

Are the New COVID-19 mRNA Vaccines Actually Killing and Injuring Some Patients or Are the Deaths and Injuries Just Coincidental?

By [Dr. Gary G. Kohls](#)

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Theme: [Media Disinformation](#), [Science and Medicine](#)

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I received an email from a scientist colleague of mine from Sweden recently. He had a comment about an article that I had sent him that reported on a number of Covid-19 mRNA vaccine-related deaths and injuries that began shortly after the start of the mass inoculation campaigns involving the Pfizer and Moderna vaccines.

The headline of the article read: **“There Have Been 329 Deaths and 9,516 Other Injuries Following COVID-19 mRNA Vaccine Inoculations”**

My friend’s concise and quite pertinent comment was: “But are they dying/being injured ‘due to’ or ‘with’ the vaccine...?”

And here was my response.

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Good point Olle: The scientific truism that “correlation is not the same as causation” still applies, but the powers-that-be both use that truth in certain situations and then turn around and cunningly mis-use it if there is some propaganda advantage for them to do so.

The point you bring up illuminates that nefarious “double-talk” that is typical of the “information” that comes daily from Big Pharma corporations, Wall Street investment firms, media marketers, public health bureaucrats and assorted other vaccine-pushing entities that dominate the media these days (especially among Big Media’s talking heads, their publishers, editors, investors and boards of directors).

For proof of that assertion, one only has to observe how the well-financed vaccine-pushers in America, when faced with the truth about the Pfizer and Moderna mRNA vaccine-related deaths and injuries that have been reported in recent internet-mediated revelations, will try to refute those facts by claiming that they are simply coincidences (ie, correlations). However, those same vaccine pushers will claim that the curious uninfected and non-contagious persons who were “incidentally” found to have a positive PCR test (which commonly result in false positive results) represents a reportable “case” of Covid-19, even

though there are no reliable statistics proving a correlation/causation relationship.

And, by extension, the powers-that-be will typically dispute the veracity of any reported vaccine-related deaths as simply representing a correlation but not a proof of causation.

Garbage In/Garbage Out (GIGO)

Somehow the fraudulence that accompanies the misuse of the “Correlation is not the same as Causation” truism relates to what is the massive ethical misconduct that is so obvious to many of us horrified observers of the powerful drive to (over-)vaccinate everybody on the planet with what will likely be vaccines that will mainly enrich the world’s billionaire investors at the expense of the guinea pigs that are mindlessly lining up to be inoculated.

As evidence for that assertion, I submit the following few examples of what seems to be a rapid surge in increasingly bad, dangerous and/or unethical, corporate-mediated medical practices. Note how the “garbage in” of any one of these examples leads to the “garbage out” of some of the others:

1] Bad Statistical Methodology and Reporting: Almost every health care professional and medical journalist, including both the NIAID’s Dr Fauci and CIDRAP’s Dr Osterholm, not to mention every healthcare journalist, acts like he or she is unaware of

a) The Serious Differences Between the Relative Risk Reduction Statistic (which gives both the Pfizer and Moderna vaccines a deceptively-high and unrealistic 95% “effectiveness rate”) and the Absolute Risk Reduction, the only really meaningful vaccine efficacy statistic, which, when calculated for the two mRNA vaccines, yields an alarming, worse-than-useless vaccine “effectiveness” rate of a miniscule 0.8%!); and

b) The Deceptively-Repeated Claim That American Blacks are supposed to be 3 times more likely than whites to become diagnosed with SARS-CoV-2 when, in fact, the objective truth is that only 62 per 10,000 ($62/10,000 = 0.0062 = 0.62\%$) blacks have been diagnosed with Covid-19 (diagnosis only requires certain flu symptoms plus a positive PCR test) compared to only 23 whites per 10,000 ($23/10,000 = 0.0023 = 0.23\%$). Indeed, the number 62 is approximately 3 times larger than the number 23, but the fraction $62/10,000$ is almost exactly that of the fraction $23/10,000$.

Shame on the so-called Public Health experts, the epidemiologists, the physicians, the Vaccine-pushers and the talking heads on TV who are so blatantly lying to us about the over-exaggerated risks of NOT getting vaccinated.

And yet a recent Center for Infectious Disease Research and Policy news release (CIDRAP’s Executive Director is Michael Osterholm) also stated that **“Black Americans are infected with COVID-19 at ‘nearly three times the rate of white Americans’... The report, based on data from Johns Hopkins University, also shows black Americans are twice as likely to die from the virus.”** I suspect that the death rates of black Americans was as mis-represented as the incidence rates.

2] Bad Medical Screenings and Diagnostic Tests. The over-priced PCR screening test kits (never intended by its inventor to be used for diagnostic purposes), many brands of which are actually worse than useless, because they erroneously report out very high percentages of false positive results);

3] **Bad Decisions by the FDA** that universally favor their Big Pharma donor/partners by “routinely” granting them the deceptively-named **“Emergency Use Authorizations (EUAs)”** for their not-yet-officially-approved, experimental vaccine and drug products for Covid-19 that are being manufactured and marketed by **Pfizer, Moderna, Gilead Sciences, etc** (and soon also **Johnson & Johnson/Janssen, AstraZeneca, Novavax, Sanofi/GlaxoSmithKline, etc**) for their experimental, fast-tracked, un-tested for long-term safety, potentially autoimmune disorder-inducing vaccines;

4] **Bad Medical Treatments:** the FDA issued to Donald Rumsfeld’s **Gilead Sciences** an EUA for its failed (for Ebola infections) antiviral drug remdesivir (Veklury) so that it could use up its large money-losing supply of the drug (that Gilead is pricing at \$3,000 per 5-dose treatment course). This rescue of a poorly-tested new drug is occurring at the same time that the CDC and the NIAID is trying to discredit known-to-be effective, very affordable generic drugs like hydroxychloroquine and Ivermectin and affordable known-to-be effective (for both treatment and prevention) nutritional supplements such as vitamin D, vitamin C, zinc, niacin, etc.

5] **Unethical Decisions Made by Unelected Government Bureaucrats:**

a] **Allowing Drug Store Employees to Inoculate Patients** with over-priced, potentially dangerous vaccines by non-medically-educated clerks and other drugstore employees without fully informing the vaccine recipients about all of the long-term adverse effects, lethality and the scores of long-term adverse effects that have not been fully evaluated. (See addendum below concerning how drug stores came to be allowed to profitably vaccinate unaware people.)

b] **Allowing Bad Policy-Making by Vaccinology-illiterate Mayors, Governors, Presidents, etc** because of the bad advice given to them by “experts” that have conflicts of interest.

This Garbage In/Garbage Out process does help to explain why the planet’s biggest billionaire investors did so fantastically-well over the Covid-19 hysteria while the irrational, economy-destroying national or regional lock-downs that were urged by those same investors (notably those connected with the World Economic Forum) were bankrupting small businesses, colleges, churches, etc.

The “Correlation is not Causation” truism debunks the confidently-predicted, so-called “second wave” that Bill Gates, Tony Fauci and a thousand others of their ilk predicted would occur in the fall of 2020 (also known as the “casedemic pandemic” that was brought about by the vigorous push to indiscriminately do PCR “testing - testing - testing” on anybody and everybody).

In other words, the massive increase in PCR testing (5-10 % were erroneously reported out as “positive”) just meant that there would be many false positive tests occurring - with no assurance of any causal relationship.

So, the powers-that-be at the NIH, the CDC, the NIAID, the CIDRAP, the FDA, the WHO, the Mayo Clinic, the Bill & Melinda Gates Foundation, the Oval Office or the Wall Street Journal can be counted upon to misuse and abuse the correlation/causation concept when it is convenient for them to do so - whatever suits their propaganda agenda.

A good example of the above information involves any one of the millions of frail, elderly,

bed-ridden, over-medicated, over-vaccinated, immunocompromised, poorly-nourished, pre-terminal, institutionalized patients that are highly likely to succumb if or when they have significant exposure to any bacterial or viral agent that is capable of causing pneumonia. The outlook has been poor for them every winter season, particularly during the annual epidemics of influenza or influenza-like illnesses (ILIs) whether they receive vaccinations or not.

In point of fact, the immunocompromised elderly are much more likely to die or be sickened by vaccinations. It is possible that the new mRNA vaccines will be worse than the disease that they are advertised to prevent.

During the year plague year of 2020, when tens or hundreds of millions of PCR tests were indiscriminately done (drastically over-diagnosing Covid-19 world-wide), many elderly, extended care facility patients would have naturally had an unknown number of false-positive test results (and therefore “cases” of Covid-19) listed in their chart. That deceptive information, in case of the death of the patient, would be sent to the local Department of Health, and, ultimately to the CDC which would then publish it along with many other questionable diagnoses on their website. And then those GIGO statistics would be trusted and acted-upon by vaccinology-illiterate politicians (who have been propagandized to falsely believe that all vaccines are effective and safe). And so it goes, until our freaked-out governors irrationally declare their economy-destroying lockdowns.

Tragically, the shameless powers-that-be consistently accuse those of us who are vaccinology-literate, are not corporate-co-opted pseudoscientists and therefore have no conflicts of interest of being “conspiracy theorists”. Such predictable propaganda devices as these are of course hard to counter, when the vast majority of the populace (at least here in the USA) only listens to the “bought and owned” mainstream media.

In order to educate yourself about the truth about vaccine dangers, regard with a jaundiced eye the vaccine-pushing propaganda that comes out 24/7 from mainstream sources – some of which are mentioned above. Then search for alternate sources of reliable scientific information, many of which I have written about in past Duty to Warn articles. Some of those articles have been archived at the websites in the bio below.

Robert Kennedy, Jr’s Children’s Health Defense site offers great information on the dangers of vaccines. The newsletter, Defender, is free to access and sign up for. It can be found [here](#).

My other important source of great information is Del Bigtree and his exceptional HighWire website and blog that can be accessed [here](#).

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Dr Gary G. Kohls is a retired American family physician who practiced holistic (non-drug) mental health care during the last decade of his professional career. His patients came to see him asking for help in getting off the psychotropic drugs to which they were addicted and which they knew had sickened them and disabled their brains and bodies. He was successful in helping significant numbers of his patients get off or cut down on their

cocktails of drugs using a time-consuming program that was based on psychoeducational psychotherapy, brain nutrient therapy and a program of gradual, closely monitored drug withdrawal.

He warns against the abrupt discontinuation of any psychiatric drug – legal or illicit – because of the common, often serious withdrawal symptoms that can occur in patients who have been taking such drugs. It is important to be treated by an aware, informed physician who is familiar with treating drug withdrawal syndromes and brain nutritional needs.

Dr Kohls lives in Duluth, MN, USA and writes a weekly column for the Duluth Reader, the area's alternative newsweekly magazine. His columns deal with the dangers of American fascism, corporatism, militarism, racism, malnutrition, Big Pharma's psychiatric drugging and over-vaccination regimens, and other movements that threaten the environment, prosperity, democracy, civility and the health and longevity of the planet and the populace.

Many of Dr Kohls' columns have been archived at a number of websites around the world, including these five:

http://duluthreader.com/search?search_term=Duty+to+Warn&p=2;

<http://www.globalresearch.ca/author/gary-g-kohls;>

<http://freepress.org/geographic-scope/national;>

<https://www.lewrockwell.com/author/gary-g-kohls/?ptype=article;> and

<https://www.transcend.org/tms/author/?a=Gary%20G.%20Kohls,%20MD>

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