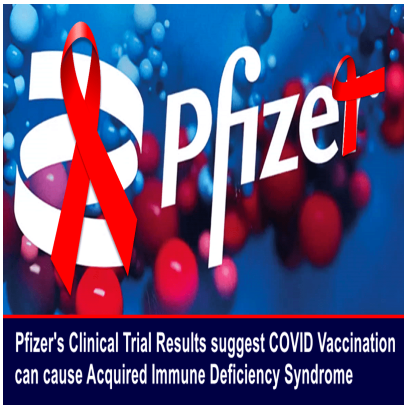
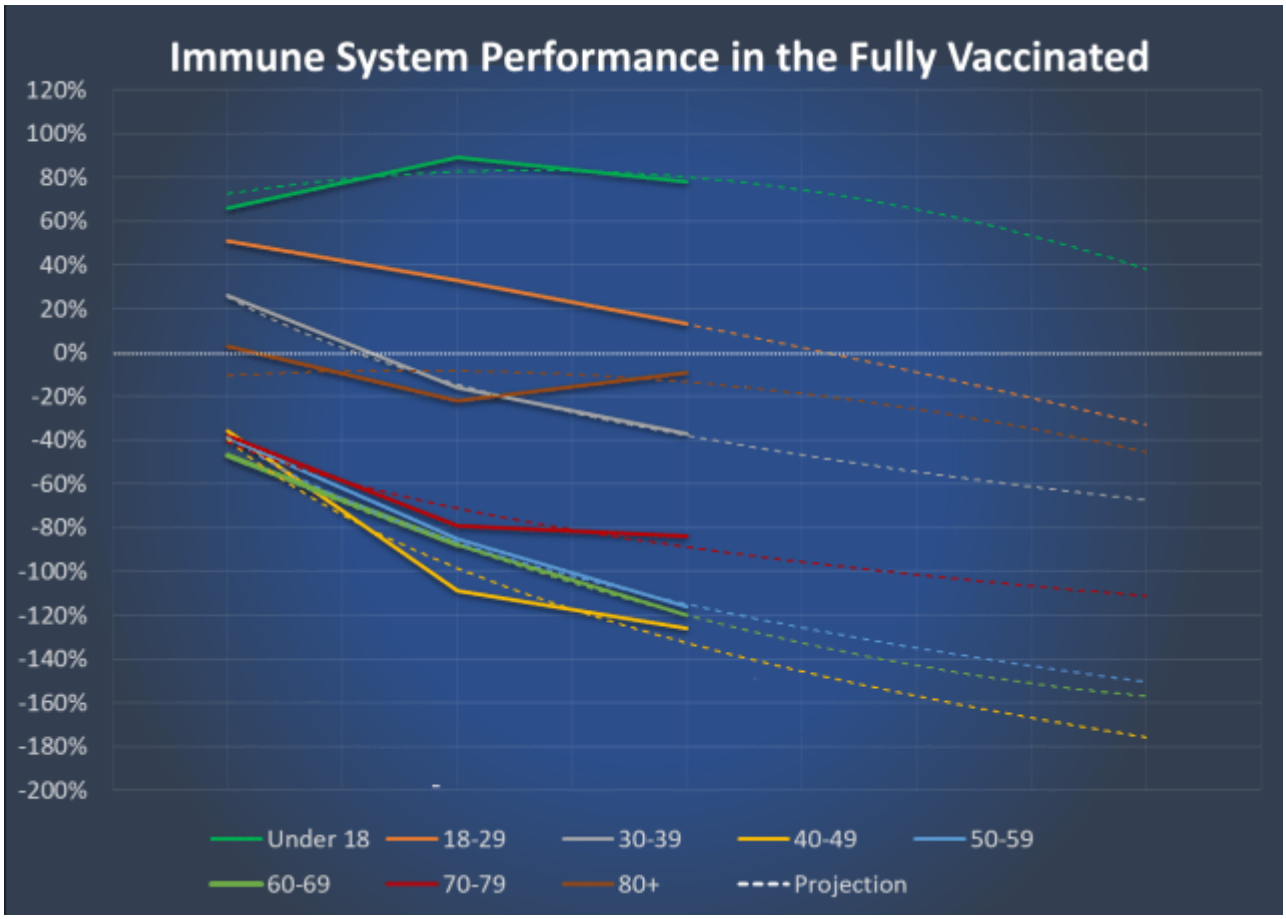


Pfizer’s Clinical Trial Results suggest COVID Vaccination can cause Acquired Immune Deficiency Syndrome

Description

I have discovered some extremely concerning findings in the Pfizer Phase I-II-III clinical trial data. The Sepsis death rate in the 21,926 double vaccinated group of the Pfizer Phase III Clinical trial was twenty-one times higher than normal, and the Cardiovascular death rate was two times higher than normal.

This strongly indicates that the Pfizer Covid-19 injection does in fact cause a new form of ‘acquired immunodeficiency syndrome’, as has been suggested by a mountain of data available from the UK Health Security Agency, because sepsis is caused by failure of the immune system.



By a concerned reader

Here is the table of Pfizer trial deaths from Dose 1 (July 2020) to un-blinding after 6 months (January 2021) –

Pfizer Phase I-II-III trial deaths from Dose1 to unblinding after 6 months		
Group >16 year old	21,926 double vaxxed	21,921 unvaxxed
Deaths	15 + (2)	14 + (5)
Acute respiratory failure	0	1
Aortic rupture	0	(1)
Arteriosclerosis - C	**2**	**0**
Biliary cancer metastatic	0	1
COVID-19	0	2
COVID-19 pneumonia	1	0
Cardiac arrest - C	**4**	**1**
Cardiac failure congestive - C	**1**	**0**
Cardiorespiratory arrest - C	**1**	**1**
Chronic obstructive pulmonary disease	(1)	0
Death	0	(1)
Dementia	0	(1)
Emphysematous cholecystitis - I	**1**	**0**
Hemorrhagic stroke - C	**0**	**1**
Hypertensive heart disease - C	**1**	**0**
Lung cancer metastatic	1	0
Metastases to liver	0	1
Went Missing	0	(1)
Multiple organ dysfunction syndrome	0	2
Myocardial infarction - C	**0**	**2**
Overdose	0	(1)
Pneumonia	0	2
Sepsis - I	**1**	**0**
Septic shock - I	**1**	**0**
Shigella sepsis - I	**1**	**0**
Unevaluable event	(1)	0
(n) discounted deaths from both groups which were not relevant to the intervention		

Source – Page 10

Sepsis/Septicemia results from immune system failure to defeat a microbial (viral yeast or bacterial) infection.

Emphysematous cholecystitis is a relatively rare variant of acute cholecystitis with infection by gas-

producing organisms. Diagnosis involves the demonstration of gas within the lumen or wall of the gallbladder by ultrasound or CT scan. In contrast to acute cholecystitis, emphysematous cholecystitis occurs more commonly in elderly and diabetic patients, and is frequently associated with perforation and death. – https://pubmed.ncbi.nlm.nih.gov/12768870/

It is the result of an immune system failure to defeat a microbial (viral yeast or bacterial) infection.

Acute Cholecystitis. The most frequent cause of acute cholecystitis is gallstones. Other causes include typhoid fever and a malignant tumour obstructing the biliary tract. The inflammation may be secondary to systemic sepsis. https://medical-dictionary.thefreedictionary.com/emphysematous+cholecystitis

Acute Cholecystitis is a biliary sepsis, a sepsis of the Gall Bladder and bile ducts.

Pfizer Phase I-II-III Trial Group	21,926 doubly vaxxed	%	21,921 unvaxxed	%	21,923 randomised population	%
Deaths from all causes during 6 months trial	17	100%	19	100%	111.2	100%
Death from all vaccine relevant causes.	15	88.2%	14	73.7%		
Covid-19 deaths	1	5.9%	2	10.5%	11.4	10.3%
Cardiovascular deaths (Heart Disease + Stroke) - C	9	52.9%	5	26.3%	22.9 + 5.3 = 28.2	20.6% + 4.7% = 25.3%
Sepsis deaths - I	4	23.5%	0	0%	1.3	1.1%

Click to enlarge

Here are the US deaths in 2020 by cause and the percentages for each cause.

US Deaths in 2020 per year	Number	US population 2020	%
Total	3,358,814	331,002,647	100.0%
Heart Disease	690,882	331,002,647	20.6%
Cancer	598,932	331,002,647	17.8%
Covid-19	345,323	331,002,647	10.3%
Accidents	192,176	331,002,647	5.7%
Stroke	159,050	331,002,647	4.7%
Respiratory Disease	151,637	331,002,647	4.5%
Alzheimers	133,382	331,002,647	4.0%
Diabetes	101,106	331,002,647	3.0%
Flu and Pneumonia	53,495	331,002,647	1.6%
Kidney Disease	52,260	331,002,647	1.6%
Suicide	44,834	331,002,647	1.3%
Septicemia (Sepsis) (2019)	38,354	331,002,647	1.1%
Other	797,383	331,002,647	23.7%

https://jamanetwork.com/journals/jama/fullarticle/2778234

https://wonder.cdc.gov

The first thing the jumps out of these figures is that Pfizer trial participants had a death rate of 17/19 per 21,921/6 per 6 months. Whereas the general US population has a death rate of 111.2 per 21,923 per 6 months. So Pfizer trial participants were over 6x less likely to die than the general public.

The age profile of the original selection of participants is advertised to be –

- 12-15 years old: 2260,
- 16-17 years old: 754,
- 18-55 years old: 25,427
- 56+ year old: 17,879
- https://www.pfizer.com/science/coronavirus/vaccine/about-our-landmark-trial

So Pfizer must have done some extremely heavy exclusions of morbidities to get such an absurdly low mortality figure. Their study protocol reveals whom they excluded – https://clinicaltrials.gov/ct2/show/NCT04368728

The next thing is the incredible match between the unvaccinated Covid and cardiovascular death rates (10.5% and 26.3%) and those in the general population for 2020 (10.3% and 25.3%). So even though the numbers of deaths are small. They appear to be a very good representation of the reality in general public.

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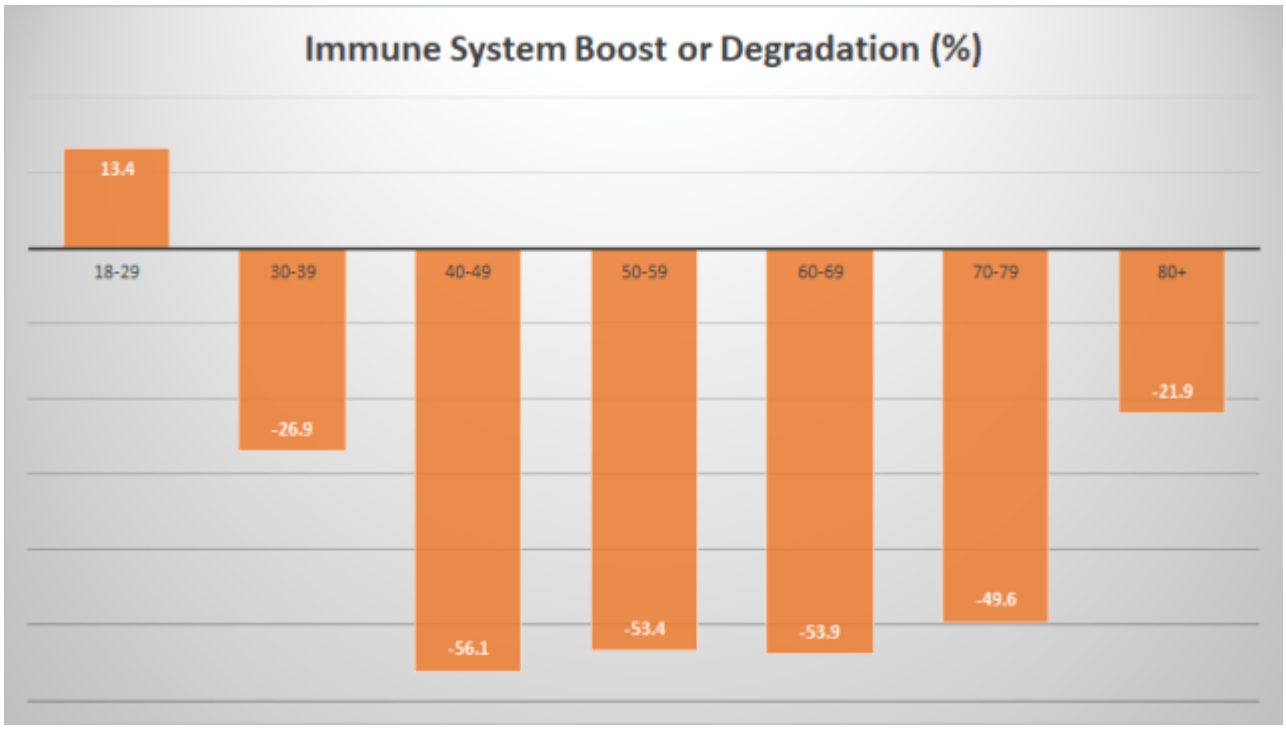
Click to enlarge

Now we turn to the double vaccinated cardiovascular and sepsis rates and we see (52.9% and 23.5% death rates) compared to the general population (and the unvaccinated) who suffer only (26.3% and 1.1% or 25.3% and 0%).

And there is the toxicity of the Pfizer vaccination laid bare. It weakens the immune system to the point where people succumb to microbial infections and die at 21 times the normal rate in the first 6 months after vaccination.

One can argue that the numbers of deaths here are not large enough to draw any valid statistical conclusions. But against that, the unvaccinated numbers are very clearly representative and the numbers of participants in both groups are large enough to draw valid statistical conclusions from.

When you combine these figures with the weekly 5% immune response degradation catalogued by the UKHSA from Weeks 35-41 , you start to see a picture that suggests the vaccinated are developing acquired immunodeficiency syndrome.



However you look at this, the numbers flag up two major concerns which these days have plenty of other statistical, mass media, clinical and anecdotal evidence to support.

These findings absolutely necessitate further investigation specific to immune system degradation and cardiovascular inflammation. But Pfizer un-blinded the placebo group and permitted them to get vaccinated at the end of the 6 month trial period. So it is difficult to see how we can get any more data from Pfizer.

To be frank we are lucky to have the death data they have so far provided. Let us face facts. There are no long-term clinical trials ongoing into the safety of these vaccines. Quite the reverse in fact. For one can argue that the purpose of the Pfizer lobbied vaccine mandates is to eradicate any unvaccinated control group from existence in order to prevent a proper evaluation of vaccine side effects over the medium term.

To that end, here is an edited copy letter sent to the UK's Scientific Advisory Group for Emergencies (SAGE) –

Dear Members of SAGE

I write to inform you of an oversight in your scientific advice on Covid-19.

1. As you will all be aware, the only acceptable scientific method for determining the safety or effectiveness of a medical intervention is to compare its effect upon a randomly chosen experimental group with a control group preferably of similar size for statistical reasons.

In the phase III clinical trials for Pfizer there were 21,921 participants in the vaccinated group and 21,926 in the placebo group, the control group.

The control group, the placebo group is the yardstick with which we measure the effectiveness of the intervention. Only by comparison with a control group can a researcher determine whether an intervention has a statistically significant effect on an experimental group, and the possibility of drawing

a false conclusion is mathematically and precisely defined. This A B comparison between intervention and control groups is called the Scientific Method.

So without a control group the Scientific method has been abandoned, we are no longer following any science at all, and no statistically valid conclusion can be drawn from the intervention. Instead science and its method have gone out of the window and we are back in the dark ages of Papal decrees.

2. The medium term (1-3 year) safety or efficacy of the Adenovirus-DNA vaccines and the lipid nanoparticle-mRNA vaccines is not yet known because they have not yet been examined in the general population for more than 10 months.

In this country the intervention group for these vaccines in the age demographic over 18 years old is now over 90% of the population

Why has the Scientific Advisory Group for Emergencies failed to advise the UK government to follow the scientific method and formulate a commensurate control group who do not take the vaccines?

How are we to assess the effectiveness of these vaccine interventions in the absence of such a group?

How can a group of scientists fail so spectacularly to follow not only 'the science' but actually any science at all in what is undoubtedly the most important medical intervention in the UK in the history of science and of medical practice?

May I therefore insist in the name of Science that you put your lab coats back on and advise the Government of this country without further delay to preserve all presently unvaccinated people as members of a vastly undersized, under represented depleted and sadly less than commensurate control group in order that this entire vaccination experiment can actually reach a statistically valid and meaningful conclusion and in order to demonstrate to the government and to the British public and to the world in general – what science actually is.

Furthermore if you are going to use children as lab rats for the benefit of adults and against the advice of the JCVI, then would you please ensure that only 50% of them are vaccinated and the remaining 50% are kept free of intervention as a properly sized control group in order that we can learn something from the government's hideous medical experimentation on them.

Yours Scientifically,

A concerned reader

As a final proof that Covid vaccines destroy the immune system, we now have the admission by the CDC in response to a Freedom of Information Request, that they have no record of a person with natural immunity becoming reinfected and transmitting the virus to anybody.

Whereas the UKHSA had 450,992 records of people with double vaccine immunity who became infected with Covid between October and November 2021 alone.

Could there be a clearer demonstration that vaccines prevent people reaching full natural immunity by damaging and degrading their immune systems?

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

November 05, 2021

SENT VIA EMAIL

Elizabeth Brehm
Attorney
Siri & Glimstad
200 Park Avenue, 17th Floor
New York, New York 10166
foia@sirillp.com

2nd Letter Subject: Final Response Letter

Dear Ms. Brehm:

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) received your September 02, 2021, Freedom of Information Act (FOIA) request on September 02, 2021, seeking:

> "Documents reflecting any documented case of an individual who: (1) never received a COVID-19 vaccine; (2) was infected with COVID-19 once, recovered, and then later became infected again; and (3) transmitted SARS-CoV-2 to another person when reinfected."

A search of our records failed to reveal any documents pertaining to your request. The CDC Emergency Operations Center (EOC) conveyed that this information is not collected.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to FOIARequest@psc.hhs.gov. Please mark both your appeal letter and envelope "FOIA Appeal." Your appeal must be postmarked or electronically transmitted by February 03, 2022.

Sincerely,

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
Phone: (770) 488-6399
Fax: (404) 235-1852

#21-02152-FOIA

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Date Created
08/19/2022