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New Peer-Reviewed Study: Over 217,000 Americans Killed by COVID Vaccines in Just the First Year Alone!

Steve Kirsch | Substack January 25, 2023

Serious adverse events were ~5X higher than what Pfizer reported in their Phase 3 trial.

But it's OK because they are immune from prosecution

Executive summary

A new peer-reviewed paper was just published that finally gets the truth out:

1. Over 217,000 Americans were killed by the vaccine in the first year after rollout
2. The rate of severe adverse events reported in the survey by the survey participants (13.4%) after adjusting by a factor of 2 for categorization error, is still 5X more than was reported by Pfizer in their Phase 3 trial.

Since deaths from the vaccine were higher in 2022, most experts would estimate the all-cause mortality death toll from the COVID vaccines to be in the range of 500K to 600K. So the global cost of life from these vaccines is on the order of 10 to 12 million people.

But nobody wants to talk about it because that's the way science works. When you can't argue with the data, you censor the speaker like the FDA and CDC did to me.

They are actively trying to get the paper retracted because it destroys the narrative. I'm certain they will succeed because journals are under intense pressure to censor any anti-narrative paper.

The problem is that Mark's survey was entirely consistent with my surveys.

If they want to have the paper retracted they need to show us THEIR surveys. But of course, they don't have any surveys because they are too afraid of the results.

So they will use hand-waving arguments like "I don't like the methodology" or some nonsense like that instead of gathering their own data.


They will NEVER show us survey data that supports their narrative because it isn't there.

That's why there are no success anecdotes. NOBODY can give me the name of a US geriatric practice where all-cause deaths plummeted after the vaccines rolled out. In every case, they went the wrong way.

The narrative is unraveling at an accelerated pace but the medical community is still fighting the truth.

Introduction

Check out this Substack article which was just brought to my attention by one of my readers:

 **The Pandemic Info Game**

New survey finds shockingly high rate of side effects

A new peer-reviewed article was just published today showing that rate of covid-19 vaccine side effects may be shockingly high, supporting the results of previous surveys...

[Read more](#)

15 hours ago · 2 likes · 2 comments · John Smith

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I guess my surveys were right after all. What a surprise!

This is of course why the CDC and medical community NEVER do ANY surveys of the vaccinated. They knew they would find a disaster; that Pfizer lied in their trial.

Here's what was reported for the Pfizer trial in the NEJM paper:

Adverse Event	BNT162b2 (N ^a =21,926) n ^b (%)	Placebo (N ^a =21,921) n ^b (%)
Any event	6617 (30.2)	3048 (13.9)
Related ^c	5241 (23.9)	1311 (6.0)
Severe	262 (1.2)	150 (0.7)
Life-threatening	21 (0.1)	26 (0.1)
Any serious adverse event	127 (0.6)	116 (0.5)
Related ^{c,d}	3 (0.0)	0
Severe	71 (0.3)	66 (0.3)
Life-threatening	21 (0.1)	26 (0.1)
Any adverse event leading to withdrawal	32 (0.1)	36 (0.2)
Related ^c	13 (0.1)	11 (0.1)
Severe	10 (0.0)	10 (0.0)
Life-threatening	3 (0.0)	7 (0.0)
Death	3 (0.0)	5 (0.0)

Table S3 | Participants Reporting at Least 1 Adverse Event from Dose 1 to 1 Month After Dose 2 During the Blinded Follow-up Period. The population included all ≥16-year-old participants who received ≥1 dose of vaccine irrespective of follow-up time. a. N=number of participants in the specified group. This value is the denominator for the percentage calculations. b. n=Number of participants reporting ≥1 occurrence of the specified event category. For 'any event', n=number of participants reporting ≥1 occurrence of any event. c. Assessed by the investigator as related to investigational product. d. Shoulder injury related to vaccine administration, right axillary lymphadenopathy, and paroxysmal ventricular arrhythmia (as previously reported). Adverse events for 12–15-year-old participants were reported previously.¹¹

Pfizer reported that only 1.2% of participants reported serious adverse events. In reality, it is 5X that number.

Here's what the survey showed: 13.4% of the survey respondents reported that they had severe health issues after COVID vaccination in their opinion. However, we need to discount that by a factor of two because people report less severe adverse events as adverse events.

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Table 2 Key summary statistics for COVID-19 health survey

From: The role of social circle COVID-19 illness and vaccination experiences in COVID-19 vaccination decisions: an online survey of the United States population

Question/variable	Obs.	Overall mean	COVID-19 illness			P-value	Vaccinated			
			Yes mean	No mean	Diff.		Yes mean	No mean	Diff.	P-value
Have you had COVID? (yes = 1, no = 0)	2840	0.230	0.230			0.206	0.253	-0.046	0.005	
Health issues after COVID-19 (yes = 1, no = 0)	690	0.284	0.284			0.241	0.236	0.105	0.004	
Severe health issues after COVID (yes = 1, no = 0)	188	0.086	0.086			0.080	0.083	-0.013	0.759	
Vaccinated against COVID? (yes = 1, no = 0)	2840	0.511	0.451	0.526	-0.064	0.005	0.511			
Health issues after vaccine (yes = 1, no = 0)	1365	0.146	0.258	0.116	0.142	0.000	0.146			
Severe health issues after vaccine (yes = 1, no = 0)	205	0.134	0.145	0.128	0.017	0.752	0.134			
Average income	2840	60,152	53,957	59,014	4943	0.039	70,919	48,303	22,018	0.000
Gender (male = 1, female = 0)	2840	0.487	0.507	0.461	-0.026	0.233	0.510	0.463	0.047	0.017
Social circle - # people respondents know	2,492	10.601	10.598	10.602	-0.004	0.997	12.487	8.449	4.044	0.000
Social circle health issues after COVID (yes = 1, no = 0)	2840	0.330	0.415	0.314	0.101	0.000	0.353	0.322	0.031	0.097
Social circle health issues after vaccine (yes = 1, no = 0)	2840	0.216	0.286	0.195	0.091	0.000	0.157	0.277	-0.121	0.000
Education										
Less than high school (yes = 1, no = 0)	2840	0.038	0.047	0.035	0.012	0.198	0.016	0.061	-0.045	0.000
High school/GED (yes = 1, no = 0)	2840	0.376	0.247	0.385	-0.036	0.084	0.217	0.338	-0.121	0.000
Some college (yes = 1, no = 0)	2840	0.242	0.269	0.234	0.035	0.079	0.232	0.253	-0.022	0.201
2-year college degree (yes = 1, no = 0)	2840	0.112	0.096	0.117	-0.021	0.129	0.108	0.114	-0.005	0.684
4-year college degree (yes = 1, no = 0)	2840	0.189	0.171	0.195	-0.022	0.217	0.248	0.128	0.121	0.000

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In other words, serious adverse events post-vaccine were 5X what Pfizer told us.

This is why the FDA never does after-market surveys in the drugs it approves. Because reality hurts.

Why aren't they doing surveys like this to see if the reality matches the study?

I've been doing regular surveys and the results are always shocking. Nobody wants to do similar surveys for some reason.

But it gets better...

From the paper, **check out the part in blue:**

Results

A total of 2840 participants completed the survey between December 18 and 23, 2021. 51% (1383 of 2840) of the participants were female and the mean age was 47 (95% CI 46.36–47.64) years. Those who knew someone who experienced a health problem from COVID-19 were more likely to be vaccinated (OR: 1.309, 95% CI 1.094–1.566), while those who knew someone who experienced a health problem following vaccination were less likely to be vaccinated (OR: 0.567, 95% CI 0.461–0.698). 34% (959 of 2840) reported that they knew at least one person who had experienced a significant health problem due to the COVID-19 illness. Similarly, 22% (612 of 2840) of respondents indicated that they knew at least one person who had experienced a severe health problem following COVID-19 vaccination. With these survey data, the **total number of fatalities due to COVID-19 inoculation may be as high as 278,000** (95% CI 217,330–332,608) when fatalities that may have occurred regardless of inoculation are removed.

Conclusion

Knowing someone who reported serious health issues either from COVID-19 or from COVID-19 vaccination are important factors for the decision to get vaccinated. The large difference in the possible number of fatalities due to COVID-19 vaccination that emerges from this survey and the available governmental data should be further investigated.

Up to 332,608 people were killed by the COVID vaccines in the first year alone!

And what benefit did they get from it? No benefit at all **as noted in this article.**

In short, we killed at least 217,000 Americans and seriously injured 33M Americans in just the first year, and the CDC and FDA want to give you more shots.

The second year, more people died, so the total death toll for the COVID vaccines in America alone is 500K to 600K which translates into 10M -12M deaths worldwide caused by these shots.

It's the greatest disaster in human history and NO HEALTH AUTHORITY IN THE WORLD will debate any of my colleagues on this in a public forum. They want to silence us.

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These are consistent with the numbers I've been saying for a long time. It's not a coincidence.

Summary

Over 500K Americans have been killed by the COVID shot in the first two years.

As Scott Adams would say, "I guess all the anti-vaxxers were right after all. We should have listened to them instead of censoring them."

However, in order to keep things going, they will have this new paper retracted without any evidence it was wrong and they'll be able to keep the deception going for another 20 years.

In the meantime, surveys of people who have been vaccinated will be made illegal by world governments so nobody else can replicate this study.

And finally, this is why the FAA never investigated ANY pilot injury or fatality following the COVID vaccines. **When I asked a top FAA official why there were no investigations, he said, "No comment."** What that means is that the FAA was ordered not to investigate COVID injuries by the Biden administration. That's why none of the disabled pilots were contacted by the FAA. After all, we wouldn't want to blow the narrative up, would we? Who cares if lives are lost and careers are ruined?

Booster Shots May Trigger Stroke Incidents, According to CDC and FDA

An Overview of Risk and Prevention

Yuhong Dong, M.D., Ph.D., Allison Krug, MPH

February 11, 2023

In addition to cardiac events, another life-threatening side effect has been associated with the Pfizer-BioNTech vaccine. When is the risk period? Does the flu shot play any role in these events? What actions should we take to better protect ourselves?

Summary of Key Facts

- An **increased risk of stroke events** has been identified with the Pfizer COVID-19 bivalent vaccine, according to a joint statement from the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).
- The onset time in people aged 65 years and older was 1–21 days after the booster, with a significant cluster of events observed 11–21 days after the booster.
- Sixty-four percent had received the flu vaccine on the same day as the COVID-19 booster.
- The bivalent booster contains the code of the spike protein, contributing to the increased risk of blood clots. High-risk people should avoid the boosters.
- Solution: Remember the five “suddens” of stroke warning signs.
- Advice on preventing other risk factors of stroke is also provided in this paper.

On Jan. 13, 2023, the FDA and CDC issued a joint statement that a new “safety signal” for ischemic stroke had been detected in one of the agency’s vaccine safety surveillance systems.

The statement read, in part: “CDC’s Vaccine Safety Datalink (VSD), a near real-time surveillance system, met the statistical criteria to prompt additional investigation into whether there was a safety concern for ischemic stroke in people ages 65 and older who received the Pfizer-BioNTech COVID-19 vaccine bivalent.”

The VSD system monitors the electronic health records of 12.5 million Americans served by nine integrated health systems.

The CDC stated that no other safety databases had detected this signal (including the Medicare and Veterans Affairs data sets). Pfizer released a statement that it had not detected this signal in its databases, and no other countries have found a similar signal in their monitoring systems.

The clot risk appears to be greater on days 11–21 after receiving the booster, especially for those who received a high-dose or adjuvant flu vaccine on the same day.

A follow-up meeting was held on Jan. 26, 2023. Despite the identified risk, the CDC continues to recommend booster shots for all people over six months of age.

Increased Risk of Stroke Mostly Found 11 to 21 Days After Booster

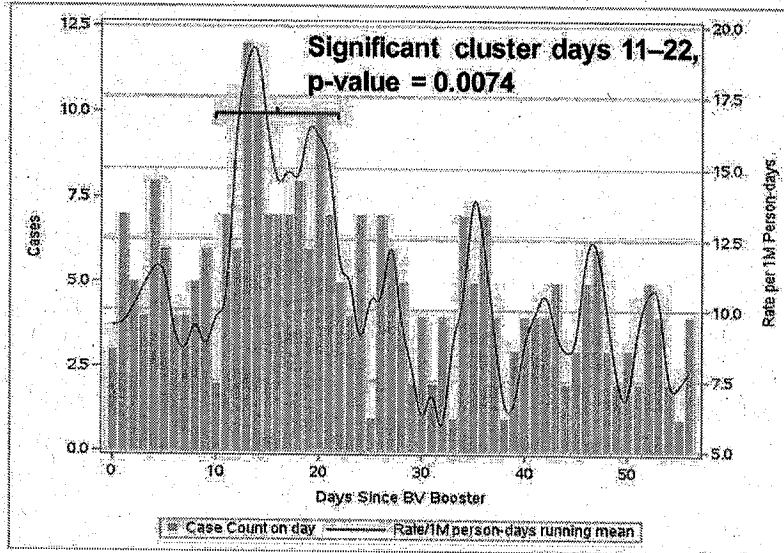
The findings presented on Jan. 26, 2023, suggest that more stroke events occurred during days 1–21 post-vaccination than days 22–42 after receiving the shot.

People aged 65 or older who received the Pfizer bivalent booster experienced 130 events during the “risk interval” (1–21 days after the booster) and 92 events during the “comparison interval” (22–42 days after the booster). There was a 47 percent increased risk of ischemic stroke during 1–21 days post-booster, compared to those events occurring during 22–42 days post-booster, with a $p = 0.005$. In studies, when the P value is less than 0.05, it means the difference is statistically significant.

It is important to note that stroke events occurred throughout the entire 42-day follow-up period after the booster; a cluster of stroke events occurred between 11 and 21 days after receiving the booster.

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Ischemic stroke by day after Pfizer bivalent boosters, people ages ≥ 65 Years*



* Data cutoff 3 weeks prior

Pfizer Bivalent Booster Stroke Data (US FDA)

In a preliminary review of 22 stroke cases in people 65 years or older on days 11–21 after receiving the booster, none of the individuals had a previous history of transient ischemic attack (TIA). Sixty-four percent received the flu vaccine on the same day as the COVID-19 booster (13 high-dose flu vaccines and one adjuvant flu vaccine).

Outcome data of these events shows that 59 percent of the people who experienced a TIA were discharged home, 18 percent were discharged with home health, nine percent were discharged to a skilled nursing facility, and 14 percent (three of the 22) died. The CDC notes that one death was likely related to a stroke.

No safety signal was detected in the VSD database for Moderna; however, the VAERS reported stroke cases related to the Moderna booster. The difference could be due to the number of booster doses administered for the two vaccines. Nearly twice as many Pfizer booster doses had been given as Moderna (549,943 vs. 285,706) as of Jan. 7, 2023.

As of Jan. 8, 2023, 40 ischemic stroke/transient ischemic attack cases after the bivalent COVID-19 mRNA vaccination were detected in the Vaccine Adverse Events Reporting System (VAERS). The median age was 74 years. Nineteen were males, and 21 were females. The median time to onset was four days. Twenty-five cases occurred after the Pfizer-BioNTech bivalent vaccine, and 15 occurred after the Moderna bivalent vaccine.

Receiving a Flu Shot on the Same Day as the Booster Increases Risk

VSD data analysis showed that three people experienced a stroke after receiving the Pfizer booster and a standard dose of flu vaccine on the same day. By contrast, 40 people who received the Pfizer booster and a high-dose or adjuvant flu vaccine on the same day experienced a stroke. Sixty older adults experienced a stroke after receiving only the COVID-19 booster.

Receiving a high dose or adjuvanted flu shot on the same day seemed to double the risk of stroke.

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The spike protein in the SARS-CoV-2 virus can significantly increase the risk of arterial and venous clots. A database analysis of 48 million individuals in the United Kingdom found an increased risk of ischemic stroke, especially in the first weeks after COVID-19 infection.

The mRNA vaccine also produces the spike protein. The bivalent booster contains the code for two strains of the spike protein (original Wuhan strain and BA.4/BA.5).

Your blood contains platelets, which form clots to stop bleeding after an injury. The S1 unit of the spike protein hyperactivates these platelets. This can cause the blood to form tiny clots after infection or vaccination. These blockages in blood flow can cause problems throughout the body's tissues and organs.

The flu shot increases the risk of stroke, possibly because the vaccine provokes an inflammatory response. This increases the risk of ischemic stroke, especially in people with pre-existing coagulation abnormalities. A report from Taiwan indicated that a 75-year-old male patient suffered posterior circulation ischemia after an influenza A/H1N1 vaccination.

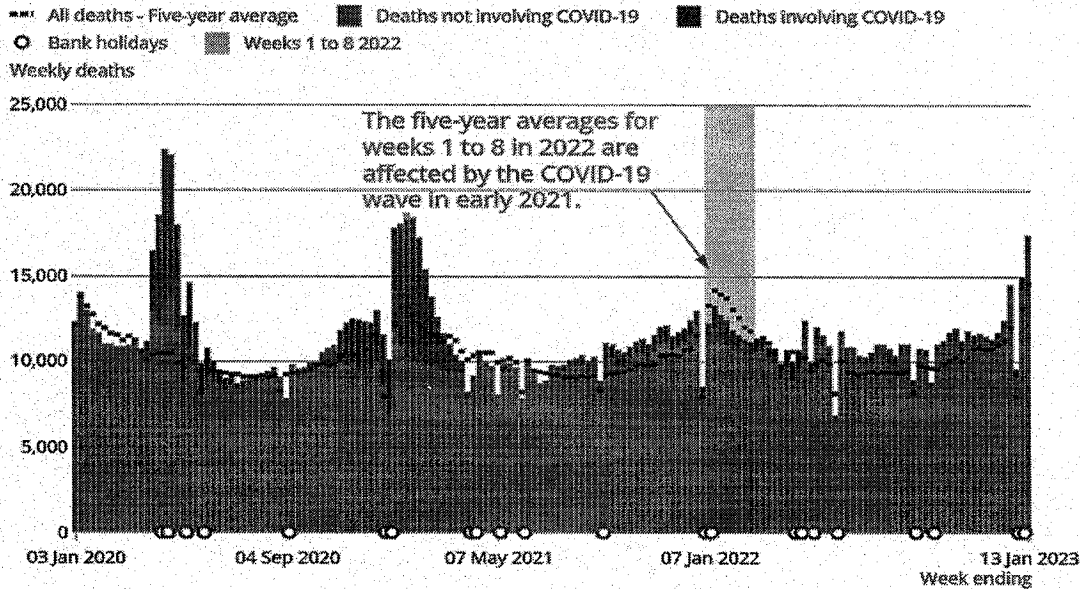
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Deaths Running 26% Above Pre-Pandemic Levels – and the Vaccines Remain a Leading Suspect

Will Jones | Daily Sceptic January 27, 2023

Deaths continue to run at extraordinary levels in England and Wales. In the week ending January 13th 2023 there were 17,381 deaths, which is 2,837 or 19.5% above the five-year average. This is despite the five-year average having risen due to the early 2021 Covid wave. Compared to the pre-pandemic five-year average of 13,822 it is 3,559 or 25.7% above average.

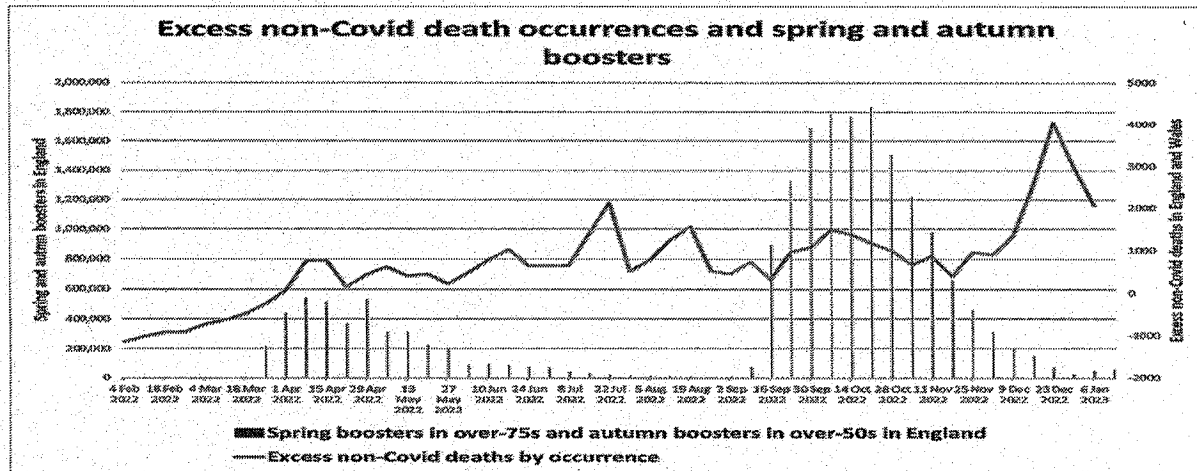
There were 922 deaths with Covid registered on the death certificate, of which 654 were registered as due to Covid as underlying cause. This leaves 2,183 excess deaths from a different underlying cause. Since the wave of excess non-Covid deaths began in April the total now stands at 34,691.



Source: Office for National Statistics - Deaths registered weekly in England and Wales

ONS

I have previously noted how waves of excess non-Covid deaths appear to correlate with the Covid booster campaigns in spring and autumn, as seen in the chart below, which shows deaths by date of occurrence in England and Wales.



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Data from ONS

It's clear, however, that these correlations with booster rollouts are far from determinative of the overall shape of the curve. In particular, deaths remained high during the summer and have spiked over the winter, despite few boosters being delivered in those periods.

The Health Advisory and Recovery Team (HART) has noted this week that high-level mortality data like these do not contain an "obvious smoking gun" pointing to vaccines causing high numbers of deaths specifically during the vaccination campaigns. Rather, the excess deaths are broadly spread throughout the year. The appearance is of something generally raising the likelihood of death, or equivalently, reducing life expectancy. (This doesn't appear to be due to an ageing population; see [here](#) for a discussion on this point.)

The lack of correlation with vaccination programmes has led some to question the role that vaccines are playing in driving the excess deaths and advance arguments in support of other possible explanations, such as Long Covid, the NHS crisis and the legacy of lockdown including missed treatment. While some of these other contributors may be valid, it would be wrong to rule out a role for the vaccines simply on the basis of a lack of correlation with vaccination campaigns. This is because the mechanisms by which a vaccine may injure a person are not fully understood, and those for which understanding is more developed, such as auto-immune reactions due to the persistence of spike protein in the blood and organs, give plenty of scope for a delayed effect. In particular, we should note that many of the excess deaths are related to the heart and circulatory system, and the vaccines are known to increase the risk of such deaths.

Chief Medical Officer Chris Whitty has recently claimed that 5,170 deaths in men aged 50-64 could have been helped by heart medications that were missed during the pandemic. Health Secretary Steve Barclay agreed, saying that "we know from the data that there are more 50 to 64-year-olds with cardiovascular issues" – a state of affairs he blamed on "the result of delays in that age group seeing a GP because of the pandemic and in some cases, not getting statins for hypertension in time". The British Heart Foundation published research earlier this month which made similar claims.

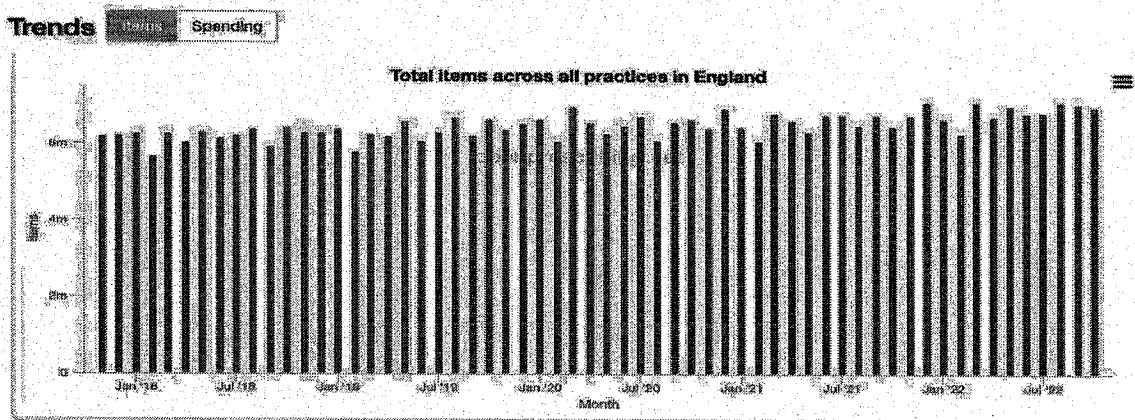
However, such claims were dismissed by Dr. Carl Heneghan, Professor of Evidence-based Medicine at Oxford University, and his colleague Dr. Tom Jefferson, who wrote that the extra cardiovascular disease deaths cannot be accounted for by a fall in drug treatment or drop in risk monitoring, "given the lack of evidence of an effect". In making this assessment they relied in part on a major recent study reviewing the trial data on statins and concluding that the benefits of statins were minimal and most of the trial participants who took statins derived no clinical benefit. Dr. Heneghan and Dr. Jefferson also noted that the claimed reduction in prescriptions appears to be illusory, with rises and falls well within normal levels.

2.12: Lipid-regulating drugs

Part of chapter 2 Cardiovascular System

High-level prescribing trends for Lipid-regulating drugs (BNF section 2.12) across all GP practices in NHS England for the last five years. You can explore prescribing trends for this section by Sub-ICB Location, or learn more about this site.

[View all matching dm+d items.](#)



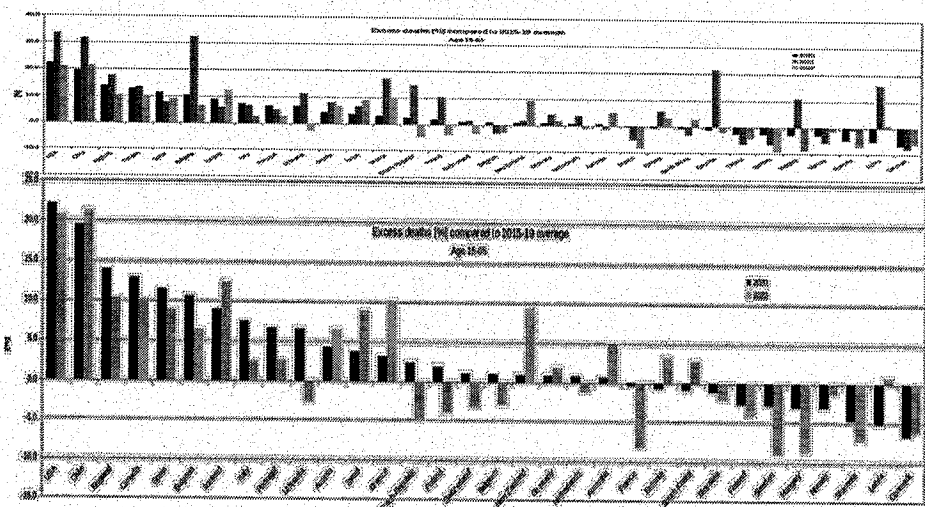
Unlike allegedly missed prescriptions, the NHS crisis is more plausibly contributing to excess deaths, as people experience severe delays getting urgent medical attention. However, the crisis can hardly explain sustained levels of

deaths throughout the year or generally increased demand for health services. Something must be making people sicker in the first place.

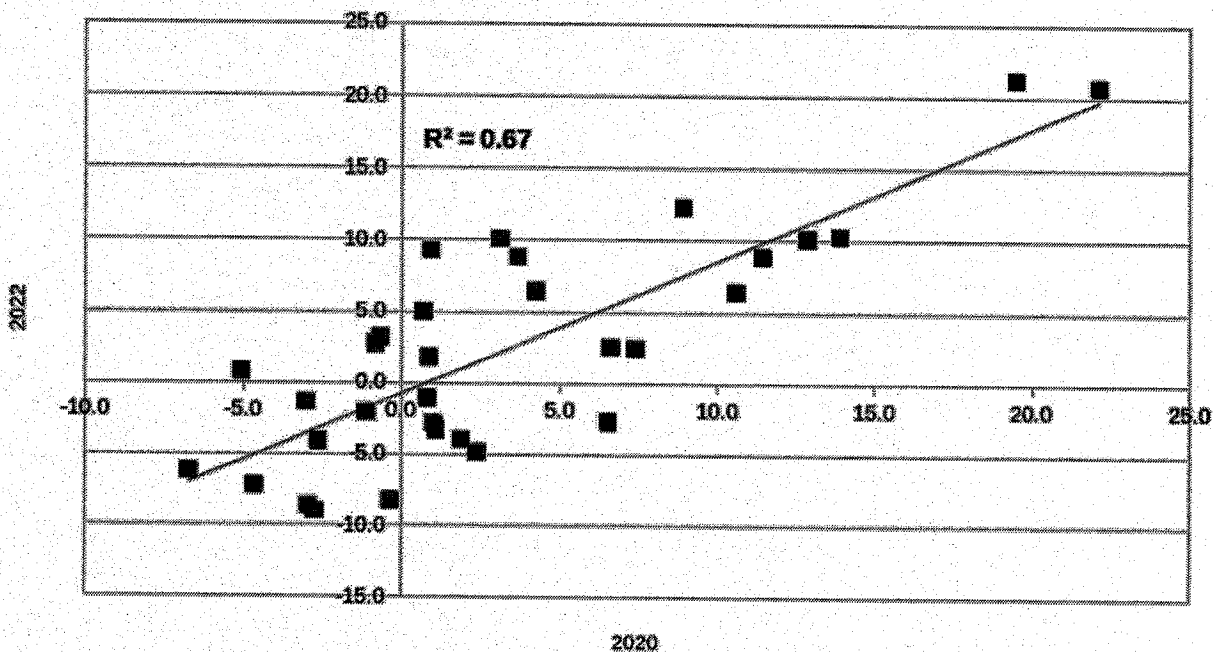
As I have **noted previously**, the main alternative explanation is the after-effects of the virus, also known as Long Covid. Interestingly, the British Heart Foundation **dismisses** this as a factor, laying the blame entirely on access to healthcare – though is there an agenda here of calling for more resources for the sector? But many others see the virus as a much bigger factor than the vaccines in driving additional heart deaths.

One problem for the vaccine-deaths hypothesis, however, is the lack of excess working-age deaths in a number of highly vaccinated countries. Ron Unz has written an **article** drawing attention to this point, noting that while working-age mortality has been very high in the United States and U.K., some other countries, including highly vaccinated ones, have been exempt from this trend.

To develop his argument, Unz draws on **analysis** which shows that a very strong predictor of working-age mortality in 2022 is mortality in 2020, as illustrated in the charts below.



Correlation 2020 vs 2022 death rate



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From this Unz concludes that: "The level of 2022 deaths was largely determined by the same factors, probably the interaction of Covid infections with local health characteristics, such as obesity levels and the strength of the public health system rather than having been influenced by the vaxxing."

This correlation is a very helpful observation, but it actually has the opposite meaning to that which Unz takes from it. Far from suggesting the vaccines are not playing a role, it is consistent with the vaccines playing a significant role. This is because the elevated deaths in 2020 were caused largely by COVID-19 (as well as lockdown measures). But during 2021 and in 2022, Covid was no longer driving excess deaths. Whether this was due to protection from the vaccines, the growth of natural immunity or the arrival of the milder Omicron variants is not relevant here. What matters is that excess deaths shifted from being primarily respiratory related, driven by COVID-19, to being cardiovascular related, driven by an unknown cause.

So, what was now driving these excess deaths, which, as Unz notes, appear to be occurring among the same risk groups as were at risk of serious COVID-19? Unz proposes it is still Covid, and that despite the reduction in the severity of the disease, it is the virus behind the scenes driving the extra cardiovascular deaths.

A critical point here is that this is a false dichotomy: an argument like this for the virus being involved in non-Covid cardiovascular deaths is really also an argument for the vaccines potentially being involved as well. This is because one of the main arguments for the vaccines being involved is that the mRNA and spike protein travel to various organs, especially the heart, and persist there for weeks and months, causing injury and triggering auto-immune attacks – a mechanism **supported** by a number of autopsy studies. But this is a very similar mechanism to how the virus may contribute to problems with the heart and other organs. Indeed, it is likely that both are contributing to the effect, reinforcing each other in various ways. Another possibility is that the immune tolerance induced by repeated vaccinations is contributing to the persistence of the spike protein in the body. Either way, it means that the underlying risk factors for Covid death will often be the same for vaccine death, and the correspondence between mortality in 2020 and 2022 would therefore be expected.

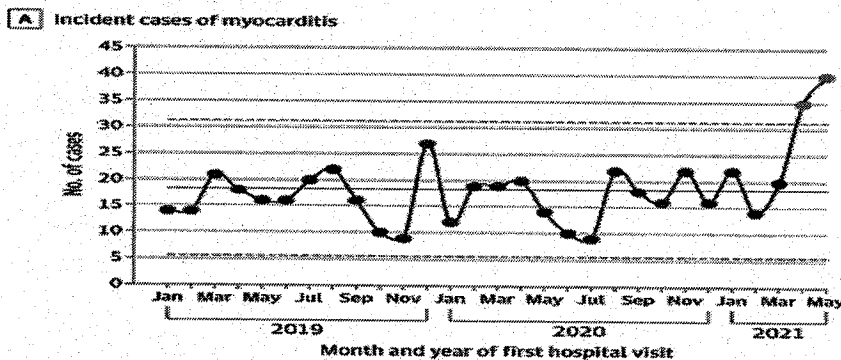
The question, then, is whether the virus or vaccines are playing the bigger, more fundamental role in driving excess heart deaths.

One reason for thinking that the vaccines may be playing a big part is that the vaccine enters the body via the blood directly whereas the virus enters via the respiratory tract and thus has much more limited access to the blood and heart in most cases.

Further evidence supporting a role for the vaccines comes from the work of Professor Christine Stabell-Benn and colleagues, who **looked** at the vaccine trial data and found no overall mortality benefit from the mRNA vaccines, and a particular signal for increased heart deaths. This suggests that while the vaccines reduce Covid deaths they may increase other deaths, particularly from cardiovascular causes.

Some health experts in **Japan** have come to a **similar conclusion**. In Japan, Covid deaths have actually been increasing after each booster campaign. However, public health authorities have **noted** that the 'Covid' deaths now are more likely to be test-positive deaths from cardiovascular problems rather than classic respiratory deaths. There are also many non-Covid excess deaths in Japan, largely from heart problems.

With respect to myocarditis in particular, a recent analysis by HART **notes** that elevated myocarditis admissions began with the vaccine rollout and **did not occur in 2020**, indicating a limited role for the virus and a major role for the vaccines.

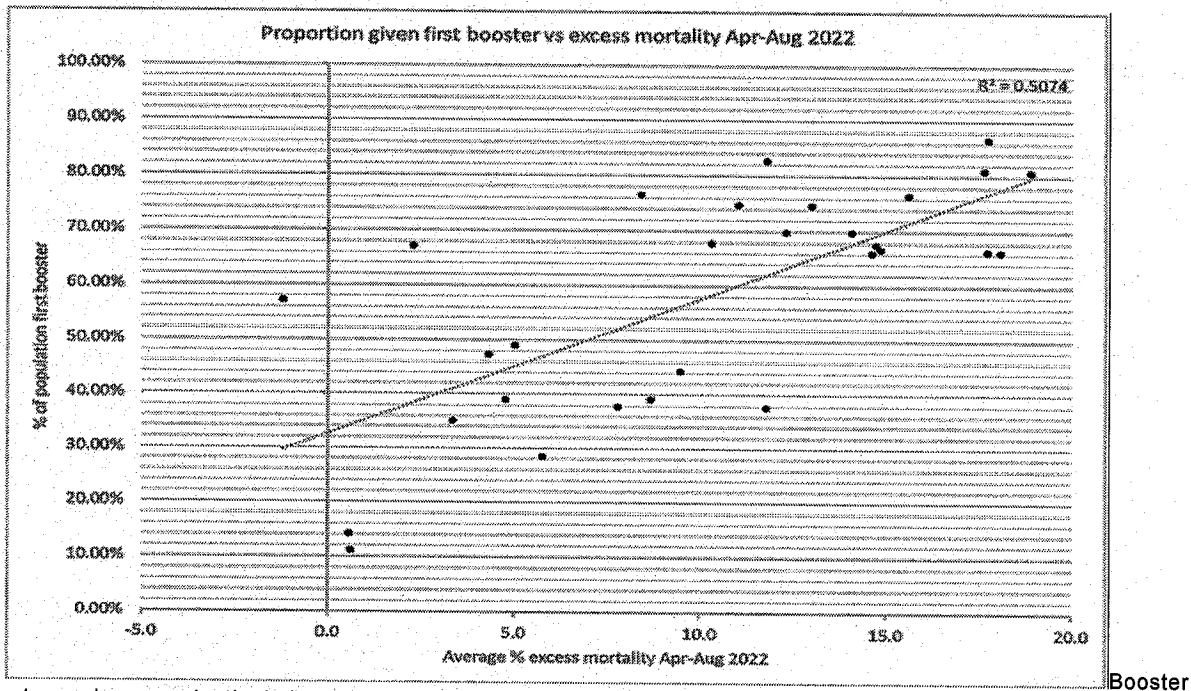


Diaz et al.

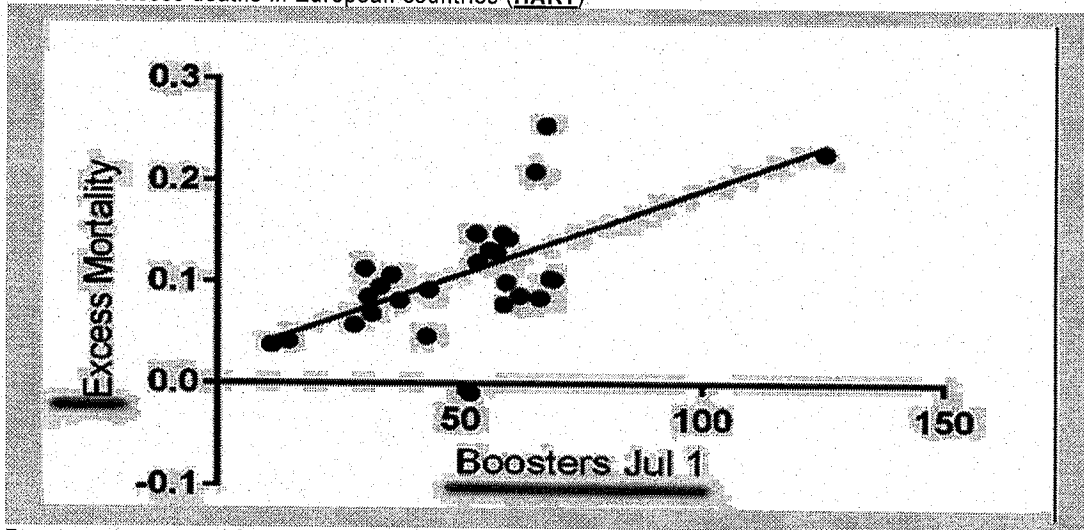
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Given this evidence that the vaccines may be playing a large role in excess deaths, why then are working age deaths below average in many countries, as Unz observes?

Differences in vaccination rates may be doing their bit here. Some analyses have suggested that higher booster rates are associated with higher deaths in 2022.



rates and excess deaths in European countries (HART)



Booster rates and excess deaths in weeks 10-35 2022 (Chudov)

So, this may explain some of the variation. Also, recall that for working-age mortality, Unz's analysis shows that one of the main predictors of 2022 mortality is 2020 mortality, suggesting a common cause in both years. A natural interpretation of this, given the drop in Covid severity and the arrival of the vaccines, is that populations less susceptible to COVID-19 are, for the same reasons – such as prevalence of obesity, heart disease and so on – also less susceptible to fatal vaccine injury.

What we really need, of course, are more and better data – split by vaccination status, age, health conditions, prior infection status and so on. Even better, we need well-designed, prospective controlled studies that look into these things properly. The fact that, after more than two years, we still have none of these things should give even the most

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ardent defenders of the vaccines pause for thought. If the data were favourable to the vaccines, would they not have been made available with great fanfare long ago?

In the meantime, it's clear that the vaccines are still a leading suspect in the question of why so many people have been dying, mainly from heart-related issues, in the last two years.

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Breaking by Ed Dowd: Society of Actuaries Excess Death Numbers Released for December – In Age Group Under 44, Number Is 43% Higher Than Expected

Jim Hoft Mar. 1, 2023

Ed Dowd joined Steve Bannon on The War Room in late 2022 to discuss the excess mortality rates we are witnessing following two years of the COVID vaccine mandates.

Ed Dowd, an equity investment executive, went on The War Room back in March 2022 with an explosive report on the excess number of deaths recorded in the US since the introduction of the mandatory experimental vaccines.

Back in March Dowd said that U.S. millennials, aged 25-44, experienced a record-setting 84% increase in excess mortality during the final four months of 2021.

According to Ed Dowd, the latest numbers from August revealed an excess mortality rate of 36% for millennials.

Ed Dowd later told The War Room of significant increases in the US disability rate that is directly related to the COVID-19 vaccine.

Ed Dowd told the War Room audience, "So, just to give you some idea of the number I said on your show a couple of weeks ago and to Senator Ron Johnson, there was about 1.2 million we calculated in September. **It's now about 1.7 million starting about February 2021 thru November of 2022.** 1.7 employed people have become disabled and that's a big number.

That is a HUGE number of individuals who have been disabled due to the mandatory vaccines!

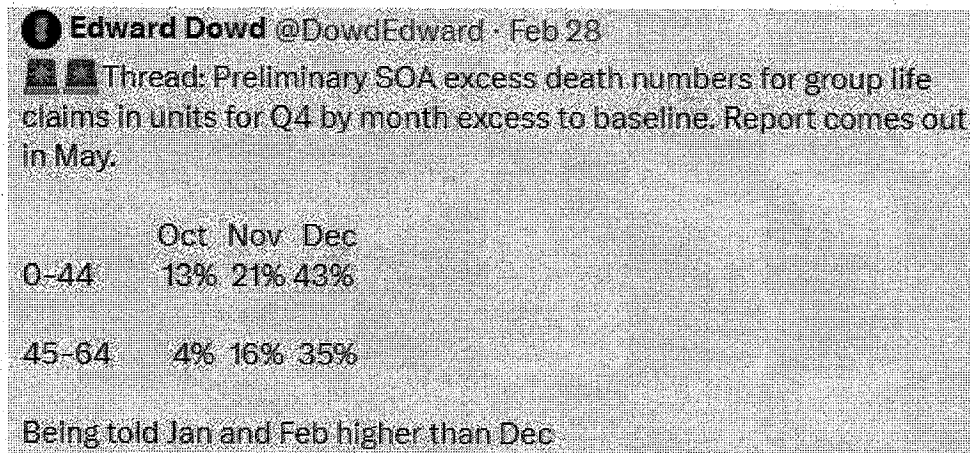
Last week Tucker Carlson invited Ed Dowd on to discuss his research on Tucker Carlson originals.

Ed Dowd told the FOX News audience about his research on the unexplained increases in death rates and disability numbers. Ed Dowd told Tucker, "The only thing that changed was a mass vaccination campaign and mandates."

On Tuesday Ed Dowd released the Society of Actuary's (SOA) **excess deaths numbers for the 4th quarter of 2022.**

In December the SOA found a 43% increase in excess deaths than what was expected for those under 45.

This is a stunning number and it is significantly higher than in October when the number was 13% for those under 45 years of age.



Actuaries are worried about the upcoming strain on hospitals.

5-1

Pro-Vaccine Italy Changes Its Tune, Exposes Massive Vaccine Damage (Video)

RAIR February 27, 2023

The following video is from the Italian television program CortoTG about the disastrous effects of the Covid vaccine. The show spotlights the uptick in cases of shingles (herpes zoster) and fulminant (sudden onset) leukemia due to the vaccine.

The common thread connecting the two types of disease is the disruption of the body's immune system. The vaccines seem to "reprogram" people's immune functions, increasing the risk of infection, cancers, tumors, and various autoimmune disorders.

<https://rumble.com/v2bedfu-japanese-scientists-discover-link-between-pfizer-vaxx-and-turbo-cancer.html>

6-1

Excess Deaths in Australia Off the Charts Following Covid “Vaccines” – Highest in 80 Years

Ethan Huff | NaturalNews.com March 9, 2023

U.K. residents similarly dying in excess due to widespread covid jab uptake

(Natural News) One of the most “fully vaccinated” countries in the world for the Wuhan coronavirus (Covid-19) has now earned the title of also being the sickest and most death-prone society in the world.

That country is *Australia*, which now has an excess mortality rate that is greater than that of any other country in the world **over the last 80 years** – and by a longshot.

Australia's “reward” for obeying the (mis)guidance of the World Health Organization (WHO) is an extra 174,000 deaths in 2022, which is 12 percent higher than what was predicted by the experts.

According to data from the Actuaries Institute, Australia's excess death increase is the most substantial ever in recorded history.

Karen Cutter from the Institute's Covid-19 mortality working group said that the current levels of death Down Under are “not within normal levels of fluctuation in non-pandemic times.”

“Firstly, mortality risk is higher subsequent to an acute Covid infection, and most Australians have now had Covid-19,” she said, adding that even the Institute believes the so-called “virus” played a direct role in all these deaths – including those that were not even directly attributed to “covid.”

(Related: **Earlier figures** from last fall showed a 63 percent birth rate reduction in Australia due to covid injections.)

U.K. residents similarly dying in excess due to widespread covid jab uptake

While vaccine side effects were not explicitly cited as a reason for Australia's increased mortality rates, it is obvious from the data and the timing of the spike that Aussies really started dying after the launch of Operation Warp Speed.

Australia was one of the first countries to comply with social distancing, masking, and later “vaccination” guidelines, earning praise from billionaire eugenicist Bill Gates who pat the country's leaders on the back for imposing these harsh restrictions throughout the scamdemic.

Now, Aussies everywhere are developing jab-related health problems such as heart inflammation (i.e., myocarditis and pericarditis). The same goes for many fully jabbed residents of the United Kingdom who are similarly getting sick and dying in excess.

In 2022, the U.K. recorded nearly 40,000 excess deaths, according to the Office of National Statistics (ONS).

6-2

As always, the authorities want everyone to believe that all this death is because of "long covid," a made-up excuse that serves as a cover for all the job damage that continues to manifest.

"Ethical doctors are not baffled by this, and neither are the scientists," one commenter wrote on a story about how doctors in both Australia and the U.K. are reportedly baffled by all this excess death.

"This was and is genocide, and all those administering and promoting the job should be prosecuted for violating the Nuremberg Code and punished to the extreme."

Another responded that it is unlikely any of these criminals against humanity will be punished in their own courts. It will likely take an international court or tribunal to deal with these monsters in the way they deserve.

"Australia is the most compliant country on earth," suggested another. "The Aussie larrikins is a myth – 'always the same, always the opposite.'"

"They have the highest prices paid on the planet for drugs, so they also have the best drug market on the planet. It's the most heavily corrupted country with drug trafficking and money laundering, and the most heavily drugged youth especially on earth. In that sense, they're 'larrikins,' BUT it's all the wealthiest most well-respected members of the community who run the racket, and who have organized it to being the most expensive price point on earth – 'privatized taxation without representation.'"

More of the latest news about dangerous and ineffective covid jobs can be found at **ChemicalViolence.com**.

7-1

Omission Of Children's COVID-19 Vaccine Deaths In Australia Raises Concerns

MAR 07, 2023 *Victoria Kelly-Clark via The Epoch Times*

An Australian senator has said **he is concerned about the country's therapeutic authorities' delayed approach to updating Australia's Database of Adverse Event Notifications (DAEN) after it was revealed the government body had neglected to include a number of deaths attributed to the vaccine, including that of two children aged 7 and 9.**

This comes after a Freedom of Information request by an Australian doctor revealed the Australian pharmaceutical and drug administrator, the Therapeutic Goods Administration (TGA), had not updated its DAEN with the deaths.

Australian Liberal Party senator, Gerard Rennick, told The Epoch Times that he was deeply concerned about the TGA's failure to update DAEN and is calling for there to be some independent oversight on the TGA, given the conflict of interest.

"A third independent medical party should examine the evidence as the TGA has a conflict of interest because they approved the vaccines and would therefore be held responsible for the deaths of these children due to poor regulatory oversight," Rennick said.

The senator noted that he was highly concerned that the TGA had soft-pedaled the risks involved with the COVID-19 vaccines, especially those around myocarditis and cardiac arrests.

"They are definitely downplaying the risks. They do not have enough information to rule it out given the known link between the vaccines and myocarditis and myocarditis and cardiac arrests," Rennick said.

As of March 6, the DAEN states that since the beginning of the vaccination rollout in Australia, 137,576 adverse events have been reported relating to the range of COVID-19 vaccines. Of those, 134,224 are believed to be directly related to the vaccines, while 980 are vaccine-related deaths.

TGA Independent Review Board

The TGA does have a pre-existing independent review vehicle for vaccines called the Vaccine Safety Investigation Group (VSIG).

The group is meant to provide independent specialist immunisation (and other relevant) expertise to assist the TGA in investigating and managing Adverse Event Following Immunisation (AEFI) that require the services of national-level experts.

The group is described as a time-limited working group that can be convened when a single serious AEFI that is unexpected and without an obvious non-vaccine cause occurs. The TGA notes that an AEFI is considered unexpected when it is not listed in the product information document for the vaccine or is listed, but causality has not been established.

Read more [here...](#)

8-1

Cardiologist Asks: Why Is COVID Jab 'Not Being Pulled' After Showing Adverse Reaction Rate of 1 in 800?

February 19, 2023

Swine flu vaccine pulled from market in 1976 after showing 1 in 100,000 risk of Guillain-Barré syndrome.

Rotavirus Vaccine was pulled in 1999 after showing a 1 in 10,000 risk of bowel obstruction.

The COVID jabs, which have an adverse reaction rate of approximately 1 in 800, are still on the market despite previous vaccines with much lower rates of health issues being halted, noted UK cardiologist Dr. Aseem Malhotra.

In a resurfaced clip from October 2022 circulating on social media, Malhotra joined GB News to pose the question: why is the COVID jab still on the market despite having a much higher rate of adverse reactions than previous vaccines?

"We need to ask people like [England Chief Medical Officer] Chris Whitty and the MHRA [Medicines and Healthcare products Regulatory Agency] why when we've got a serious adverse event rate, which is probably in the range of at least 1 in 800 to 1 in 1,000, why is it not being pulled?" he asked.

Unprecedented Rates of Adverse Events: We Need to Pull These Shots off the Market

Swine Flu Vaccine (1976) – Pulled after showing a 1 in 100,000 risk of Guillain-Barré syndrome.

Rotavirus Vaccine (1999) – Pulled after showing a 1 in 10,000 risk of bowel obstruction.

COVID Jab... <https://t.co/WyU8uK96qC> pic.twitter.com/AyqaCp03gC

— The Vigilant Fox 🦊 (@VigilantFox) February 19, 2023

"Swine flu vaccine in 1976 was pulled because it caused Guillain-Barré syndrome in 1 in 100,000," he continued. "Rotavirus vaccine was pulled in 1999 because it caused a form of bowel obstruction in 1 in 10,000."

"We're talking about serious adverse events of 1 in 800," he added.

Malhotra has since appeared on Fox News to call for pharmaceutical companies that manufactured the experimental COVID shot to **compensate patients** who've suffered injuries from the jab.

"We're dealing with one of the poorest efficacious pharmacological interventions with the worst safety profile which has become the most profitable in the history of medicine," Dr. Malhotra said.

Pfizer should compensate the vaccine injured says Cardiologist

'The fines should be so large that pharmaceutical companies risk going bankrupt and senior executives should go to jail if they knew their medical intervention was going to cause harm' pic.twitter.com/pTurhqtDhO

— Dr Aseem Malhotra (@DrAseemMalhotra) January 21, 2023

"The fines should be so large that pharmaceutical companies risk going bankrupt and senior executives should go to jail if they knew their medical intervention was going to cause harm," he concluded.

9-1

Newly Released Emails Show Health Officials Concerned with Pregnant Women Having 'Adverse Event Issue'

Becker News - February 11, 2023

Newly released emails show that U.S. health officials were concerned about pregnant women having an "adverse event issue" due to Covid mRNA vaccines as early as 2021.

According to the emails, obtained by the legal watchdog Judicial Watch, officials with the U.S. Food and Drug Administration (FDA) and U.S. Centers for Disease Control and Prevention (CDC) exchanged emails in May 2021 about language about administering the Covid shots with other vaccines.

"Please let me know if you want to connect about the adverse event issue later today. Seems like work is still ongoing, but let me know," Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, wrote to colleagues.

From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Friday, May 14, 2021 1:29 PM
To: Gruber, Marion (FDA/CBER) <Marion.Gruber@fda.hhs.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <ancd@cdc.gov>
Cc: Mbaeyi, Sarah (CDC/DDID/NCIRD/OD) <vif6@cdc.gov>
Subject: RE: [EXTERNAL] FW: Coadministration of COVID-19 Vaccines with Other Vaccines During Pregnancy

Dear Amanda and Sarah,

I can live with this as well.

Please let me know if you want to connect about the adverse event issue later today. Seems like work is still ongoing, but let me know. Thanks.

Best Regards,
Peter

From: Gruber, Marion <Marion.Gruber@fda.hhs.gov>
Sent: Friday, May 14, 2021 1:11 PM
To: Cohn, Amanda C (CDC) <ancd@cdc.gov>; Marks, Peter <Peter.Marks@fda.hhs.gov>
Cc: Mbaeyi, Sarah A (CDC) <vif6@cdc.gov>
Subject: RE: [EXTERNAL] FW: Coadministration of COVID-19 Vaccines with Other Vaccines During Pregnancy

I am fine with this language.
Marion

Dr. Amanda Cohn, chief medical officer of the CDC's National Center for Immunizations and Respiratory Diseases, replied to the email.

"We have a meeting with Rochelle at 3:30 about if we should say anything or wait until we have more definitive information ... I will let you know where we land," Cohn wrote. Dr. Rochelle Walensky is the head of the CDC.

"I'm not sure there is a right answer," Cohn added.

9-2

Jonathan Mogford, a medical researcher from the United Kingdom, emailed top health officials at Health & Human Services (HHS) and the FDA in December 2020 expressing concern over patients with a history of allergic reactions receiving the Covid shots.

Obtained via FOIA by Judicial Watch, Inc.

Advice to Healthcare professionals

This precautionary advice is being issued following two case reports of anaphylactoid reactions associated with administration of Pfizer BioNtech COVID-19 vaccine.

New advice:

1. Any person with a history of a significant allergic reaction to a vaccine, medicine or food (such as previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector) should not receive the Pfizer BioNtech vaccine.
2. Resuscitation facilities should be available at all times for all vaccinations. Vaccination should only be carried out in facilities where resuscitation measures are available.

The subject header for the email was redacted.

The emails were obtained by the nonprofit Judicial Watch, which sued the U.S. government for failing to appropriately respond to a Freedom of Information Act request for messages regarding adverse events, deaths, and/or injuries caused by the COVID-19 vaccines. Adverse events include health conditions such as arthritis or heart inflammation.

No other emails about the "adverse event issue" were included in the latest batch of emails disclosed by Judicial Watch.

The original clinical trials performed on pregnant women did not include enough information "to make conclusions about the safety of the" Covid shots manufactured by Pfizer, Moderna, and Johnson & Johnson, according to the FDA documents.

Authorities have since relied on surveillance data, including a CDC study, which was corrected in October 2021.

Pfizer conducted a post-authorization trial of its vaccine in pregnant women that was labeled completed in mid-2022 but results have not been publicly reported.

"We think that part of the reason is because the results are so bad," Linda Wastila, a professor at the University of Maryland, told The Epoch Times.

Judicial Watch remarked upon the release of the newly obtained emails.

"It again took a lawsuit for the Biden administration to hand over, albeit heavily redacted, information regarding the safety of the COVID vaccines that the public has every right to know," Judicial Watch President Tom Fitton said in a statement. "This disturbing batch of new documents have uncovered a secret confidentiality agreement tied to COVID vaccine safety issues and emails that raise new questions about the vaccines and pregnancy."

10 - 1

Reviewed Study on COVID Vaccines Dangerous Effects on Reproductive Health – Including 57 Fold Increase in Miscarriage Compared to Flu Vaccine

Jim Hoft February 24, 2023 8:30

In April 2021, The Gateway Pundit **first reported** on the tens of thousands of women who complained about irregular menstruation after taking the COVID vaccines.

Researchers are investigating the link between COVID and menstruation after THOUSANDS of women reported changes to their cycle after getting the coronavirus vaccine.

NBC Chicago reported at the time that THOUSANDS of women have reported changes to their monthly cycle after getting the COVID vaccine.

The CDC, FDA, and medical community ignored these complaints by tens of thousands of women.

In December 2022 a study found that as many as 1 in 4 women had problems with their menstrual cycle after taking the mRNA vaccine.

Another study found that female soldiers are experiencing a catastrophic level of abnormalities after taking the COVID vaccine.

It has now been nearly two years and the scientific community is finally coming around to report on this vaccine side effect.

On Thursday, **Dr. James Thorp**, Board Certified OBGYN, appeared on Tucker Carlson and reported on the astonishing results from his recent study on COVID vaccines and reproductive health.

The effects of the virus are worse than we thought.

Dr. James Thorp: One can make a very strong argument, Tucker, that the pushing of these experimental COVID-19 vaccines globally is the greatest violation of medical ethics in the history of medicine, and maybe humanity. We have never ever broken the sacrosanct Golden rule of pregnancy. I published extensively in my career and extensively in the last three years, all on COVID. And what we've seen in this article, we're honored that, I hear that it's going to be the lead featured article in a major peer-reviewed medical journal which will be published, God willing, March 1.

What we did was we compared the COVID-19 vaccine adverse events over 18 months with that of the influenza vaccine over 282 months. Now, Tucker, the FDA and the CDC, this is governmental data and they use a danger threshold. We did it exactly by their recommendations of two-fold or greater is abnormal. And what you said is true. We found:

- ** a 1200 fold increase in severe menstrual abnormalities**
- ** a 57 fold increase in miscarriage**
- ** a 38 fold increase in fetal death or stillbirth rates**
- ** 15 other major pregnancy complications, all far exceeding the CDC and the FDA values of safety.**

So what we have is I can produce **more than 30 other completely independent sources globally that corroborate exactly our findings.** And if they're that's not bad enough. This includes Pfizer's own internal data.

Autopsy Histopathologic Cardiac Findings in 2 Adolescents Following the Second COVID-19 Vaccine Dose

James R. Gill, MD; Randy Tashjian, MD; Emily Duncanson, MD FEBRUARY 14 2022
Arch Pathol Lab Med (2022) 146 (8): 925–929.
<https://doi.org/10.5858/arpa.2021-0435-SA>

Context - Myocarditis in adolescents has been diagnosed clinically following the administration of the second dose of an mRNA vaccine for coronavirus disease 2019 (COVID-19).

Objective.— To examine the autopsy microscopic cardiac findings in adolescent deaths that occurred shortly following administration of the second Pfizer-BioNTech COVID-19 dose to determine if the myocarditis described in these instances has the typical histopathology of myocarditis.

Design.— Clinical and autopsy investigation of 2 teenage boys who died shortly following administration of the second Pfizer-BioNTech COVID-19 dose.

Results — The microscopic examination revealed features resembling a catecholamine-induced injury, not typical myocarditis pathology.

Conclusions.— The myocardial injury seen in these postvaccine hearts is different from typical myocarditis and has an appearance most closely resembling a catecholamine-mediated stress (toxic) cardiomyopathy. Understanding that these instances are different from typical myocarditis and that cytokine storm has a known feedback loop with catecholamines may help guide screening and therapy.

Myocarditis in adolescents (particularly teenage boys) has been reported following the second dose of the Pfizer-BioNTech COVID-19 vaccine.¹⁻⁷ Since cardiac biopsies are rarely performed in these instances with clinically stable patients, the myocardial pathology has not been clearly elucidated.⁸ Myocarditis is rarely diagnosed at autopsy in deaths due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.⁹⁻¹⁰ The incidence of myocarditis, although low, has been shown to increase after the receipt of the BNT162b2 vaccine, particularly after the second dose among young male recipients.¹¹ In addition, the first week after the second vaccine dose was found to be the main risk window.¹¹ The clinical presentation of myocarditis after vaccination was usually mild.¹¹

We report the autopsy results, including microscopic myocardial findings, of 2 teenage boys who died within the first week after receiving the second Pfizer-BioNTech COVID-19 dose. The microscopic findings are not the alterations seen with typical myocarditis. This suggests a role for cytokine storm, which may occur with an excessive inflammatory response, as there also is a feedback loop between catecholamines and cytokines.¹²

MATERIALS AND METHODS

The Connecticut Office of the Chief Medical Examiner and the Michigan Institute of Forensic Science and Medicine investigate all unexpected and unnatural deaths in their respective jurisdictions: Connecticut and the Michigan counties of Alcona, Gladwin, Huron, Lapeer, Ogemaw, and Saginaw.

Standard medicolegal autopsies were performed including gross, microscopic, and toxicologic testing. SARS-CoV-2 nasal swab testing was performed by reverse transcriptase–polymerase chain reaction assay. Tissues were sent to the National Center for Emerging and Zoonotic Infectious Diseases branch of the Centers for Disease Control and Prevention for molecular studies.

Cardiac molecular testing with sequence analysis and deletion/duplication testing of the 100 genes listed in Invitae's arrhythmia and cardiomyopathy comprehensive panel was performed.

11-2

RESULTS

The results of autopsies for 2 teenage boys who were found dead in bed 3 and 4 days after receiving the second dose of the Pfizer-BioNTech COVID-19 vaccine are presented (Table). Both boys were pronounced dead at home without attempted resuscitation.

Summary of Clinical and Autopsy Findings

Boy A complained of a headache and gastric upset but felt better by postvaccine day 3. There was no history of prior medical problems (he took prescribed amphetamine/ dextroamphetamine during the school year for attention deficit hyperactivity disorder but was not currently receiving it) or prior SARS-CoV-2 infection. Boy B had no complaints, prior health issues, or prior SARS-CoV-2 infection. Neither boy complained of fever, chest pain, palpitations, or dyspnea. The autopsies were unremarkable except for obesity in one boy and the cardiac findings (Figures 1 through 7; [Supplemental Figures 1 through 4](#) [see supplemental digital content at <https://meridian.allenpress.com/aplm> in the August 2022 table of contents]). Unique cardiac findings in boy A included myocardial fibrosis and in boy B cardiac hypertrophy. There were no rashes or lymphadenopathy.

Figure 1

[View largeDownload slide](#)

Case A, heart: confluent areas of ischemia (hematoxylin-eosin, original magnification $\times 100$).

Figure 2. Case A, heart: coagulative and contraction band necrosis (hematoxylin-eosin, original magnification $\times 200$).

Figure 3. Case A, heart: subepicardial fibrosis. This appears older than the timing of the first vaccine dose. This is a possible arrhythmogenic cardiomyopathy, but its appearance is more consistent with healed ischemia or inflammation (hematoxylin-eosin, original magnification $\times 40$).

Figure 4. Case A, heart: confluent areas of ischemia with contraction bands and coagulative myocytolysis (hematoxylin-eosin, original magnification $\times 200$).

Figure 5

[View largeDownload slide](#)

Case B, heart: hypereosinophilic myocytes, contraction band necrosis, and coagulative myocytolysis. Inset: the infiltrate is predominantly neutrophilic (hematoxylin-eosin, original magnifications $\times 100$ and $\times 400$ [inset]).

Figure 6. Case B, heart: subepicardial coagulative myocytolysis/contraction band necrosis (hematoxylin-eosin, original magnification $\times 100$).

Figure 7. Case B, heart: perivascular inflammation (hematoxylin-eosin, original magnification $\times 200$).

Expanded forensic toxicologic testing was negative for medications and drugs of abuse. SARS-CoV-2 was not detected by postmortem swab (reverse transcriptase–polymerase chain reaction assay) in either boy. Cardiac sections were submitted from the right and left ventricles (12 sections in boy A and 29 sections in boy B). The cardiac conduction systems were not examined.

DISCUSSION

Myocarditis is an inflammatory disease of the myocardium, which may occur in isolation or as part of multiorgan/systemic immune-mediated disorders or reactions to exogenous/endogenous substances.¹³ The etiologies are varied and include infectious and noninfectious causes. Noninfectious causes include immune/autoimmune conditions (autoantigens, association with immune-mediated diseases, alloantigens, and allergens), drugs/toxic substances (eg, hypersensitivity or direct toxic effects), and other causes (eg, radiation, insect stings, snake bites).¹³ Lymphocytic myocarditis is the commonest histologic subtype, characterized by an inflammatory myocardial infiltrate typically comprising mononuclear cells. In the acute/active phases, it is usually accompanied by myocyte damage/necrosis.¹³ Although criteria are evolving, the Dallas criteria require "inflammatory infiltrates of the myocardium with necrosis and/or degeneration of *adjacent* myocytes, not typical of ischemic damage associated with coronary artery disease."¹⁴⁻¹⁶

Toxic myocarditis is an etiologic classification involving direct myocardial injury by various drugs or substances.^{13,17,18} Although variable, the histologic features consist of 2 main patterns: an early stage with foci of solely necrotic/damaged myocytes and the later phase of "myocarditis." Toxic myocarditis usually indicates inflammatory stages of catecholamine-induced myocardial injury. Catecholamine toxicity on the heart was first described in patients with pheochromocytoma.¹⁹⁻²¹ These lesions have been described in patients with subarachnoid hemorrhages and, more recently, in donor hearts rejected for transplantation in persons declared dead by neurologic criteria, secondary to catecholamine release during the "sympathetic storm" following brain death or administered as pharmacologic support (see [supplemental material](#)).^{22,23} The wide spectrum of these lesions has been studied in detail in routine pathology examination of donor hearts unsuitable for transplantation.²²

Both teenage boys had similar clinical presentations with no obvious cardiac symptoms. Their histopathology did not demonstrate a typical myocarditis. In those instances, one sees lymphocytic (or giant cell) infiltrates with adjacent myocyte necrosis; changes such as hypereosinophilic myocytes and contraction bands are absent. In these 2 postvaccination instances, there are areas of contraction bands and hypereosinophilic myocytes distinct from the inflammation. This injury pattern is instead similar to what is seen in the myocardium of patients who are clinically diagnosed with Takotsubo, toxic, or stress cardiomyopathy, which is a temporary myocardial injury that can develop in patients with extreme physical, chemical, or sometimes emotional stressors.²⁴⁻³¹

Stress cardiomyopathy is a catecholamine-mediated ischemic process seen in high catecholamine states in the absence of coronary artery disease or spasm.^{17,31} It has also been called "neurogenic myocardial injury" and "broken heart syndrome."^{18,24-36} Surges in catecholamines may have several triggers (fight/flight response, adrenal pathology, etc). Proposed mechanisms for catecholamine-mediated stunning in stress cardiomyopathy include epicardial spasm, microvascular dysfunction, hyperdynamic contractility with midventricular or outflow tract obstruction, and direct effects of catecholamines on cardiomyocytes.³³

Catecholamine-mediated myocardial stunning may be due to direct myocyte injury, as elevated catecholamines decrease the viability of myocytes through cyclic adenosine monophosphate-mediated calcium overload. Catecholamines also are a potential source of oxygen-derived free radicals, which can interfere with sodium and calcium transporters, possibly resulting in myocyte dysfunction through increased transsarcolemmal calcium influx and cellular calcium overload.³⁷

Histologically, catecholamine effects have been associated with contraction band necrosis, characterized by hypercontracted sarcomeres, dense eosinophilic transverse bands, and an interstitial mononuclear inflammatory response that is distinct from the polymorphonuclear inflammation seen with infarction. In addition, the mononuclear cells are not causing the myocyte necrosis; there is a distinct, separate distribution.³⁷

We suspect that the acute cardiac changes seen in these 2 boys are the result of epinephrine-mediated effects on cardiomyocytes. These occurrences generally have a favorable prognosis; however, some patients may die from the underlying (noncardiac) cause of the myocardial findings (eg, as with subarachnoid hemorrhage). Histologically, diffuse hypereosinophilic myocytes, contraction bands, and coagulative myocytolysis are seen, with a patchy and random pattern and a neutrophilic/mononuclear cell infiltrate. With longer survival, global myocardial ischemia may develop.³⁷

This postvaccine reaction may represent an overly exuberant immune response, with the myocardial injury mediated by similar immune mechanisms to those described with SARS-CoV-2 and multisystem inflammatory syndrome cytokine storms.³⁸ Multisystem inflammatory syndrome is a rare systemic illness presenting with persistent fever and extreme inflammation following exposure to SARS-CoV-2. Affected children have persistent fever and may have acute abdominal pain with diarrhea or vomiting, muscle pain/malaise, and hypotension. Other reported symptoms include rashes, enlarged lymph nodes, and swelling.

A hypersensitivity reaction is in the differential diagnosis; however, infrequency or lack of eosinophils would be unusual. The common denominator of a hypersensitivity reaction is the eosinophilic infiltrate, which may be the major inflammatory component or part of a complex picture of mixed inflammation with lymphocytes, macrophages, plasma cells, poorly formed microgranulomas, and giant cells.³⁹ An autopsy study of 69 cases of hypersensitivity myocarditis examined the spectrum of histologic findings, including the distribution of infiltrates and the extent and composition of the infiltrates.⁴⁰ The authors reported that hypersensitivity myocarditis was “defined by the presence of eosinophils, a mixed lymphohistiocytic infiltrate along natural planes of separation, and an absence of fibrosis or granulation tissue in areas of infiltrate.”⁴⁰

Despite a molecular investigation, the etiology of the fibrosis in case A is unclear. It is conceivable that this process first started with the first vaccination dose and the initial myocardial effects resolved and healed over time. The second dose may have restarted the process. One might expect some scarring/repair after a few weeks, although the scarring in case A appears more organized than the 3-week interval between the vaccine doses. Also, it is only in one of the cases. It remains possible that the fibrosis represents arrhythmogenic cardiomyopathy. Unfortunately, cardiac molecular testing was equivocal.

Regardless of the etiology of the fibrosis, the extent of scarring by itself is potentially arrhythmogenic and may be a contributing factor with the acute postvaccine myocardial injury. Similarly, the cardiac hypertrophy in case B may have made the heart more susceptible to an arrhythmia. The key point is that since these boys died suddenly and unexpectedly in their sleep without resuscitation, if the arrhythmia had been due to the myocardial scar (boy A) or cardiomegaly (boy B), then the fulminant, global myocardial injury would not be an expected finding. These 2 clinical histories support the etiology of the acute myocardial injury as a primary factor, not a secondary agonal or postresuscitative artifact.

Two adults (ages 42 and 45 years) with myocarditis diagnosed histologically (one at autopsy and one by biopsy) following SARS-CoV-2 mRNA vaccinations were recently reported.⁴¹ One occurred 10 days after receiving the first Pfizer-BioNTech COVID-19 vaccine dose and the other occurred 14 days after receiving the second mRNA-1273 (Moderna) dose. Histologically, both were described as “fulminant” myocarditis with “multifocal cardiomyocyte damage associated with mixed inflammatory infiltration.” In addition to areas of myocyte necrosis associated with the inflammatory infiltrate, the photomicrographs demonstrate ischemic changes distinct from the inflammation, similar to our findings.

Cytokine storm has been described with an excessive and uncontrolled inflammatory response, and there is a feedback loop between catecholamines and cytokines.¹² Clinical complications may include cardiac compromise, respiratory distress, and hypercoagulation.⁴² The myocardial injury seen in these postvaccine hearts has a similar histologic appearance to catecholamine-mediated stress cardiomyopathy and severe SARS-CoV-2 infection, including myocarditis, which is associated with cytokine release syndrome.³⁸ Recognition that these instances are different from typical myocarditis and that cytokine storm has a known feedback loop with catecholamines may help guide screening, diagnosis, and therapy.

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Warning on mRNA COVID Vaccines After Finding 1,700% Increase in VAERS Reports in Florida Alone

Jim Hoft Feb. 17, 2023

Florida's state surgeon general, Dr. Joseph Ladapo, issued a new health warning on Wednesday on the increased risk of adverse reactions associated with the mRNA COVID vaccines.

Back in October 2022, Dr. Ladapo **released a shocking report** saying that there was an **84% increase in cardiac-related death among males 18-39 years old within 28 days following mRNA vaccination**. That is a huge number!

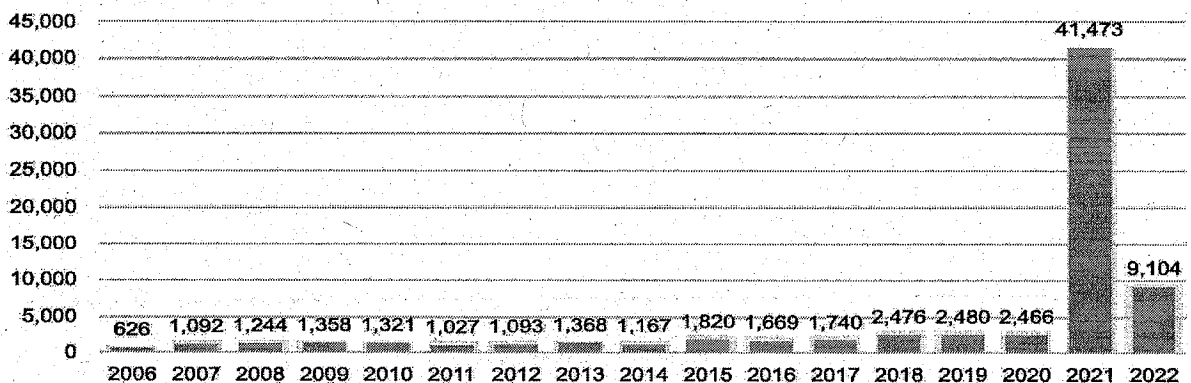
Due to the alarming number, Dr. Ladapo recommended that young males ages 18 to 39 refrain from taking the COVID vaccine.

On Wednesday, Dr. Ladapo issued another health alert on mRNA COVID-19 vaccine safety based on the Vaccine Adverse Event Reporting System (VAERS) data, which showed a significant increase in adverse events in Florida following the rollout of the mRNA COVID-19 vaccines.

Dr. Robert Malone, the inventor of mRNA, who gained an enormous following for his concerns regarding the safety and bioethics of the COVID-19 genetic vaccines, shared the new warning from Florida's surgeon general on his **Substack**.

"In Florida alone, there was a 1,700% increase in VAERS reports after the release of the COVID-19 vaccine, compared to an increase of 400% in overall vaccine administration for the same time period (*See figure below*)," according to the **release**.

"The reporting of life-threatening conditions increased over 4,400%. This is a novel increase and was not seen during the 2009 H1N1 vaccination campaign. There is a need for additional unbiased research to better understand the COVID-19 vaccines' short- and long-term effects."



Overall reports submitted to VAERS, Florida 2006-2022

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"Florida saw a 1,700% increase in adverse event reports after COVID-19 vaccinations. Does that sound safe and effective? I didn't think so either. That's why we released this health alert. Just because "correlation \neq causation" doesn't mean we should abandon common sense," Dr. Ladapo wrote.

The Florida findings are consistent with those found by other research, which continue to identify similar risks.

According to a study, **Fraiman J et al, Vaccine. 2022**, mRNA COVID-19 vaccines were associated with an excess risk of serious adverse events, including coagulation disorders, acute cardiac injuries, Bell's palsy, and encephalitis. This risk was 1 in 550 individuals, which is much higher than other vaccines.

A second study, **Sun CLF et al, Sci Rep. 2022**, found increased acute cardiac arrests and other acute cardiac events following mRNA COVID-19 vaccination.

Additionally, **Dag Berild J et al, JAMA Netw Open. 2022**, assessed the risk of thromboembolic and thrombocytopenic events related to COVID-19 vaccines and found preliminary evidence of increased risk of both coronary disease and cardiovascular disease.

The Surgeon General sent a **letter** to the FDA Commissioner Robert Califf and CDC Director Rochelle Walensky, describing the dangers of the mRNA COVID-19 vaccines and emphasizing the need for more transparency in order to do a thorough evaluation.

Read the letter below:

The COVID-19 pandemic brought many challenges that the health and medical field have never encountered. Although the initial response was led by a sense of urgency and crisis management, I believe it is critical that as public health professionals, responses are adapted to the present to chart a future guided by data and common sense.

As Florida's Surgeon General, it was in the public's best interest to issue guidance for using mRNA COVID-19 vaccines in children and in young men based on the absence of a health benefit in clinical trials. This guidance followed preliminary data analyses by the Florida Department of Health. We continue to refine and expand these findings, including addressing methodological issues inherent to evaluating vaccine safety and efficacy.

In addition to Florida's analysis of mRNA COVID-19 vaccines, academic researchers throughout our country and around the globe have seen troubling safety signals of adverse events surrounding this vaccine. Their concerns are corroborated by the substantial increase in VAERS reports from Florida, including life-threatening conditions. We have never seen this type of response following previous mass vaccination efforts pushed by the federal government. Even the HI NI vaccine did not trigger this sort of response. In Florida alone, we saw a 1,700% increase in reports after the release of the COVID-19 vaccine, compared to an

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increase of 400% in vaccine administration for the same period. The reporting of lifethreatening conditions increased 4,400%.

This increase in adverse events, compared to the percent increase in vaccine use, further explains the significant uptick we are seeing in VAERS reports. These findings are unlikely to be related to changes in reporting given their magnitude, and more likely reflect a pattern of increased risk from mRNA COVID-19 vaccines. We need unbiased research, as many in the academic community have performed, to better understand these vaccines' short- and longterm effects.

According to a recent study, mRNA COVID-19 vaccines were associated with an excess risk of serious adverse events, including coagulation disorders, acute cardiac injuries, Bell's palsy, and encephalitis, to name a few. This risk was 1 in 550, much higher than other vaccines. To claim these vaccines are "safe and effective" while minimizing and disregarding the adverse events is unconscionable.

Communication between physicians and patients is a standard ethical practice that is fundamental to public health. Health care professionals should have the ability to accurately communicate the risks and benefits of a medical intervention to their patients without fear of retaliation by the federal government.

The State of Florida remains dedicated to responding to COVID-19 and other public health concerns through data-driven decisions. We will continue to shed light on the safety and efficacy of medications, including mRNA COVID-19 vaccines, that could be an imminent threat to those with preexisting conditions. We will also promote the importance of prevention by supporting good nutrition, exercise, and other healthy habits. As a father, physician, and Surgeon General for the State of Florida, I request that your agencies promote transparency in health care professionals to accurately communicate the risks these vaccines pose. I request that you work to protect the rights and liberties that we are endowed with, not restrict, and diminish them. I look forward to your responses and appreciate your support of our collective efforts to serve the health and safety of Florida and our nation.