear early-fall mortality spike, consistent with that of the Millenials.

This generation saw a record level of excess mortality in fall of 2021.

This was at the time of the mandates and booster approvals.

More recently, excess mortality has returned to levels of winter of 2020-2021, which is troubling, given the much-lesser severity of current COVID variants.

Exhibit 5 | Gen X Suffered Rapid Rate of Excess Deaths to Record Levels in Fall of '21



Source: https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard

Source: Edward Dowd, March 10, 2022, @EdwardDowd, GETTR, https://gettr.com/user/edwarddowd, Retrieved: March 24, 2022.

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Pseudonyms have been used to protect the identity of the authors. Verified persons may inquire as to the author's identity.

Bravo Golf 592 (BG) is a lifelong friend and cohost of the Signal 50 Podcast. He met AS while they attended middle school back in the early 1980s. BG graduated with an undergraduate degree (Bachelors) in Health Science, became a PA in 1996, earned a master's degree in applied science in 2014, and earned his doctorate in health science, with a concentration in healthcare education. BG works as a PA in emergency medicine for the past 25 years, with the last 7 years teaching graduate student PAs. After getting his start as a volunteer firefighter in 1989, he served as chief of his department, earned his EMT and paramedic certification to work on the ambulance. After 32 years, BG still has his EMT certification and works on his local fire department. BG works providing home health care as a PA, preventing patients from going back to the emergency department or in-patient hospital admissions.

AlphaSierra288 (AS) is a lifelong friend of BG ever since meeting in middle school during the 1980's. AS graduated with an undergraduate degree in Liberal Arts from the State University of New York in 1992 and continued to receive a Master's in Business Development from University of PA through MBDi/CTC in 2018. AS was a firefighter/EMT and rescue specialist for several fire departments, both Volunteer and as a Paid Professional. AS no longer is involved with the fire service and has "retired" after nearly 13 years of service. AS is presently a Business Development Professional at a Senior Executive level in the Defense Industry and has been since 2006.

Declarations of Potential Conflicts of Interest

Neither author has any conflicts of interest to declare.

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