

The truth about vaccines that the CDC doesn't want you to know



On July 15, 2021, the US Surgeon General called COVID misinformation an “urgent threat.” The White House also is working with social media companies to ban medical disinformation.

But what both Dr. Vivek Murthy and Press Secretary Jen Psaki neglect to say is that **the biggest misinformation is coming from the CDC, FDA, and NIH.** Those organizations do not want you to know how many people have been killed or permanently disabled by the COVID vaccines. And they want you to believe that early treatments don't work.

They don't want you to know that **their own data** shows that for the alpha variant, vaccination only makes sense if you are over 30 years old and for the delta variant, because it is nearly 7 times less deadly, vaccination makes no sense at all: **for all ages, it will kill more people than it will save.** Finally, early treatments are the superior alternative: they are proven in practice to have a higher risk reduction and better safety profile than any of the current vaccines. The NIH and WHO are **deliberately suppressing this information** in order to push the “mass vaccination is the only option” false narrative (breaking with 70 years of established science).

Furthermore, the latest statistics show that vaccination could be making people **more** susceptible of dying from COVID, not less susceptible like everyone assumes. Is this due to ADE (antibody dependent enhancement)? There is a simple way to find out. We've asked the FDA why they aren't doing autopsies to confirm or deny that this is happening, but they have not answered. **This should be baffling to anyone in the medical community how we are not gathering this critical data.**

Before publishing this article, we reached out several times by phone and email to Dr. Steven Anderson at the FDA who is in charge of monitoring the VAERS

*safety signals for the FDA. **Neither Dr. Anderson nor his staff would respond to our offers to provide the FDA with the information our team had learned from extensive analysis of the VAERS data.** This made it clear to us that the FDA would simply like to avoid having to address all the safety signals we found (we found a lot and they are very significant).*

Let's take a look at the OFFICIAL PRIMARY DATA SOURCE that is used by the CDC and FDA to monitor adverse events caused by the vaccines. It is known as VAERS: vaccine adverse event reporting system.



Do you see anything “unusual” in 2021?

Normally, once over 50 people die, you'd stop the vaccine. For example, Back in 1976, 9 states halted the swine flu vaccine after just 3 deaths! Before it was halted nationwide, up to 32 people were estimated to have died and over 450 people were diagnosed with Guillain-Barre Syndrome.

But today, the rules have been scrapped. Now there is no limit to how many people can be killed. Nobody in government will call for a halt. We are at 438 cases of Guillain-Barre Syndrome, over 9,000 deaths reported, and 438,440 adverse event reports. **This is a clinical trial without a stopping condition.**

*Because these vaccines are not FDA approved and this is just an extended clinical trial, each and every adverse effect reported must be ascribed to the drug unless proven otherwise. The **burden of proof is on the manufacturers** at this point to show that these adverse effects were not drug related. **They have not met that burden.** They haven't even shown a single death or single adverse event was not likely caused or exacerbated by these vaccines. They are silent. We couldn't find any events that appeared non-causal either. Nor could anyone else we asked. Therefore, the safest course for the public in the interim, is to assume that all of these events are all related to the experimental vaccines. This would then require the FDA to immediately shut down the trial for safety concerns.*

We know there are a lot of people who mistakenly believe that the burden is on VaccineTruth to prove that the vaccines are unsafe. But the FDA rules say that that is not the way causality works in drug clinical trials. If it worked that way, every drug would be approved because there would be no incentive for anyone to invest the resources to prove the adverse events were caused by the drug (or experimental vaccine in this case).



Many people who write articles about VAERS (such as this article on VAERS by Dr. David Katz) claim that there is nothing to see that all the reports are simply “background” events that would have happened anyway, even if the injection were just a saline solution. Yet none of these people have ever actually looked INSIDE the database itself. If they did, they would find that they would be unable to explain the cause of the 9,000 excess deaths.

Can anyone find a single case in VAERS in 2021 where the person got the COVID19 vaccine, died within 30 days, and where the vaccine was not a significant (if not sole) contributor to the cause of death? Please let us know in the comments. We couldn't find one and nobody we asked publicly on Twitter could find one either. We expect that 2% of the fatality records will be coincidental and not causal. Note that death by suicide right after vaccination is pretty common because people are so despondent on the damage done by the vaccines. This is something that is well known to vaccine victims. Ask yourself: if you were planning to kill yourself tomorrow, would you get vaccinated today?

The mainstream media will NEVER ask the CDC for their analysis of the death data, because it would instantly reveal that the CDC, NIH, and FDA have been lying to the American people since the start of the vaccination program. They've known all along that the vast majority of the reported deaths have no plausible explanation other than the vaccine.

Today, we have to rely on uncensored independent sources such as The Highwire to learn the truth. That broadcast reaches millions of listeners. And in the July 15 episode, Del Bigtree is as outraged about this as we are: The VAERS data is off the charts, the vaccines should have been stopped, and NOBODY is asking any questions about any of this. This is an excellent episode we highly encourage everyone to at least watch the first 10 minutes.

Peter Doshi, associate editor of BMJ, and 26 other leading scientists have filed a citizen's petition to stop approval of the vaccines.

Doctors for COVID Ethics released this statement questioning the risk/benefit case for COVID vaccination.

Even Wired has pointed out that the CDC recommendations are nonsensical. They euphemistically call it "strange math."

The 9,048 deaths reported and 438,000 adverse event reports in VAERS are likely to be under-counted by at least a factor of 4.5 and possibly by 15x or more, according to a report commissioned by the NIH.

Based on multiple independent methods (direct people survey comparing # dead from COVID vs. # dead from vaccine, doctor surveys (COVID deaths, vaccine deaths, # of patients), news stories of 4 BA pilots out of 4,000 dead, and 5 JetBlue Pilots dead out of 3714 pilots), we can make a "best guess" estimate that the death rate from these vaccines is over 1 in 1,500 which suggests that **at least 100,000 previously healthy Americans have died.**

That estimate suggests that VAERS is under-reported by a factor of 10. So the 438,000 people who reported one or more adverse events translates into over 4.3M people who have been impacted.

When we look in detail into the fatalities by age, we find that if you are under 30, VAERS shows that **the vaccines will kill more people than will be saved** (see the download for detailed calculation which was done with a 4.5 conservative multiplier).

But the other thing you have to consider is that the 300 to 500 deaths each year on that chart are almost all "background deaths" that are coincidental because people die every day... The actual deaths caused by previous vaccines are typically fewer than 10 per year reported to VAERS per vaccine. So when cases reported into VAERS spikes to over 10,000 death reports in the first 6 months, and the propensity to report hasn't changed significantly from previous years, it's very clear that something is very seriously wrong.

Some people say this is just due to increased "awareness." But that is easily shown to be false. If you look at the deaths reported from all other vaccines

combined, they are comparable in 2021 to other years (166 deaths for all other vaccines in the first 6 months of 2021 which is the background rate). So if we excluded the COVID-19 vaccines from the graph above, it would look perfectly normal! No one can explain how this can happen if the vaccines are “perfectly safe.”

We have multiple ways other ways to prove there is no excess reporting (e.g., by looking at event counts that are unrelated to the vaccine, e.g., ear aches).

When we take a closer look at the VAERS data, **we have multiple ways to prove the COVID vaccines are causing a large number of serious adverse events**, including death (we use the Bradford-Hill criteria for determining causality).

To do a quick reality check, we did a public survey (in plain sight on Twitter) and asked people, “how many people do you know who have been killed by COVID?” and “How many people do you know who died shortly after vaccination?” We were surprised: the numbers we basically equal. We encourage you to do this same simple experiment with your friends. The results will shock you because **you will see for yourself that the vaccines may have killed almost as many people as the virus.**

So when Anthony Fauci said on July 11 that it is “almost inexplicable” that some people resist getting vaccinated **you have to wonder how Fauci can be so completely clueless about the safety data that is in plain sight.** He should be asking the opposite question: why would anyone want to get the vaccine now when it is more likely to kill them than to save them?

The NIH, FDA, and CDC do not see anything wrong at all. They think this is a perfectly safe vaccine that has killed nobody. Which is very strange because when we looked at the VAERS data we can clearly see a large number of serious event rates that are, in almost every case, more than 10X above “normal.” There is a nice table in the download summarizing this. You can replicate all these queries yourself.

It got us thinking.... wouldn't it be great if we had a Q&A document that was ... honest?

So we decided it was about time that somebody wrote a comprehensive FAQ that didn't pull any punches and answers all questions honestly.

Questions such as:

1. How many previously healthy people have been killed or permanently disabled by these vaccines? Could it be more than 100,000? How do we know?
2. Why aren't they stopping these vaccines after 50 deaths reported in VAERS?
3. How did the CDC prove that the vaccines didn't cause all the neurological and cardiovascular events? It certainly appears that the majority of deaths satisfy the Bradford-Hill causality criteria.
4. Since analysis of the VAERS fatality data by age and the CDC data clearly shows that for people under 30 the vaccine kills more people than it would save, why would the CDC want to vaccinate anyone under 30? (Answer: because the CDC has no cost-benefit analysis by age that takes into account the VAERS fatality data; there is a reason they don't show it to you).
5. If the vaccine isn't causing any symptoms, then why is there a dramatic difference between the number of events associated with the first dose vs. the second dose? Note: This question is extremely problematic. **Nobody at the FDA or CDC can answer that question. And the press will never ask it. They don't want you to learn the truth.**
6. Will the CDC ever figure out that the vaccines are unsafe and should have been stopped after 50 people were killed? (Answer: that is really unlikely. They are not focused on safety at all. Any competent unbiased statistician who looks at the VAERS data is appalled and the more they look, the more appalled they get).
7. How serious can these vaccines be long-term? (The answer to this should frighten everyone)
8. Why is the CDC recommending that women who are pregnant get vaccinated when we don't have the data on the effect of the vaccine on the baby? Couldn't we be setting ourselves up for a huge tragedy for the family, the baby, and society? Why not at least wait 9 months to see if the vaccines are safe for pregnant women?
9. Why does the FDA's Director of the Office Of Biostatistics And Epidemiology (Steven Anderson) refuse to even look at the data showing all the adverse events caused by these vaccines? What is he afraid of?
10. Will anyone in Congress ever ask for the FDA report showing that the

vaccine couldn't have caused any of the deaths reported in VAERS? Why is Congress so afraid to ask for this?

11. Why is the vaccine causing so many neurological and cardiovascular problems (see our giant table in the document)?
12. Is there a significant neurological and/or cardiovascular adverse event that is not triggered by the vaccines (Answer: we haven't found one yet).
13. How can I treat my post-vaccine inflammation syndrome (PVIS)?
14. How can I fight vaccine mandates from my employer or school? What did they do wrong in the Houston Methodist case? Where can I join a class action?
15. Can I get compensated for my vaccine injuries?
16. Is this vaccine really more deadly than all of the other 70 vaccines combined in the last 30 years? (answer: Yes)
17. They claim there are no deaths from the vaccines. How are they categorizing all the dead bodies from the vaccine? (this answer to this one surprised us and it will really surprise you; it was buried in one sentence in a paper that few people have read)
18. Why haven't the FDA and CDC investigated the fraud in the Pfizer Phase 3 trial where a 12 year old (Maddie de Garay) became permanently paralyzed less than 24 hours after taking the vaccine? Pfizer reported as a minor event. The FDA knows about the case, promised to investigate, and did nothing. Why? And why isn't the press asking about the fraud??
19. Is early treatment a better option than vaccines? Why has the NIH not promoted any of these treatments despite clear and compelling evidence that they work with well over 98% risk reduction?
20. Why aren't there any autopsies for people who die after vaccination? Don't people want to prove that it wasn't the vaccine that killed these people?
21. If the vaccine is so safe, then how come half the deaths happen within 3 days of vaccination? And why does the death rate peak on the second day since there would be a higher propensity to report a death within 24 hours? How do you explain that? (we explain why this is in the document)
22. If the vaccine is so safe, how come there are so many deaths of people under 30 in their sleep less than 24 hours after vaccination? That never happens so how do you explain those deaths?
23. Why were people who died 15 minutes after vaccination removed from the VAERS reporting system?

24. How many people have to die before they call a halt to the nonsense?
25. Why isn't the press asking any of these questions?
26. How can four British Airways pilots all die shortly after vaccination? How can BA claim that the deaths aren't linked if they don't know the vaccination dates of the four pilots? And why won't they answer that question (as to how they KNOW the deaths are not linked)?
27. Why is it up to 2,500 times safer to opt for early treatment than the vaccine if you want to avoid permanent neurological or cardiovascular damage? (it's a simple calculation anyone can do)
28. Why aren't any Democratic committee chairmen asking NIH for Tony Fauci's unredacted emails so we can expose the fact that he funded the creation of the virus and then tried to cover it up after he became aware that the virus escaped? And why isn't the press asking them this question? **We've asked this question ourselves, but they all refuse to answer.**
29. Why are the NIH and WHO pretending that early treatments don't work when it is obvious to everyone, including the WHO's top consultant on ivermectin, that they do work? He even published a paper in a top peer-reviewed journal about it.
30. How can Moderna send the University of North Carolina a coronavirus vaccine to test two weeks before anyone knew COVID even existed? How did Moderna know in advance the exact best vaccine to create? (if you want to see a copy of the MTA, download the doc and then download the reference doc listed at the end of that doc)
31. Will a safe vaccine be available soon? From what company? When?
32. Why are top universities like Stanford and Harvard requiring vaccination for students when they've never done the calculation that would show the policy would kill (and disable) more students than it would save? Shouldn't they at least have the numbers derived from the VAERS system to show the parents? (sure, but they don't!) Why aren't any parents asking for this? (answer: Parents trust the CDC assertions). How can we be telling our kids to get a vaccine that is more likely to kill them than to save them if we've never looked at the numbers? (answer: Most parents don't think to question authority. They go along with narrative.)
33. How come there is still no informed consent for the vaccine experiment underway? Isn't the CDC supposed to share the rates of death and disability?

34. Aren't these experiments a violation of multiple parts of the Nuremberg Code?
35. Where is the proof that nobody has been killed or permanently injured from the vaccines? Since these vaccines are not approved, the burden is on the drug company to show that all the deaths and permanent disabilities in VAERS were not vaccine related. Where is the analysis and why is it kept hidden (if it exists)?
36. Can we at least see Pfizer's analysis of Maddie de Garay's case where she was permanently paralyzed less than 24 hours after the shot? Why is the press not asking for this analysis? Or **asking why nobody at the CDC, FDA, or NIH followed up on this case** even though they know about it for sure. She was in the Pfizer 12-15 year old clinical trial. Surely, there must be an analysis proving her sudden paralysis was caused by "something else" but as of July 15, 2021 nobody has contacted the family to get the case history. Why is this girl being ignored?
37. Why is the US government giving Merck over a billion dollars for an unproved antiviral, when we already have a very safe old drug that is extremely effective against all COVID variants and is available now? Why not give Merck the money to do a large randomized control trial of ivermectin? Antivirals typically can't be given early enough to halt the virus because the patients don't realize they have the virus until they are in the inflammatory stage of the disease. This seems like a government boondoggle. What are we missing here?
38. How can the White House say ivermectin is disinformation? Ivermectin has a peer-reviewed systematic review. That is the highest level of evidence possible in evidence-based medicine. Yet, paradoxically, masks are mandated even though the only randomized trial on mask wearing showed it made no statistically significant difference. We require infinite clinical trials for ivermectin (not even a systematic review is accepted), yet for mask wearing, no scientific proof at all is required and nobody is asking for it. Huh??!?!?
39. Why aren't we leveling with the American people that the scientific evidence supporting mask wearing for COVID is non-existent? All the inconvenience we went through was pure political theater. Haven't you ever wondered why the NIH never funded a mask study? The answer is simple: they know it doesn't work so doing a study would expose the existing recommendations as foolish, unnecessary, and unhealthy and it

would also discredit every public health official in the US as going along with the narrative without questioning it at all. **NO ONE WILL DEBATE Tyson Gabriel** of Premier Risk Management, Arizona. They will instead try to censor him like they do to anyone else who tries to argue using facts and evidence. This is why his video exposing the facts on mask wearing isn't on YouTube.

40. The White House released their list of the misinformation dozen which included Bobby Kennedy and asked social media to censor their accounts. Is this what we've come to as a nation to silence people with opposing viewpoints? The facts are that **for the last 20 years, Bobby Kennedy has pleaded to debate anyone with scientific credentials about vaccine safety**. The only person to accept the debate was Alan Dershowitz, and Dershowitz lost the debate. Why in 20 years has nobody from the scientific community dared to debate Kennedy? (see the image below for the reason why censorship is the only pathway)
41. We asked Monica Gandhi, a prominent infectious disease expert at UCSF, "Are scientific dissenters best dealt with through assassination threats and government encouraged censorship? Or do you support open scientific debate?" She did not respond. It is a difficult choice. But by not agreeing to debate and refusing to answer our question, we can infer her answer.
42. Over 40 faculty members of the University of Guelph wrote a letter criticizing Dr. Byram Bridle for his views on vaccine safety. None of them would agree to debate Dr. Bridle in a fair open debate. Not a single one.
43. Why won't anyone from any of the federal agencies (CDC, FDA, NIH), the fact checkers employed by mainstream media, the White House, the Surgeon General, Congress, or academia will answer (or ask) any of these questions posed above? Why are they all afraid to debate Dr. Robert Malone, Professor Byram Bridle, Dr. Peter McCullough, Dr. Bret Weinstein, Dr. Chris Martenson, Dr. Jessica Rose, Mathew Crawford, and others on vaccine safety? Answer: they are afraid of losing badly, very badly.



Nobody will debate us on vaccine safety. We keep asking for a debate, but all we hear are crickets. The White House is encouraging censorship as the proper way to deal with dissenting viewpoints, not open scientific debate.

If you want to know the answer to these and more questions, you've come to the right place.

Here's the link to the answers you seek. It is a long document, you will find that the time you invest in reading it is time that is well spent. It may save your life or the lives of your kids. Because it is a living document and it is an opinion piece, it can't be peer reviewed. However, readers are welcome to identify any errors in the comments below.

Vaccine safety FAQDownload

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