



Not convinced that covid “vaccines” cause myocarditis? See the CDC corruption details for yourself in this new JAMA paper

## Description

USA: A team of scientists from the U.S. Centers for Disease Control and Prevention (CDC) published [a study](#) in the *Journal of the American Medical Association* (JAMA) that proves Wuhan coronavirus (Covid-19) “vaccines” are causing myocarditis – and at rates [much higher](#) than the official databases show.

Entitled, “Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021,” the paper contains a key paragraph that tells us all we need to know about the accuracy of the Vaccine Adverse Event Reporting System (VAERS):

“Furthermore, as a passive system, VAERS data are subject to reporting biases in that both underreporting and overreporting are possible. Given the high verification rate of reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination, underreporting is more likely. Therefore, the actual rates of myocarditis per million doses of vaccine are likely higher than estimated.”

Keep in mind that it is CDC scientists admitting that VAERS is stricken with a serious underreporting factor (URF). And even though they also threw in the word “overreporting,” there is actually no scientific evidence whatsoever to support that notion.

“I can’t even figure out how VAERS could be overreported since the system should eliminate duplicates unless there is a bug,” writes independent investigator Steve Kirsch.

“But the key thing here is they did absolutely nothing to attempt to quantify the underreporting factor (URF).”

## VAERS underreporting factor for covid jab myocarditis at least 100, Kirsch says

According to Kirsch, these CDC scientists know full well how to estimate the URF. One of its authors,

Dr. John Su, wrote [a paper](#) about how to do so back in November 2020 entitled, “The reporting sensitivity of the Vaccine Adverse Event Reporting System (VAERS) for anaphylaxis and for Guillain-Barré syndrome.”

Su et al. could have easily applied this same methodology in their latest paper on covid shots and anaphylaxis, but for whatever reason they chose not to do so. The reason, Kirsch says, is that they “do not want to let anyone know how serious it is.”

“So they deliberately leave out the estimate of the minimum URF (the minimum URF is the URF calculated using the most serious events that would be expected to be always reported) and leave it as an exercise for the reader,” he writes.

Kirsch made his own URF calculations showing that at a minimum, the number is 41. In reality, though, the URF is more like 100 or higher, 100 being a conservative estimate.

“That’s pretty high,” Kirsch says. “It’s unacceptably high. That’s why they never apply the URF. Because it would disqualify the vaccine.”

When we say an URF of 100, by the way, what that means is that one out of every 100 people injected develops myocarditis symptoms. That is an astoundingly high number, especially compared to the official government figures.

“The real world data is kept hidden from view of everyone,” Kirsch says. “I have yet to see a single school that publishes their myocarditis cases.”

“The only way you find these out is when parents talk to parents. The government doesn’t want anyone to know the real numbers for obvious reasons: it would kill the vaccine program if people knew the truth. So everyone keeps quiet and you have to get really lucky to get any data at all.”

Kirsch points to Monte Vista Christian School (MVCS) as a case-in-point. There, four cases of post-jab myocarditis were reported. With 800 students, roughly half of whom are boys and roughly half of whom are vaccinated, this would seem to substantiate a URF of 100 for post-jab myocarditis.

by: Ethan Huff

## Category

1. Health-Wellness-Healing-Nutrition & Fitness
2. Politics-Geopolitics-Gov.-Events

## Date Created

02/23/2022