

COVID Vaccine Truth Needs Evidence-Based Debate, Not Gag-Orders

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Recently two headlines concerning COVID vaccines appeared almost at the same time in media.

One of these concerns one of the largest studies which has confirmed earlier reports of serious risks relating to COVID vaccines.

The second of these relates to legislation being considered in France that will impose 3-year imprisonment plus big fines on those questioning the safety and hence desirability of COVID vaccines, saying this is 'provocation to abstain from medical care'. Why is it that such draconian steps are being considered at a time when the evidence about high risks is piling up? Is it to prevent even more disturbing aspects from emerging?

Let us see what the latest study, as assessment of the COVID Vaccine Safety Project, has stated.

As reported, this study spanning 99 million people and investigating reports of adverse reactions, has found that instances of Guillain-Barre Syndrome, myocarditis, pericarditis, and cerebral venous sinus thrombosis (CVST) were at least 1.5 times more than expected following inoculation with mRNA and ChAdOXI vaccines.

COVID-19 vaccines have been widely discussed, but still safety aspects need more attention. Generally in the case of all vaccines adverse events recorded constitute an important part of discussion relating to them, and this is all the more so in the case of COVID-19 vaccines which were developed and distributed in unprecedented hurry.

Here in the context of the USA where comparable data over a time period of several years is

available, the adverse events following all other vaccines are compared with adverse events following COVID-19 vaccine during 2020-21. Secondly the adverse events data for COVID vaccines is compared for various countries. Thirdly some other recent research of significance is reported.

First, we can compare the official data for per month deaths following COVID vaccines with the longer-term data from the same comparable official source for per month deaths following all other vaccines in the context of the USA.

The source of all this data is VAERS (Vaccine Adverse Events Reporting System) which has been recording adverse events, serious injuries and deaths following vaccinations for several years in the USA.

There have been criticisms, supported by studies, that what gets recorded in VAERS may be very substantial under-estimates but still it is the only officially recognized data base we have in the public domain. VAERS figures do not establish a cause and effect relationship. This data base only tells us that a certain number of adverse events, including deaths, were reported and recorded in this system within a certain specified number of days following vaccination. The same is also true of the data on adverse events of other countries later in this review.

The VAERS data inform that for the roughly 16 and a half year period (198 months) from July 1997 to December 2013, counting all the various vaccines that are administered in the USA, many adverse events were recorded which included 2,149 deaths.

This figure is available in a paper titled 'Deaths Reported to the Vaccine Adverse Event Reporting System 1997-2013, United States', authored by Pedro L. Moro, Jorge Arana, Mario Cano and others. This paper, (Clin. Infect. Dis 2015 Sep.15; 61(6)), reproduced by National Library of Medicine, National Center for Biotechnology Information is based on what was recorded in VAERS. This paper also says that these deaths showed a declining trend.

Dividing 2,149 by 198 we find that on average per month 11 post-vaccine deaths were recorded, counting all the various vaccines administered in the USA.

Now let us look at the post-vaccine deaths recorded only for COVID-19 vaccine in the USA under the VAERS since this vaccination started in December 2020. During the roughly 11 months period from December 14, 2020 to November 1-12, 2021, a total of 8,664 deaths were recorded. This works out to an average of about 788 deaths per month.

Thus we learn that the number of post-vaccine deaths recorded per month for COVID-19 vaccine up to November 12, 2021 (788) is about 72 times of the deaths per month that were recorded earlier for all vaccines combined (11), as revealed in a longer-term study of VAERS records for 198 months, years 1997-2013.

While calculating this we have used the much lower VAERS estimate which excludes deaths following COVID vaccine attributed to 'foreign reports'. However if a calculation based on those official estimates which include 'foreign reports' is made then the number of deaths recorded up to November 12 is 18,853. This means an average of 1,714 deaths per month or 156 times the deaths recorded for all vaccines per month earlier.

During the period of about 11 months December 14 to November 12 following COVID-19 vaccine, in the VAERS system of USA, after excluding foreign reports, a total of 654,413

adverse events and 54,962 serious injuries were recorded. If we include foreign reports the numbers are significantly higher at 894,145 adverse events and 139,126 serious injuries.

These statistics, as also the findings of important studies that VAERS data on adverse side effects should be treated as substantial under-estimates, should have clearly got more attention in official decisions, as also the hardly discussed possibility of adverse impacts that may manifest much later. People should be adequately informed for a proper democratic debate to take place.

Now in the second part of this review let us try to compare the USA data with the data for some other countries. The USA data is up to around mid-November 2021 when around 410 million vaccines had been administered. In India up to this time about 1100 million vaccines had been administered. However the adverse events following COVID-19 vaccines as reported officially are very, very less compared to what has been reported for the USA. As reported in leading newspaper the Hindu November 29, 2021 the serious adverse events following COVID-19 vaccine till November are 2,116. (See report titled Vaccination adverse events less than 0.01%, Centre tells Supreme Court, written by Krishnadas Rajagopal).

As available data indicates adverse events data to be amazingly below that for the USA, there can be two interpretations. One interpretation can be that in terms of safety the COVID Vaccination in India has been enormously superior compared to the USA. This would appear to be all the more so keeping in view that VAERS estimates also involved substantial under-reporting. The second interpretation is that the data on this subject is a huge underestimate of the actual situation. Which interpretation appears more acceptable to readers?

To give an update, if data till December 6, 2022 is considered, a total of 92,003 adverse events following vaccination have been reported in India, the Health Ministry told the Parliament.

In the case of China, as in the case of India, the real situation in this context is not clear and more transparency is needed. However a Bloomberg report dated May 28, 2021 titled 'China says it has about 0.01% adverse events from COVID vaccines' may be mentioned here. This report mentions the figure of 31,434 adverse events from 265 million jabs administered till then. If we extrapolate the same figure for the nearly 2,300 million jabs given till the last days of November 2021, then we get a figure of about 280,000 adverse events (these are not described as serious adverse events, just adverse events in the Bloomberg report.). Comparing with the adverse events in the USA and other western countries, this again is a substantial underestimate.

In the case of nearly 27 countries of the European Union, an analysis of adverse events as reported in Health Impact News dated 28 November 2021 mentioned 31,000 deaths, 2,890,600 injuries including 1,355,192 serious injuries.

Hence the trend appears to be of high reporting from developed countries and of low reporting from developing countries. Another important aspect relates to extension of COVID-19 vaccination to teenagers and children and voices of caution voiced by several senior scientists in this context. In fact In India almost as soon as the official announcement in this context was made, on December 6, 2021 a senior epidemiologist of AIIMS Dr. Sanjay K. Rai, President of Indian Public Health Association and involved in Covaxin trials in India in a very senior position, stated that this will not yield any additional benefits.

At the world level **Dr. Robert Malone**, who has played a very important part in the debate, has warned against high risks involved in this. He has stated that thousands of scientists and doctors oppose this (Physicians Declaration II-Updated October 29, 2021, Global COVID Summit, International Association of Physicians and Medical Scientists). Dr. Malone is discoverer of in-vitro and in-vivo RNA Platform and architect of mRNA Vaccine Platform. Hence his views and those of several other senior scientists should not be ignored. In the interests of ensuring safety and avoiding any adverse impacts it is important to resolve these controversies in such a way that the health and safety concerns of all and particularly of children are well protected.

Excessively high adverse impacts of COVID-19 vaccines, as reported in several countries, have led to an intense debate on this subject. It is important to note that such high adverse impacts have been reported mostly in those countries, such as the USA and some European countries, which have relatively much better systems of recording such adverse impacts.

In the context of this debate a peer-reviewed research paper published in late January 2024 has attracted a lot of attention. This has been published in Cureus-Journal of Medical Science which has been described as a “web-based peer-reviewed open access general medical journal.” This paper is titled ‘COVID-19 mRNA vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign’. This paper has been authored by M. Nathaniel Mead, Stephanie Seneff, Russ Wolfinger, Jessica Ruse, Kris Denhaernck, Steve Kirsh and Peter A. McCullough.

The authors state,

“Our understanding of COVID-19 vaccinations and their impact on health and mortality has evolved substantially since the first vaccine rollouts. Published reports from the original randomized phase 3 trials concluded that the COVID-19 mRNA vaccines could greatly reduce COVID-19 symptoms. In the interim, problems with the methods, execution, and reporting of these pivotal trials have emerged. Re-analysis of the Pfizer trial data identified statistically significant increases in serious adverse events (SAEs) in the vaccine group. Numerous SAEs were identified following the Emergency Use Authorization (EUA), including death, cancer, cardiac events, and various autoimmune, hematological, reproductive, and neurological disorders.”

In addition this paper says,

“Furthermore, these products never underwent adequate safety and toxicological testing in accordance with previously established scientific standards. Among the other major topics addressed in this narrative review are the published analyses of serious harms to humans, quality control issues and process-related impurities, mechanisms underlying adverse events (AEs), the immunologic basis for vaccine inefficacy, and concerning mortality trends based on the registrational trial data. The risk-benefit imbalance substantiated by the evidence to date contraindicates further booster injections and suggests that, at a minimum, the mRNA injections should be removed from the childhood immunization program until proper safety and toxicological studies are conducted. Federal agency approval of the COVID-19 mRNA vaccines on a blanket-coverage population-wide basis had no support from an honest assessment of all relevant registrational data and commensurate consideration of risks versus benefits.”

The authors of this paper recommend,

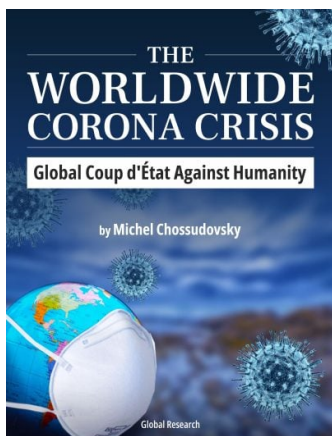
“Given the extensive, well-documented SAEs and unacceptably high harm-to-reward ratio, we urge governments to endorse a global moratorium on the modified mRNA products until all relevant questions pertaining to causality, residual DNA, and aberrant protein production are addressed.”

In view of the very serious implications of what this paper states, as well as the fact that what it has stated is supported by a lot of scattered but important evidence, this paper as well as its recommendation deserves wide attention, of people, medical personnel and public health authorities.

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The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this

comes out in the way Covid is contextualized. —**Dr. Mike Yeadon**

In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky's book is a rock upon which to sustain our fight. -**Dr. Emanuel Garcia**

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden "plandemic"; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test - which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —**Peter Koenig**

Professor Chossudovsky exposes the truth that "there is no causal relationship between the virus and economic variables." In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. -**David Skripac**

A reading of Chossudovsky's book provides a comprehensive lesson in how there is a global coup d'état under way called "The Great Reset" that if not resisted and defeated by freedom loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -**Edward Curtin**

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