

VACCINES

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VAERS is to
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What
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the Covid
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PANDA's
inquiry into
excess
deaths
continues.

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In a previous article of this mini series (*It is impossible that the vaccines saved 14 million lives in 2021*) [1] we used published values of the case fatality rate, the infection fatality rate (IFR), and Pfizer's

own data to refute the notion that the Covid vaccines prevented 14 million Covid deaths. These published values strongly implied that the shots prevented at most 74,000 Covid deaths in the first year after the rollout. In another article (*How many lives were actually saved by the Covid-19 vaccines?*) [2] it was noted from multiple sources that a great number of people receiving the experimental Covid shots end up contracting Covid in the first two weeks after their injection. When this fact was coupled with the complete lack of scientific evidence that the injections reduce the IFR, we pointed out that the actual number of Covid deaths prevented by the vaccine rollout is much closer to zero, possibly even negative. In other words, it is possible that the injections may have increased the number of Covid deaths, not prevented any. We now turn to look at side effects from the experimental injections, and in particular ask ourselves whether or not the injections increased non-Covid mortality.

Most pharmaceutical products have some adverse events associated with them [3], and the Covid shots are no different. How rare are the injuries? And did anyone die as a result of receiving the jab? Unfortunately, it is not particularly easy to establish a causal link between a vaccine and death. For all of human history, there have been a few people who suddenly dropped dead or suddenly got sick. Therefore, even if a person drops dead a few moments after receiving a vaccine, there is a small possibility that the vaccine was not the cause: the person might have died regardless. There are two main methods available to us for distinguishing between 'background' events and actual adverse events. The first is placebo-controlled randomised trials. Typically clinical trials of new pharmaceutical products last for two or more years so that any lurking long-term adverse events can be fleshed out. Sadly, however, only six months into the Pfizer trials the experiment was abruptly terminated by unblinding and then offering those in the placebo

group the active product. This makes it difficult to accurately assess the safety of these experimental Covid injections. We are now limited to using the trial results to estimate short-term adverse event information.

A second method used to help establish causal links between pharmaceuticals and their adverse events is through the use of established adverse event reporting systems such as VAERS. [4] The idea is that if all events are recorded, whether related to the product or not, 'background' deaths and disease may be separated from vaccine injuries to alert us to 'safety signals'. VAERS is primarily for Americans, but other countries have similar databases. The World Health Organization has its own database, a global de-duplicated version called VigiBase.

Is there a safety signal in these databases? Certainly. Only four months after the experimental Covid shots began to be rolled out, there were 28,000 serious adverse events and 1,644 deaths recorded in VAERS.[5] By the end of 2021, the death toll as found in VAERS had risen to 14,632.

As mentioned above, one goal of these databases is to eliminate background 'noise' from random events. What percentage of these reports can be linked to the Covid injections? One group of researchers concluded that for 81% of the entries they examined, the Covid shot "may have been a factor." [5] If we accept this ratio, then VAERS is giving us a signal of 11,852 Covid vaccine-related deaths in the USA by the end of 2021. Since about 244 million Americans had received at least one dose by then,[6] this works out to a fatality rate of 0.005% per person. Of course, many Americans received two or more doses, so the vaccine fatality rate per dose is probably about half of this (0.002% per dose). Either way, since both

Pfizer and the CDC were recommending two doses, the sad reality is that 1 in 20,000 people who followed their advice died as a result. Such a high rate is a great tragedy, not something that should be ignored.

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What is it about the experimental Covid injections that is causing all these health complications and deaths? The sad reality is that since the mRNA platform has never been used in vaccines before, and since no toxicological studies were done on these products...we are running almost

completely blind.

It is important to note that the VAERS database is both passive and voluntary, meaning that it is incomplete on the one hand, and may contain spurious or non-causal entries on the other. We dealt with the latter by accepting that the Covid shots may have been a factor in the death only 81% of the time. As for the former, because it is not mandatory that a report is filed for every 'event', and because filling out VAERS reports is a cumbersome and time consuming exercise, it is well known that many adverse events go unreported. For instance, one study estimated that somewhere between 13% and 76% of serious events make it into VAERS.[7] Another study concluded that "fewer than 1% of vaccine adverse events are reported." [8] If we are overly conservative, and estimate that 25% of vaccine deaths were entered into the system, it is quite possible that after one year of injecting Americans, the Covid shots had killed 47,408 people. This gives a fatality rate of 0.02%, or one death for every 5,000 people receiving at least one dose. If we apply this rate to the five billion people in the world reportedly injected by April 2022, it is reasonable to suspect that the Covid shots contributed to one million deaths worldwide in the first 16 months of the rollout. This is more than thirteen times higher than our calculation of the upper limit of Covid deaths prevented by the shots. It means, tragically, that the claim made by so many governments and media outlets that "the vaccines are safe" was made on the graves of one million people.

The VAERS website contains a notice advising people not to use the data to establish a vaccine fatality rate: something we have just done. Giving all due consideration to this warning, therefore, we accept that the calculated vaccine fatality rate of 0.02% is at best a

'ballpark' figure. All it tells us for sure is that there is a safety problem that demands attention, that the vaccine rollout should have been halted by May 2021 at the latest, and that the idea of vaccine passports (besides being tyrannical) was unscientific and reprehensible.

Indeed, in 1976 the government of the United States, fearing that the Swine flu was about to cause a pandemic, rushed a vaccine to market and on October 1 began injecting millions of Americans. Only 11 days later the programme was halted in several states on account of only three deaths. When autopsies concluded the deaths were probably unrelated, the campaign was renewed. However, on December 16, 1976 the entire programme was suspended on account of just 30 cases of Guillain-Barre following vaccination.[9] Imagine the incredulity of that generation if they had been told that 44 years later a vaccine programme would not only continue unabated but be made mandatory, even after 47,000 deaths?

If in fact the rollout of the Covid vaccines led to an unusually high number of fatalities, we should expect to find evidence of these deaths in multiple sources, not just in VAERS. This is especially true since such a large percentage of the world's population received these injections. Do we find this evidence? Most certainly. Three different studies found that all-cause-mortality data for 2022 in Europe reveal a disturbing trend of greater excess mortality in countries with higher vaccination rates.[10, 11, 12] Likewise, insurance companies have reported excess deaths of about one per 1,000 people since the vaccines were rolled out.[13, 14, 15] Emergency calls for heart problems rose dramatically as the vaccines were rolled out.[16] And, not only do a significant percentage of people claim that they know someone who died from the Covid shot,[17, 18] but autopsies have confirmed a causal link.

[19]

Indeed, so many papers have been published on the harms caused by the Covid injections that it is overwhelming. Adverse events from the Covid shots involve more than death, sadly, and include myocarditis,[20] menstrual disruptions,[21] intracranial haemorrhage,[22] Guillain Barre syndrome,[23] Bell's palsy,[24] and immune system dysfunction,[25] to name only a few. Nor are these 'rare' events, for one study found that 1 in 9,500 teenagers receiving the shots ended up in hospital with myocarditis.[26] At the risk of facing reprisals for speaking out against the shots, an American rheumatologist reported that 40% of his patients had had adverse events.[27] And Pfizer was so swamped with reports of adverse events that even after hiring more staff they still found it necessary to "prioritise the processing of serious cases" in order to deal with the massive workload.[28, 29]

The worst part about all of this is that none of it should have come as a surprise. A recent analysis of the original Phase 3 trial data for both the Pfizer and Moderna mRNA products found a demonstrable risk of serious adverse events (statistically significant for Pfizer and close to significance for Moderna).[30] Since the clinical trial data was published in late 2020, this information was readily available even before the experimental shots were rolled out to the public. Furthermore, the information that Pfizer included in their six-month report reveals that 30% of the vaccine recipients reported an adverse event compared to 14% of those receiving a placebo, suggesting a 16% increase.[31] Likewise, there was a 15% increase in fever, and a 0.5% increase in serious adverse events. Furthermore, since there were six more deaths among those receiving the Pfizer product compared to those receiving the placebo in the Phase 3 trials, (n=22,082), Pfizer's own data gives a

vaccine fatality rate (VFR) of 0.027%. This is slightly higher than our estimate from the VAERS data, and it suggests that we were in the right ballpark.

Mortality rates based on observational data were published rather quickly after the rollout started. For example, by the end of February 2021, researchers in Norway found at least ten vaccine related deaths among the first 30,000 recipients (most of whom were elderly).[32] This implies a VFR of 0.03% or higher.

Multiple estimates of the VFR have since been made by examining all-cause mortality and excess deaths. Using data from the UK and Denmark, Nick Bowler estimated the VFR to be about 0.025% per dose.[33] Based on American data, Dr. Rancourt put it at about 0.1%.[34] Dr. Schettlers, by looking at the data for Holland, concluded that one in 800 (VFR=0.13%) people died from the shot.[35] Despite the fact that all-cause mortality figures avoid the bias of how a death was classified, determining vaccine fatalities from excess deaths is not as simple as it might sound. In the first place, there were so many monumental changes to health care and lifestyle in 2020 that it would be imprudent to assume that every excess death in 2021 was caused by the Covid shots. Also, it is quite possible that people die every year from other vaccinations, and so form part of the expected deaths, not only the excess. How deaths from the Covid shot fit into this pattern is not entirely certain. What is certain is that there was and is a clear signal of mortality as a result of the vaccine rollout. Based on the foregoing discussion, the fatality rate is likely close to 0.1%.

To put this into perspective, the global average IFR of Covid for everyone under 70 had been determined to be about 0.07%.[36] Thus, not only does the evidence lead us to conclude that the

vaccines prevented no Covid deaths at all, but there is good reason to conclude that the shots were more lethal than Covid itself. Put bluntly, the cure was worse than the disease. Moreover, since the clinical trials were shut down after only six months, we have no solid data concerning any long-term consequences of these experimental injections. It remains to be seen if the fatality rate per dose will increase with time.

What is it about the experimental Covid injections that is causing all these health complications and deaths? Is there something inherently toxic in the products? Is there a biological response that is triggering health complications? The sad reality is that since the mRNA platform has never been used in vaccines before, and since no toxicological studies were done on these products, we cannot answer these questions.[37, 38, 39, 25] Instead, we are running almost completely blind. Furthermore, it is not currently known what the final outcome will be of the myriad of (non-lethal) adverse events. Will the harms turn out to be treatable? Or will the biological mechanisms involved in the mRNA platform continue to wreak havoc on the sufferers long after the injection? If current adverse events do lead to deaths in five to ten years, will the deaths be properly attributed to the so-called 'vaccines'? Owing to the fact that mRNA works at a cellular level, invades multiple organs,[40, 41] can "integrate into the genome of human cells,"[42] affects the immune system,[25] and potentially leads to "autoinflammatory and autoimmune conditions,"[43] it is conceivable that we have only seen the tip of the iceberg of the harms that will be caused by these experimental products.

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