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Dentists: Unexplained Pain, Tooth Loss, and Bone Problems May Be Linked to COVID-19 Vaccine

Carly Mayberry April 23 2023

Before business owner and busy mom Alana Parker experienced severe oral pain and facial swelling after receiving Pfizer's COVID-19 vaccine in 2021, she had good dental health with never so much as a cavity.

When her symptoms progressed and an ulcer had grown to the point where the bone was protruding, causing her to lose large fragments of her jawbone, Parker knew she was in serious trouble.

"I was begging them to pull my tooth out but there were no signs of it being decayed," Parker told The Epoch Times, noting she was passed back and forth between a dentist and endodontist trying to determine what was wrong.

It wasn't until Parker found Alabama orofacial pain and dental sleep medicine specialist Dr. Amy Hartsfield that she felt she was on the road to recovery.

Hartsfield, a private practice dentist in Homewood, Alabama, obtained her specialization from the American Board of Orofacial Pain and the American Board of Dental Sleep Medicine after practicing 14 years of general dentistry.

Parker isn't the only patient she's seen with severe facial pain issues. Since the vaccines were rolled out, Hartsfield has seen an exponential increase in patients with head and facial neurovascular and myofascial pain, including headaches, toothaches not caused by the tooth, osteonecrosis of the jaw, sleep issues, tinnitus, and oral and facial autoimmune conditions.

"I've seen patients with no previous history of health issues [who] have perfectly healthy teeth and now have pain syndromes associated with these healthy teeth," she said. These types of injuries affect both the nerves and blood vessels.

Dental Issues and COVID-19

In her research, Hartsfield discovered an array of health issues the COVID-19 vaccine spike protein can cause, many of which are related to immunity and blood microclots.

She also discovered that this is the first time polyethylene glycol (PEG) has been used in a vaccine. The use of PEG has become increasingly controversial since it can cause a number of serious immunological reactions, including anaphylaxis, which can be life-threatening.

The vaccine has been shown to cross the blood-brain barrier, circulate throughout the bloodstream, and has been found in most organs, all with the potential for serious health consequences.

Since the blood supply is important to all areas of the body including the bones, microclots can have a detrimental effect on bone health.

Microclots and Orofacial Bone Loss

There are tiny capillaries that feed the bone, and with microclots occurring in the orofacial area, you're going to start losing bone density around it, Hartsfield explained.

Cheryl Alverson, 79, came to Hartsfield after having all of her lower teeth extracted due to a massive recurring infection that caused extensive bone loss.

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Hartsfield immediately ordered multiple blood tests, including several specifically related to blood clotting.

"They showed I had microclots all through my body," said Alverson.

Hartsfield explained that microclots can interfere with bone healing after extractions. What happened with Alverson typically only occurs in patients who have been on osteoporosis medication or had radiation therapy, neither of which applied to Alverson.

Alverson had received the Moderna COVID-19 vaccines and a subsequent booster shot before her issues began, and she had not been infected with the COVID-19 virus prior to seeing Hartsfield.

She had good teeth but spontaneously had pain in her lower left jaw. Shards—pieces of her mandible—broke off out of her gum tissue, she said.

Parker's case started only a few months after she had received the COVID-19 vaccine.

With Parker, there was a "dying off of the bone," said Hartsfield.

Parker's bloodwork showed extreme inflammation across multiple body systems—and with four loose teeth and not enough energy to drive a car, Hartsfield built a team around her of five specialists and put her on a protocol of medications and vitamins to support her recovery. (pdf)

Microclots not only interfere with bone health but can affect the nerves, which also rely on capillaries for survival. Without adequate blood supply to the nerves, they too will develop problems, said Hartsfield.

A Surge in Facial Pain

Birmingham, Alabama-based endodontist Dr. John Collier told The Epoch Times he's seen an "unbelievable amount of increasing facial pain" in the last couple of years.

He refers his patients to Hartsfield if he determines the pain is not caused by the patient's tooth.

I had a patient with tremendous facial pain, implants, and an implant allergy, said Collier. Hartsfield is the "detective who goes through all the layers of what's causing this," he said. While Collier can't say whether or not his patients' conditions were caused by the COVID-19 vaccine, he's confident that stress from the pandemic and the country's toxic political environment are contributing factors.

"There's a lot of clenching and grinding and a lot of muscular pain," he said.

Likewise, oral surgeon Dr. Doug Denson from Birmingham, Alabama, who has also sent patients with facial pain to Hartsfield, said it's impossible to say for sure whether it's COVID or the vaccine causing the symptoms he's been seeing.

"In my opinion, correlation does not always equal causation ... again, there have been some odd symptoms since the pandemic started. It's just impossible to tell the exact mechanism or cause," he said.

Still, Denson noted the uptick of unexplainable pain symptoms in a significant portion of the population affected by COVID immediately after the pandemic started, specifically trigeminal neuralgia, which is sudden, severe facial pain.

Hartsfield has also seen an increase in neuropathy of the trigeminal nerve, as well as major issues related to inflammation and cytokine storms.

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Increase in Inflammation and Cytokine Storms

Cytokines themselves are small proteins released by cells in the body, including those of the immune system where they coordinate the body's response to fight infections and trigger inflammation.

Hartsfield isn't the only practitioner who has noted an escalation in inflammatory abnormalities and cytokine storms since the onset of COVID-19 and the COVID-19 vaccines. Denson has also seen an increased number of patients of all different ages with inflammation of the tongue and hyper-inflammatory responses, including osteomyelitis, an infection of the jaw that is very difficult to treat because the blood supply to the jaw is not great.

These maladies would typically be seen in older individuals rather than in a younger, healthy population.

Dr. Liz Kivus, a periodontist practicing in Alabama, told The Epoch Times she has also seen a marked increase in inflammatory symptoms such as gingival inflammation, since COVID-19 and the related vaccines.

Kivus further noted an increase in lichen planus, an inflammatory condition of the skin and mucous membranes that often results in an itchy rash that can affect various areas of the body, including the mouth, arms, legs, trunk, nails, and scalp.

We see this when patients' immune systems are broken down, said Kivus. Patients have even said, "I'm too uncomfortable to brush my teeth and to eat."

After seeing so many patients with unexplained issues since the pandemic and when COVID vaccines were released, Hartsfield believes it's important to consider a patient's vaccination status.

Consideration of Vaccination Status

"I have to screen these people to see if they've been vaccinated, when and how many times, and then I see if I can treat them," said Hartsfield.

Most practitioners are not asking when the patient had COVID or when the patient had their vaccines, she said.

Hartsfield attributed some of her knowledge as coming from highly publicized critical care doctors who were "canceled" during the pandemic, including the Front Line COVID-19 Critical Care Alliance.

She also studied the information released by Department of Defense whistleblower Lt. Col. Theresa Long, M.D., MPH, an aerospace medicine doctor and Army Brigade flight surgeon who reported the unusual diagnoses and alarming trends after the introduction of COVID-19 vaccinations.

"When you ask the whole population to have a mandatory vaccine that has more side effects than any other vaccines in history showing in the Vaccine Adverse Event Reporting System from Centers for Disease Control and Prevention data, you will definitely see injuries," said Hartsfield.

She noted that some patients and practitioners do not consider whether the patient's ailments may have resulted from the COVID vaccine, while others come into her office knowing that their health issues directly relate to taking the vaccine.

It is really sad, she said. I just had a 25-year-old man in my office stating he has been gaslit by a number of practitioners when he mentioned his head and ear pressure had started within days of taking the vaccine, said Hartsfield. He was reluctant to tell me he thought his health issues were from the vaccines because other providers made him feel crazy.

Parker, who to this day still has elevated C-reactive protein and some orofacial pain and swelling, attributed her symptoms to a short-circuiting of the immune system and microclots.

"I've been chronically ill for nearly a year and unfortunately my two 12-year-old girls have seen me sick over and over—I think that has been alarming for them," said Parker. "It's been a journey—I don't feel that it's going to kill me but it was touch and go there for a while."

"I hate that we haven't been able to openly talk about it because I had the resources and freedom to receive treatment," said Parker. "I can't imagine people that do not have the resources to treat it."

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WHO Quietly Backtracks and Says Healthy Children and Teens are Considered Low Risk and Do Not Need COVID-19 Shot

Jim Hoft April 7, 2023

The World Health Organization (WHO) has issued new recommendations for the covid vaccine after many children had already been vaccinated.

After three years of COVID vaccine lies, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) have quietly backtracked their decision on the Covid-19 vaccination recommendations and now says healthy kids and teens don't need it.

"Following its 20-23 March meeting, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) revised the roadmap for prioritizing the use of COVID-19 vaccines, to reflect the impact of Omicron and high population-level immunity due to infection and vaccination," according to its [news release](#).

"The roadmap newly considers the cost-effectiveness of COVID-19 vaccination for those at lower risk – namely healthy children and adolescents – compared to other health interventions. The roadmap also includes revised recommendations on additional booster doses and the spacing of boosters," it added.

The revised roadmap outlines three priority-use groups for COVID-19 vaccination: high-, medium- and low-risk groups.

Children between the ages of 6 months and 17 years old are considered a "low-priority group," which means they do not need to get a shot.

"The low priority group includes healthy children and adolescents aged 6 months to 17 years. Primary and booster doses are safe and effective in children and adolescents. However, considering the low burden of disease, SAGE urges countries considering vaccination of this age group to base their decisions on contextual factors, such as the disease burden, cost effectiveness, and other health or programmatic priorities and opportunity costs," according to WHO.

World Health Organization officials even admitted that these doses provide low benefits compared to traditional vaccines.

"The public health impact of vaccinating healthy children and adolescents is comparatively much lower than the established benefits of traditional essential vaccines for children – such as the rotavirus, measles, and pneumococcal conjugate vaccines – and of COVID-19 vaccines for high and medium priority groups."

Florida Surgeon General Dr. Joseph Ladapo responded to the WHO's new COVID vaccine guidance for children.

"It makes it not only senseless but malicious, to be giving these mRNA COVID-19 vaccines to young men and boys at this point in the pandemic."

Meanwhile in New York and other states, children age 5 year and older were mandated covid vaccines or denied civil rights.

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Breaking: WHO Finally Ends COVID-19 Pandemic, No Longer a Global Health Emergency

Jim Haft May. 5, 2023

On Friday, the World Health Organization (WHO) said that it was no longer categorizing COVID-19 as a global health emergency.

Recall, The organization declared the coronavirus outbreak to be a public health emergency of international concern in January 2020.

And on March 11, 2020, WHO declared the novel coronavirus (COVID-19) outbreak a **global pandemic**. Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, addressed the media and reported that the number of cases outside of China has allegedly surged 13-fold over the past two weeks, while the number of nations reporting cases has reportedly climbed threefold.

On Thursday, during its 15th meeting on Covid-19, the World Health Organization's International Health Regulations Emergency Committee addressed the pandemic and agreed that the public health emergency of international concern (PHEIC) proclamation should end.

"During the deliberative session, the Committee members highlighted the decreasing trend in COVID-19 deaths, the decline in COVID-19 related hospitalizations and intensive care unit admissions, and the high levels of population immunity to SARS-CoV-2," WHO said in a **news release**. "The Committee's position has been evolving over the last several months. While acknowledging the remaining uncertainties posted by potential evolution of SARS-CoV-2, they advised that it is time to transition to long-term management of the COVID-19 pandemic."

"The WHO Director-General concurs with the advice offered by the Committee regarding the ongoing COVID-19 pandemic. He determines that COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC)," WHO added.

On Friday, Tedros conducted a media briefing on COVID-19 and global health issues.

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"For more than a year, the pandemic has been on a downward trend, with population immunity increasing from vaccination and infection, mortality decreasing and the pressure on health systems easing. This trend has allowed most countries to return to life as we knew it before COVID19," Tedros said at a news conference.

"For the past year, the Emergency Committee – and WHO – have been analyzing the data carefully and considering when the time would be right to lower the level of alarm," he added.

"It is therefore with great hope that I declare COVID19 over as a global health emergency. However, that does not mean COVID-19 is over as a global health threat," Tedros said.

Australian Senator Malcom Roberts recently revealed that Covid was a planned event by global elites to control and depopulate the world.

Australia COVID INQUIRY 2.0 🇺🇸🇺🇸🇺🇸 Malcom Roberts: "Its become clear that people in this country and globally have been steamrolled, it is also clear that it has been coordinated globally, it is also clear that its been integrated, not just over six months, not just over pic.twitter.com/cSPMCMhFf2

– khafi martinaz (@usera49) **April 29, 2023**

Christine Anderson, a German politician who has served as a Member of the European Parliament, said recently that the pandemic was "never about breaking waves, it was always about breaking people."

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Doubling Down: CDC Officials Tell Multiple Bald-Faced Lies About Covid-19 "Vaccine" Adverse Reactions

Zachary Stieber April 26, 2023

Officials with the U.S. Centers for Disease Control and Prevention (CDC) have made multiple false statements this month regarding possible COVID-19 vaccine side effects, continuing a trend of mis- and disinformation from the public health agency.

Dr. Tom Shimabukuro, a top CDC official, recently repeated the lie that the agency has never detected a safety signal for ischemic stroke for the old COVID-19 vaccines.

"No safety signals were detected for ischemic stroke for primary series or monovalent boosters for Pfizer or Moderna vaccines in U.S. and global monitoring," Shimabukuro told the Advisory Committee on Immunization Practices, a CDC advisory panel, on April 19.

CDC researchers identified ischemic stroke as a safety signal for the original Pfizer and Moderna COVID-19 vaccines, according to files obtained by The Epoch Times. More recently obtained documents show the CDC detected the signal as early as May 6, 2022.

The CDC acknowledges in official documents that any adverse events following COVID-19 vaccination that meet a certain criteria constitute "a safety signal."

Shimabukuro, who also made the false claim during an earlier meeting in February, has not responded to requests for comment.

A CDC spokesperson previously doubled down on the claim, falsely stating that Shimabukuro was correct. Ischemic stroke happens when the brain fails to get enough blood supply, according to the Mayo Clinic. It causes brain cells to die within minutes and often leads to death.

Another unnamed CDC official falsely told NBC that the agency has not found data "suggesting a link between COVID-19 vaccines and tinnitus," a condition that has symptoms such as constant ringing in the ears.

The CDC identified tinnitus as a safety signal in its analysis of possible signals in data from the Vaccine Adverse Event Reporting System (VAERS), according to the files obtained by The Epoch Times.

Bert Kelly, a CDC spokesman, told The Epoch Times in an email: "To date, we have no data to support tinnitus and its link to COVID-19 infection or vaccination."

After becoming aware of reports to the adverse event system of tinnitus after COVID-19 vaccination, the CDC analyzed data from a different surveillance system called the Vaccine Safety Datalink. CDC researchers did not identify any "clustering of tinnitus diagnoses" in the datalink system in the 70 days after COVID-19 vaccination, according to Kelly.

He did not make the data available.

Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center, noted that there have been more than 24,000 reports of tinnitus submitted to VAERS after COVID-19 vaccination.

"There is mounting evidence in the medical literature that tinnitus involves inflammation in the brain," Fisher said, pointing to several studies. "CDC officials should be taking the tinnitus signal seriously and actively pursuing

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every available avenue of research to find out what is going on rather than doing everything they can to quickly dismiss the reported risk for developing chronic ringing in the ears after COVID shots.”

Tinnitus is listed as a potential side effect of Johnson & Johnson’s COVID-19 vaccine and regulators in some countries list the condition as a potential adverse event following AstraZeneca’s COVID-19 vaccine. Moderna and Pfizer haven’t been formally linked with tinnitus, though some research has found a statistically significant increase in tinnitus following COVID-19 vaccination, which researchers said “suggest an association between the COVID-19 vaccines” and tinnitus.

One sufferer recently told The Epoch Times that she has a dull ringing in her ears that started an hour after receiving a dose of the Pfizer vaccine. Another said she suffered hearing loss after getting a COVID-19 vaccine.

Another Official Gives False Information

The CDC said it would analyze VAERS data through a data mining technique called Proportional Reporting Ratio (PRR). The agency later falsely said that the mining was not in the agency’s purview before changing its tune and saying it had actually started running PRRs in February 2021.

Dr. John Su, head of the CDC’s VAERS team, provided the new dates in a statement to The Epoch Times. Su has since acknowledged it was false. The CDC now says it actually didn’t start the PRRs until March 2022, and stopped before the year ended.

Newly obtained emails show Su was told by a colleague that the CDC was not running PRRs between February 2021 and September 2021, but still gave the false information.

“We were not running any PRRs during this time,” Paige Marquez, a CDC employee, told Su and others in a June 2, 2022 email.

A month later, Su conveyed the false information to a CDC spokesperson, who relayed it to The Epoch Times. “We’ve been performing PRRs since Feb 2021, and continue to do to date,” he claimed.

Su did not respond to a request for comment.

Su also gave the false information in August 2022 to a colleague, Jeremy Goodman, before Marquez stepped in, the newly obtained messages show.

“I stand corrected: we did not conduct PRR analysis during the specified period,” Su wrote in one email. The CDC has said that none of its workers intentionally gave false information about PRRs.

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CDC Director Admits For The First Time That Vaccinated People Can Spread COVID

Steve Watson April 21, 2023

"The science has evolved"

For the first time, CDC Director Rochelle Walensky admitted to Congress Wednesday that those who have taken the COVID vaccine are still capable of spreading the virus to others.

Walensky, who has recently **had COVID despite being 5x vaccinated**, claimed that **her own earlier statements** about the virus not being carried by vaccinated people and COVID now being a 'pandemic of the unvaccinated' no longer apply because of "**an evolution of science.**"

"That statement is no longer correct with the Omicron variants we have right now," she told lawmakers:

Awkward:

Walensky also previously stated that nobody predicted that covid shots would have waning immunity.

The Science has evolved, but not the CDC's guidance, apparently:

Watch: CDC Director Suggests It Will NEVER Change Child Masking Policy



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Suspended and a Full Inquiry Launched into How They Were Approved, Say Experts

Daily Sceptic April 20, 2023

COVID-19 vaccines must be suspended owing to the level of reported injuries and deaths across all age groups and a full inquiry launched into the MHRA, the regulator which approved them, a group of experts has said.

In a groundbreaking **new report** sent to every member of Parliament, the **Perseus group** – a team of experts from the fields of medicine, pharmaceutical regulation and safety management – has set out in detail the numerous concerns raised by experts globally about the vaccines and the specific concerns about the U.K.'s Medicines and Healthcare products Regulatory Authority (MHRA) responsible for giving them the green light.

"MHRA announced that it has morphed from 'watchdog' to 'enabler'. Would anyone be concerned if that was said by the Office for Nuclear Regulation, the Civil Aviation Authority or the Defence Safety Regulator," Perseus group spokesman Nick Hunt said.

The evident lack of interest in post-rollout issues with the COVID-19 vaccines was highlighted as particularly shocking.

Before the rollout in December 2020 the MHRA promised a rigorous "four-strand proactive vigilance" of Covid vaccine safety. But freedom of information requests have revealed that very little of this work is being done. The single report supplied from the "Targeted Active Monitoring" strand was 15 months old, from August 2021, the report says.

The group slams the MHRA for failing to act on problems with the AstraZeneca vaccine for months after many other national regulators suspended and withdrew it for certain age groups. The MHRA also continued to ignore "ever increasing evidence of Covid vaccine risks, notably blood clotting, heart inflammation, neurological conditions, immune downgrading and menstrual disorders", the report states.

The secrecy around Covid vaccines in particular is blasted, with key documents on risks versus benefits that are routinely published for other medicines being absent for Covid vaccines. "This compromised informed consent," notes the group.

Other problems include that the MHRA authorised the mRNA products as vaccines, which have lower regulatory requirements, rather than properly classifying them as novel genetic products, and that it failed to identify and address problems with manufacturing and quality control, leading to batch quality problems.

More general criticisms of the agency include that it assesses the safety of a medicine relative to its benefit rather than in absolute terms, which the report likens to the Nuclear Regulator saying, "Our nuclear power station is safe because it has fewer contaminated water leaks than other stations".

The regulator also nowhere defines the tolerable rate of fatal and serious side-effects of new medicines, which the report blames for its slowness to act when problems emerge.

Freedom of information requests also reveal, alarmingly, that the MHRA has no process for investigating Yellow Card reports of adverse events potentially linked to the COVID-19 vaccines or other medicines. This, the report highlights, is just one facet of a broader lack of the kind of robust safety management systems and processes that are standard in other safety critical sectors such as aviation, defence, nuclear, oil and gas and rail. Similarly, freedom of information requests reveal that there has never been a safety audit of MHRA.

The report's findings are damning and expose a regulator not fit for purpose and clearly failing in its basic aim of keeping the public safe from harmful medical products.

Concerns about the MHRA are nothing new. The 2020 **Cumberlege report** listed basic safety and governance issues that the Commons Health Select Committee in December 2022 **noted** with concern were slow in being addressed. But the new Perseus group report lays out in devastating detail for the first time how the MHRA's longstanding failings have directly impacted on the disastrous rollout of the Covid vaccines. The Perseus group suggests that anyone who shares its concerns could write to his or her MP to ask if they have read the report and what they intend to do. Other suggested actions include signing the **petition** to "Launch a Public Inquiry into the approval process for COVID-19 vaccines" and signing the open letter to the Health Secretary **organised by the Together Declaration**.

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Zero Young Healthy Individuals Died Of COVID-19, Israeli Data Show

MAY 29, 2023

Lia Onely via The Epoch Times.

Zero healthy individuals under the age of 50 have died of COVID-19 in Israel, according to newly released data.

“Zero deceased of 18–49 years of age with no underlying morbidities,” the Israel Ministry of Health (MOH) said in response to a formal request from an attorney.

Officials noted that the statement only applies to COVID-19 deaths where the MOH conducted an epidemiological investigation and had received information about the underlying diseases.

“Zero is a very, very clear number, and cannot be subject to interpretation,” Yoav Yehezkelli, a specialist in internal medicine and medical management, and former lecturer in the Department of Emergency and Disaster Management at Tel Aviv University in Israel, told The Epoch Times.

“Why were all the extreme measures of school closures, vaccination of children, and lockdowns needed?” he added.

The MOH did respond to a request for comment.

Freedom of Information Request

The information was sparked by a freedom of information request filed by attorney Ori Xabi, who has been filing several such requests as he seeks to obtain information from the MOH regarding the COVID-19 pandemic and COVID-19 policies.

Xabi asked to know the average age of people who died of COVID-19, segmented by vaccination status at the time of death; how many COVID-19 patients with no underlying morbidities under the age of 50 died; and the annual number of cardiac arrest cases between 2018 to 2022.

According to the MOH response, the average age of vaccinated COVID-19 patients who died was 80.2 years. The average for the unvaccinated was 77.4 years.

The MOH emphasized that the data they have about the underlying diseases of patients is partial since it relies on information provided by the patients or their relatives, if they chose to do so. And then, only in cases in which the MOH conducted an epidemiological investigation.

Therefore “the available information does not necessarily reflect the health status of the patient” the MOH wrote adding that they do not have access to the patients’ medical records.

It is not clear why the MOH responded to Xabi’s request using only cases where the MOH had conducted an epidemiological investigation, and which was limited to deceased patients where the families had cooperated, since in 2020 the MOH told the Israeli Knesset—the Israeli parliament—that they use an intelligence system that provides the MOH with extensive information about deceased patients that included “underlying diseases.”

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A document ([pdf](#)) from the Knesset Research and Information Center, dated June 7, 2020, stated that the MOH provided data to the Special Committee for the New COVID Virus about COVID-19 deaths—298 by that day at 4:30 p.m.—at the request of Yifat Shasha-Biton, a member of the Knesset, and the chair of that committee.

The ministry's intelligence system has data on gender, age, district of residence, and the underlying diseases of the deceased, according to the document. The system showed that about 94 percent of the deceased were 60 years or older and that there were no deceased with zero underlying diseases.

In addition, on May 4, 2020, the Medical Directorate of the MOH in a letter ([pdf](#)) issued instructions to the heads of the hospitals and the medical departments of the Health Maintenance Organizations—national health care organizations—on how to fill out COVID-19 death notices, directing them to include underlying diseases.

In a December 22, 2020 letter ([pdf](#)) the Medical Directorate to the managers of the hospitals stated that for every COVID-19 patient who died during the acute phase or due to complications of the illness later, or people who were positive for COVID-19 who died, a death notice and a summary of the case “must be sent to the COVID war room of the MOH.”

They said the purpose was “to improve surveillance.”

“It’s a bit naive” for the MOH to say they do not have the full data and access to the death certificates said Yehezkelli, who was also a founder of a team that advises the MOH’s director general.

Yet this response from the MOH is meaningful, said Yehezkelli as ***“it finally reveals the truth.”***

‘False Presentation’

Studies and other data, including [a study](#) led by Stanford epidemiologist John Ioannidis, show that COVID-19 mortality, even with the original variant, was largely age-dependent.

“It was definitely a disease that actually only endangered the elderly,” Yehezkelli said.

Over the age of 60, mortality doubled every 5 years while under that age mortality was negligible, and “now we really see that it was zero under the age of 50, at least.”

The MOH’s response showed that the average age of the COVID-19 deceased is about 80 years of age, which also indicates that “this is a disease of the elderly, almost exclusively,” said Yehezkelli.

“That only means that what we were told for 3 years was not true,” he said.

There may not have been many young people who got seriously ill, yet the MOH had emphasized cases of pregnant women hospitalized in critical condition and young healthy people who died because of COVID-19. It was not the true situation, he said.

“They created a false presentation of a very severe epidemic that affects the entire population and therefore the entire population should also be vaccinated, regardless of age,” said Yehezkelli.

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If we are talking about people under the age of 50 that means that no pregnant women actually died of COVID-19, he said.

The justification given for vaccinating pregnant women, young people, and children was that they too are affected by COVID-19.

It was known back then that this was not the case “and we now see it clearly,” Yehezkelli said, asserting that the MOH has “lost the public’s trust” by making a “false presentation” of the dangers of COVID-19.

Cardiac Arrest Data

In response to Xabi’s recent FOI, the MOH provided the number of cardiac arrest cases from 2018 to 2020. They added, “The information for the years 2021–2022 does not exist in the office.”

The MOH explained that “The registration of the causes of death of deceased persons is carried out, in accordance with the notification of death,” by the Central Bureau of Statistics, adding “the data for the years 2021–2022 have not yet been transferred to the Ministry of Health.”

A study published in April 2022 that analyzed the dataset of the Israel National Emergency Medical Services (EMS) found a 25 percent increase in EMS calls due to cardiac arrests among 16- to 39-year-olds between January–May 2021.

The COVID-19 vaccine rollout began in December 2020.

Retsef Levi, a professor at the Massachusetts Institute of Technology Sloan School of Management, was one of the researchers of the study.

The MOH objected to the findings of the study in a post on Twitter where they said that “there is no connection between the EMS calls that were analyzed in the study and the COVID vaccines.”

In a MOH webinar on Oct. 8, 2021, about the effectiveness and the safety of the COVID vaccines, Dr. Sharon Elroy-Pries, the head of Public Health Services at the Israel MOH said regarding Levi’s study: **“This is one of the biggest fake news I have seen.”**

“The National Center for Disease Control did a very comprehensive analysis—including of the data of that study, [which were] EMS calls,” she said adding that “there was nothing. No more [cases of] heart attacks. No more calls to the ER.”

She continued by saying that “in the mortality data from the beginning of 2021, you don’t see an increase in mortality except for COVID mortality. That is, if we look at excess mortality in the State of Israel we see it precisely at the peaks that were peaks of [COVID] morbidity in the State of Israel.”

“When you remove the ... morbidity from COVID at all ages, one sees either the same mortality rate as in previous years, or less,” she said, adding “there is no increase in heart attacks here.”

In a February 2023 meeting of the Health Committee of the Knesset for extending the COVID special powers law, Elroy-Pries reiterated that the MOH does have access to COVID mortality data.

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"COVID has killed over 12,000 people in the State of Israel," she said at the meeting, explaining further that this figure is known since "from the beginning of the epidemic, the Medical Directorate received people's death certificates."

When asked about whether there is an increase in cardiac arrest cases in Israel among young people, Elroy-Pries said, **"We do not see an increase in the death of young people,"** adding **"We're checking it. We're looking for it."**

Levi said to The Epoch Times that the MOH attacked him personally and the EMS, and asked "If they don't have data for 2021 and 2022 [according to the FOI], then how can they know that they don't have an increase [in cardiac arrests]?"

When the MOH says things that are contrary to science, said Levi, or are "contrary to the facts on a regular basis, you must ask yourself the question: are they doing it because they didn't bother to read the science, or are they doing it even though they ... read the science."

"Both scenarios are very serious," he added.

Vaccines Saved 'Millions Around the World': MOH

The MOH did not reply to a request for comment from The Epoch Times.

Yet about 2 hours after sending the request on May 25, the agency posted on its Twitter account a statement regarding Xabi's FOI.

"Following the manipulation that has been taking place in recent days regarding one of the Ministry of Health's [reply to] Freedom of Information requests, we will clarify that the answers to the requests submitted under the Freedom of Information Law are, naturally, answered directly to the specific question that was asked.

"In this case, the ministry was asked about mortality data and underlying diseases. The Ministry of Health 'does not have' access to the medical file [of patients], therefore information is only based on cases where an epidemiological investigation was carried out and the person or his family answered the question [regarding underlying morbidities]. Therefore, this is very limited information. This was of course clearly written in the answer [to the FOI].

"We will clarify: So far, 356 young people (18-49 years of age) have died of COVID.

"Of these, only about half have documentation of an epidemiological investigation (184 deceased).

"And only 7.5% (27 deceased) included an answer to the question regarding underlying diseases. The answer was provided based on this information.

"The Ministry of Health is committed to maintaining the health of all citizens and making the information available in the Ministry transparently. This is how we acted [so far] and will continue to act.

22-5

"We must not forget that the COVID epidemic has so far killed more than 12,500 people in Israel, caused severe and critical morbidity, and post-COVID symptoms that accompany some of those recovering to this day.

"The vaccination campaign began in the midst of a third lockdown that resulted from an increase in morbidity and mortality and the opening of the economy was made possible thanks to the activation of the green passport, which its purpose was to reduce the risk of infection in mass events.

"The vaccines have saved thousands of people in the state of Israel and millions around the world—the attempt to rewrite history is dangerous."

Following an administrative appeal filed by Xabi and colleagues, the MOH committed to publishing all-cause mortality segmented by vaccination status and age by the end of this month.

This appeal is an ongoing case that followed a FOI request submitted to the MOH on Oct. 10, 2021, which was not answered within the time frame according to Israeli law, and the data provided by the agency during a number of hearings since has been incomplete.

22-1

US FDA Revokes Emergency Use Authorization of J&J COVID-19 Vaccine

Jim Hoft Jun. 3, 2023

In 2022, the U.S. Food and Drug Administration announced that it would limit who can receive the Johnson & Johnson/Janssen Covid-19 shot due to the serious risk of blood clots, as reported by [The Gateway Pundit](#).

The FDA announced that it would limit the authorized use of J&J Covid-19 shot to individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible or clinically appropriate, and to individuals 18 years of age and older who elect to receive the Janssen COVID-19 Vaccine because they would otherwise not receive a COVID-19 vaccine.

The change is being made after the investigation revealed that there is a risk of thrombosis with thrombocytopenia syndrome (TTS), a syndrome of rare and potentially life-threatening blood clots in combination with low levels of blood platelets following the administration of the Janssen Covid-19 shot.

The FDA also confirmed that individuals experienced an anaphylactic reaction after taking an mRNA Covid-19 shot.

On May 18, the Centers for Disease Control and Prevention (CDC) announced that Johnson & Johnson/Janssen COVID-19 shot are no longer available in the US, and all remaining doses will be disposed of in accordance with the law.

"Janssen COVID-19 Vaccine is no longer available in the U.S. All remaining U.S. government stock of Janssen COVID-19 Vaccine expired May 7, 2023. Dispose of any remaining Janssen COVID-19 Vaccine in accordance with local, state, and federal regulations," CDC [said](#).

On May 22, 2023, Janssen Biotech, Inc., a pharmaceutical subsidiary of Johnson & Johnson, requested [the voluntary withdrawal](#) of the Emergency Use Authorization (EUA) for the Janssen COVID-19 Vaccine.

This decision came as a result of various factors, including the expiration of the last lots of the vaccine purchased by the U.S. Government, a lack of demand for new vaccine lots within the United States, and no intention to update the strain composition of the vaccine to address emerging variants.

Responding to this request, the U.S. Food and Drug Administration (FDA) revoked the EUA for the Janssen COVID-19 Vaccine on June 1, 2023.

The revocation of the EUA for Janssen appeared to be unlikely until Johnson & Johnson itself approached the FDA with the request to do so.

The Ultimate Betrayal: Your Government gave Pfizer \$75 Billion of your hard-earned money to harm & kill your Friends, Family & Hundreds of Thousands more with its Covid-19 Vaccine

THE EXPOSÉ APRIL 30, 2023

As Governments around the world raced to coerce every man, woman and child they could to get the Covid-19 vaccine, they gave away an astounding \$75 billion of taxes collected from your hard-earned money to Pfizer, a company with a dark history of offences and fines, for its experimental mRNA injection.

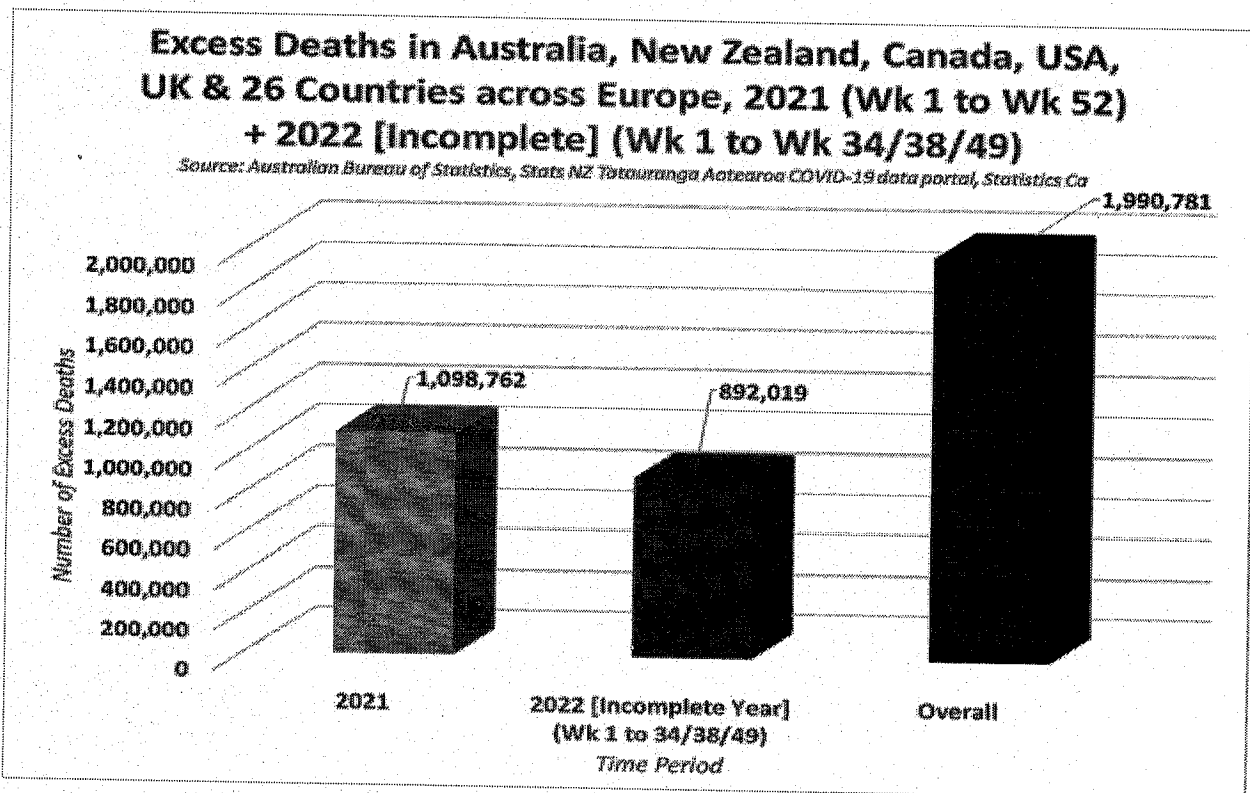
This massive investment was allegedly made in the name of public health, but real-world data strongly suggests otherwise. However, it should come as no surprise considering our health and well-being were left in the hands of a company that has caused significant harm to the public in the past.

So let's delve deeper into the tragic data and explore some of the possible reasons why Pfizer's Covid-19 vaccine is not as safe or effective as the mainstream media and your Government have led you to believe, and is, in fact, a lethal injection that has killed hundreds of thousands of children, parents, family, friends, and colleagues all around the world.

A Disturbing Rise in Excess Deaths: A Closer Look

The data provided to the Organisation for Economic Co-Operation and Development (OECD) and EuroMOMO by official Government departments points to a significant increase in excess deaths since the rollout of Covid-19 vaccines in the USA, Canada, New Zealand, Australia, the UK and half of Europe.

This surge in excess deaths raises concerns about the safety and efficacy of the vaccines, especially considering the drastic differences in excess deaths before and after the vaccine rollout.

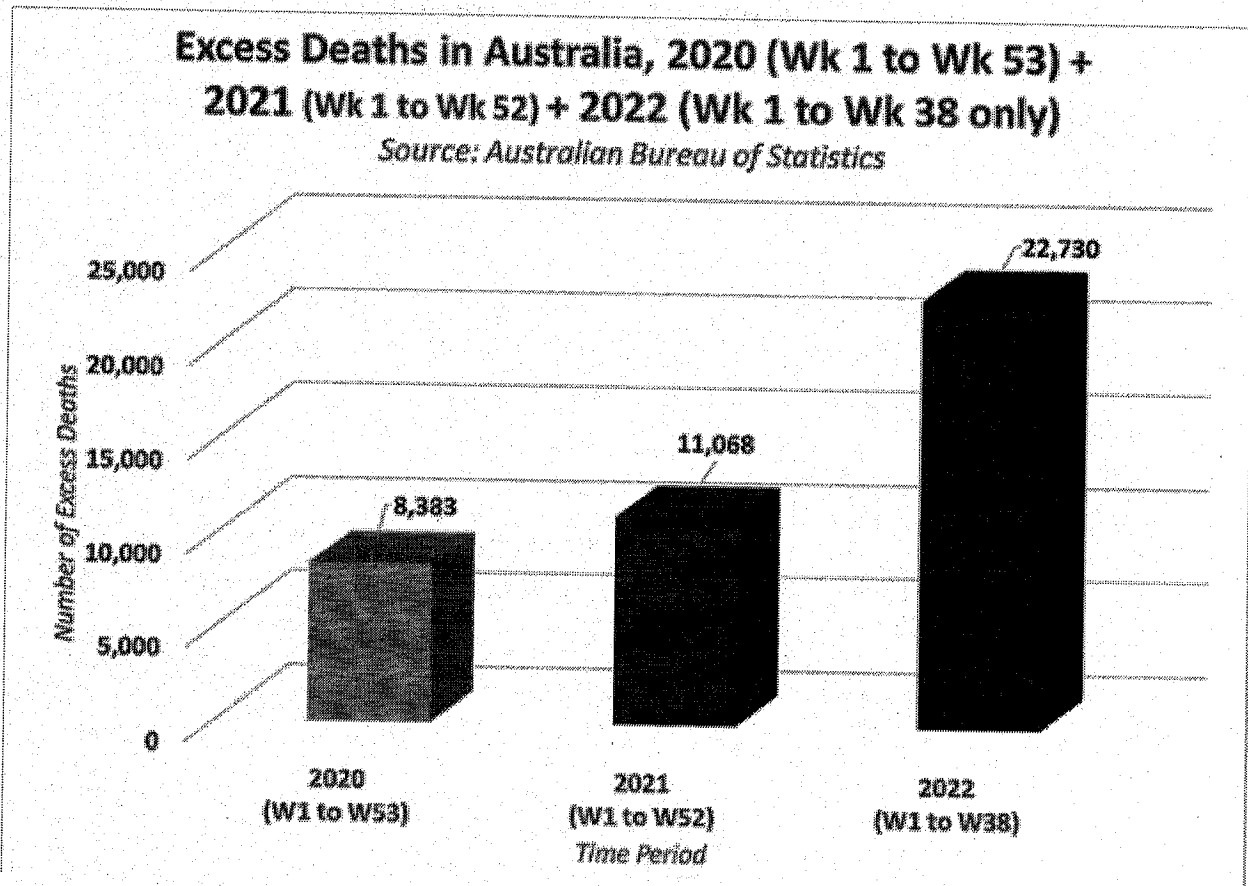


23-2

New Zealand suffered a shocking 3,404% increase in excess deaths in 49 weeks throughout 2022 compared to 53 weeks throughout 2020.

Meanwhile, its closest neighbour Australia suffered 11,068 excess deaths in 2021 and then a shocking 22,730 excess deaths by week 38 of 2022. This is in stark contrast to 2020, when only 1,306 excess deaths were recorded at the height of the Covid pandemic and prior to the rollout of the Covid injections.

This means Australia suffered a shocking 1,640% increase in excess deaths in just 38 weeks throughout 2022 compared to 53 weeks throughout 2020.



But if we compare the data available on excess deaths in 2022 against the first 38 weeks of 2020 and the first 38 weeks of 2021, we are able to reveal the true severity of the situation in Australia.

Sadly, the country suffered a shocking 5,162% increase in excess deaths in the first 38 weeks of 2022 following the repeat rollout of the Covid-19 injections compared to the first 38 weeks of 2020.

We see a similar pattern occur in the USA. By week 38 of 2021, a shocking 109,000 more people had died compared to the same time in 2020. And the U.S. suffered an astounding 1.1 million excess deaths in just under two years following FDA issuing an Emergency Use Authorization of the Covid-19 injection.

A full breakdown on the excess death data can be viewed [here](#).

Possible reasons for increased excess deaths:

1. Adverse effects of the vaccine: Severe adverse reactions to the vaccines, such as blood clotting, myocarditis, and Guillain-Barre Syndrome, could potentially contribute to the rise in excess deaths.

23-3

2. Immune system damage: The vaccines, particularly the mRNA vaccines, might potentially harm the immune system, making vaccinated individuals more susceptible to infections and autoimmune diseases.
3. Waning immunity: The vaccines' effectiveness could be waning over time, leaving vaccinated individuals more vulnerable to Covid-19 and its variants.

The Troubling Impact on Children and Young Adults: Uncovering the Risks

Data provided to EuroMOMO by 27 countries across Europe highlights a striking correlation between the European Medicine Agency's (EMA) extension of the emergency use authorization for the Pfizer COVID-19 vaccine to children aged 12 to 15 and the subsequent increase in excess deaths among children across Europe.

In week 21 of 2021, the European Medicines Agency (EMA) extended emergency use authorization of the Pfizer COVID-19 vaccine to children aged 12 to 15, and a few months later extended it to 5 to 11-year-olds.



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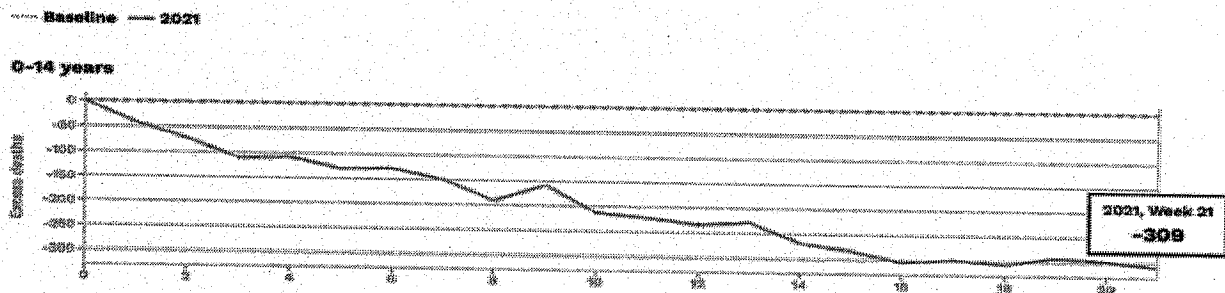
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First COVID-19 vaccine approved for children aged 12 to 15 in EU [Share](#)

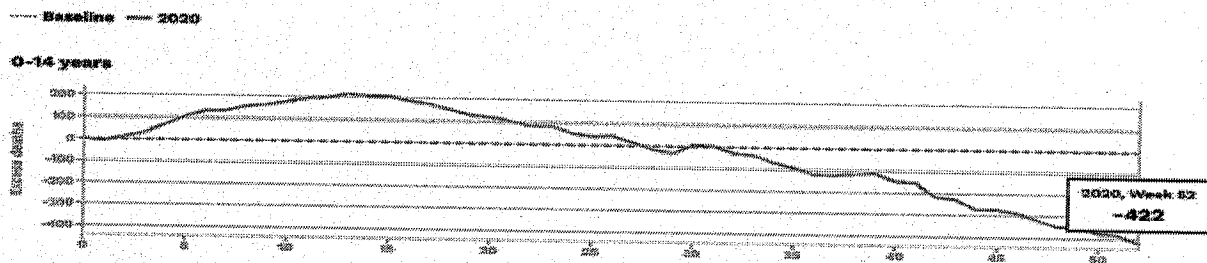
News 28/05/2021

EMA's human medicines committee (CHMP) has recommended granting an extension of indication for the COVID-19 vaccine Comirnaty to include use in children aged 12 to 15. The vaccine is already approved for use in adults and adolescents aged 16 and above.

Prior to the vaccine's approval for this age group, excess deaths among children were actually below expected levels.



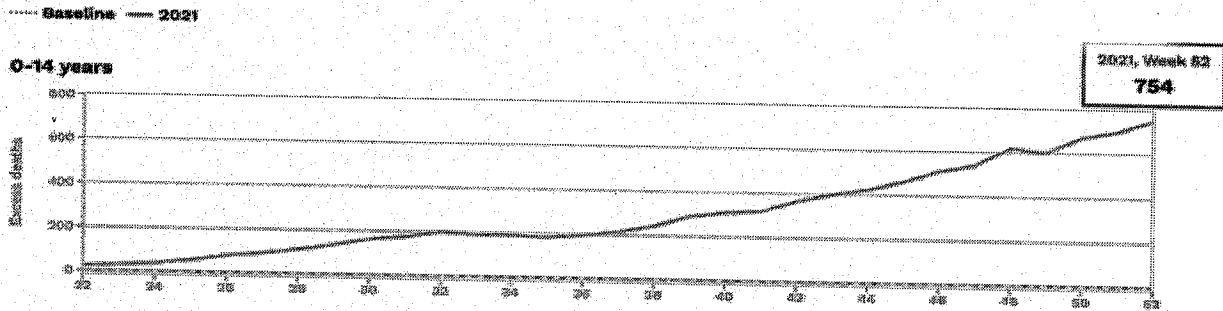
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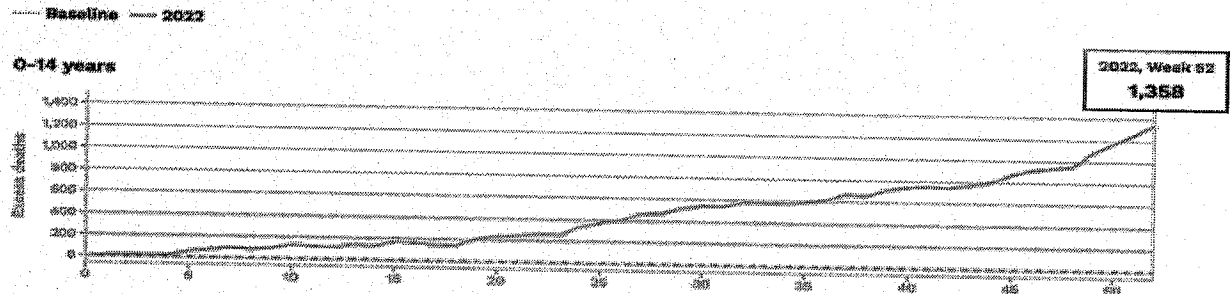
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However, once the vaccine was made available to children aged 12 to 15, excess deaths began to rise sharply.

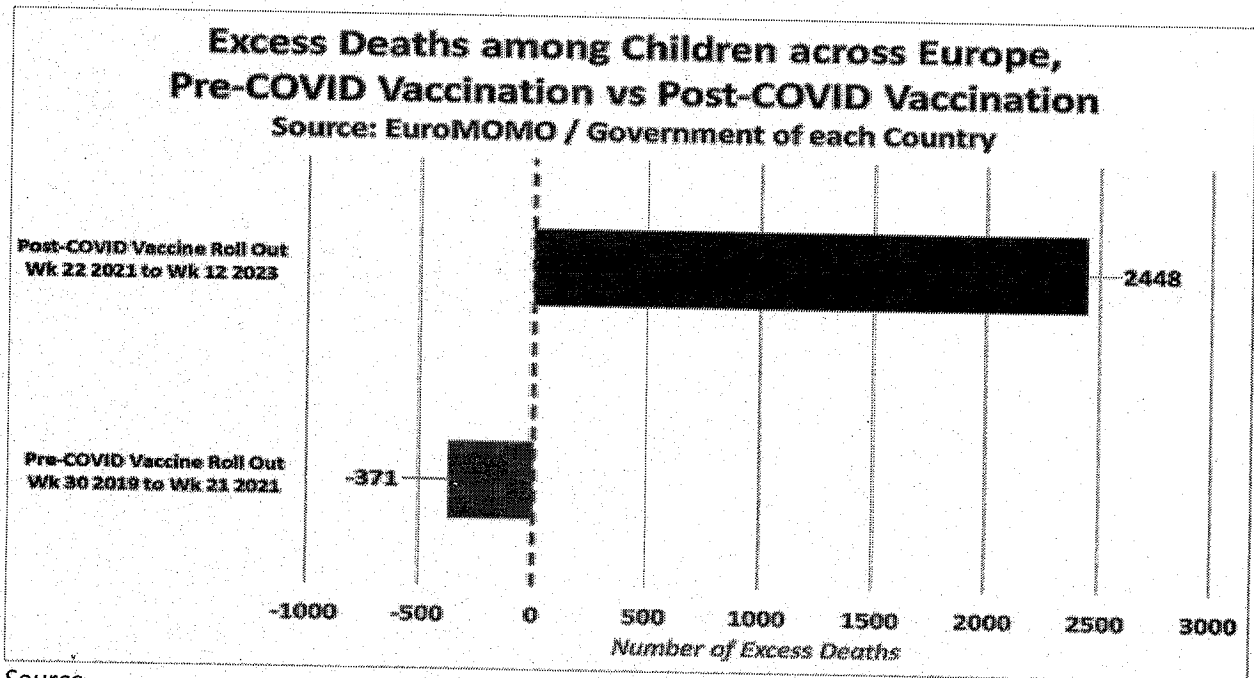


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So much so that excess deaths among children aged 0 to 14 across 27 countries across Europe, including the UK, France, Spain, Italy and most of Germany, increased by 760% up to week 12 of 2023 following the European Medicines Agency extended the emergency use authorization of the Pfizer COVID-19 vaccine to children aged 12 to 15.



Source

This correlation is hard to ignore and warrants further investigation into the potential dangers of the Covid-19 vaccines for children and young adults.

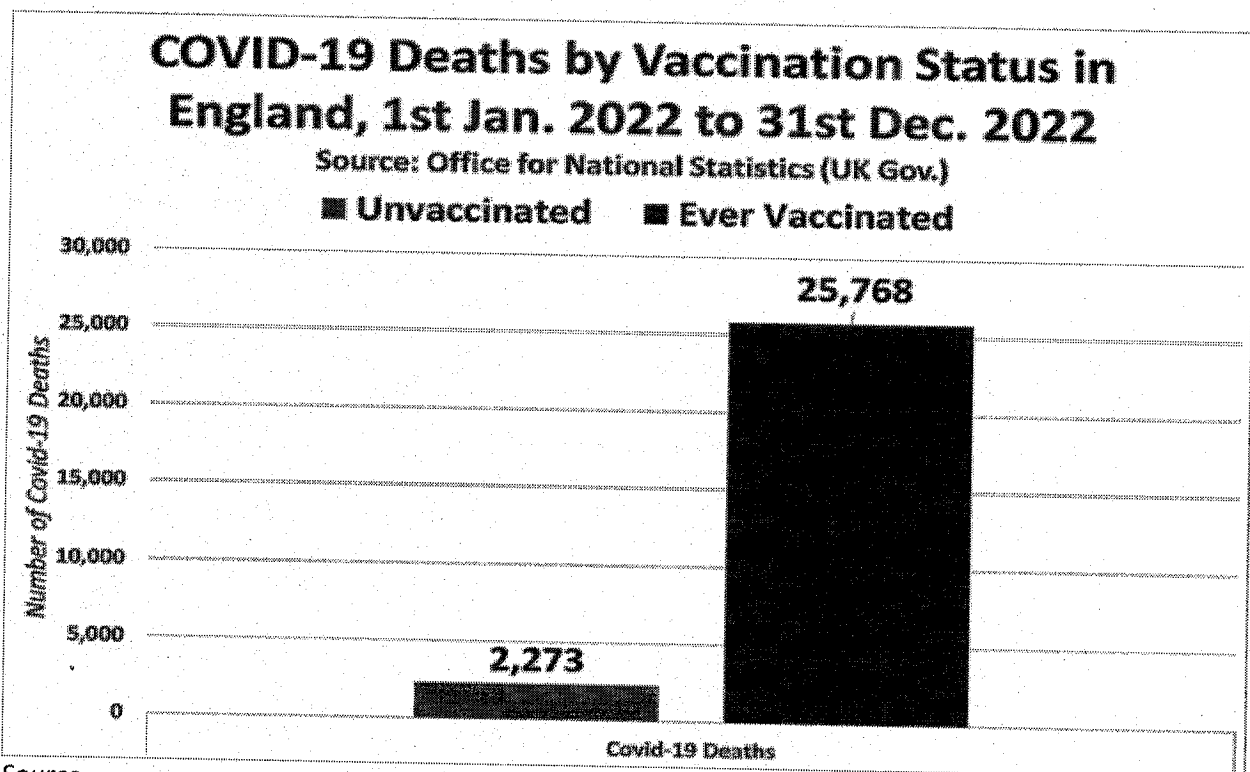
Possible reasons for increased excess deaths among children and young adults:

1. Rare side effects: Some children and young adults might experience rare but severe side effects, such as myocarditis or blood clotting disorders, after vaccination.
2. Overstimulation of the immune system: The vaccines could potentially cause an overactive immune response in children and young adults, leading to autoimmune conditions or a cytokine storm.
3. Inadequate safety testing: The vaccines may not have been tested thoroughly enough on children and young adults, leading to unforeseen complications and safety concerns.

Covid-19 Deaths and Mortality Rates by Vaccination Status: Reading Between the Lines

ONS data from the UK reveals that the fully vaccinated population accounted for a large majority of Covid-19 deaths, and mortality rates were lowest among the unvaccinated population in every age group in England.

The Covid-19 vaccinated population in England accounted for 92% of Covid-19 deaths throughout the entirety of 2022, the vast majority of which were among the triple+ vaccinated.

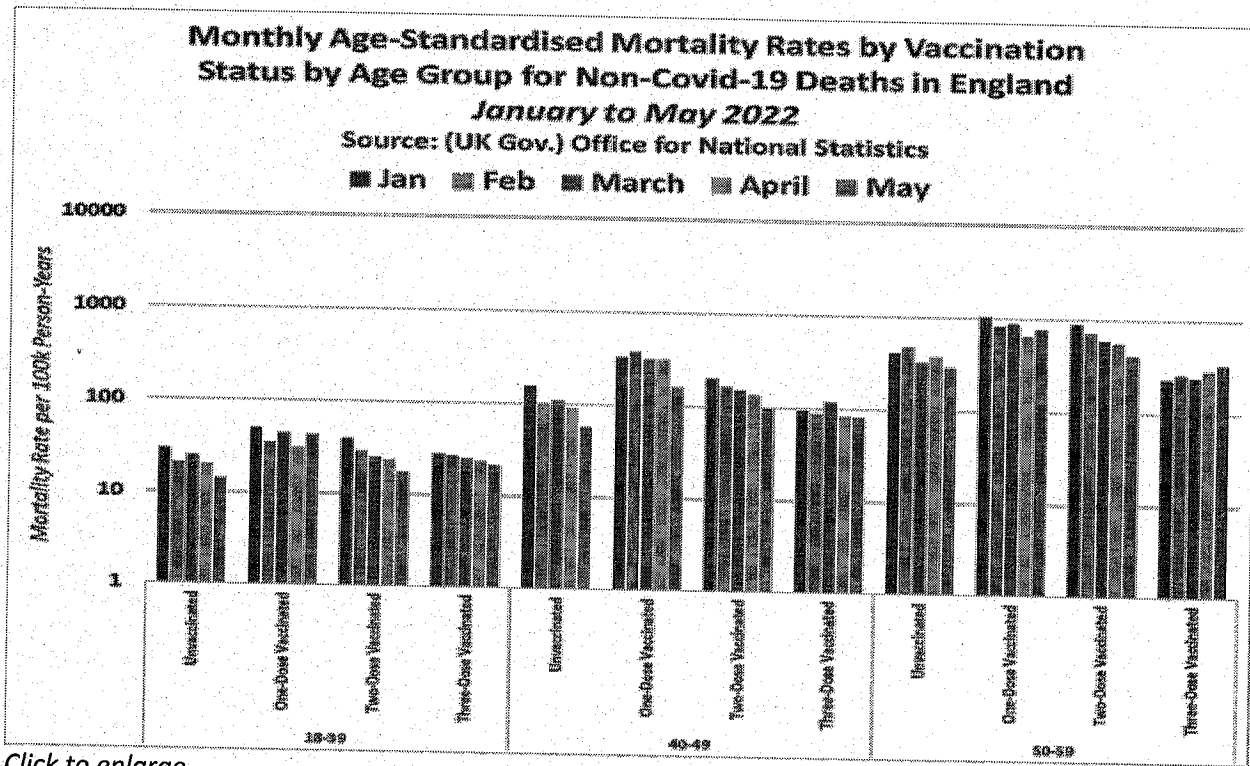


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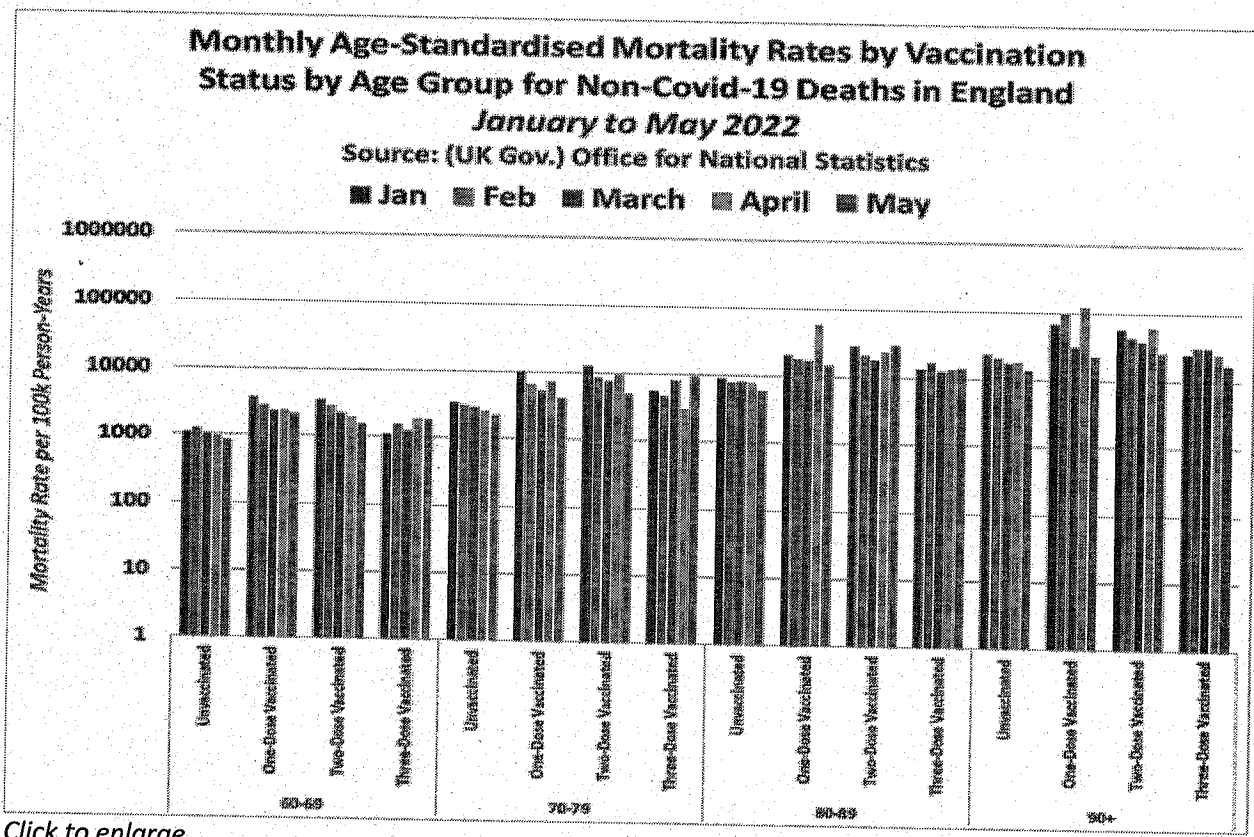
Meanwhile, a report titled '*Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022*', that can be accessed on the ONS site [here](#), and downloaded [here](#), reveals the Covid-19 vaccinated population in England were the most likely to die in every single age group per 100,000 population between January and May 2022.

The following two charts show the monthly age-standardised mortality rates by vaccination status for non-Covid-19 deaths in England between January and May 2022 for all age groups –

23-5



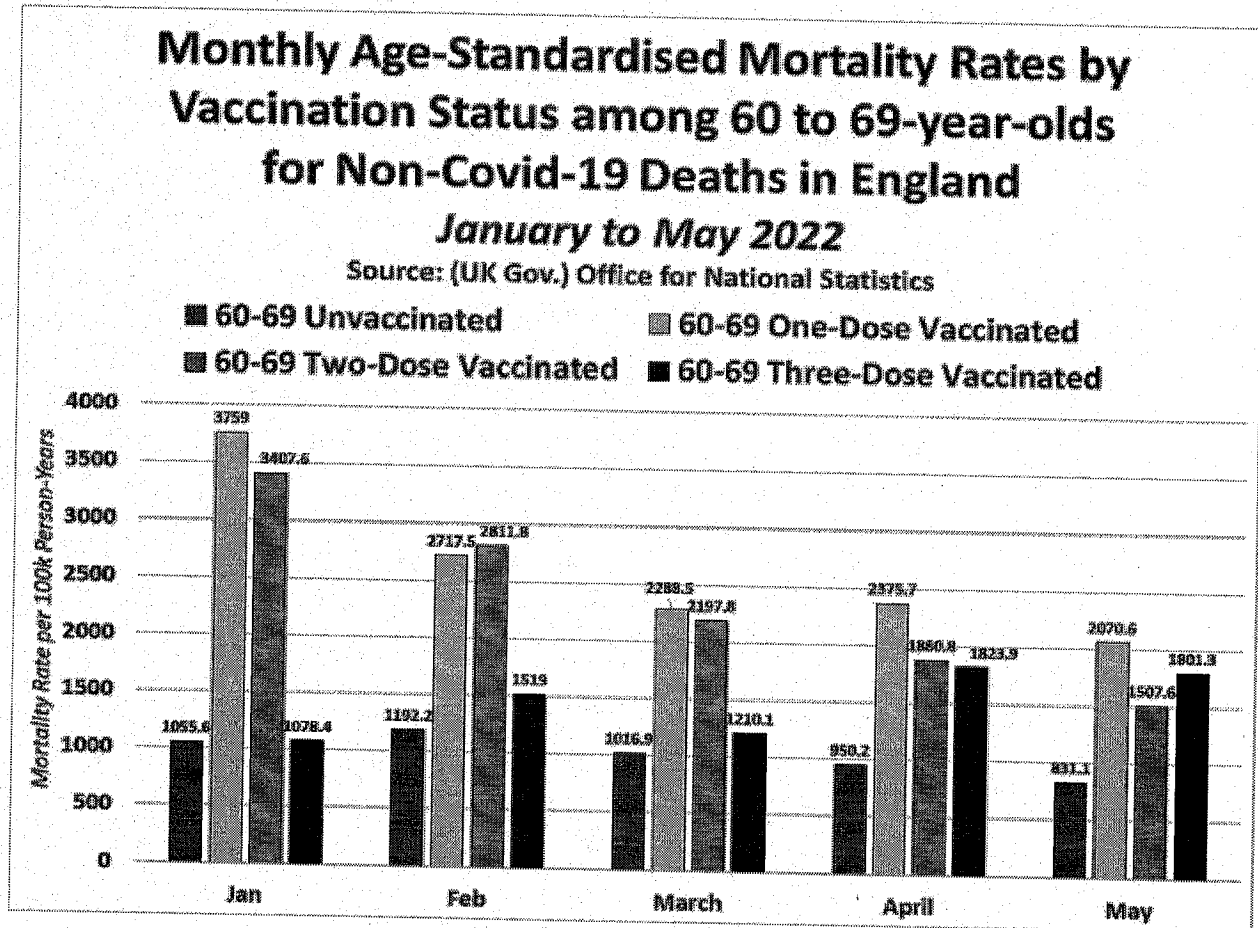
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Click to enlarge

23-6

A full breakdown of the figures can be viewed [here](#). But it's pretty much the same story among every single age group as it is among 60 to 69-year-olds



In January, partly vaccinated 60-69-year-olds were a shocking 256% more likely to die than unvaccinated 60-69-year-olds. Whilst in the same month, double vaccinated 60-69-year-olds were 223% more likely to die than unvaccinated 60-69-year-olds.

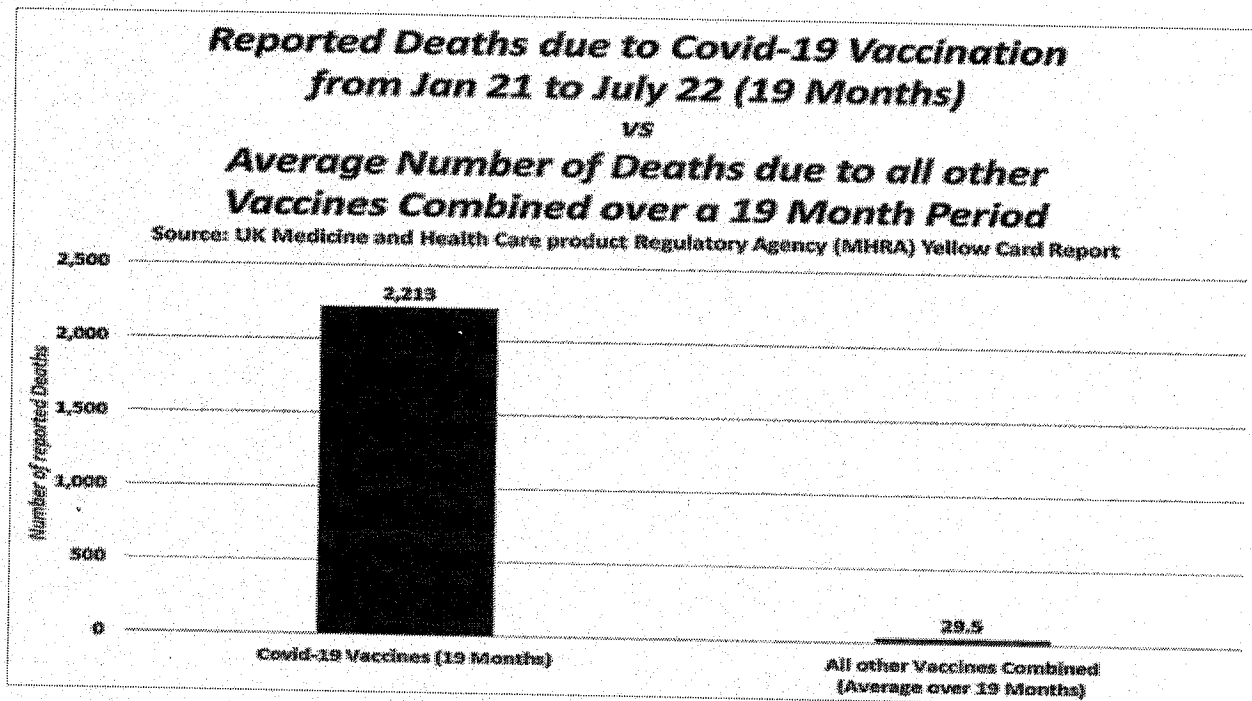
By May, triple vaccinated 60-69-year-olds were a troubling 117% more likely to die than unvaccinated 60-69-year-olds, with a mortality rate of 1801.3 per 100k among the triple vaccinated and a mortality rate of just 831.1 among the unvaccinated.

Comparing Covid-19 Vaccines to Other Vaccines: A Stark Contrast

The Medicine and Healthcare Product Regulatory Agency (MHRA) confirmed through a [Freedom of Information request](#) that they had received 404 reported adverse reactions to all available vaccines (excluding the Covid-19 injections) associated with a fatal outcome between January 2001 and August 2021 – a time frame of 20 years and 8 months.

In contrast, the [MHRA reported 2,213 adverse reactions to the Covid-19 injections associated with a fatal outcome](#) between January 2021 and July 2022, a period of just 19 months. This means there were officially 5.5x as many deaths in 19 months due to the Covid-19 vaccines than there have been due to every other available vaccine combined since 2001.

23-7



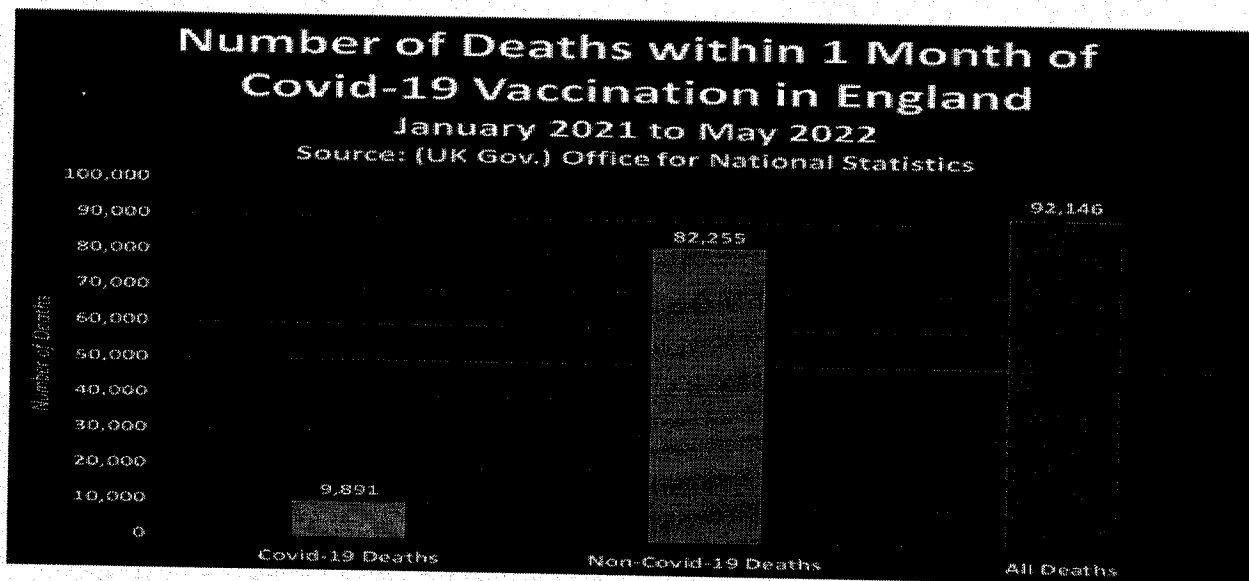
When comparing the time frames, the number of deaths reported for all other vaccines combined in the same 19-month period equates to 29.5 deaths.

This suggests that the Covid-19 injections are proving to be a shocking 7,402% more deadly than every other vaccine available in the UK.

The Startling Death Rates Among the Vaccinated Population

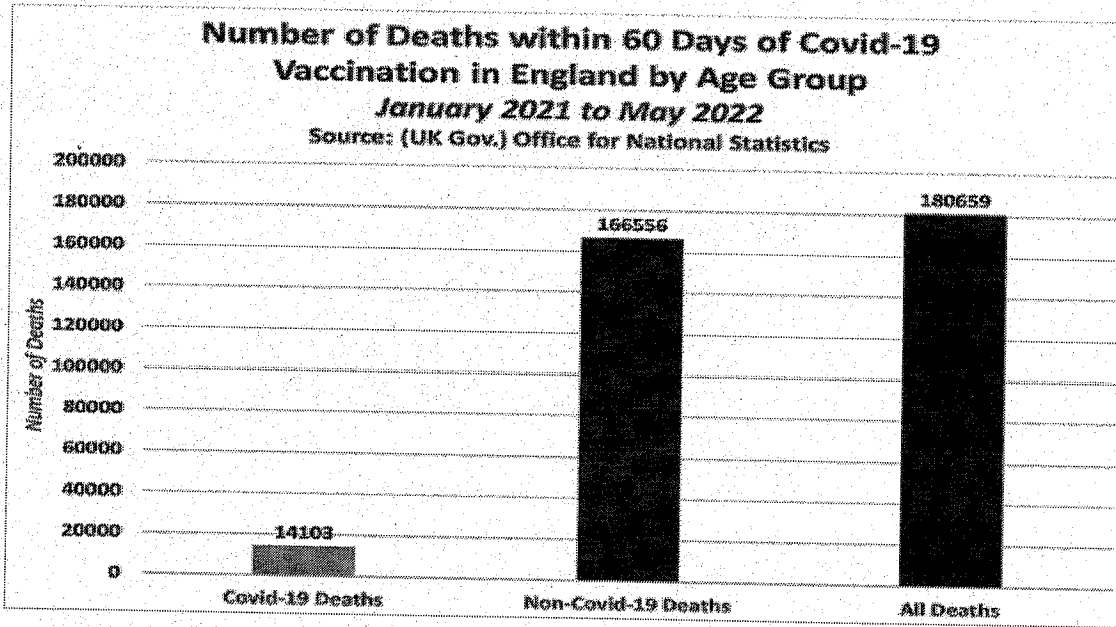
Official figures on deaths following Covid-19 vaccination published by the Office for National Statistics and the number of people vaccinated published by the UK Health Security Agency reveal alarming statistics.

1 in every 482 Covid-19 vaccinated people in England sadly died within one month of Covid-19 vaccination:

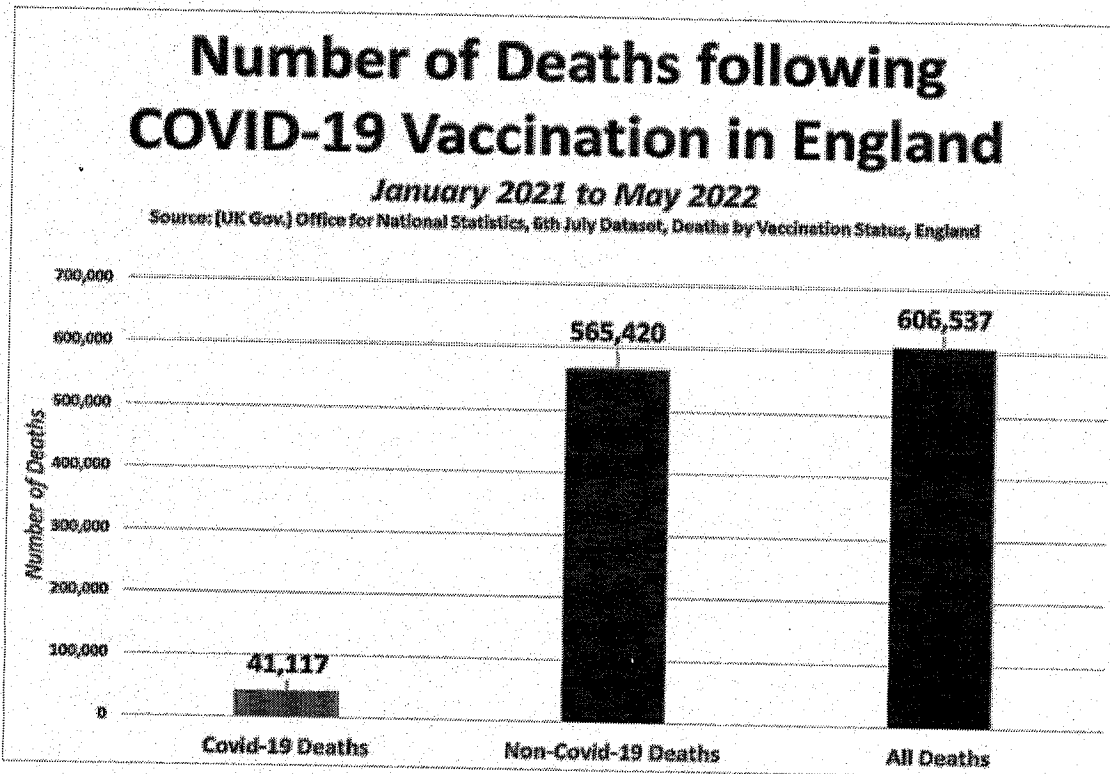


23-8

1 in every 246 Covid-19 vaccinated people in England sadly died within 60 days of Covid-19 vaccination:



And 1 in every 73 Covid-19 vaccinated people were dead by May 2022:



A full breakdown of the data can be viewed [here](#).

24-1

"Unacceptable": Calculating the Covid Vaccine Fatality Rate

Daily Sceptic April 4, 2023

Let's clear up three points first:

1. Forcing people to be injected, by coercion and threats, was a despicable intervention. Only an immoral mind could find it acceptable, and society has no shortage of immoral, 'normal' minds, as history shows.
2. Covid vaccines have caused severe adverse effects and deaths. Only a prejudiced mind can deny this statement. They are neither safe nor as effective as initially claimed. There is considerable uncertainty about their true effectiveness (see here and here, for example).
3. That any vaccine *can* cause death is not some novel discovery. The ultimate questions in science are quantitative, not qualitative: How often? What is the fatality rate of Covid vaccines? How does it compare with the fatality rate of, say, a flu vaccine?

TLDR:

- Fatality after a flu shot is extremely rare: one death per five million.
- Short-term fatality after Covid shots is many folds higher: dozens of deaths per one million. That's unacceptable, or at least was unacceptable for any vaccine before 2021.
- We should also add long-term mortality, which is difficult to quantify. For instance, fatal arrhythmia two years later due to subclinical myocarditis. Is this tragic death an example or not? Who can tell? Unexpected death of young people had happened before, rarely.
- I do not think, however, that *short-term* Covid vaccine deaths have been a main contributor to excess mortality in the past two years. With some exceptions (here and here, for example), it is difficult to detect these deaths in country-level statistics.

Data sources

In the normal course of science, regulatory agencies would have set up well-designed cohort studies to estimate the fatality rate of Covid vaccines. That did not happen. They were too busy advertising the shots as 'safe and effective', so we have to derive estimates from other sources. That's far from rigorous science but better than nothing.

I used several methods to estimate the likely range. Two sources allowed me to exclude implausible values. Other sources allowed me to narrow the range.

Below, I compute the rate as the number of deaths per 100,000, rather than per million, and consider the number of vaccinated people, not the number of doses.

Inference from serious adverse events

A landmark study, by a highly qualified research team, has estimated the rate of serious adverse events in the clinical trials of Pfizer and Moderna mRNA vaccines. The rate of such events was roughly 10-15 per 10,000 (100-150 per 100,000) above the rates in the placebo arms.

The rate of fatal events must be a fraction of the rate of serious adverse events, just as the number of patients who die in a hospital is a fraction of those who are hospitalised. What is that fraction in the case of Covid vaccines?

It is certainly small. Not 50%, not 30%, not 20%. I think it is no more than 10% of serious adverse events, and probably smaller.

We should therefore conclude that the fatality rate of Covid vaccines cannot be more than 15 per 100,000. The data on serious adverse events in the randomised trials (however problematic those trials might have

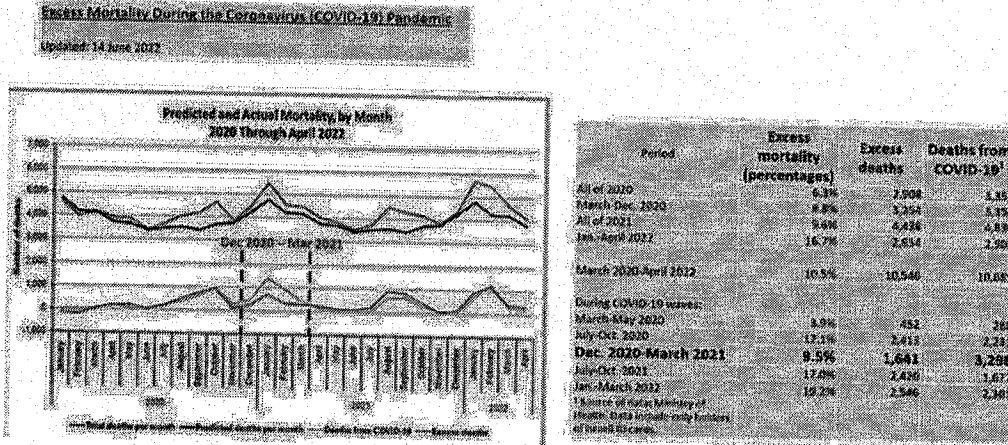
24-2

been) allow us to exclude some implausibly high values. The *short-term* fatality rate of Covid vaccines is not 100 deaths per 100,000 nor 50 deaths per 100,000.

Inference from Israeli data

The first vaccination campaign in Israel took place at the beginning of 2021, concurrent to a Covid winter wave.

During that period (December 2020-March 2021) the Ministry of Health reported about 3,300 Covid deaths, whereas the Central Bureau of Statistics (CBS) later estimated only half as many excess deaths.



Source:

Israel CBS Excel file. I indicated the period and highlighted the corresponding row of data.

The CBS estimate of about 1,600 excess deaths in that period seems reasonable to me. I reached a similar number based on simple extension of a linear trend.

The striking difference between reported Covid deaths and excess deaths undermines vaccine efficacy studies from Israel. But it also sets an upper boundary on the short-term fatality rate of the Pfizer vaccine. Undoubtedly, much of the excess mortality at that time was Covid deaths, which means that only a few hundred could have been vaccine fatalities: perhaps 500 at most, among five million vaccinated residents.

That's a rate of 10 per 100,000.

Rates that are much higher are incompatible with the number of excess deaths in Israel during the first vaccination campaign. For example, a rate of 50 per 100,000 implies 2,500 vaccine deaths when the total number of excess deaths was 1,600. Similarly, a rate of 20 per 100,000 implies 1,000 vaccine deaths out of 1,600 excess deaths. That's implausible, too.

There is one caveat, however. The early post vaccination period is a high-risk period for contracting Covid and for death from Covid. Since the vaccination campaign coincided with a Covid wave, an unknown proportion of Covid deaths might have been vaccine-related. These deaths should be added to the numerator of the fatality rate.

Rough estimates from various countries

During 2021-2022, when Covid vaccines were injected into billions, I encountered counts of reported vaccine-related deaths from several countries. These reports were compiled by national registries, reflecting different cultures and different administrative structures. Some reports included the number of vaccinated people by some time point; for others I obtained estimates elsewhere.

I kept adding lines of data to an Excel file. At that time, I did not envision publishing an article, so I did not keep a record of the data source, the date, or a link to a website. I simply wanted to know the truth, which authorities were trying to hide. The numbers I obtained are 'crude' — in any sense of the word you would like.

Here are my data, without much editing:

Rough estimation of vaccine fatality rate (various end-dates here)				
	Reported Deaths	Vax (at least once)	Rate per 100K	
Sweden	363	7,800,000	5	
Norway	235	3,600,000	7	Pfizer
Switzerland	224	6,120,000	4	
Germany	1,919	60,000,000	3	
VAERS (US only)	7,078	205,000,000	3	
	9,778	240,000,000	4	
	12,899	260,000,000	5	
EudraVigilance	15,910	246,000,000	6	
Australia	890	22,310,000	4	
West Australia	87	4,000,000	2	
UK	794	27,000,000	3	pfizer
	1,287	25,000,000	5	astrazeneka
	62	1,700,000	4	moderna
	48			unknown
UK total	2,191	53,700,000	4	

Can we still learn something from such raw data? I think we can, relying on heuristic arguments.

Reports from different countries and different cultures have returned a narrow range of the fatality rate (2-7 deaths per 100,000). They cannot be wrong by a similarly large factor (e.g. 10, 20, 40). Otherwise, we would have to assume, for example, that Sweden and the U.S. share the same huge under-reporting bias (e.g. only 10% of vaccine deaths are reported in each country).

Stated differently: to assume a large error, we have to assume that data from different countries are not only extremely bad but were also somehow 'standardised' to be *just as extremely bad* — everywhere. No exception.

I would not make such an assumption. The rates from different countries are likely underestimates of the truth, but the correction factor may be two to four at most. Not 40, not 20. Not 10. Many deaths after a vaccine shot are unexpected and not easily ignored by medical personnel. I think that a significant proportion of these deaths has been reported, even in the Covid era, when biases prevailed.

In the table below, I summarised the data as follows:

First, when millions are vaccinated, some reported deaths are coincidental. To be conservative (favouring the vaccines), I assumed that only 75% of reported deaths were vaccine-related.

Second, I allowed for an under-reporting factor (URF) of two (only half is reported), three (only one-third is reported), and four (only one-quarter is reported).

24-3

AVERAGE (countries)			4.7
0.75 correction			3.5
URF = 2			7
URF = 3			11
URF = 4			14

Extending the 7-14 range somewhat, in both directions, we may assume that the fatality rate is somewhere between 5 and 15 deaths per 100,000. The upper limit is in line with the number I deduced from the rate of serious adverse events.

In the U.S., these rates imply at least 13,000 short-term vaccine fatalities and possibly three times as many (almost 40,000 deaths). Statistically, few of these people would have died from Covid.

Booster

Many of those who completed the first vaccination protocol (two doses a few weeks apart) received a third (booster) dose several months later. There were booster-associated deaths (see [here](#) and [here](#)), and they add to the count of vaccine fatalities, probably doubling the overall short-term fatality rate.

Some insight, albeit not scientific, may also be gained from what are sometimes labeled 'sentinel events'.

Back in 2021, I was following a news outlet in my state and noticed a cluster of five unexpected deaths of relatively young people over a short period (November 4th through December 4th). Unexpected deaths are not usually reported unless the deceased is a public figure in some sense, which was the case here. The deceased worked in professions that may be called 'protective services' (see [here](#), [here](#), [here](#), [here](#), and [here](#)). In one case, "sources" reportedly said it was Covid. The circumstances of other deaths remained obscure.

Sometimes, the general descriptor was "in the line of duty", which is non-specific, and elsewhere included Covid death (see [here](#), for example).

Did they all die from Covid? Suddenly? That's unlikely. Furthermore, deaths from Covid of police officers were highlighted in the local media, not hidden (see [here](#), [here](#), and [here](#)).

Were all of them vaccinated? I do not know (though it is likely, especially in those professions).

If they were vaccinated, was the death vaccine-related in any case? I do not know.

But I do know that the time period roughly coincided with the timing of a booster dose. I also know that a cluster of such deaths in one month is highly unlikely, statistically, in the absence of a time-dependent shared cause.

From what I could find, there may be 40,000 people or so in such professions in my state. If these were booster-related deaths, the rate is in line with the estimates.

Booster deaths or not, we do not expect to hear about five unexpected deaths, in one month, of relatively young people in occupations that require excellent health status. I am not aware of any investigative report about this unexplained cluster of deaths.

Summary

Fatality after a flu shot is extremely rare: one death per five million.

Short-term fatality after Covid shots is many folds higher: dozens of deaths per one million. That's unacceptable, or at least was unacceptable for any vaccine before 2021.

24-4

What about long-term consequences, fatal and non-fatal? Will we be able to estimate the rates in a decade or two? How would we know, for example, if a future Covid death was caused by changes in natural immunity? How would we know if a sudden death was caused by subclinical myocarditis? How would we know if an auto-immune disease was triggered by Covid vaccine?

This is not going to be an easy task.

There had been good reasons, before the Covid era, for not rushing a new drug, or a new vaccine, into the market. We have learned the lesson the hard way, or have we?

25-1

How authorities are manipulating excess deaths in the UK, Canada and Australia

RHODA WILSON MAY 23, 2023

“Official” excess deaths are determined using a five-year average from previous years. If the average was always pre-pandemic years this would be correct. However, it seems to be standard to include 2021 and 2022 in the five-year average while excluding 2020. So, to determine how many excess deaths there are in 2022, for example, the average of the five years 2016, 2017, 2018, 2019 and 2021 is used as a baseline. This is happening in all three of the UK, Canada and Australia.

This is deceitful because the high excess numbers in 2021 result in excess death figures in 2022 appearing lower than they are. Using the latest excess data from Canada, Professor Norman Fenton how the “official” excess deaths are being manipulated and showed what excess deaths look like when honest methods are used to determine them.

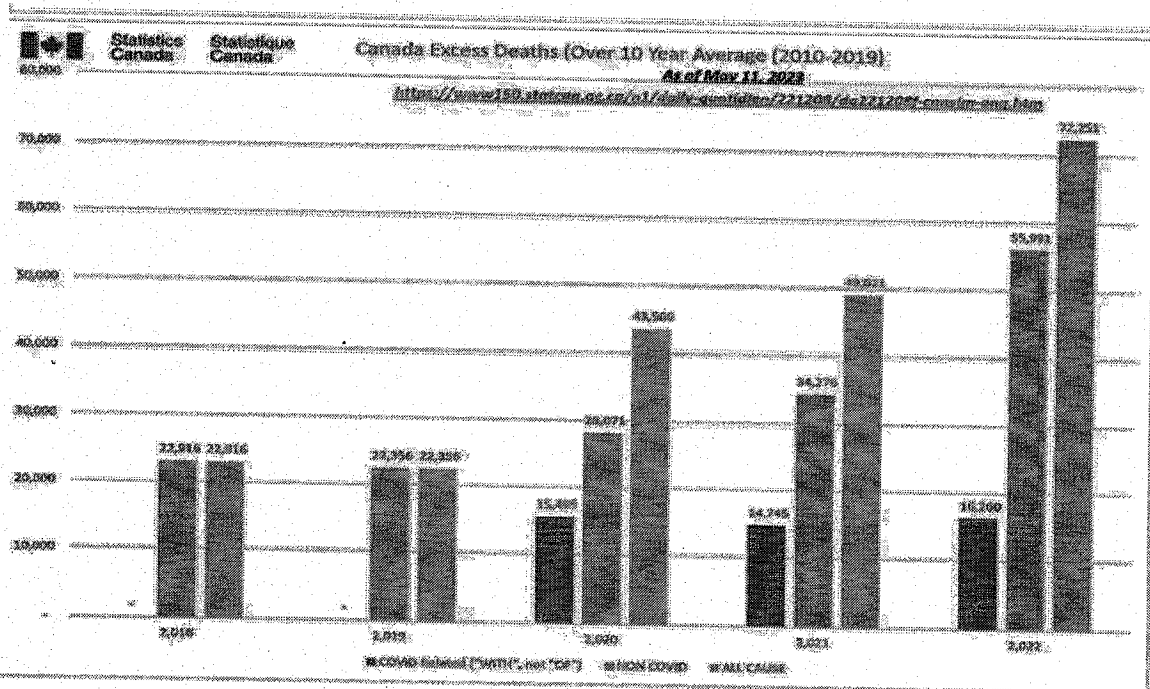
Manipulating Mortality

By Professor Norman Fenton

John Campbell asked me if I could explain what the confidence intervals meant in THESE Canadian excess deaths charts. I [responded and below] is John’s subsequent video where he quotes my summary comments.

Dr. John Campbell: Excess deaths in Canada, 19 May 2023 (14 mins)

It turns out that the latest Canada data on excess deaths is actually much more serious that even suggested in John’s video. THIS website, with thanks to David Dickson, provides continually updated data and exposes multiple problems with the “official” Canada data including the fact that the two main provinces are missing data – Ontario and Quebec. The excess deaths for the years 2020, 2021, and 2022 based on the 2010-2019 10-year average is especially revealing:



25-2

We believe that using a 10-year pre-covid (i.e., pre-2020) period is the best way to determine excess deaths, assuming stability and homogeneity in the population and in disease profiles. Many of the excess death figures you see for 2021, 2022 and 2023 from around the world are based on the previous 5 years only; moreover, while most (correctly) exclude the unusual covid year of 2020, it seems to have become standard to include the years 2021 and 2022 which, because of the impact of lockdowns and the vaccines as well as any continuing covid, were certainly not "normal" years in any sense. Thus, for example, for its 2022 figures, the ONS in the UK uses the years 2016, 2017, 2018, 2019, and 2021 for its "baseline" and for 2023 it uses the years 2017, 2018, 2019, 2021, 2022. We believe this is extremely duplicitous, since the high excess numbers in 2021 result in artificially suppressing the excess death figures in 2022, and the high excess numbers in both 2021 and 2022 result in even greater artificial suppression of the excess death figures in 2023.

We see the same in Australia where they estimate 2022 excess deaths using 2017-2019 and 2021 but do not include 2020 because "deaths were significantly lower than expected." So, by including a year that is higher than expected and excluding a year it is lower than expected the excess is manipulated to look smaller. See Arkmedic's Substack for details: '*The Australian Bureau of (Lies, Damned Lies and) Statistics*'.

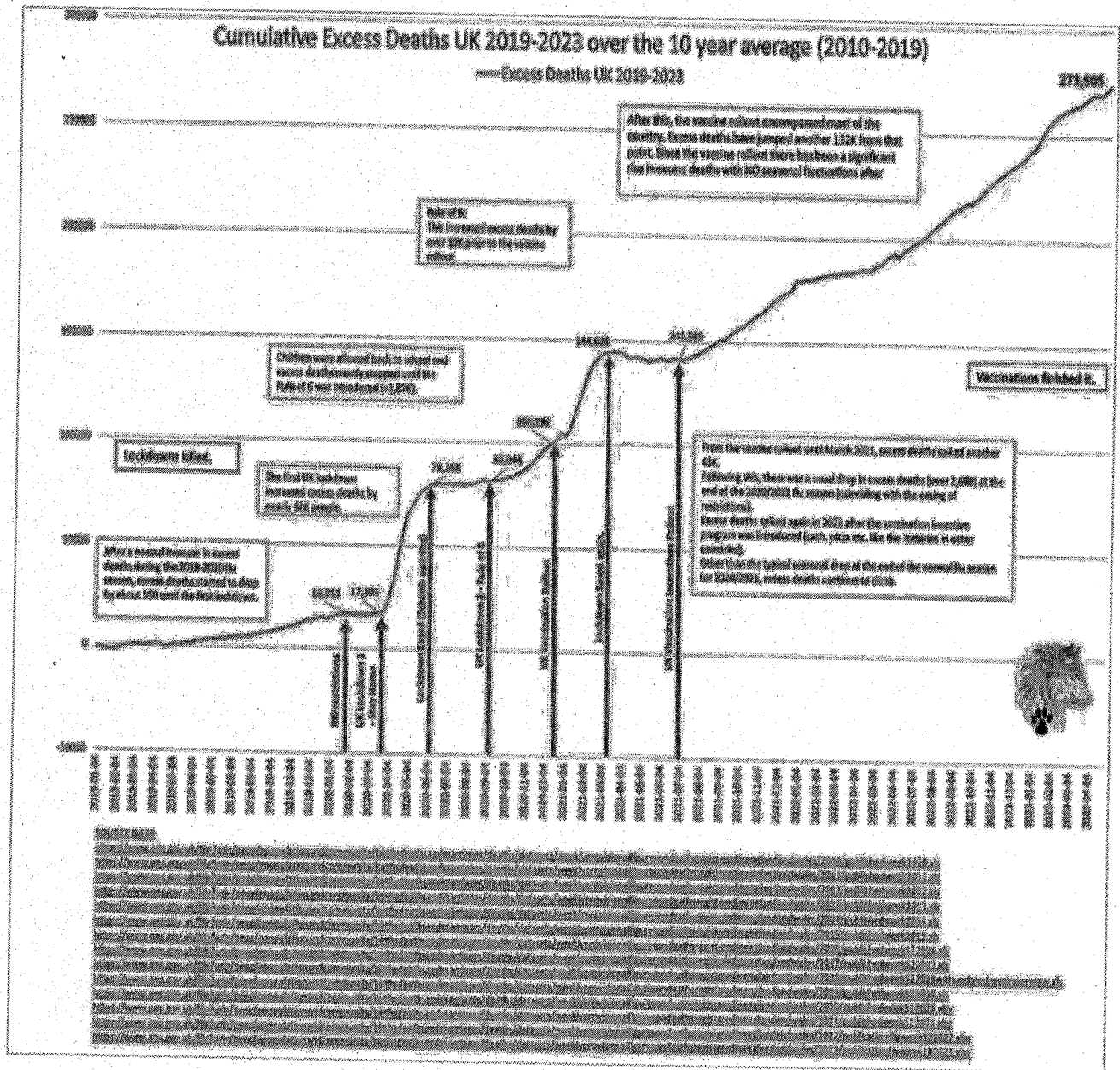
Even with these tricks to downplay the current excess death figures some people are noticing that there is a major problem, as this *Daily Mirror* article shows:

'Brits are dying in their tens of thousands – and we don't really have any idea why', Mirror, 11 May 2023

But of course, if you ignore, as the corporate media does, the possibility that the vaccine may be a contributory factor, then it's all a mystery as Prof. Coleman in that article suggests. He can't understand why excess deaths are higher when they should be lower after the pandemic. But he highlighted two key reasons for the excess deaths spike: "Britain's getting older, and gaining a larger average Body Mass Index."

Of course, it could be people not taking their statins. Honestly.

Update: Here is David Dickson's updated analysis of UK excess deaths using the 10-year 2010-2019 average:



About the Author

Norman Fenton is a Professor Emeritus of Risk Information Management at the Queen Mary University of London. He is also a Director of Agena, a company that specialises in risk management for critical systems. He is a mathematician by training whose current focus is on critical decision-making and, in particular, on quantifying uncertainty using causal, probabilistic models that combine data and knowledge (Bayesian networks). The approach can be summarised as "smart data rather than big data."

He publishes articles together with Professor Martin Neil on a Substack page titled 'Where are the Numbers?' which you can subscribe to and follow [HERE](#). You can also visit his website [HERE](#) or follow him on Twitter [HERE](#).

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Doctors sound alarm over mysterious outbreak of brain infections in Nevada kids – and they believe it's linked to COVID lockdowns

by Daily Mail April 29, 2023

Cases in Nevada children tripled in 2022, rising from four or five a year to 18

Health officials are sounding the alarm over a spike in rare and serious brain abscesses in children in and around Las Vegas, Nevada.

Experts at the US Centers for Disease Control and Prevention are investigating the spate of cases, while doctors across America say they are also seeing a rise in cases.

The number of brain abscesses in minors tripled in Nevada last year, shooting up from an average of four or five a year to 18.

Dr Taryn Bragg, a pediatric neurosurgeon and associate professor at the University of Utah who treats the cases, **told CNN** she had 'never seen anything like it' in her 20 years' experience.

Physicians are not sure what has caused the rise, but said it could be due to **weakened immunity to infections due to Covid measures** such as lockdowns.

Dr Bragg was able to spot the pattern and notify local public health officials because she is the only pediatric neurosurgeon for Nevada.

After March 2022, she said there was a 'huge increase' in brain abscesses, which is 'unusual', particularly as 'the similarities in terms of the presentation of cases was striking'.

In nearly every case, the child would develop a typical childhood ailment like an earache or sinus infection, with a headache and fever.

Dr Bragg said that within days, it would become obvious something more severe was at play.

It arose that physicians across the US are observing more and more brain abscesses in younger populations.