

## Latest Bad News About COVID Vaccines: Pfizer and FDA Knew Vaccines Were Not ‘Safe and Effective’

By [Dr. Joseph Mercola](#)

Global Research, May 24, 2022

[Mercola](#)

Region: [USA](#)

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

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

To receive Global Research’s Daily Newsletter (selected articles), [click here](#).

Visit and follow us on [Instagram](#), [Twitter](#) and [Facebook](#). Feel free to repost and share widely Global Research articles.

\*\*\*

*A previously healthy 36-year-old mother of two died 11 days after receiving a Pfizer COVID-19 shot; her death was deemed to be caused by myocarditis due to the shot*

*Emergency calls for cardiac arrest and acute coronary syndrome increased more than 25% among 16- to 39-year-olds from January to May 2021, compared to the same time period in 2019 and 2020*

*Pfizer deliberately excluded pregnant women from COVID-19 shot trials; the recommendation that the shots are safe and effective for pregnant women was based on a 42-day study involving 44 rats*

*Research conducted by the New York State Department of Health found the shots’ effectiveness declined rapidly among 5- to 11-year-olds, falling from 68% to just 12%*

*Considering the adverse effects and lack of effectiveness, many have called for an immediate withdrawal of the shots*

\*

A previously healthy 36-year-old mother of two died 11 days after receiving a Pfizer COVID-19 shot.<sup>1</sup> Initially, her cause of death was deemed inconclusive, but at an inquest, pathologist Dr. Sukhvinder Ghataura explained that he believes the COVID-19 shot was to blame. He told the coroner:<sup>2</sup>

“On the balance of probabilities, she had vaccine-related problems. There is nothing else for me to hang my hat on. It is the most likely reason, in my conclusion. It is more than likely Dawn died in response to the Covid jab.”

Government officials continue to deny deaths linked to Pfizer’s mRNA COVID-19 shot. In the

U.S., they've only acknowledged nine deaths as causally associated with Johnson and Johnson's COVID-19 shot as of May 10, 2022.<sup>3</sup> But this case, which occurred in the U.K., highlights the potential dangers of shot-induced myocarditis.

According to Ghataura, the woman had several signs of myocarditis, or inflammation of the heart muscle, including inflammation of the heart, fluid in the lungs and a small clot in her lungs.

She had also reported menstrual irregularities, jaw pain and arm pain.<sup>4</sup> When asked by a family member whether he believed the woman would still be alive today if she hadn't received the shot, Ghataura said, "It's a difficult question but I would say yes."<sup>5</sup>

## **COVID-19 Shots Increase Heart Attack Risk by 25% in Youth**

At the conclusion of the inquest regarding the woman's death, assistant coroner Alison McCormick stated, "I give the narrative conclusion that her death was caused by acute myocarditis, due to recent Covid-19 immunization."<sup>6</sup> Myocarditis is a recognized adverse effect of mRNA COVID-19 shots,<sup>7</sup> and one that has been named in other deaths.

Dr. Neil Singh Dhalla, a CEO of a major health clinic, fell asleep four days after he got a COVID-19 booster shot — and died from a heart attack.<sup>8</sup> The autopsy stated myocarditis. He was only 48 years old and had never had heart problems in his life. In another example, epidemiologists confirmed that two teenage boys from different U.S. states died of myocarditis days after getting the Pfizer shot.<sup>9</sup>

Both had received second doses of the shot. In a study that examined the autopsy findings, it's reported that the "myocarditis" described in the boys' deaths is "not typical myocarditis pathology":<sup>10</sup>

"The myocardial injury seen in these post-vaccine hearts is different from typical myocarditis and has an appearance most closely resembling a catecholamine-mediated stress (toxic) cardiomyopathy. Understanding that these instances are different from typical myocarditis and that cytokine storm has a known feedback loop with catecholamines may help guide screening and therapy."

An astounding study published in Scientific Reports further revealed that calls to Israel's National Emergency Medical Services (EMS) for cardiac arrest and acute coronary syndrome increased more than 25% among 16- to 39-year-olds from January 2021 to May 2021, compared to the same time period in 2019 and 2020.<sup>11</sup>

The researchers evaluated the association between the volume of the calls and other factors, including COVID-19 shots and COVID-19 infection, but a link was only found for the shots:<sup>12</sup>

"[T]he weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates.

While not establishing causal relationships, the findings raise concerns regarding vaccine-induced undetected severe cardiovascular side-effects and underscore the already established causal relationship between vaccines and myocarditis, a frequent cause of unexpected cardiac arrest in young individuals.”

## **COVID Shots Weren’t Tested on Pregnant Women**

The U.S. Food and Drug Administration and Pfizer attempted to hide COVID-19 shot clinical trial data for 75 years. “When I saw that, that’s when I got very vocal and said fraud has occurred. How do I know that? They won’t show us the clinical data,” former Blackrock portfolio manager Edward Dowd said.<sup>13</sup> This should be a red flag for all Americans.

Now that a lawsuit forced the FDA to release thousands of the documents, data about what they were trying to hide is coming out. Among the revelations is evidence that Pfizer deliberately excluded pregnant women from COVID-19 shot trials. So how did they make the recommendation that the shots are safe and effective for pregnant women?

This was based on a 42-day study involving 44 rats.<sup>14</sup> What’s more, a Pfizer-BioNTech rat study revealed the shot more than doubled the incidence of preimplantation loss and also led to a low incidence of mouth/jaw malformations, gastroschisis (a birth defect of the abdominal wall) and abnormalities in the right-sided aortic arch and cervical vertebrae in the fetuses.<sup>15</sup>

A CDC-sponsored study that was widely used to support the U.S. recommendation for pregnant women to get injected “presents falsely reassuring statistics related to the risk of spontaneous abortion in early pregnancy,” according to the Institute for Pure and Applied Knowledge (IPAK).<sup>16</sup>

When the risk of miscarriage was recalculated to include all women injected prior to 20 weeks’ gestation, the incidence was seven to eight times higher than the original study indicated, with a cumulative incidence of miscarriage ranging from 82% to 91%.

Also buried in one of the documents is the statement, “Clinical laboratory evaluation showed a transient decrease in lymphocytes that was observed in all age and dose groups after Dose 1, which resolved within approximately one week ...”<sup>17</sup> What this means is Pfizer knew that, in the first week after the shot, people of all ages experienced transient immunosuppression, or put another way, a temporary weakening of the immune system, after the first dose.

## **Pfizer and FDA Knew Vaccines Were Not ‘Safe and Effective’**

“It looks to me — this is not an overstatement from what I’ve seen — that this was a clinical trial that by August 2021, Pfizer and the FDA knew was failed, the vaccines were not safe and effective,” said investigative author Naomi Wolf. “That they weren’t working. That the efficacy was waning ... and that they were seriously dangerous. And they rolled it out anyway.”<sup>18</sup>

Regarding the shots for pregnant women, Wolf said, in an interview with Stephen Bannon on “War Room,” that a spike in severe adverse events among pregnant women coincides with

the rollout of COVID-19 shots.

U.S. Department of Defense (DOD) whistleblowers datamined the DOD health database, revealing significant increases in rates of miscarriage and stillbirths, along with cancer and neurological disease, since COVID-19 jabs rolled out.<sup>19</sup> “This is honestly one of the wors[t] things I’ve ever, ever seen in my 35 years as a reporter,” Wolf said.<sup>20</sup>

Not only does IPAK’s data show COVID-19 injections prior to 20 weeks are unsafe for pregnant women, but 12.6% of women who received it in the third trimester reported Grade 3 adverse events, which are severe or medically significant but not immediately life-threatening. Another 8% also reported a fever of 38 degrees C (100.4 degrees F), which can lead to miscarriage or premature labor.<sup>21</sup>

Young children are also developing severe hepatitis and nobody knows why.<sup>22</sup> COVID-19 shots have been linked to cases of liver disease<sup>23</sup> and liver damage following the shots has been deemed “plausible.”<sup>24</sup>

## **Confirmed: COVID Shots Affect Menstrual Cycles**

It’s clear that there are many unknowns about how COVID-19 shots affect pregnancy and reproduction, including their effects on menstrual cycles. Women around the globe have reported changes in their menstrual cycles following COVID-19 shots, and health officials have tried to brush off the reports or label them all as anecdotal.

But a study published in *Obstetrics & Gynecology* — and funded by the National Institute of Child Health and Human Development (NICHD) and the National Institutes of Health’s (NIH) Office of Research on Women’s Health — confirms an association between menstrual cycle length and COVID-19 shots.<sup>25</sup>

Clinical trials for COVID-19 shots did not collect data about menstrual cycles following injection, and the Vaccine Adverse Event Reporting System (VAERS) does not actively collect menstrual cycle information either, making it difficult to initially determine whether the shots were having an effect. Anecdotal reports on social media, however, are numerous and, according to the study, “suggest menstrual disturbances are much more common ...”<sup>26</sup>

The *Obstetrics & Gynecology* study involved 3,959 individuals between the ages of 18 and 45 years. Those who had not received a COVID-19 shot noted no significant changes in cycle four during the study compared to their first three cycles.

Those who received COVID-19 shots, however, had longer menstrual cycles, typically by less than one day, when they received the shots. The longer cycles were noted for both doses of the injection, with a 0.71-day increase after the first dose and 0.91-day increase after the second dose.<sup>27</sup>

While the researchers described the change as not clinically significant, meaning it’s not notable from a health standpoint, there were some women who experienced even greater menstrual changes, particularly those who received two shots in the same menstrual cycle. These changes included a two-day increase in cycle length and, in some cases, changes in

cycle length of eight days or more.

## **Pfizer Shot Only 12% Effective in Children**

Adding insult to injury, research conducted by the New York State Department of Health shows the dismal reality about the effectiveness of COVID-19 shots in children.<sup>28</sup> From December 13, 2021 to January 24, 2022, they analyzed outcomes among 852,384 children aged 12 to 17 years, and 365,502 children aged 5 to 11 year, who had received two doses of the shots.

Effectiveness declined rapidly among 5- to 11-year-olds, falling from 68% to just 12%. Protection against hospitalization also dropped, from 100% to 48%. Among 11-year-olds alone, vaccine effectiveness plunged to 11%.<sup>29</sup> The lackluster response was blamed on the dosage discrepancies among the age groups, as 5- to 11-year-olds receive two 10-microgram Pfizer shots, while 12- to 17-year-olds receive 30-microgram shots.<sup>30</sup>

In the younger age group, the shots provided almost no protection at all. And it's not only children who are affected by the shots' rapidly waning effectiveness. COVID-19 booster shots also lose effectiveness rapidly, with protection plummeting by the fourth month post-shot.<sup>31</sup> One CDC-funded study involved data from 10 states collected from August 26, 2021 to January 22, 2022, periods during which both delta and omicron variants were circulating.

Visits to emergency rooms and urgent care facilities, as well as hospitalizations, among people seeking medical care for COVID-19 were analyzed. The study did not include milder COVID-19 cases, for which no medical attention was sought.

While initially vaccine effectiveness against COVID-19-associated emergency department or urgent care visits and hospitalizations was higher after the booster shot, compared to the second COVID-19 injection, effectiveness waned as time passed since vaccination.<sup>32</sup>

Within two months of the second COVID-19 shot, protection against emergency department and urgent care visits related to COVID-19 was at 69%. This dropped to 37% after five months post-shot. The low effectiveness five months after the initial shot series is what prompted officials to recommend a booster dose — and the third shot “boosted” effectiveness to 87%.

This boost was short-lived, however. Within four to five months post-booster, protection against emergency department and urgent care visits decreased to 66%, then fell to just 31% after five months or more post-booster.<sup>33</sup>

Considering the adverse effects and lack of effectiveness, many have called for an immediate withdrawal of the shots. IPAK believes the data are already compelling enough to withdraw the shots for vulnerable populations, including pregnant and breastfeeding women, children and those of child-bearing age.<sup>34</sup>

Janci Chunn Lindsay, Ph.D., a prominent toxicologist and molecular biologist who works with M.D. Anderson Cancer Center-Houston, spoke at the CDC's Advisory Committee on Immunization Practices meeting held April 23, 2021, and also called for “all gene therapy vaccines” to “be halted immediately due to safety concerns on several fronts,” including

fertility.<sup>35</sup>

\*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, Twitter and Facebook. Feel free to repost and share widely Global Research articles.

## Notes

<sup>1, 2, 4, 5, 6</sup> [Independent May 6, 2022](#)

<sup>3</sup> [U.S. CDC, Selected Adverse Events Reported after COVID-19 Vaccination May 10, 2022](#)

<sup>7</sup> [U.S. CDC November 12, 2021](#)

<sup>8</sup> [BitChute December 28, 2021](#)

<sup>9</sup> [Odysee February 17, 2022](#)

<sup>10</sup> [Archives of Pathology & Laboratory Medicine February 2022](#)

<sup>11, 12</sup> [Scientific Reports volume 12, Article number: 6978 \(2022\)](#)

<sup>13</sup> [KLIM News February 15, 2022, 6:45](#)

<sup>14, 20</sup> [WND May 4, 2022](#)

<sup>15, 16, 34</sup> [Science, Public Health Policy, and the Law Volume 4:130-143 November 2021](#)

<sup>17</sup> [The Naked Emperor Substack March 29, 2022](#)

<sup>18</sup> [WND April 18, 2022](#)

<sup>19</sup> [Rumble, The Red Line With Dr. Robert Malone, Part I February 3, 2022, 18:48](#)

<sup>21</sup> [Science, Public Health Policy, and the Law Volume 4:130-143 November 2021, Further Discussion](#)

<sup>22</sup> [NBC News April 15, 2022](#)

<sup>23</sup> [Journal of Hepatology October 4, 2021](#)

<sup>24</sup> [Food and Chemical Toxicology June 2022, Volume 164, 113008, Section 11](#)

<sup>25, 26, 27</sup> [Obstetrics & Gynecology: January 5, 2022 – Volume – Issue – 10.1097](#)

<sup>28</sup> [medRxiv February 28, 2022](#)

<sup>29, 30</sup> [CNBC February 28, 2022](#)

<sup>31, 32</sup> [MMWR Morb Mortal Wkly Rep. ePub: 11 February 2022](#)

<sup>33</sup> [The New York Times February 11, 2022](#)

<sup>35</sup> [Halt COVID Vaccine, Prominent Scientist Tells CDC](#)

*Featured image is from Shutterstock*

The original source of this article is [Mercola](#)  
Copyright © [Dr. Joseph Mercola](#), [Mercola](#), 2022

---

**[Comment on Global Research Articles on our Facebook page](#)**

**[Become a Member of Global Research](#)**

Articles by: **[Dr. Joseph Mercola](#)**

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)  
[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)