



Health Officials Deny Even a Single Death From COVID Shots

Description

USA: As of January 7, 2022, just over a year into the campaign to inject every human being with a gene transfer product to protect against COVID, the U.S. Vaccine Adverse Events Reporting System (VAERS) has received 9,936 reports of death following the COVID jab in the United States' territories alone.¹ When you include foreign reports received by VAERS, the death toll stands at 21,745.

A total of 1,541 miscarriages have also been reported post-jab in the U.S., or 3,594 if you include foreign reports. Despite these shocking statistics, U.S. health officials and “fact checkers” insist not a single death can be attributed to the shots.

During an early January 2022 Senate committee hearing on the nation's Omicron response (see video above), Centers for Disease Control and Prevention director Dr. Rochelle Walensky, and director for the National Institutes of Allergy and Infectious Diseases, Dr. Anthony Fauci, testified — under oath — that they “did not know” how many deaths had been reported to VAERS following COVID “vaccination.”
2:3

Walensky referred to the shots as “incredibly safe,” claiming — against all science — that they “protect us against Omicron, they protect us against Delta, they protect us against COVID.” She also falsely claimed that all reported COVID-19 vaccine deaths have been “adjudicated.”

No, VAERS Is Not a Repository of Fake Reports

Worse yet, both Walensky and Fauci claim any and all adverse events following vaccination get reported to VAERS, including accidental deaths and car accidents. They both actually claim that if a person gets the COVID shot and gets hit by a car afterward, that is reported as an adverse reaction.

Nothing could be further from the truth. First of all, adverse events are not automatically reported and, certainly, obvious accidents are not entered into the system as a suspected vaccine side effect.

As reported by Health Impact News,⁴ there are about 18 reports in VAERS that include “road traffic accident,” but most if not all relate to an adverse event, such as a heart attack, occurring while driving.

They were not hit by someone else and entered into the system. As noted by Pam Long in a January 12, 2022, Twitter thread:⁵

“If anyone in public health utters ‘a person can get hit by a car & report their death to VAERS’ you need stop them, in any public meeting, and demand they explain what motive would a physician have to inflate VAERS reports with car accidents or any unrelated mortality?”

Despite Walensky’s & Fauci’s cliché testimony to Congress. Not one person ‘got hit by a car’ & reported their own death to VAERS as a vaccine injury. Most reports are filed by medical professionals, using diagnostic language about drug reactions.”

VAERS was designed and created as an early warning system. It’s true that anyone can file a report, but it’s time-consuming, requires the knowledge of medical details a patient oftentimes won’t have, and carries penalties for filing a false report. There’s absolutely no reason to suspect, let alone assume, that people are filing false reports just to make the shots look bad.

Fact Checker Out Himself as a Pharma Propagandist

Walensky and Fauci aren’t the only ones lying about the lethality of the COVID jab. Mainstream media are all-in as well. In a USA Today fact check,⁶ Daniel Funke claims that “COVID-19 vaccines [are] safe for children” and “not linked to deaths.”

“... online, some claim children face more risk from the vaccine than COVID-19 itself,” Funke writes. “USA TODAY previously rated False a claim that children are 50 times more likely to die from the COVID-19 vaccine than the virus. This claim is similarly wrong.

Public health officials say the vaccine from Pfizer-BioNTech is safe and effective at preventing COVID-19 in children ages 5-11. As other independent fact-checking organizations have reported, the benefits of the vaccine outweigh its known and potential risks.

‘Over 700 children have died due to COVID-19 in the United States,’ Dr. Sonja Rasmussen, a professor in the departments of pediatrics and epidemiology at the University of Florida, said in an email.

‘I am not aware of any deaths in children that have been attributed to the COVID-19 vaccine’ ... The benefits of the COVID-19 vaccine for children outweigh its known and potential risks, according to the CDC. The shot does not cause death.”

Funke cites data from Pfizer’s clinical trials, “which found the vaccine was safe” for children, as “no deaths were reported” in Pfizer’s trials for 12- to 25-year-olds, and those for 12- to 17-year-olds. Funke

dismisses the rationale for looking at VAERS data on the basis that anyone can file a report and that reports are unverified, and therefore cannot be used to determine causation.

All Opinion and No Data

There are so many issues with this “fact-check,” no wonder Facebook attorneys are using the legal defense that fact checks are “opinion” only and not actual assertions of fact.^{7,8} There’s nothing but opinions in this piece. As “evidence” that the COVID shots are safe and have caused no deaths, Funke presents:

Another opinion piece by USA Today

The supposed opinion of unnamed “public health officials”

Biased opinion assertions by other pharma-funded propaganda organizations (aka, “fact checking organizations”)

The opinion of a single professor who admits she is unaware of publicly available data

The unsupported opinion of the Centers for Disease Control and Prevention, a captured agency that has repeatedly been caught manipulating data and changing definitions to fit the pandemic narrative

Pfizer’s preliminary trial data, which whistleblowers warn may have integrity issues⁹

The unsupported claim that VAERS data are unreliable because anyone can file, the implication being that people can file fake reports

The debatable claim that VAERS data cannot tell us anything about causation, hence it’s useless looking at it

It’s hard to come up with a less compelling list of evidences for safety, but then again, propagandists have to work with what they have, and in this case, they have nothing. Funke presents zero actual data to support his opinion.

Explain the Rise in Mortality if You Can

There are many data-driven reasons to suspect, predict and even assume that the COVID shots are killing more people than they’re saving — regardless of the age group in question. It would take an entire book to cover it all, so I will only review a few of those reasons here.

One very telling clue that recently came to light is life insurance data. According to OneAmerica, a national life insurance company based in Indianapolis, in the third quarter of 2021, working-age Americans (aged 18 to 64) died at a rate that is 40% higher than the prepandemic rate, and they didn’t die from COVID.¹⁰

And, according to CEO Scott Davidson, this catastrophic abnormality is consistently seen “across every player” in the life insurance industry.¹¹ A 40% increase in mortality is simply unheard of, and as of yet, they claim to have no clue as to what’s causing young and middle-aged people to die prematurely at such an astounding rate.

Looking at it from a sleuth’s point of view, one might ask, “What environmental factor with unknown safety was introduced in 2021 to people in this age group?” Sure, pandemic restrictions have led to

spikes in drug overdoses and suicides, which affects this cohort in particular. But “deaths of desperation” cannot account for all of it.

The one wild card is the COVID jab. More than 173 million working-age Americans (18 to 64) got these experimental gene transfer injections,¹² and doctors and scientists have elucidated several mechanisms by which they might injure or kill.

What’s more, the rise in deaths began AFTER the rollout of the shots, and whatever the causative factor, it is not only national but likely international in scope. The Insurance Regulatory and Development Authority of India, for example, also reports a 41% rise in death claims in 2021.¹³

Excess deaths (exceeding prepandemic norms) are also reported in the U.K.¹⁴ Among teens (aged 15 to 19), mortality spiked right after teens became eligible for the COVID shot.¹⁵ Between the week ending June 26 and the week ending September 18, 2020, and that same period of time in 2021, teenage deaths rose by 47%.¹⁶

A rise in disability claims¹⁷ also suggests that many who aren’t killed by this novel lethal threat are seriously injured, often long-term. For all of these reasons, the COVID jabs cannot be taken off the table. Logic demands that they be looked into as a potential causative factor.

Can VAERS Data Demonstrate Causality?

One person who has taken a strong stance against the claim that VAERS data cannot tell us anything about causation is Steve Kirsch, executive director of the COVID-19 Early Treatment Fund. In the video “Vaccine Secrets: COVID Crisis,”¹⁸ he argues that VAERS can indeed be used to determine causality.

It’s important to realize that the idea that VAERS cannot show causality is part of how and why the CDC can claim none of the deaths is attributable to the COVID shot. Kirsch argues that this premise is in fact false, and that causation can be determined using VAERS’ data.

To prove his point, Kirsch gives the following analogy: Suppose you give a two-dose vaccine. After the first dose, nothing happens, but after the second dose, people die within 24 hours of a deep vein thrombosis (DVT).

When you look at the VAERS data, what you would find is no reports associated with the first dose, and a rash of deaths after the second dose, all within the same timeframe and with the same cause of death.

According to the CDC, you cannot ascribe any causality at all from that. To them, it’s just random chance that everyone died after the second dose, and from the same condition, and not the first dose or from another condition.

Kirsch argues that causality can indeed be identified from this kind of data. It’s very difficult to come up with another explanation for why people — many who are young, in perfect health with no predisposing conditions — die exactly 24 hours after their second dose. It’s even difficult to come up with another explanation for people who do have underlying conditions.

For example, is it reasonable to assume that people with, say, undiagnosed heart conditions, would die from DVT exactly 24 hours after getting a second dose of vaccine? Or that people with undiagnosed diabetes would die from DVT exactly 24 hours after their second dose?

Why not after the first dose, or two months after the second dose, or any other random number of hours or days, or for other random cause of death? Why would people randomly die of the same condition at the exact same time, over and over again?

At bare minimum, as an early warning system, VAERS is designed to flag potential causation. It's by looking for repeated patterns of side effects that you would begin to identify a potentially problematic vaccine. Once a pattern is identified — and there's no denying death within 24 hours to one week is a pattern seen for the COVID shots — an investigation should be launched.

But no such investigation has been launched for the COVID jabs. Clear-cut patterns are simply ignored. As an early warning system, VAERS is performing as intended, despite severe underreporting (the CDC recently published a paper in which they admit COVID jab adverse effects in children are underreported by a factor of 6.519). It's the follow-up that's lacking. But lack of investigation and follow-up is not evidence that the shots can't cause death.

'Bad Batches' Are Another Clue

Another clue that hints at SOME of the shots being able to cause rapid death is the "bad batch" phenomenon. Independent investigations have revealed that some lots of the shots are associated with very severe side effects and death, whereas other lots have no adverse events associated with their use.

According to howbadismybatch.com, a site that matches up vaccine lot codes with reports in the VAERS system, approximately 5% of the lots are responsible for 90% of all adverse reactions. Some of these batches have 50 times the number of deaths and disabilities associated with them, compared to other lots.²⁰

Another website that basically does the same thing is [TheEagle's VAERS Dashboard](#). (A video explaining how to use the dashboard can be found on Bitchute.²¹)

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Dr. Reiner Fuellmich, cofounder of the German Corona Investigative Committee, and Dr. Wolfgang Wodarg, a former member of the German parliament, discuss this "smoking gun" evidence in the video above. According to Fuellmich and Wodarg, this lot-dependent data shows vaccine makers are conducting secret experiments within the larger public trial.

They appear to actually be doing lethal-dose testing on the public. Wodarg argues that the evidence for this is very clear from the data. They also appear to be coordinating these lethal-dose experiments, so that they're not all releasing their most toxic lots at the same time, or in the same areas, so as to

avoid detection through clustering.

More Data Showing COVID Jabs Can Kill

In closing, I will raise just two more pieces of evidence that speaks to COVID jabs having the ability to kill large numbers of people:

- A recent histopathologic analysis of the organs from 15 patients who died within seven days to six months' post-jab, ages 28 to 95, found 14 of the deaths — 93% — were caused by the jab.²²²³ None of the original coroners' reports implicated the shots, however.

The association was only established through autopsy, which revealed a “process of immunological self-attack” that is “without precedent.” “Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals,” Drs. Sucharit Bhakdi and Arne Burkhardt wrote.

- According to researchers at Columbia University, the real number of people killed by the COVID jabs is about 20 times the reported rate, based on their analysis of two publicly available databases (VAERS in the U.S., and another in Europe).²⁴²⁵²⁶ That analysis was published in October 2021, but few ever heard a peep about it. According to the authors:

“Comparing our age-stratified VFRs [vaccine-induced fatality rates] with published age-stratified coronavirus infection fatality rates (IFR) suggests the risks of COVID vaccines and boosters outweigh the benefits in children, young adults and older adults with low occupational risk or previous coronavirus exposure.

We discuss implications for public health policies related to boosters, school and workplace mandates, and the urgent need to identify, develop and disseminate diagnostics and treatments for life-altering vaccine injuries.”

Based on the ever-mounting data, the claim that COVID shots have not, cannot, and/or will not cause death simply isn't credible. And the longer these shots continue to be used, the greater the likelihood that they will indeed kill far more than the actual virus ever did. We also need to remember that the disabilities and long-term chronic ill health these shots are causing will prematurely kill many more, even if it takes 10 or 15 years, and we have no data on any of that yet.

Analysis by Dr. Joseph Mercola

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