Lies and Secrecy: What the CDC and FDA Aren't Telling You About COVID and the Vaccines

Government health officials could have saved themselves by coming clean a few months into the COVID-19 jab scam. At this point, there's no way to save face, let alone anyone's career.

By Dr. Joseph Mercola

Story at a glance:

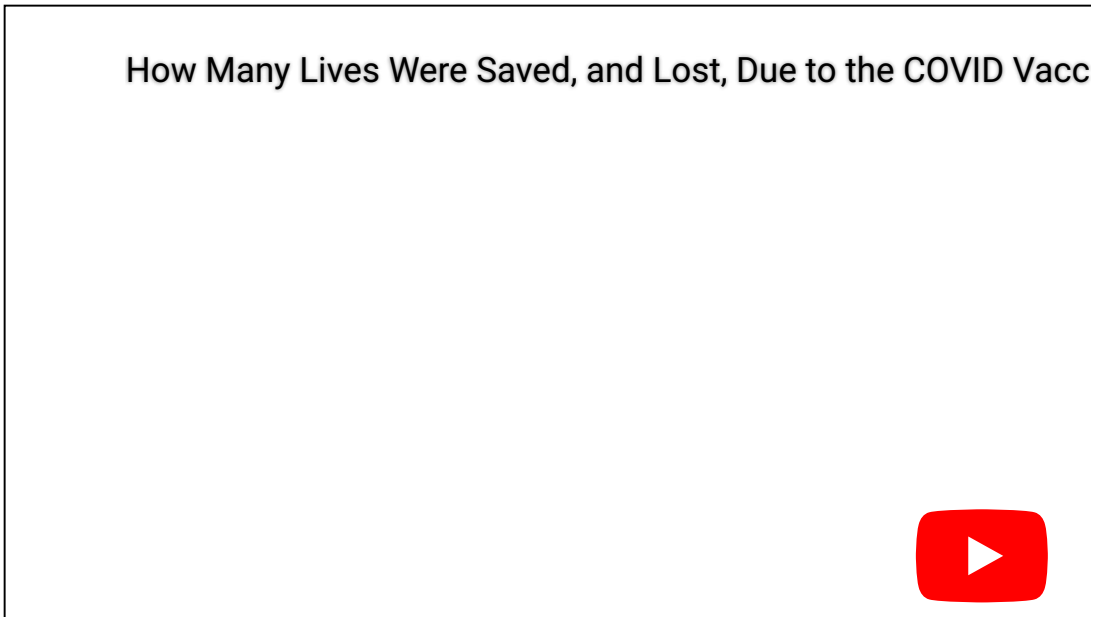
- The Centers for Disease Control and Prevention (CDC) has publicly warned that COVID-19 is one of the Top 10 causes of death in children aged 5 to 11, yet when asked to produce the data, they admitted they never conducted an analysis for that age group.
- The CDC has also lied about Pfizer's study results. While claiming the Pfizer jab was 92% effective for those with previous COVID-19 infection, the actual trial data found NO evidence of efficacy in those with previous infection.
- In July 2021, the U.S. Food and Drug Administration (FDA) quietly disclosed finding an increase in four types of serious adverse events in elderly people who received Pfizer's COVID-19 jab: acute myocardial infarction, disseminated intravascular coagulation, immune thrombocytopenia and pulmonary embolism. However, more than a year later, that study still has not been published.
- The FDA is also hiding other studies. Buried inside a study protocol, the FDA discusses findings from an unpublished "cohort study of the third dose safety in the Medicare population where historical controls were used." In that Medicare study the FDA found a significant risk for immune thrombocytopenia and acute myocardial infarction among those with prior COVID-19 diagnosis, as well as an increased risk of Bell's palsy and pulmonary embolism in general.
- Analysis of the CDC's Mortality and Morbidity Weekly Reports (MMWR) reveals the CDC is systematically (and automatically) hiding jab-related deaths, particularly in categories like cancer, cardiac deaths and strokes, to make the shots appear unrelated to excess deaths.

The FDA and the CDC jointly run and, allegedly, monitor the Vaccine Adverse Events Reporting System (VAERS) for safety signals.

Both agencies have been blatantly derelict in their duties in this regard, as the safety signals in VAERS have been screaming for attention since the first quarter of 2021. Yet both the FDA and CDC claim they've found nothing of concern. Nothing at all.

They're so unconcerned they even added the COVID-19 jabs to the childhood vaccination schedule, with the first jab series to be given to toddlers and babies as young as 6 months.

Meanwhile, data from around the world, including data in VAERS, V-Safe and the Defense Medical Epidemiology Database, suggest these shots are the deadliest in the history of vaccines. No other product comes even close.



CDC invents facts to drive a narrative

In the video above, Megyn Kelly interviews Robert F. Kennedy, Jr., about the difficulty in determining how many lives may have been saved by the COVID-19 shots, versus how many lives have been lost because of them, and highlights some of the outright false statements issued by the CDC.

For example, the CDC has publicly warned that COVID-19 is one of the Top 10 causes of death in children aged 5 to 11, yet when asked to produce the data, they admitted they never conducted an analysis for that age group.

So how did they conclude that COVID-19 is a top cause of death in an age group they've never analyzed mortality data for? The rational conclusion is that they just made it up.

As noted by Kennedy, the CDC is also discouraging autopsies of people who die post-jab, and they're engaging in a whole host of other obfuscation tactics that make good data hard to come by, and this has been going on since the very beginning of the pandemic.

FDA is withholding crucial study findings

The FDA is also guilty of massive data obfuscation. In a recent BMJ article, investigative journalist Maryanne Demasi discusses the FDA's failure to follow up on and release data showing an increase in serious adverse events in elderly individuals who received the Pfizer shot:

> "In July 2021 the US Food and Drug Administration (FDA) quietly disclosed findings of a potential increase in four types of serious adverse events in elderly people who had had Pfizer's COVID-19 vaccine: acute myocardial infarction, disseminated intravascular coagulation, immune thrombocytopenia, and pulmonary embolism.
>
> "Little detail was provided, such as the magnitude of the increased potential risk, and no press release or other alert was sent to doctors or the public. The FDA promised it would 'share further updates and information with the public as they become available.'
>
> "Eighteen days later, the FDA published a study planning document (or protocol) outlining a follow-up epidemiological study intended to investigate the matter more thoroughly.
>
> "This recondite technical document disclosed the unadjusted relative risk ratio estimates originally found for the four serious adverse events, which ranged from 42% to 91% increased risk. (Neither

absolute risk increases nor confidence intervals were provided.)

> "More than a year later, however, the status and results of the follow-up study are unknown. The agency has not published a press release, or notified doctors, or published the findings by preprint or the scientific literature or updated the vaccine's product label.
>
> "The BMJ has also learnt that the FDA has not publicly warned of similar signals detected in a separate observational cohort study it conducted of the third dose (first booster dose) in the elderly …
>
> "Nor has the agency publicly acknowledged other published observational studies or clinical trial reanalyses reporting compatible results. Experts spoke to The BMJ about their concerns about the data and have called on the FDA to notify the public immediately."

Serious side effects in seniors are being hidden

As explained by Demasi, the July 2021 findings came from a surveillance system called Rapid Cycle Analysis (RCA), which provides "near real-time" monitoring of 14 "adverse events of special interest." Like VAERS and other surveillance tools, the RCA cannot establish causality, but unlike the others, its strength lies in detecting potential safety signals more rapidly.

The FDA's protocol document for the planned follow-up study indicates that a manuscript of the original RCA study is being prepared, but more than a year later, neither the original RCA study nor the follow-up study have been published. Why?

The FDA is also hiding other studies. Buried inside yet another study protocol, the FDA discusses findings from "a cohort study of the third dose safety in the Medicare population where historical controls were used." In that Medicare study, the FDA found:

> "A statistically significant risk for immune thrombocytopenia (incidence rate ratio 1.66, confidence interval 1.17 to 2.29) and acute myocardial infarction (IRR 1.15, CI 1.02 to 1.29) among people with prior COVID-19 diagnosis as well as an increased risk of Bell's palsy (IRR 1.11, CI 1.03 to 1.19) and pulmonary embolism (IRR 1.05, CI 1.0001 to 1.100) in general."

Why were those results buried in a study protocol and never published or announced to the public?

As noted by Dr. Joseph Fraiman, an emergency medicine physician in New Orleans:

> "If the FDA is stating publicly that they're collecting [data], then they should be publicly reporting it. They shouldn't be burying the results in protocols as they've done."

Dutch epidemiologist and president of the International Society of Drug Bulletins, Dick Bijl, agrees, telling Demasi that any warning signals found in July 2021 "should have been analyzed and published within months."

Reanalysis of trial data confirms safety problems

Fraiman is particularly concerned as his team recently reanalyzed data from the Pfizer and Moderna Phase 3 trials, finding results that match those that the FDA are now hiding.

Their reanalysis, which focused on serious adverse events highlighted in a World Health Organization-endorsed "priority list" of potential adverse events relevant to the COVID-19 shots, found Pfizer's shot was associated with an increased risk of serious adverse events at a rate of 10.1 events per 10,000.

The rate for Moderna's jab was 15.1 events per 10,000.

Fraiman's analysis stressed that this level of risk for a post-injection event was significantly greater than the risk reduction for COVID-19-related hospitalization found in both trials, which was only 2.3 per 10,000 participants in the Pfizer trial and 6.4 per 10,000 in the Moderna trial.

In short, the shots are far more likely to land you in the hospital than COVID-19 itself. For every 800 jab recipients, one person will suffer a serious injury. Meanwhile, some 5,000 must get the Pfizer jab to prevent a single COVID-19 hospitalization.

This is what risk-benefit analysis is all about — comparing and weighing the benefit against the risk — and in this case, the jab clearly does more harm than good.

Scandinavian study confirms cardiovascular risks

Demasi also cites an observational study from Denmark, Finland and Norway, which found "statistically significant increases in thromboembolic and thrombocytopenic outcomes following both Pfizer and Moderna mRNA vaccines."

As reported by the authors:

> "In the 28-day period following vaccination, there was an increased rate of coronary artery disease following mRNA-1273 [Moderna] vaccination (RR, 1.13 … There was an observed increased rate of coagulation disorders following all 3 vaccines (AZD1222 [AstraZeneca]: RR, 2.01 … ; BNT162b2 [Pfizer]: RR, 1.12 … ; and mRNA-1273: RR, 1.26) …
>
> "There was also an observed increased rate of cerebrovascular disease following all 3 vaccines (AZD1222: RR, 1.32 … ; BNT162b2: RR, 1.09 … ; and mRNA-1273: RR, 1.21 …
>
> "For individual diseases within the main outcomes, 2 notably high rates were observed: 12.04 … for cerebral venous thrombosis and 4.29 … for thrombocytopenia, corresponding to 1.6 … and 4.9 … excess events per 100 000 doses, respectively, following AZD1222 vaccination."

Christine Stabell Benn, a vaccinologist and professor in global health at the University of Southern Denmark told Demasi:

> "The safety signal seems to be gathering around cardiovascular and cerebral vascular events, things to do with circulation and our larger organs, and these are the same signals that appear to be popping up in the FDA surveillance data as well …
>
> "It seems to me that doctors have a much higher tolerance for COVID vaccine side effects because there's been this sense that if you don't take the vaccine, you die. Obviously, that is completely the wrong way to think about it …
>
> "We don't want to create a lot of unnecessary anxiety and we can't say there is now proof that the vaccines cause these events because the data are of poor quality, but we can say there is a danger signal, and the medical profession needs to be alerted to this."

Jab makers intentionally botched trials

The primary reason for why the data is of "poor quality" is the fact that the COVID-19 shots "were not tested properly" from the start, Stabell Benn notes.

The control groups were eliminated by giving them the real shots a few months into the Phase 3 trials, which makes it near-impossible to evaluate long-term side effects — problems that might arise many months or years later. This seems to have been done intentionally, for that very reason.

Without a proper control group, any and all side effects can be written off as normal, as there's no documented unjabbed group to compare with. Many of us did not get the jab, but there are no data about us (our health status and so forth) in the trial, so true comparisons become problematic.

Are data withheld to prevent establishment of causation?

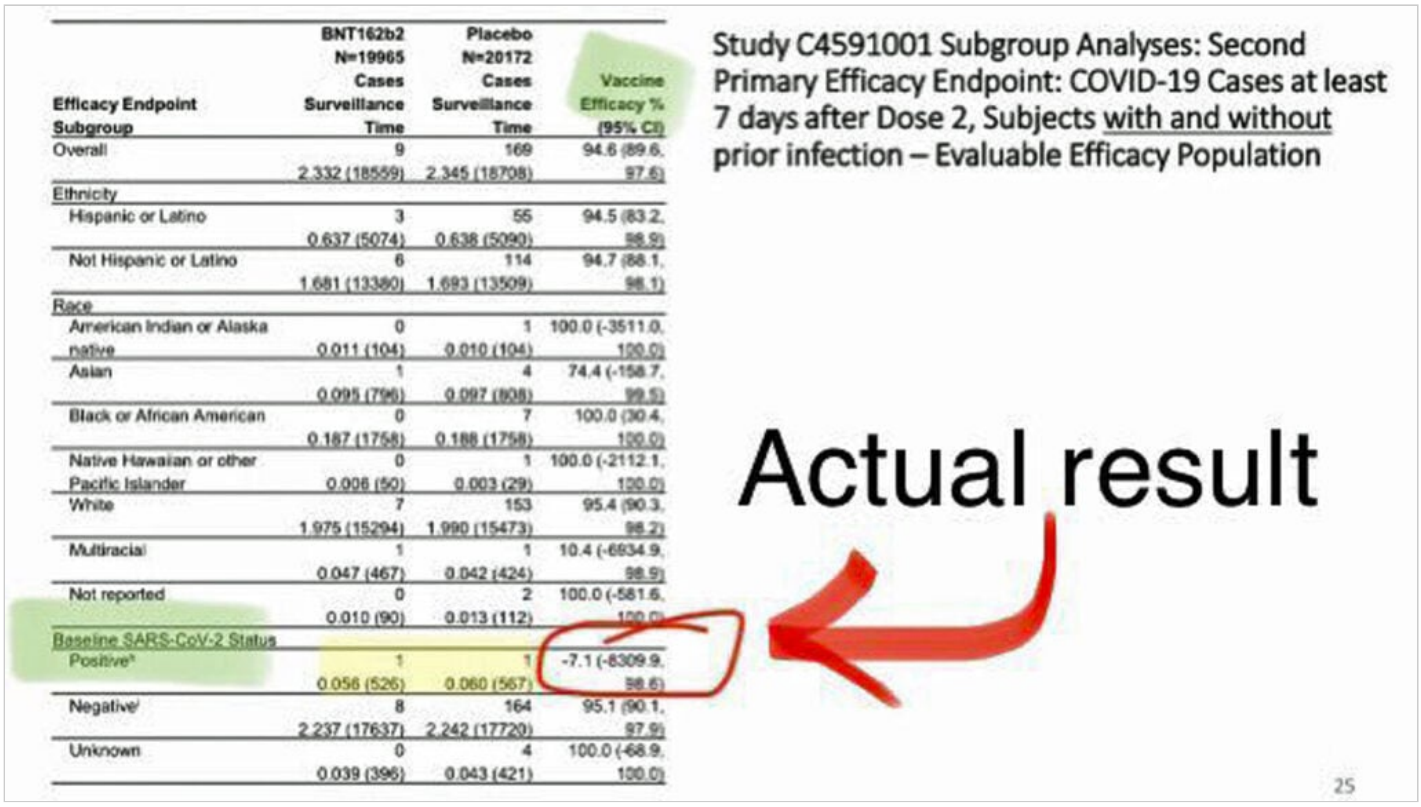
Earlier this year, the CDC admitted it was deliberately withholding data for fear they may be "misinterpreted as the vaccines being ineffective" and/or be misconstrued as confirming causation. This is not how real science should be conducted.

To ever reach the conclusion that the shots are causing injury, data are needed, and lots of it. By withholding crucial data, the CDC is effectively preventing that conclusion from being reached. Its excuse so far has been that there are "no data" to indicate there's a problem. Meanwhile, they're sitting on data that indicate just that!

CDC lied about Pfizer study results

In addition to hiding data, the CDC has also lied about trial results. As noted in an Oct. 31, 2022, tweet from Rep. Thomas Massie:

> "Pfizer's original vaccine trial, which contained 1,200 participants with evidence of prior infection, showed no benefit from their shots for those who had evidence of prior infection. CDC lied, said study showed it was 92% efficacious for those w/ evidence of prior infection."



Efficacy Endpoint Subgroup	BNT162b2 N=19965 Cases Surveillance Time	Placebo N=20172 Cases Surveillance Time	Vaccine Efficacy % (95% CI)
Overall	9 2,332 (18559)	169 2,345 (18708)	94.6 (89.6, 97.6)
Ethnicity			
Hispanic or Latino	3 0.637 (5074)	55 0.638 (5090)	94.5 (83.2, 98.9)
Not Hispanic or Latino	6 1.681 (13380)	114 1.693 (13509)	94.7 (88.1, 98.1)
Race			
American Indian or Alaska native	0 0.011 (104)	1 0.010 (104)	100.0 (-3511.0, 100.0)
Asian	1 0.095 (796)	4 0.097 (808)	74.4 (-158.7, 99.5)
Black or African American	0 0.187 (1758)	7 0.188 (1758)	100.0 (30.4, 100.0)
Native Hawaiian or other Pacific Islander	0 0.006 (50)	1 0.003 (29)	100.0 (-2112.1, 100.0)
White	7 1.975 (15294)	153 1.990 (15473)	95.4 (90.3, 98.2)
Multiracial	1 0.047 (467)	1 0.042 (424)	10.4 (-6934.9, 98.9)
Not reported	0 0.010 (90)	2 0.013 (112)	100.0 (-581.6, 100.0)
Baseline SARS-CoV-2 Status			
Positive[a]	1 0.056 (526)	1 0.060 (567)	-7.1 (-8309.9, 98.6)
Negative[b]	8 2.237 (17637)	164 2.242 (17720)	95.1 (90.1, 97.9)
Unknown	0 0.039 (396)	4 0.043 (421)	100.0 (-68.9, 100.0)

Credit: Rep. Thomas Massie

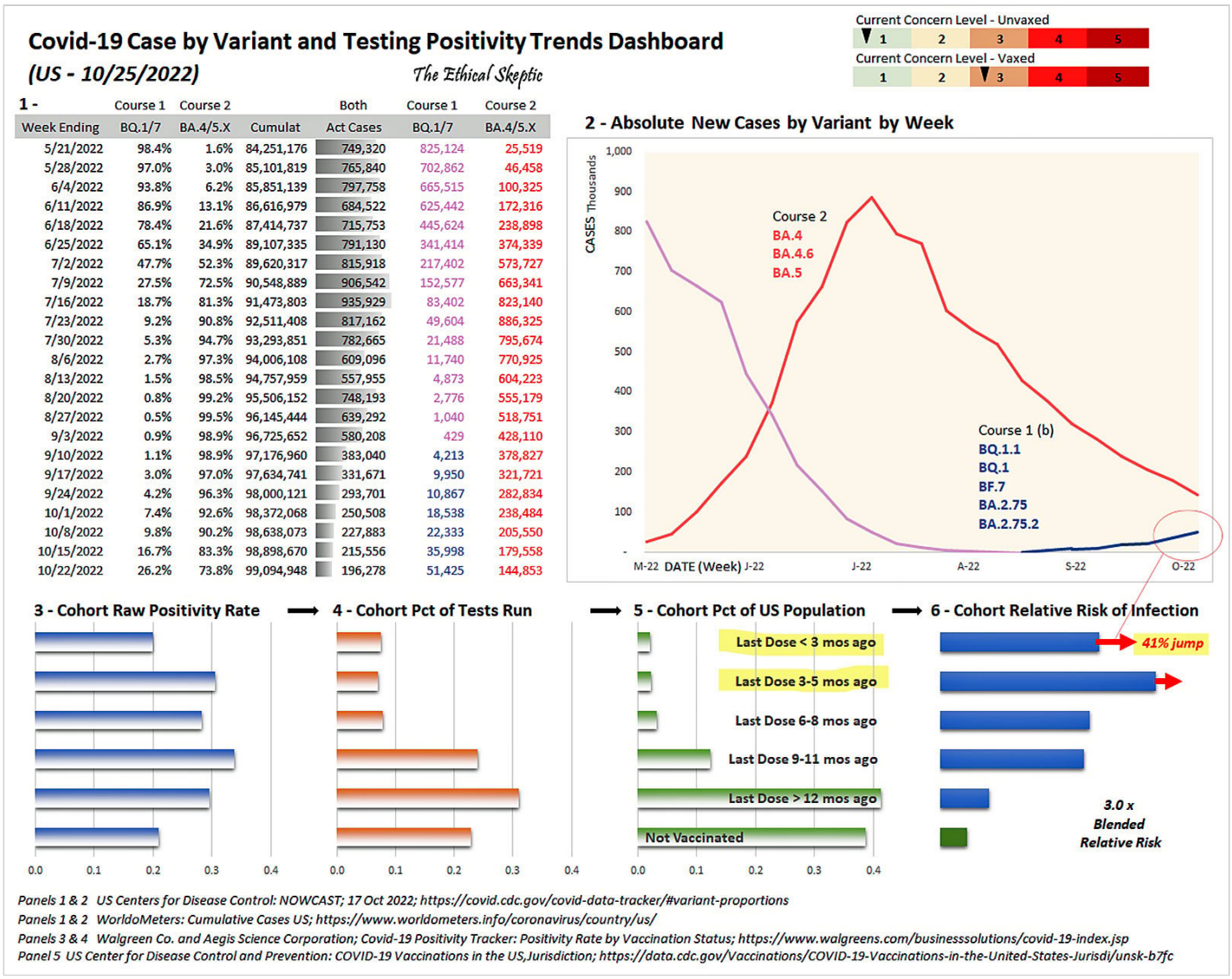
Massie — a Republican Congressman for Kentucky and an award-winning scientist — initially revealed the CDC's error in January 2021, after having tried, in vain, to get the CDC to correct it.

I detailed Massie's efforts in "Why Do Public Health Agencies Reject Natural Immunity?" At the time, Massie said:

> "There is no efficacy demonstrated in the Pfizer trial among participants with evidence of previous SARS-CoV-2 infections and actually there's no proof in the Moderna trial either … It [the CDC report] says the exact opposite of what the data says."

Latest COVID variant favors the jabbed 3 to 1

In related news, on Oct. 25 The Ethical Skeptic — a data analyst and fraud investigator — tweeted out a graphic showing the latest COVID-19 variant, dubbed BQ, is infecting the jabbed at a rate of 3-to-1 compared to the unjabbed. It also appears to favor those who got jabbed more recently.



Week Ending	Course 1 BQ.1/7	Course 2 BA.4/5.X	Cumulat	Both Act Cases	Course 1 BQ.1/7	Course 2 BA.4/5.X
5/21/2022	98.4%	1.6%	84,251,176	749,320	825,124	25,519
5/28/2022	97.0%	3.0%	85,101,819	765,840	702,862	46,458
6/4/2022	93.8%	6.2%	85,851,139	797,758	665,515	100,325
6/11/2022	86.9%	13.1%	86,616,979	684,522	625,442	172,316
6/18/2022	78.4%	21.6%	87,414,737	715,753	445,624	238,898
6/25/2022	65.1%	34.9%	89,107,335	791,130	341,414	374,339
7/2/2022	47.7%	52.3%	89,620,317	815,918	217,402	573,727
7/9/2022	27.5%	72.5%	90,548,889	906,542	152,577	663,341
7/16/2022	18.7%	81.3%	91,473,803	935,929	83,402	823,140
7/23/2022	9.2%	90.8%	92,511,408	817,162	49,604	886,325
7/30/2022	5.3%	94.7%	93,293,851	782,665	21,488	795,674
8/6/2022	2.7%	97.3%	94,006,108	609,096	11,740	770,925
8/13/2022	1.5%	98.5%	94,757,959	557,955	4,873	604,223
8/20/2022	0.8%	99.2%	95,506,152	748,193	2,776	555,179
8/27/2022	0.5%	99.5%	96,145,444	639,292	1,040	518,751
9/3/2022	0.9%	98.9%	96,725,652	580,208	429	428,110
9/10/2022	1.1%	98.9%	97,176,960	383,040	4,213	378,827
9/17/2022	3.0%	97.0%	97,634,741	331,671	9,950	321,721
9/24/2022	4.2%	96.3%	98,000,121	293,701	10,867	282,834
10/1/2022	7.4%	92.6%	98,372,068	250,508	18,538	238,484
10/8/2022	9.8%	90.2%	98,638,073	227,883	22,333	205,550
10/15/2022	16.7%	83.3%	98,898,670	215,556	35,998	179,558
10/22/2022	26.2%	73.8%	99,094,948	196,278	51,425	144,853

Panels 1 & 2 US Centers for Disease Control: NOWCAST; 17 Oct 2022; https://covid.cdc.gov/covid-data-tracker/#variant-proportions
Panels 1 & 2 WorldoMeters: Cumulative Cases US; https://www.worldometers.info/coronavirus/country/us/
Panels 3 & 4 Walgreen Co. and Aegis Science Corporation; Covid-19 Positivity Tracker: Positivity Rate by Vaccination Status; https://www.walgreens.com/businesssolutions/covid-19-index.jsp
Panel 5 US Center for Disease Control and Prevention: COVID-19 Vaccinations in the US,Jurisdiction; https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc

Credit: The Ethical Skeptic

CDC has automated data falsification

A day earlier The Ethical Skeptic posted the second installment of his "Houston, the CDC Has a Problem" series, in which he details how the CDC is systematically manipulating the data to hide signs of COVID-19 jab dangers.

Using data from the CDC's MMWR, he shows how the CDC hides and deletes excess jab-related deaths, particularly in categories like cancer, cardiac deaths and strokes. In June 2022, the CDC temporarily paused its MMWR reporting to perform a "system upgrade." That lasted two months.

When it came back online, large numbers of deaths jab-related categories had been moved, either into the COVID-19 death category or a "holding" category for undetermined deaths, thereby making it appear as though deaths from cancer, heart attacks and strokes are far lower than they are.

This gaming of the algorithm appears to have been automated as of that system update.

Here's an excerpt from Part 2, in which The Ethical Skeptic summarizes his findings:

> "The principal concerns with regard to the US Centers for Disease Control and Prevention 'Weekly Provisional Counts of Deaths by State and Select Causes' and 'Wonder: Provisional Mortality Statistics' are that the reports have begun to exhibit two primary apparent goals on the part of the CDC and its agency:
>
> - concealing excess deaths potentially caused by the mRNA vaccines, and
> - attempting to make mRNA vaccines falsely appear as uber-effective in saving lives.
>
> "Please note that we will not resolve an answer to either of these issues in this article, rather herein we will only outline the efforts in disinformation, misinformation, and deception on the part of the CDC which are foisted in an attempt to achieve both goals. Accordingly, four key issues are entailed inside this two-sided-coin deception:
>
> 1. The National Vital Statistics System Upgrade (hereinafter referred to as the 'NVSS System Upgrade') afforded the CDC a timeframe inside which it could alter 22 weeks of NCHS-MMWR data.
>
> During this window of opportunity the CDC surreptitiously removed excess death records from its database, and adjusted the policies and techniques as to how ICD-10 mortality codes were populated with state death certificate data thereafter.
>
> We outline herein that a new policy was enacted during the NVSS System Upgrade break, one which centered around two categorical gaming practices. The CDC is employing categorical gaming techniques to conceal dramatic Excess Non-COVID Natural Cause Mortality.
>
> If these excess deaths are not COVID deaths and are not vaccine related, as is commonly claimed through appeals to authority, credential, and ignorance, then there should also be no reason to conceal their associated records. Yet, that is exactly what is occurring.
>
> 2. Excess Cancer Mortality is being concealed through Cancer Multiple Cause of Death (hereinafter referred to as 'MCoD') categorical reassignment to COVID-19 Underlying Cause of Death (hereinafter referred to as 'UCoD').
>
> 3. Sudden Adult Deaths are being concealed by holding Pericarditis-Myocarditis-Conductive heart related deaths inside the R00-R99 temporary disposition bucket, far longer than per historical practice, thereby falsely depleting the associated ICD-10 mortality trend for these related deaths.
>
> Finally, the CDC is using the exact opposite technique, exploiting Multiple Cause of Death attributions and adding in completely fictitious deaths as well, in order to make its mRNA vaccines appear to be performing better than they are.
>
> 4. The CDC is using Multiple Cause of Death categorical gaming, and is creating novel death counts, in order to counterfeit an appearance that the unvaccinated are dying at a rate 12 times that of the vaccinated."

22-Sigma increase in cardiac deaths

The article contains loads of charts and graphs and extra details for those who want to dig in. But in summary, the analysis performed by The Ethical Skeptic raises serious questions about the CDC's handling of mortality data, as it appears to be manipulating statistics specifically for the purpose of hiding post-jab deaths.

On the upside, The Ethical Skeptic believes the CDC's mirage will soon fall apart, as the data is already starting to get misaligned to the point that fraud is self-evident.

For example, since the system upgrade, 25% of all weekly COVID-19 deaths just so happen to also be dying of cancer. "Such constitutes an impossibility in this important mortality account ledger, one which is analogous to the same species of mistake an embezzler might make," he writes.

Similarly, the temporary "holding" bucket has grown by 70% since the introduction of the COVID-19 shots, and the CDC is simply leaving them there. At present, there are 35,600 pericarditis, myocarditis and conductive disorder deaths that remain unaccounted for in U.S. cardiac mortality statistics.

If just 18% of these deaths were properly coded back into their heart-related deaths, there would be a 22-sigma increase in cardiac mortality. Based on the CDC's data, having properly recategorized the miscategorized deaths, The Ethical Skeptic estimates there are now 385,000 excess deaths related to the jabs.

Justice for Vaccine Victims Act

Marjorie Taylor Greene, House representative for Georgia's 14th Congressional district, recently introduced HR 7308, the Justice for Vaccine Victims Act of 2022, which would require an investigation into COVID-19 jab injuries reported to VAERS to be completed within three months of the bill's enactment.

The bill would also remove liability protections "that apply to the administration or use of certain medical countermeasures (e.g., vaccines) during the public health emergency."

Last but not least, on Nov. 1 Judicial Watch announced it is suing the U.S. Department of Health and Human Services for all of its safety studies relating to vaccines and gene therapies to treat or prevent COVID-19.

All in all, it seems the wheels are coming off the COVID-19 jab bus. Sparks are already flying. The FDA and CDC could have saved themselves by coming clean a few months into the COVID-19 jab scam. At this point, there's no way to save face, let alone anyone's career. Both agencies are doomed, as are their leadership.

Originally published on Mercola.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

SUGGEST A CORRECTION

Dr. Joseph Mercola

Dr. Joseph Mercola is the founder of Mercola.com.