

The Narrative Around the Safety of COVID Shots Is Cracking

As the mainstream increasingly accepts that covid shots are inherently unsafe, Rob Verkerk makes a case for legal challenge

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Theme: [Science and Medicine](#)

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It's becoming ever more clear that the major, most influential health authorities around the world are now blatantly lying to the public, given the current status of scientific and medical information.

Why do I say this?

The answer is simple: because the most influential health authorities are communicating to the public, both in words and in actions, the view that covid-19 'vaccines' are "safe and effective" when the totality of available evidence suggests otherwise.

Let me explain.

Shouting from the webpage of what is the [world's largest 'health system'](#), the UK's National Health Service (NHS), is the following statement, in bold text, declaring the safety and effectiveness of covid-19 'vaccines'.

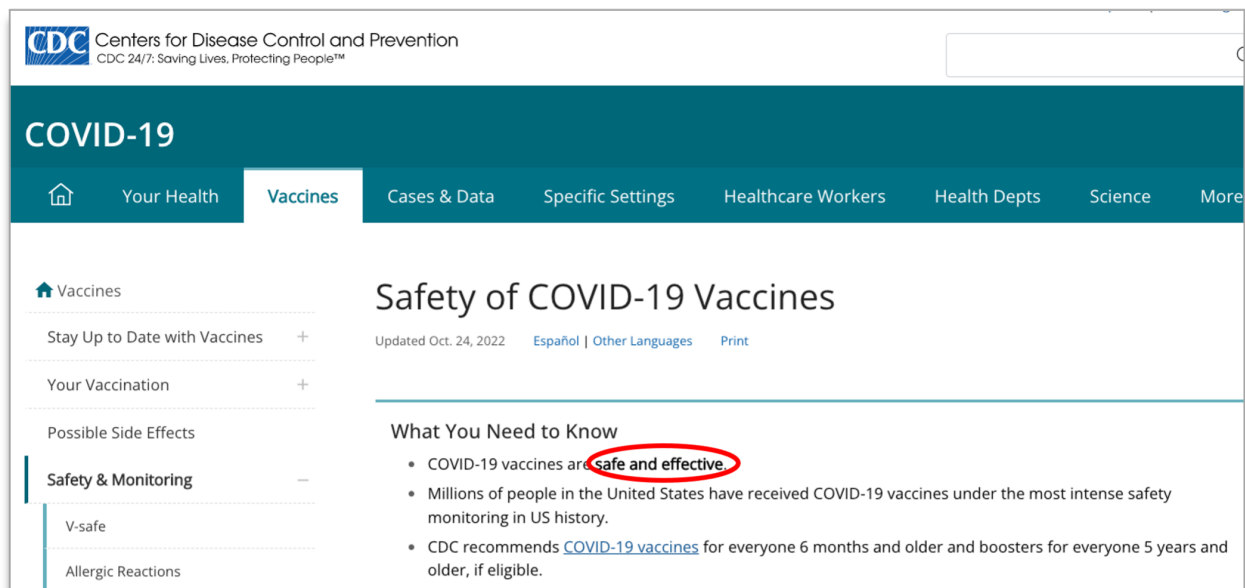
The following screengrab was taken today:



Screen grab from [here](#) [accessed 27 Oct 2022]. Red oval highlight added for emphasis.

The US Centers for Disease Control and Prevention (CDC), like so many others, parrots the same information, using bold text for emphasis in the new, lockstep tradition.

The following screen grab was also taken today:



[Screen grab](#) [accessed 27 Oct 2022] Red oval highlight added for emphasis.

It is widely acknowledged that the proportion of proven cases of injury from covid-19 vaccines is currently very small compared with the total number of doses administered. But this metric is not sufficient to declare a product as safe. After all, society seems quite happy to [deem a children's toy unsafe](#) even if there is just a theoretical risk of injury – let alone a demonstrated one that has led to death or permanent injury.

The [Oxford Dictionary tells us](#) that a product that is safe is one that is “free from hurt or damage”. The [Cambridge Dictionary offers a similar meaning](#): “not in danger or likely to be harmed.” Obviously there are some harms that are inevitable and would be readily

accepted by most who were being offered an injectable medicine, even saline. These minor harms include common reactions caused by the breach of the skin by the hypodermic needle or even the risk of fainting from “[needle phobia](#)”. Then there are [nocebo responses](#) that might include headache or fatigue.

But that’s not what we’re talking about here. What’s much more relevant is the rapidly building evidence base that shows substantial differences in severe reactions between injecting a placebo and the real thing. Sadly and to confuse the wider picture – quite probably deliberately – some of the clinical trials have not been conducted with saline controls, but rather with other vaccines or with mixtures of adjuvants.

This aside, let’s look at two pieces of relatively recent evidence from available data that any court would likely find hard to ignore, that demonstrate the covid-19 ‘vaccines’ should not and cannot be regarded as safe based on clear-cut differences between treatment and placebo arm results.

Study 1: Haas et al, *JAMA* (January 2022)

The first is a [comprehensive meta-analysis of 12 clinical trials](#) published in January this year in the prestigious *Journal of the American Medical Association* (JAMA). The study was led by Julia Haas from the Beth Israel Deaconess Medical Center in Boston and among the 8 author-strong team was senior author, Ted Kaptchuk, from Harvard Medical School. This is not a marginalised journal, nor a marginalised or discredited authorship.

The findings show a clear and pronounced, statistically significant elevation in severity and number of adverse events in those receiving the covid-19 vaccines (mRNA, adenoviral vector and protein subunit types), compared with those receiving controls – especially after the second of two doses included in the trials. That’s it – it should be GAME OVER for any claim that the covid-19 vaccines are “safe”.

A second study in a major high-impact journal should make it not just GAME OVER but a SLAM DUNK. Turns out there is at least one. In fact there are many more; I have simply been selective in providing two composite studies (meta-analyses) that in turn include many other studies.

Study 2: Fraiman et al, *Vaccine* (September 2022)

The authorship of the [second study](#) I’ve selected is equally star studded, including leading researchers from UCLA, Stanford and the University of Maryland, the latter including as its senior (last) author, [Peter Doshi, also a senior editor at *The BMJ*](#). What these authors did was painfully tease apart available data from the phase 3 trials that Pfizer and Moderna used to gain their emergency use authorisations (EAUs).

The authors found a consistent trend for significantly greater risks for serious adverse events in the covid ‘vaccine’ arms compared with placebos, the risk ratios being between 1.36 and 1.57 times greater in the ‘vaccine’ arms for those adverse events defined as being of “special interest”. These include criteria developed specifically for covid-19 vaccines by the [Brighton Collaboration](#), and have been agreed by the World Health Organization (WHO).

The common clotting and heart health issues we see around us today were actually concealed in the the data reviewed by the likes of the US Food and Drug Administration (FDA), the UK Medicines and Healthcare products Regulatory Agency (MHRA) and the

European Medicines Agency (EMA) at time the EUAs were issued. They were just ignored by the regulators. That includes the coagulation disorders, acute cardiac injuries and the myocarditis/pericarditis issues that all jumped off the journal pages.

Joseph Fraiman and colleagues, the authors of the study, had difficulty getting to the bottom of the data in these trials given that both Pfizer and Moderna kept protocols secret and failed to make public individual participant data. They decided to publish the letter they sent to Albert Bourla and Stéphane Bancel, the respective CEOs of Pfizer and Moderna, in a [Rapid Response to The BMJ](#) in August, raising their concerns over non-transparency. We drew attention to this major problem in 2020, [here](#) and [here](#).

Damning stuff – yet not even a squeak from the vaccine confidence brigade. Punch in (as I just have) ‘Doshi’ in the search bar of the [Vaccine Confidence Project](#) and you’ll find zero hits. Then follow this by plugging in ‘Offit’, as in Paul Offit, director of the Vaccine Education Center and an attending physician in the Division of Infectious Diseases at Children’s Hospital of Philadelphia, also a long-term vaccine protagonist, albeit one who has been voicing caution over covid-19 vaccines to healthy youngsters. You’ll find multiple pages of hits when you use Offit’s name. Have they not worked out that it’s this kind of illogic and imbalance that adds to our lack of confidence?

What was concealed from view in the Phase 3 trials, is the disturbing picture of the [spectrum of neurological injury](#) that we are now witnessing from real world, population-wide roll-out that appear to be linked to covid-19 vaccines, albeit not commonly, but predictably uncommonly. Then there are suggestions of increasing cancer incidence, this inevitably clouded by cancer cases among those who [didn’t receive standard care during the lockdowns](#) as well as emerging evidence of [natural killer and T cell exhaustion following repeat covid-19 ‘vaccination’](#).

Even more challenging will be deconstruction of the long-term complications caused by this new technology that will inevitably be delayed in time post-vaccination and become ever more difficult to unwrap as people get exposed to more shots while the virus continues to circulate and infect people. High on the watch list are fertility, autoimmune conditions and the smorgasbord of chronic, degenerative diseases associated with ageing populations, especially in industrialised countries.

Are COVID-19 ‘vaccines’ unavoidable unsafe?

US courts established some 40 years ago (e.g. [here](#) and [here](#)) that traditional vaccines are “unavoidably unsafe”. The precedent set the scene for vaccine makers to seek indemnity from governments, which would then make the vaccine makers immune from prosecution in the event of no-fault (i.e. non-negligent) injury. Compensation would then be available in cases where causation of vaccine injury could be proven. That was the theory.

Those of us who have been aware of these issues for many years know just how difficult it is to prove causation. But those who know it even better are the vaccine injured themselves as they often spend years, at huge personal cost, attempting to work their way on behalf of loved ones through the compensation schemes in different countries. More often than not they’re spat out of the process and left to contend with life-changing injuries without any state support.

Disturbingly, given that so many of us have now been exposed to the virus, it’s also easy for

authorities to try disguising covid 'vaccine' harms under the general heading of 'long covid'. In the UK alone, the [Office for National Statistics \(ONS\) estimates](#) that as of 3 September 2022, 2.3 million people are "living in private households who are experiencing self-reported long COVID symptoms".

Aside from the issue of conflating 'vaccine' and virus induced harms, the current data reported even by official sources are pointing to an emerging problem of an unprecedented scale. Official data associated with covid-19 shots in the USA, as reported by the Vaccine Adverse Event Reporting System (VAERS), as summarised on [OpenVAERS.com](#), currently reveals:

- 59,127 permanently disabled
- 34,492 life threatening injuries
- 31,569 deaths
- 53,302 reported cases of myocarditis/pericarditis
- 180,915 hospitalisations

Let's get some perspective on these figures using another very commonly and widely utilised technology: the motor car. The number of people who died in the USA from motor vehicle accidents, [40,698 in 2018](#), is in the same order as the VAERS figure for covid-19 vaccines. However, the VAERS figure is widely considered to be an underestimate of the real figure, with [Pantazatos and Seligmann \(2021\) suggesting](#) the reported number of adverse events might just represent 5% of the total.

But even if we stick to the official numbers, how can we consider covid 'vaccines' to be safe? We, as in society generally, do not consider motor vehicles to be intrinsically safe. They are intrinsically, or unavoidably, unsafe. That's why society has seen fit to instigate a bunch of processes that aim to make them safer, from the design of the vehicles, to the licensing of drivers, to the creation of safer cars and roads, and of course the creation of laws, supported by human and robotic enforcement, that attempt to ensure safer (but not entirely safe) driving and road use.

The shots on the other hand are administered by people who say the products they are administering are safe, with no hint that they might lead to death or permanent injury, despite this being a real, albeit it low probability, consequence. There is no admittance that the manufacturers, like car manufacturers, should be pressured into making safer covid vaccines. It seems we're meant to blindly accept what they've produced at breakneck speed - and just lump it (that means accepting and paying for injuries, given we, the taxpayers, fund the government indemnity programs).

It's not just the relentless use of the word "safe" by authorities and so-called 'health systems' - it's also their actions.

Right up there has to be the fact that they are deemed safe enough to administer to our most vulnerable, including babies as [young as 6 months](#) and [pregnant women](#). Which pregnant woman or new mother gets to sign a consent form that asks her to accept possible harms or future fertility impacts on her unborn child or baby? None, it seems.

The effectiveness claim used in the mantra "safe and effective" is also dubious. But it's tougher to argue against given the health authorities could say, as they have done, that they have elsewhere qualified what they mean. This would include suggesting that

effectiveness is measured only over short durations such as 6 months or less, and it now refers to the protection against severe disease and death, not to the ability of the product to stop transmission from human to human (the usual intended purpose of vaccines). Accordingly, let's not open this can of worms right now.

Cracks in the narrative

Amidst the bleak background of covid 'vaccine'-induced harms is some light; light that's breaking through the cracks in the narrative. The sands are now definitely shifting, with increasing numbers who were previously steadfast advocates of the unquestionable safety of covid-19 'vaccines' doing U-turns. That's mainly a function of the available science and the fact so many have either directly experienced adverse effects or know people close to them who have.

I sense that the authorities as well as the media and tech companies that are trying to control the message and side line dissent through censorship and manipulation of messaging using behavioural science, have underestimated the power of experience.

Let me give you a four important areas where these cracks are appearing.

The first is the science – and I've given you earlier in this article examples of two big studies in big journals by authors from big name institutions. That's a far cry from early-mid 2021 when these signals could only be found in studies on preprint servers and occasionally in minor journals.

For good measure, [an article in Science](#) – one of the most influential scientific journals in the world – caught my eye when it was published some 10 days ago. It's not a study but it's an insight piece that provides a perspective on the elevated risk of myocarditis following covid-19 vaccination based on widely published data (i.e. it will inevitably underestimate risks). Included in the article are quotes from mainstream experts, including Paul Offit, who do not recommend boosters to children or healthy people under 65.

Also, the notion of previously undescribed post-vaccination syndrome linked specifically to covid-19 vaccines, as [explained by Josef Finsterer from the Neurology and Neurophysiology Center in Vienna, Austria](#), is entering the mainstream medical community. Mainstream doctors often won't have any idea of how to treat it having no pre-set pathway established by their health systems. But they've often seen too many cases that have been temporally associated with vaccination to continue to deny what they are observing.

The second area where cracks are appearing are among politicians. Take the latest [All Party Parliamentary Group \(AAPG\) on Covid-19 Vaccine Damage](#) that we have [reported on separately today](#). And a stunning change in view is that of Danielle Smith, the 19th premier of Alberta, Canada, who only took office on 11 October.

Responding to a question from a [journalist at Rebel News](#), Ms Smith replied, *"I'm deeply sorry for anyone who was inappropriately subjected to discrimination as a result of their vaccination status. I am deeply sorry for any government employee who was fired from their job because of their vaccine status. I'd welcome them back if they wanted to come back."*

That's a full 360 degree turnaround on premier Smith's predecessor. You can see her full response at a press conference [here](#).

A government data leak in Australia [reported yesterday by Sky News Australia](#) revealed the Australian government is budgeting for an 80-fold increase in covid-19 vaccine injury payments, to nearly \$77 million for 2023. That will be mana to some politicians, no doubt.

A fourth area is the recognition of a corrupt or broken system by mainstream players. Take what America's top litigator for vaccine injury cases has said about the prospects for covid-19 vaccine injury claims. In June 2021, [Maglio told Reuters](#), not some local rag or even the *Epoch Times*, that *"...the current system for handling COVID-related claims is different [from previous systems] - and not in a good way."*

There's a [statement on the website of Maglio's law firm](#), Maglio Christopher & Toale, that is likely deeply disheartening to many victims of covid-19 'vaccine' injury, *"We have concluded that there is nothing our attorneys can do to help you in filing a claim in the Countermeasures Injury Compensation Program"*.

When both the top law firm dealing with the US 'vaccine court' and Reuters agree there is a 'black hole' for covid-19 vaccine injury claims, to [use Reuters' own words](#), that means the main players, not just those dishevelled conspiracy theorist types, recognise the system has been manipulated to work against the public interest. More to the point, to favour a protected class - the people who profit from making these new 'vaccine' technologies that are being trialled on humans as if they were experimental guinea pigs. While making it ever harder for those injured to be compensated for the damage that can be guaranteed to occur.

As disgusting as that is, it's also just the stuff that causes people to say, you know what; I'm going to stop buying into the stuff those health authorities are feeding us, including the fact they're claiming that covid-19 vaccines are safe. They wonder why we distrust governments and why politics in many countries has become something of a circus.

Last word - let's go legal, but we need your support

Our sense is that the data are now more than strong enough to challenge the safety claims health authorities continue to make. I've discussed a limited number of studies in this article - but there is a battery of other data that could be brought to bear to further support the case against the misleading and deceitful safety claim made by health authorities.

Let's remind ourselves that it has been the European requirement, supported by the European people and Parliament, to [mandate the labelling of genetically modified organisms](#) (GMOs) that has largely stopped GMO's entering the human food chain in Europe. That contrasts with the US, where [some 80% of processed foods sold by retailers](#) are estimated to contain GMOs.

I'd argue that it's the continued pronouncement by health authorities that covid-19 vaccines are safe that causes so many to continue to roll up their sleeves, in the mistaken belief that what they're told must be true.

Preventing health authorities from doing this could save many lives going forward. We have been talking with various players in the UK and USA about a joint action either side of the Atlantic that aims to challenge this.

The only thing in the way of progressing this legal initiative is funding. We would dearly like to speak to anyone who might be able to provide significant funding towards a consortium

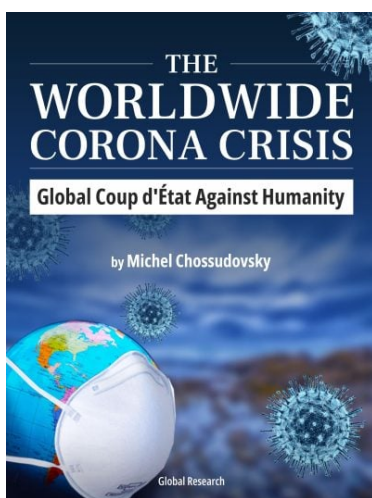
of lawyers and scientists of which we are part, to take on this challenge. The first stage will be to identify the most appropriate, top-tier barristers, before going on to work with them to map out the grounds of challenge and gain an opinion. We're targeting an initial fundraise of £10,000 to achieve this first step.

*

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Rob Verkerk PhD, founder, executive & scientific director, ANH-Intl

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by Michel Chossudovsky

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“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.”

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