Will Lawsuits Bring an End to COVID Vaccines?

By Dr. Joseph Mercola
Global Research, May 16, 2023
Mercola

Theme: Law and Justice, Science and Medicine

***

Drug companies have a legal responsibility to provide profits for their shareholders. They do not have a legal responsibility to give patients the best and safest treatment. But the biggest scandal is that those with the responsibility to uphold scientific integrity — academic institutions, doctors, medical journals — also collude with industry for financial gain.

Five hundred Australians have joined a class action lawsuit against the Therapeutic Goods Administration (TGA), arguing the agency did not fulfil its duty to properly regulate the vaccines, which resulted in considerable harm to Australians.

Australians who have experienced a serious adverse event following COVID-19 vaccination are invited to register for this class action.

A similar class action is taking place in the U.K., where attorneys representing approximately 75 people injured by AstraZeneca's shot, and family members of those killed by it, are suing the drug company.

***

There's now overwhelming evidence showing that the COVID shots were a disaster from the start, and that regulatory agencies knew it but went ahead anyway. Now, U.S. Centers for Disease Control and Prevention Director Dr. Rochelle Walensky is trying to rewrite history by giving provably false testimony before Congress

*

In the video above, Joe Rogan interviews cardiologist Dr. Aseem Malhotra about Big Pharma's control over research. What many don't realize is that researchers who do peer-review of drug company-sponsored trials do not get access to the raw data. All they get is the drug company's analysis of that data, which leaves the door wide open for manipulation

and obfuscation.

As noted by Malhotra, “It’s not scientific, it’s not ethical … and it’s not democratic.” Most doctors, unless they’re involved in the peer review process, are not even aware of this, which is why they rarely ever question published science. Yet data analyses by Stanford professor Dr. John Ionnidis show that “the greater the financial interest in a given field, the less likely the research findings are to be true,” Malhotra says.

No One Protects Patients Anymore

So, is the drug industry all about satisfying shareholders and increasing profits by any means, with no real regard for public health? Rogan wonders. Basically yes. As noted by Malhotra, drug companies have a legal responsibility to provide profits for their shareholders. They do not have a legal responsibility to give patients the best and safest treatment.

But the biggest scandal here, Malhotra says, is that “those with the responsibility to uphold scientific integrity — academic institutions, doctors, medical journals — collude with industry for financial gain.” I would add that our regulatory agencies are also “on the take.” They’ve all been captured by industry, which leaves patients with no one to protect them from Big Pharma’s malfeasance.

Malhotra goes on to discuss Dr. Robert Hare, a forensic psychologist who developed the original DSM criteria for psychopathy, and how Hare noted that the way drug companies conduct business, as legal entities, fulfill the definition of psychopath: “callous unconcern for the feelings of others, incapacity to experience guilt, deceitfulness and conning others for profit.”

Between 2003 and 2016, drug companies paid fines totaling $33 billion. Many of these cases involved the illegal marketing of drugs, scientific fraud, hiding data on harms and the suppression of negative results. These fines never curtailed the behavior, however, because the fines were a drop in the bucket compared to the profits they made on these drugs. The fines were just considered the cost of doing business.

What Is the Net Effect of Pharmaceutical Drugs?

While the drug industry has created crucial life-saving drugs, the big question we need to ask is “What is the net effect of them?” Malhotra says. He points out that, in the U.S., of the 667 drugs approved by the U.S. Food and Drug Administration between 2000 and 2008, 75% were copies of old ones.

Off-patent drugs were repatented after minor tweaks to the formulations, thereby boosting profits from already existing drugs. Of those, only 11% were found to have a clinical benefit over the previous drug.

Similarly, in France, of the nearly 1,000 drugs approved between 2000 and 2011, most were copies and, importantly, 15% of the reformulations were found to be MORE harmful than the predecessor, whereas only 8% had clinical benefit over the previous drugs. So, what does this tell us?

It tells us that “the overall net effect of the drug industry on society in the last few decades [has been] a negative one,” Malhotra says. Of course, when it comes to dangerous drugs,

nothing can match the COVID jabs, rolled out in December 2020. Add them into the equation, and the drug industry becomes the No. 1 cause of death and disability worldwide, hands down.

For the past three years, I and many others have been shouting warnings from the rooftops to little avail — our voices drowned out in a sea of corrupt "fact" checkers. Now, however, the ramifications of this mass experiment are becoming so glaringly obvious, legal experts are starting to take note, and to file lawsuits.

As reported by Spectator Australia at the end of April 2023, 500 Australians have joined a class action lawsuit filed by Brisbane lawyer Natalie Strijland:[1]

> "All have suffered serious or life-threatening events or are the relatives of those who have died following COVID vaccination. Many have have been left with significant disabilities. As the news filters out about the class action, the first of its kind in Australia, more people are joining each day.
>
> Dr. Melissa McCann, who instigated the action, is crowdfunding to assist with legal and travel costs. Any compensation awarded will be shared entirely by the injured and the bereaved.
>
> The applicants will argue that the Therapeutic Goods Administration (TGA) did not fulfil its duty to properly regulate the vaccines which resulted in considerable harm to Australians.
>
> The respondents are the Australian government, the Department of Health and Aged Care Secretary Dr Brendan Murphy, who announced in early April that he will retire in July, and the former head of the TGA Adjunct Professor John Skerritt who just retired from the public service in mid-April."

Strijland told news.com.au:[2]

> "[The class] action arises upon the basis that the government did not truly establish that the vaccines were indeed safe or effective for use by the Australian public, and the claim now proceeds upon the basis that the government in fact acted negligently in approving the vaccines and also by failing to withdraw them after approval based upon the known evidence.
>
> Australians who have experienced a serious adverse event following COVID-19 vaccination are invited to step forward and register for this class action."

AstraZeneca Sued in UK

A similar class action is taking place in the U.K., where attorneys representing people injured by AstraZeneca's shot, and family members of those killed by it, are suing the drug company.

Among the plaintiffs in this suit is the husband of BBC North radio broadcaster Lisa Shaw,[3] who died from vaccine-induced immune thrombotic thrombocytopenia one week after her

AstraZeneca jab. She was 44. The wife of psychologist Stephen Wright, a National Health Service (NHS) employee who died 10 days after his first dose in January 2021, is also suing.[4] Wright was 32. As reported by The BMJ, March 28, 2023:[5]

> "Lawyers have sent the company pre-action protocol letters, the first step in a legal claim on behalf of around 75 claimants. Some have lost relatives and some have survived with catastrophic injuries following blood clots …
>
> [In] 2021 the Medicines and Healthcare Products Regulatory Agency confirmed a possible link between the vaccine, known as Vaxzevria, and a rare condition involving blood clots along with abnormally low platelet levels. Those taking legal action have been diagnosed with vaccine induced thrombotic thrombocytopenia.
>
> The claimants are pursuing a two pronged strategy: taking legal action under the Consumer Protection Act 1987 as well as claiming payment under the government run Vaccine Damage Payment Scheme. The scheme … is limited to £120 000 per claim and applicants must prove severe disablement … Those taking action under the Consumer Protection Act must show that the vaccine was not as safe as the public were entitled to expect.
>
> Peter Todd, a consultant solicitor with Scott-Moncrieff & Associates, one of two lawyers handling claims, told The BMJ that the complications included stroke, heart failure, and leg amputations. He said the technology involved in the AstraZeneca vaccine was 'risky.'
>
> Even though the legal claim is against AstraZeneca, the UK taxpayer will have to pay any compensation awarded, under a legal indemnity that the government gave the company early in the pandemic …
>
> Damages for individuals in the court action could be in the millions. [Sarah] Moore [attorney with Hausfeld law firm] added, 'We've been trying to get the government to reform their statutory scheme. We didn't want to litigate but the government has forced us into a corner. The only way these families can get compensation is to fight the battle they didn't want to fight.'"

CDC Director Tries to Rewrite History

There's now overwhelming evidence showing that the COVID shots were a disaster from the start, and that regulatory agencies knew it but went ahead anyway.

Apparently, the U.S. Centers for Disease Control and Prevention Director Dr. Rochelle Walensky believes the best way to deal with the agency's clear culpability in widespread death and disability is to rewrite history and double down on provable falsehoods. As reported by investigative journalist Maryanne Demasi, April 20, 2023:[6,7]

> "This week, CDC director Rochelle Walensky provided witness testimony to the House Committee on Appropriations … But serious questions have been raised about the veracity of Walensky's testimony.
>
> Congressman Andrew Clyde (R-Ga) asked Walensky if her March 2021 public statement

> on MSNBC,[8] in which she unequivocally said that 'vaccinated people do not carry the virus, they do not get sick' was accurate. 'At the time it was [accurate]' Walensky replied confidently.
>
> She then proceeded to explain, 'We've had an evolution of the science and an evolution of the virus' and that 'all the data at the time suggested that vaccinated people, even if they got sick, could not transmit the virus.' However, there was no such evidence at the time …
>
> Walensky should have known that when mRNA vaccines were first authorised in 2020, the FDA listed critical 'gaps' in the knowledge base.[9] One of them was the vaccine's unknown effectiveness against viral transmission.
>
> Also, in Pfizer's[10] and Moderna's[11] original pivotal trials, there were 8 and 11 people respectively, who developed symptomatic COVID-19 in the vaccine group, proving the vaccines never had absolute effectiveness, like Walensky had claimed."

What's more, as detailed in "'Speed of Science' — A Scandal Beyond Your Wildest Nightmare," in early October 2022, during a COVID hearing in the European Parliament, Pfizer's president of international developed markets, Janine Small, admitted that Pfizer never tested whether their jab would prevent transmission because they had to "move at the speed of science to understand what is happening in the market … and we had to do everything at risk."

As the head of the CDC, how could Walensky be unaware that the COVID shot had NEVER been tested for transmission? And how could she, at any point, claim that it would stop transmission when that was never tested? Clearly, Walensky is trying to invent science that never existed.

Walensky Falsely Claims Mask Review Was Retracted

Even more egregiously, Walensky falsely claimed[12] that part of the 2023 Cochrane review[13] and meta-analysis of the available evidence on face masks for prevention of respiratory infections had been retracted. According to this review, the use of face masks in the community "probably makes little to no difference" in preventing viral transmission.

"I think it's notable, that the editor-in-chief of Cochrane actually said that the summary of that review was … [stumble] … he retracted the summary of that review and said that it was inaccurate," Walensky told Congress.

However, neither the summary nor the review was ever retracted. Nor has any of the language in the summary been altered. So, what the heck is Walensky even talking about? Demasi suspects Walensky may have repeated a falsehood previously published by The New York Times.[14,15] This wouldn't surprise me, seeing how this isn't the first time Walensky has relied on mainstream propaganda rather than scientific data when making public statements. As reported by Demasi:

> "In response to Walensky's comments, Tom Jefferson, lead author of the Cochrane study said, 'Walensky is plain wrong. There has been no retraction of anything. It's worth reiterating that we are the copyright holders of the review, so we decide what

> goes in or out of the review and we will not change our review on the basis of what the media wants or what Walensky says' …
>
> [Professor of health policy at Stanford University School of Medicine Jay] Bhattacharya was also stunned by Walensky's comments. 'It's irresponsible for her to claim that the Cochrane review [summary] was retracted when it was not. It damages her credibility and harms the scientific process, which requires public officials to be honest about scientific results,' he said."

CDC Artificially Inflated COVID Deaths

In other news relating to CDC malfeasance, the agency also inflated the number of COVID deaths, as Dr. Scott Jensen told Dr. Jordan Peterson in an April 2023 interview. As explained by Jensen, March 24, 2020, the CDC changed how death certificates were recorded for COVID-19.

"COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death," the notice said.[16] It's important to note that this change was exclusively for COVID. In all other instances, contributing conditions are listed in the Contributing Causes box.

COVID-19 Alert No. 2
March 24, 2020

New ICD code introduced for COVID-19 deaths
This email is to alert you that a newly-introduced ICD code has been implemented to accurately capture mortality data for Coronavirus Disease 2019 (COVID-19) on death certificates.

Please read carefully and forward this email to the state statistical staff in your office who are involved in the preparation of mortality data, as well as others who may receive questions when the data are released.

What is the new code?
The new ICD code for Coronavirus Disease 2019 (COVID-19) is U07.1, and below is how it will appear in formal tabular list format.

U07.1 COVID-19
Excludes: Coronavirus infection, unspecified site (B34.2)
Severe acute respiratory syndrome [SARS], unspecified (U04.9)

The WHO has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available. Because laboratory test results are not typically reported on death certificates in the U.S., NCHS is not planning to implement U07.2 for mortality statistics.

When will it be implemented?
Immediately.

Will COVID-19 be the underlying cause?
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.

What happens if certifiers report terms other than the suggested terms?
If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

What happens if the terms reported on the death certificate indicate uncertainty?
If the death certificate reports terms such as "probable COVID-19" or "likely COVID-19," these terms would be assigned the new ICD code. It Is not likely that NCHS will follow up on these cases.
If "pending COVID-19 testing" is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19.

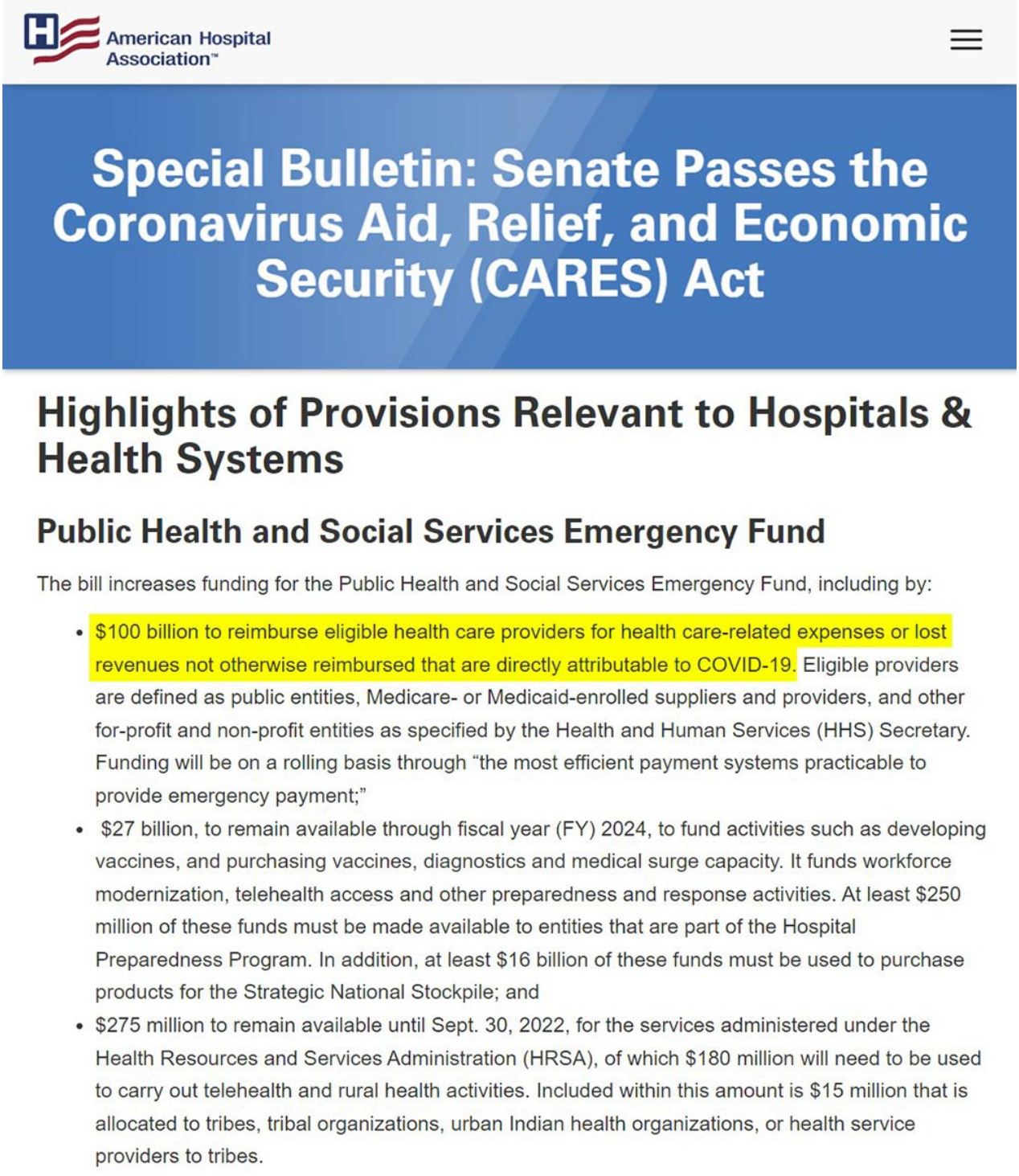
Do I need to make any changes at the jurisdictional level to accommodate the new ICD code?
Not necessarily, but you will want to confirm that your systems and programs do not behave as if U07.1 is an unknown code.

Should "COVID-19" be reported on the death certificate only with a confirmed test?
COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

Why would the CDC do this? Jensen suspected the CDC wanted people to be afraid of COVID and needed statistics to support their claims that COVID-19 was a lethal infection. But these data are completely misleading. If someone is dying from cancer and tests positive for COVID, cancer should be listed as the cause of death and COVID-19 should be listed as a contributing factor, not THE cause of death, because they died with COVID (assuming it wasn't a false positive), not from it.

DHHS Incentivized Misdiagnosing COVID-19

But it didn't end there. Two days later, March 26, 2020, the Department of Health and Human Services (DHHS) also issued massive financial incentive — $100 billion, to be exact — to diagnose patients with COVID-19.[17]



American Hospital Association™

Special Bulletin: Senate Passes the Coronavirus Aid, Relief, and Economic Security (CARES) Act

Highlights of Provisions Relevant to Hospitals & Health Systems

Public Health and Social Services Emergency Fund

The bill increases funding for the Public Health and Social Services Emergency Fund, including by:

- $100 billion to reimburse eligible health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19. Eligible providers are defined as public entities, Medicare- or Medicaid-enrolled suppliers and providers, and other for-profit and non-profit entities as specified by the Health and Human Services (HHS) Secretary. Funding will be on a rolling basis through "the most efficient payment systems practicable to provide emergency payment;"
- $27 billion, to remain available through fiscal year (FY) 2024, to fund activities such as developing vaccines, and purchasing vaccines, diagnostics and medical surge capacity. It funds workforce modernization, telehealth access and other preparedness and response activities. At least $250 million of these funds must be made available to entities that are part of the Hospital Preparedness Program. In addition, at least $16 billion of these funds must be used to purchase products for the Strategic National Stockpile; and
- $275 million to remain available until Sept. 30, 2022, for the services administered under the Health Resources and Services Administration (HRSA), of which $180 million will need to be used to carry out telehealth and rural health activities. Included within this amount is $15 million that is allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.

Fortunately for doctors and hospitals, it was really easy to cash in on this because the CDC, the U.S. Food and Drug Administration and the World Health Organization also set such high cycle thresholds for the PCR test that about 90% of the tests came out as false positives. I reviewed this in "Bombshell Admission — The COVID Tests Don't Work."

According to a Harvard Medical School study, analyses of the blood oxygen levels of nearly

50,000 hospital patients across the U.S. suggest 48% of all hospitalized "COVID patients" in 2021 were admitted for reasons unrelated to COVID.[18]

That means the number of "hospitalized COVID cases" was exaggerated by some 96%. In short, we had a "casedemic," and an artificially created one at that. As suggested by Peterson, bureaucracy was weaponized to facilitate tyranny. And that's where we're still at, today.

COVID Patients Killed for Profit

On top of all that, the U.S. government also financially incentivized hospitals to exclusively use the most dangerous COVID treatments possible,[19] while banning doctors from using ANY of the many safe and effective remedies that have been shown to work, including off-patent drugs and nutraceuticals. U.S., hospitals lost their federal funding if they failed or refused to administer remdesivir and/or ventilation.

Hospitals even had a financial incentive to log COVID deaths, which meant a COVID patient who left the hospital in a body bag was worth the most money. These "sticks and carrots" also drove up the COVID death toll. I detailed this scandal in "How COVID Patients Died for Profit."

How to Save Your Life and Those You Love When Hospitalized

The good news is we now have a new process, a new strategy, with which you can help save yourself and your loved ones from being victimized by greedy hospitals. In response to overwhelming need, Laura Bartlett and Greta Crawford, with the aid of a hospital administrator insider, came up with a template for a document that puts you, the patient, back in the driver's seat. It's the most powerful way I've seen so far to do that.

Filing a written medical consent form can literally help save your life, because no doctor can override your written decision (consent) declining certain medications or treatments. Verbal communication is not enough. It must be in writing, notarized and delivered in a manner that formally serves the hospital and puts their physicians on notice.

When you enter a hospital, you must sign a general consent authorization form. This is basically a contract between you and the hospital. Since you have bodily autonomy, they need your consent before they can do anything to you.

Typically, the general consent form authorizes hospital staff to test, treat and care for you in whatever way they see fit — and when a patient signs the general consent authorization, physicians feel justified that they can implement a hospital protocol without further explaining the risks, benefits or alternatives of that protocol to the patient.

Now, if you're well enough to read the entire document, and see something in there that you don't agree with, you can strike the sentence or paragraph and initial it, to indicate that you do not consent to that specific detail. However, that still doesn't offer you much protection.

What you need is a much more specific document where you detail the types of treatments you consent to and the ones you don't. You need to carve out a niche from the general

consent form that specifies exactly what you do (and do not) consent to. And you need to be clear. Fortunately, the Caregivers and Consent document that Bartlett and Crawford created carves out that niche to communicate clearly to all physicians what your exact consent wishes are. So, there's no confusion.

The template is available for download on OurPatientRights.com. You can find more information on ProtocolKills.com.

This Caregivers and Consent document can be altered in any way you wish. For example, I would recommend to add: "I do not consent to receiving ANY processed food, such as high-fructose corn syrup or seed oils. The only acceptable oil for me is butter, ghee, beef tallow or coconut oil.

Acceptable forms of protein would be eggs, lamb, bison, beef or non-farmed seafood; but they must not be prepared with seed oils. If the hospital is unable to provide this food for me, my family or friends will bring it for me."

Important: Follow Proper Procedure!

How you deliver this document to the hospital is of crucial importance. Here's a summary of all the necessary steps:

1. Complete your customized and personalized Caregivers and Consent document BEFORE you ever need to go to the hospital.

2. Get the form notarized. Make sure you sign the document in front of the notary.

3. Send the completed, signed, notarized document to the CEO of the hospital in two ways: (1) via a professional courier (one that specializes in delivering legal documents); and (2) via the Postal system with certified mail, return receipt requested.

The CEO is responsible for all legal business relating to the hospital, including the medical records, so the CEO, not your attending physician, is the one whose responsibility it is to get your consent forms entered into your electronic medical record.

4. Make at least 10 copies of the signed, notarized form and keep one copy on your person or in your wallet or purse, and another in the glove compartment of your car, in case you ever have an accident. Also provide copies to family or friends. If you happen to be hospitalized before you've had the chance to send the documents, have one of them follow the delivery procedure outlined.

5. Once you're hospitalized, you or one of your contacts will give one copy to your attending physician and another to your nurse and inform them that this document is already in your electronic medical record, or that the hospital will be served the documents shortly. Distribute additional copies to other care providers as needed.

6. Also, upon hospitalization, request to see your electronic medical record to make sure your Caregivers and Consent form has been entered. It is your right to see your electronic medical record, and it's available through an online portal, so don't let anyone tell you otherwise.

Also routinely check your medical record (or have your patient advocate do it for you) to make sure your wishes are being followed and that you're not being given something you've denied consent for.

7. Add the additional statement that I included in my interview on the diet changes in the hospital.

Final Thoughts

Having this document in your medical record virtually guarantees that they cannot harm you by doing something you don't agree with — such as giving you a COVID shot or any other vaccine without your knowledge or consent. Of course, some psychopath might ignore your directives, but they'll have to pay a hefty price, as they're guaranteed to lose a malpractice suit and be stripped of their medical license.

Keep in mind that while you can request and consent to certain treatments, such as ivermectin, for example, this document CANNOT force your doctor or hospital to use that treatment. They can still refuse to administer something you've consented to.

They cannot, however, administer something that you've declined consent for. The ace up your sleeve at that point is that you can still sign out AMA (against medical advice), get out alive, and seek desired treatment elsewhere. Getting out alive is the key goal.

Please share this information with everyone you know. Bring it to your church, synagogue and local community groups. Everyone needs to know they can secure their patient right to informed consent and how to do it so that their wishes cannot be ignored. This is the most effective way to empower yourself when it comes to your medical care. So please, help spread the word.

To circle back to where we started, class action lawsuits over the COVID shots are now getting started, so, hopefully, it's only a matter of time before that house of cards comes crashing down. That doesn't mean we're out of harms way though.

The medical system has clearly become so corrupted that no one is safe. We can only speculate as to what they might come up with for the next pandemic. So, get prepared, and get your current consent wishes into your electronic medical record. If millions of us do it, it might even change the entire system for the better.

*

Note to readers: Please click the share button above. Follow us on Instagram and Twitter and subscribe to our Telegram Channel. Feel free to repost and share widely Global Research articles.

Notes

[1, 3] Spectator Australia April 29, 2023

[2] News.com.au April 27, 2023

[4] BBC April 19, 2023

[5] The BMJ March 28, 2023

[6, 12] Maryanne Demasi Substack April 20, 2023

[7] Twitter Maryanne Demasi April 20, 2023

[8] MSNBC Transcript March 29, 2021

[9] FDA EUA No. 27034

[10] NEJM 2020; 383: 2603-2615

[11] NEJM 2021; 384: 403-416

[13] Cochrane Database of Systematic Reviews January 30, 2023

[14] New York Times March 10, 2023

[15] Maryanne Demasi Substack March 15, 2023

[16, 17] Twitter KanekoaTheGreat May 1, 2023 NVSS March 24, 2020 Document

[18] The Atlantic September 13, 2021

[19] Fox News April 9, 2020

Featured image is from Children's Health Defense

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."

ISBN: 978-0-9879389-3-0, Year: 2022, PDF Ebook, Pages: 164, 15 Chapters

~~Price: $11.50~~ Get yours for FREE! Click here to download.

We encourage you to support the eBook project by making a donation through Global Research's DonorBox "Worldwide Corona Crisis" Campaign Page.

Comment on Global Research Articles on our Facebook page

Become a Member of Global Research

Articles by: Dr. Joseph Mercola