

# Are the “Vaccinated” Spreading the Virus to the “Unvaccinated”? Rising Hospital Admissions of the “Vaccinated”?

By [Prof Michel Chossudovsky](#)  
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Theme: [Media Disinformation](#), [Science and Medicine](#)

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People are dying from the mRNA Covid Vaccine.

*There is a worldwide upward trend in vaccine deaths and injuries.*

*The latest **official figures** (August 30, 2021) point to approximately:*

**38,488 mRNA vaccine reported and registered deaths in the EU, UK and US (combined) and**

**6.3 million reported “adverse events”.**

These are the official figures. Less than 10% of deaths and injuries are reported. For vaccine adverse events approximately one percent of the injuries are registered are reported.

The order of magnitude of vaccine related deaths is **AT LEAST 380,000 for a combined population (EU, UK, US) of 830 Million.**

In many countries, **there was a significant shift in mortality following the introduction of the mRNA vaccine**

Source: [HeathData.org](#)

## What are the Causes?

*What is addressed in this article is the process of “detection” and “estimation” of the so-called Covid-19 positive cases respectively among the vaccinated and unvaccinated as well as the routine RT-PCR tests undertaken by the health authorities.*

*Amply documented, confirmed by the WHO, **the RT-PCR test is Totally Invalid**. It does not identify SARS-CoV-2, nor does it identify the “variants” of the virus.*

*The numbers resulting from the PCR test are totally meaningless.*

*The pandemic is an illusion. These so-called Covid positive cases are nonetheless used by the governments and the media to sustain the 24/7 fear campaign.*

## Vaccine Related Mortality and Morbidity

*What the data indicates is that since the onset of the vaccination program, there has been an increasing trend (Worldwide) in vaccine related deaths and adverse events, which is also accompanied by an increase in the number of vaccinated people who have sought medical attention in hospitals and clinics.*

## Vaccinated Spreading the Virus?

*First an introductory note: There are reports (yet to be fully corroborated) suggesting that the vaccinated “are spreading the virus”. According to Nobel Prize Laureate **Professor Luc Montagnier** it is the vaccinated and not the unvaccinated who “are spreading the virus.”*

“...it is the vaccination that is creating the variants ... There are antibodies, created by the vaccine...This is where the variants are created. ...

According to Prof. Montagnier the variants “are a production and result from the vaccination”. What is the evidence?

[A Lancet report \(preliminary, August 10, 2021\)](#) (funded by Wellcome) based on a clinical study of 69 health workers in Vietnam suggests that vaccinated individuals carry “unusually high viral loads” which then can be transmitted to both the vaccinated and the unvaccinated:

**“Viral loads of breakthrough Delta variant infection cases were 251 times higher** than those of cases infected with old strains detected between March-April 2020. Time from diagnosis to PCR negative was 8-33 days (median: 21). ...

... Breakthrough Delta variant infections are associated with high viral loads, prolonged PCR positivity, and low levels of vaccine-induced neutralizing antibodies, explaining the transmission between the vaccinated [and unvaccinated] people.

The viral transmission from the vaccinated to the unvaccinated raised by Montagnier, Et al and the Lancet report quoted above, remains to be firmly corroborated by medical doctors and scientists. No reliable empirical data has been put forth.

Moreover, it should be understood that the detection of “viral loads breakthrough of Delta

variants infection cases” cannot be confirmed by the RT-PCR test, which has been declared totally invalid by the WHO.

More generally, all the estimates conducted using the PCR test since January 2020 are invalid and cannot be used as a basis for evaluating the spread of the alleged epidemic.

## **Hospitalizations and Medical Attention to the Vaccinated**

What should be addressed at this juncture of the crisis is the following. Since the onset of the vaccination program, there has been:

- **an increasing trend in vaccine related deaths and adverse events,**
- **an increase in the number of vaccinated people who have been hospitalized and/or have received medical attention in hospitals /clinics.**

In turn this tendency has led to an increase in **the recorded number Covid positive cases** among vaccinated persons.

While there are many factors contributing to the trend of so-called covid positives, the number of adverse events (injuries) affecting the vaccinated is likely to increase **the numbers of PCR Covid positive cases.**

Why?

A vaccinated individual who is suffering from serious “adverse events” will seek medical attention at a health clinic or at the hospital where he/she was vaccinated. In most Western countries it is now routine:

**A person who goes to a hospital or clinic for medical treatment will be subjected to a routine RT-PCR test as well as medical diagnosis.**

**The probability of a vaccinated individual suffering from adverse effects (seeking medical attention) being subjected to a PCR-test (in a clinic or a hospital) is consequently much higher than that pertaining to a healthy unvaccinated individual.**

The vaccinated person when subjected to the flawed RT-PCR test is categorized as “positive”. And the number of covid positive cases increases.

Moreover, there is rising trend in vaccine related deaths which the health authorities are anxious to obfuscate. Adverse events as well as mRNA vaccine related deaths are often attributed to Covid-19: No autopsy required. According to the CDC the **“Underlying cause of death”** should be Covid-19 **“More often than not”**.

The CDC combines these two criteria. **“Underlying cause of death”, More often than not.**

### **Will COVID-19 be the underlying cause of death?**

“The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of **the underlying cause of death are expected to result in COVID- 19 being the underlying cause more often than**

not.”

The above directive is categorical. It precludes an autopsy. It falsifies the cause of death.

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## About the Author



[Michel Chossudovsky](#) is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG), Montreal, Editor of Global Research.

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He is the author of eleven books including *The Globalization of Poverty and The New World Order* (2003), *America's "War on Terrorism"* (2005), *The Globalization of War, America's Long War against Humanity* (2015).

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See [Michel Chossudovsky, Biographical Note](#)

[Michel Chossudovsky's Articles on Global Research](#)

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## ANNEX

### The RT-PCR Test

This annex largely pertains to the flawed RT-PCR test which continues to be used as a means of estimating the spread of the virus.

These estimates are used to promote the fear campaign. They are routinely reported 24/7 by the governments, the media and the medical professionals are TOTALLY invalid.

In January 2021, [the WHO issued a statement to the effect that the test as routinely conducted at an amplification threshold 35+ are TOTALLY INVALID](#). Moreover, the RT-PCR test DOES NOT IDENTIFY SARS-CoV-2, it identifies genetic fragments which cannot under any circumstances be assigned to SARS-CoV-2.

Moreover, confirmed by the WHO, the 2019 SARS-CoV-2 had not been “isolated”. And because an “isolate” was not available, the WHO adopted the 2003 SARS-CoV as a point of reference (categorized as “similar” to the 2019 nCoV initially categorized as a novel virus).

It follows from the above that if the PCR test cannot identify the 2019 virus (SARS-CoV-2), it cannot be used to detect “variants” of the original 2019 virus.

For more details see:

[The WHO Confirms that the Covid-19 PCR Test is Flawed: Estimates of “Positive Cases” are Meaningless. The Lockdown Has No Scientific Basis](#)

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