



Dr. Steve's Field of Vision

Safe and Effective? Part 1: Safety

The Centers for Disease Control (CDC) reassures us about the safety of the coronavirus vaccines (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html> [accessed Nov 16 2021].):

"Over 432 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through November 8, 2021."

"COVID-19 vaccines are **safe and effective**. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration's (FDA) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support approval or authorization of a vaccine."

At the same time that the CDC is touting the safety of the COVID-19 vaccines, the Vaccine Adverse Event Reporting System (VAERS) maintained by the CDC is telling a different story. An early study of deaths reported to the VAERS system reveals the following:

"In early April 2021 we downloaded the 2021 Vaccine Adverse Events Reporting System (VAERS) dataset with the aim to analyse these reports to determine the range and frequency of health problems potentially caused by the vaccines but also the quality of the reports, and by inference the credibility of the reporters lodging them. For each patient cited in a report, a clinically trained reviewer manually examines the report to determine its source and clinical credibility and to identify and record medical history, current illness, and symptoms. Each is then checked by a second reviewer. This process is ongoing, as there are 1644 deaths in the April VAERS deaths dataset that have been reported in patients who had recently received their first or second COVID-19 vaccination, and over 28,000 serious adverse events that did not result in death. This interim report presents the results of our analysis of the first 250 reported deaths that have been reviewed and coded by our team. We identified health service employees as the reporter in at least 67% of the reports, while pharmaceutical employees were identified as the reporter in a further 5%. Lay people were identifiable as the reporter in only 28% of the reports. This suggests an intention for clinical applicability and usefulness and goes some way towards addressing the common disclaimer that many VAERS reports are made by aggrieved family members and anti-vaxxers, both with an axe to grind. The sample is heavily biased because these were all people vaccinated very early in the programme when only the elderly, those with significant or chronic health conditions and frontline health service staff were being vaccinated.

Yet, our analysis shows that the patients can be grouped into three main types: (i) those where the vaccine was most likely not a factor; (ii) those where the vaccine may have been a factor; and (iii) those where the vaccine was the most likely factor in their deaths. We found that in 34 of the 250 deaths (14%) a vaccine reaction could be ruled out as a contributing factor in their death; these were all patients either already bedridden and expected to die from a serious medical condition like lung cancer, or were described as at end of life or receiving palliative hospice care. For 203 of the 250 (81%) the vaccine may have been a factor in their death; however, many of these patients had one or more chronic or age-related comorbid conditions. Finally, for at least 13 of the 250 deaths (5%) the vaccine was the most likely cause of death; these patients had strong reactions soon after vaccination and died either on the same day, or during the next couple of days."

(Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis. Available from: https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis [accessed Nov 16 2021].)

You read that correctly, in a worst case scenario up to 86% of the early reported deaths may have been directly related to the administration of the COVID-19 vaccines.

That is a short-term analysis of early deaths possibly or likely attributable to the COVID-19 vaccines in the U.S. But, what does the CDC say about long-term side effects?

Here is what the CDC says: "Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose. For this reason, the FDA required each of the authorized COVID-19 vaccines to be studied for at least two months (eight weeks) after the final dose. Millions of people have received COVID-19 vaccines, and no long-term side effects have been detected." (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html> [accessed Nov 16 2021])

Of course no long-term side effects have been detected—WE HAVE ONLY BEEN ADMINISTERING THE COVID VACCINES TO THE PUBLIC FOR LESS THAN A YEAR! The CDC is perpetrating a clever LIE in the quote above.

Further, it is a false equivalency to invoke the "historical" safety record for other vaccines in the context of a discussion of the long term safety of the COVID vaccines. Traditional vaccines either use a weakened form of a virus or only partial virus particles to induce their protective effects against the disease a virus causes. The COVID vaccines use engineered genetic technology to produce their effects. That engineered genetic technology is completely different than previous vaccines.

For context, let's look at some graphic data regarding vaccines and reported deaths over the years 2017-2021 from VAERS:

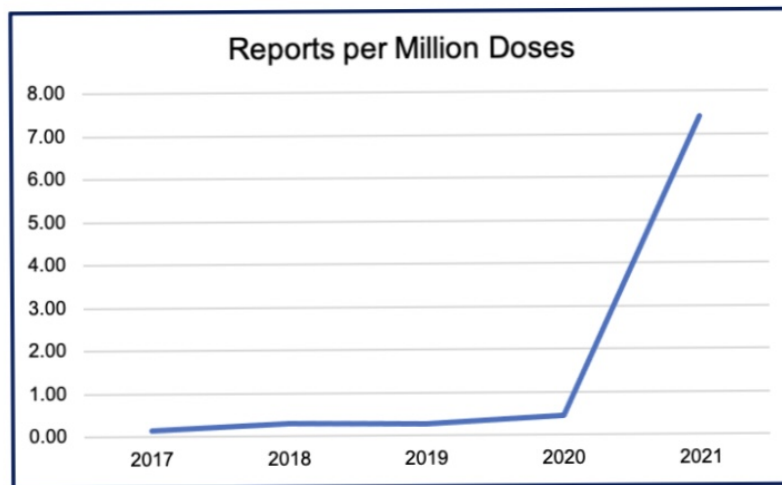
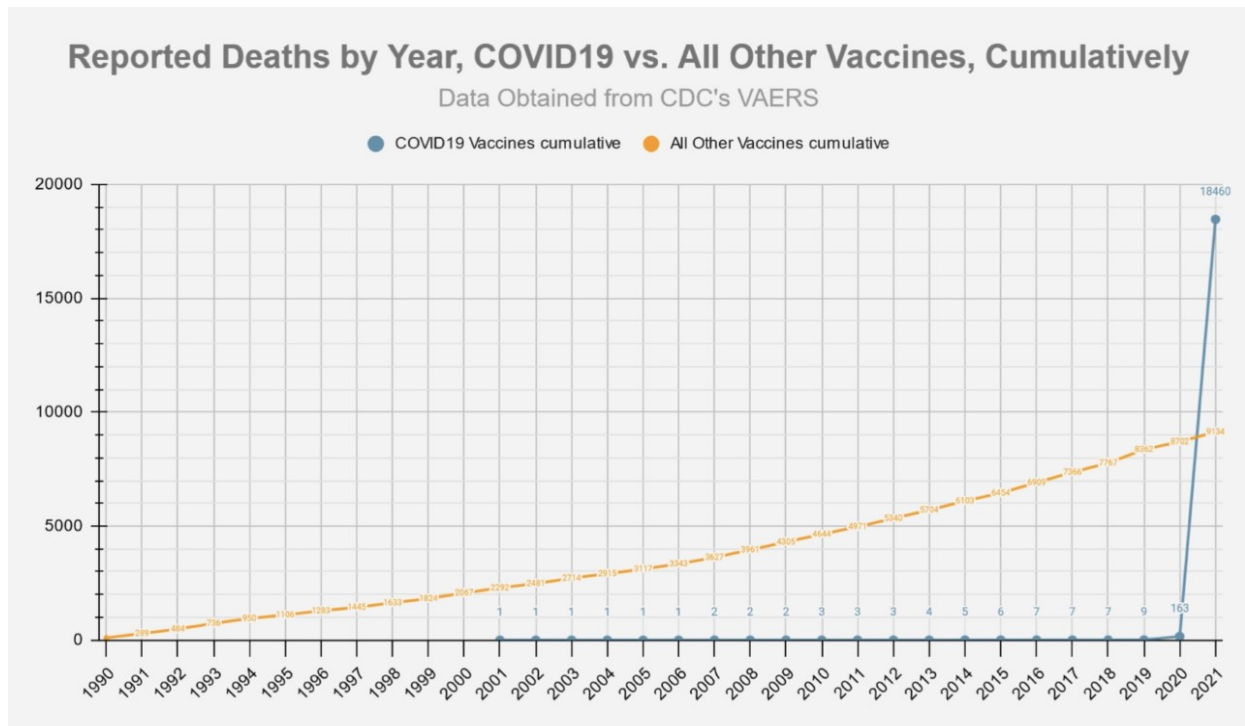


Figure 10: VAERS Death reports per million doses administered

(From: Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim: Results and Analysis. Available from: https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis [accessed Nov 16 2021].)

As you can see from the graph above, the number of deaths reported to VAERS for all vaccines was well below the 1 death per million doses administered until late 2020 and into the first three months of 2021 where the number increased dramatically. The only difference between 2017 through 2019 and late 2020 and beyond was the introduction of the COVID-19 vaccines. The authors of the study demonstrating this dramatic increase in deaths go on to state, "If this reporting trend continues, there could be at least 6500 individual VEARS death reports by the end of 2021 . . ." (https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis [accessed Nov 16 2021].)

But, these authors prediction in April of 2021 has turned out to be incorrect. Looking at current data from VAERS demonstrates the actual number of deaths secondary to the COVID-19 vaccines has reached 18,460 deaths by the end of the first week of November of 2021. This number of vaccine deaths exceeds the cumulative number of deaths from all other vaccine deaths reported to VAERS between 1990 and the present!



Cumulative deaths from all non-COVID-19 vaccines from 1990 through the present is half the number of deaths attributed to the COVID-19 vaccines from mid-December of 2020 through the first week of November in 2021. From: <http://vaersanalysis.info/wp-content/uploads/2021/11/VAERS-Summary-11052021-3.pdf>

But, wait, you say, "The VAERS data is polluted with reports from anti-vaxxers and unhappy family members who are wrongly attributing adverse outcomes to vaccines because they are biased against vaccines in general and these coronavirus vaccines in particular." Okay, let's look at adverse event reports from another system that monitors such data that is submitted by government surveillance sources.

There is a side effect and adverse event database that can be readily accessed online. It is known as VigiAccess. (www.vigiaccess.org)

"VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products. Side effects – known technically as adverse drug reactions (ADRs) and adverse events following immunization (AEFIs) – are reported by national pharmacovigilance centres or national drug regulatory authorities that are members of the WHO Programme for International Drug Monitoring (PIDM). WHO PIDM was created in 1968 to ensure the safer and more effective use of medicinal products." (www.vigiaccess.org [accessed 16 Nov 2021])

If we search the VigiAccess database using "COVID-19 Vaccine" in the search bar, the database reports 2,513,185 adverse reactions since the roll out of the vaccines in late 2020. A large number of the adverse reactions relate to the blood and lymphatic systems, cardiac disorders, vascular and respiratory disorders. (www.vigiaccess.org [accessed 16 Nov 2021])

By contrast, The VigiAccess database reports a total of 122,136 adverse reactions for the polio vaccine since 1968. Yes, you read that correctly—that's 2,391,049 fewer adverse reactions for the polio vaccine over fifty-three years versus one year for the COVID vaccines!

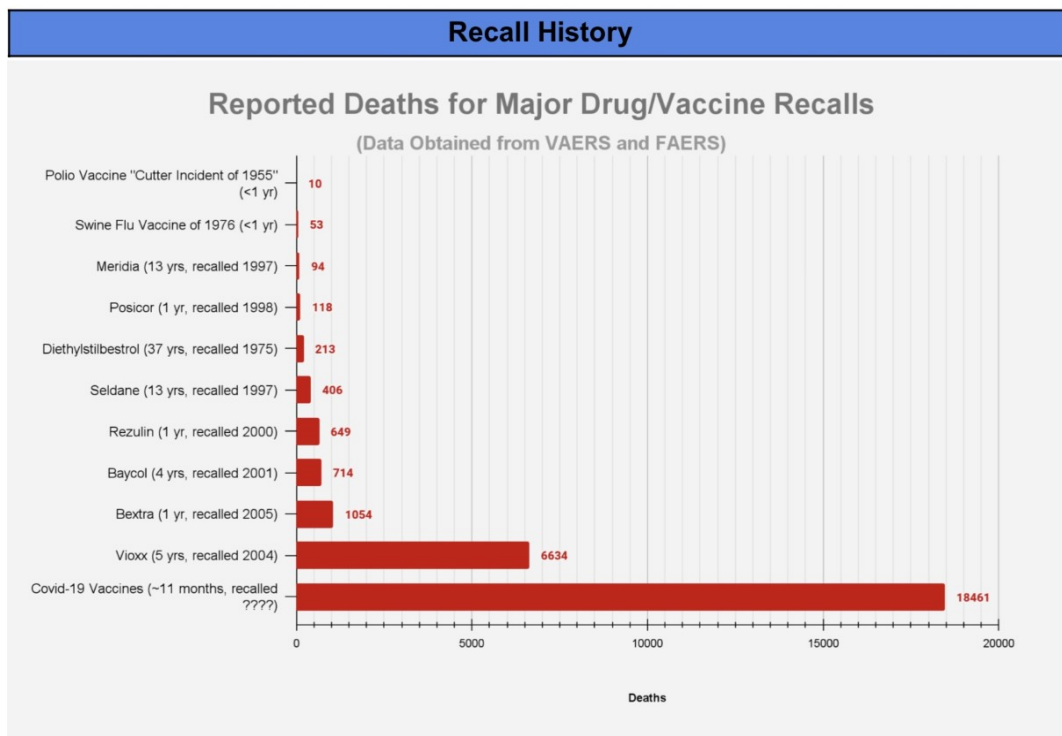
(www.vigiaccess.org [accessed 16 Nov 2021])

As a result of cardiac side effects related to the COVID vaccines, Finland, Sweden and Denmark have suspended giving the Moderna mRNA vaccine to men and boys under 30 years of age.

(<https://www.marketwatch.com/story/nordic-countries-suspend-use-of-moderna-covid-19-vaccine-in-young-people-271633601144> [accessed 16 Nov 2021])

In a similar move, Taiwan has stopped administration of second doses of the Pfizer-BioNtech vaccine to 12 to 17-year-olds as a result of safety concerns (<https://trialsitenews.com/taiwan-temporarily-stops-administration-of-second-dose-pfizer-biontech-vaccine-in-12-to-17-year-old-cohort-to-evaluate-safety-situation/> [accessed 16 Nov 2021]).

How does this safety data for the COVID-19 vaccines compare to other vaccines and drugs that have been recalled for safety reasons? The graph below demonstrates a comparison between the COVID-19 vaccines and eight drugs and two vaccines that were recalled out of concerns related to associated deaths. As you can see from the graph below, the arthritis drug Vioxx was recalled after five years of use and 6,634 deaths. The COVID-19 vaccines have accounted for nearly three times as many deaths as Vioxx, however, these vaccines are still being pushed for use by the FDA, CDC and public health experts. This includes a third dose or "booster" for those who have already received two doses of the mRNA vaccines.



From: <http://vaersanalysis.info/wp-content/uploads/2021/11/VAERS-Summary-11052021-3.pdf>

None of this data is made up by me. You can check the citations I have included above for yourself. Making decisions about whether you take these vaccines that are still being distributed under an FDA emergency use authorization should be made in the light of full understanding of the potential risks and benefits of these novel vaccines.

For the record: I am not an “anti-vaxer.” I have repeatedly encouraged those at high risk for poor outcomes from a COVID-19 infection to take the jab. I have offered this advice for many of my patients, my eighty-four year old mother, other family members and patients in high-risk categories such as those that are obese and those with diabetes and/or hypertension. “Get in line and get your vaccine,” I have admonished.

However, in light of these facts, shouldn’t our vaccination strategy be to provide vaccinations solely to protect the at-risk? That would mean only vaccinating the most vulnerable against the disease. This seems a better approach than forcing a vaccine with a questionable safety record and incomplete safety data regarding long-term effects onto the entire United States population.

In Part 2 of this report I will review information about the second part of the equation regarding the COVID-19 vaccines: **Effectiveness.**



-Report continues below-

Part 2: Effectiveness

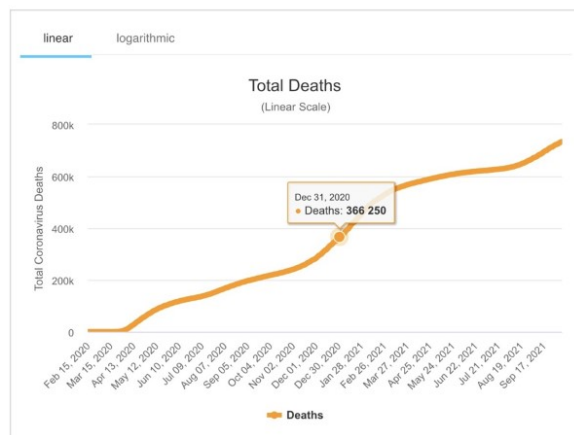
If you go to the Worldometer web site (<https://www.worldometers.info/coronavirus/country/us/>) and look at the graph showing U.S. coronavirus deaths you will see that the first death was reported on February 29, 2020. Jumping ahead to December 31, 2020 shows the total number of U.S. deaths from COVID-19 as 366,250.

As you will recall, the COVID-19 vaccines were given emergency use authorizations in December of 2020 and began their roll out almost immediately. The press documented President-elect Joe Biden receiving his first dose on December 21st.

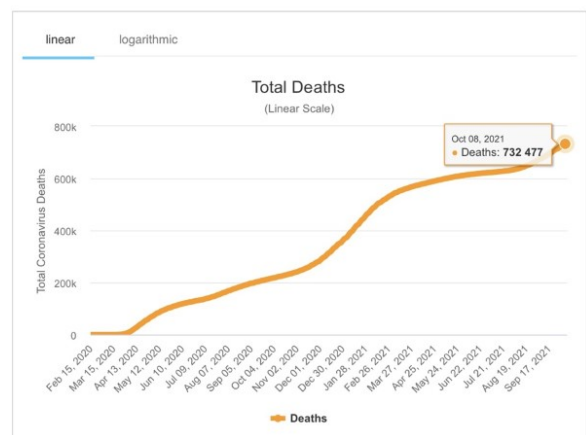
(<https://www.cnn.com/2020/12/21/politics/bidens-coronavirus-vaccination/index.html>)

Let's return to the Worldometer web site and look at the total COVID-19 deaths from January 1, 2021 through October 8, 2021. That number is 366,227. Let that sink in for a moment . . . the total U.S. deaths for the ten months of the pre-vaccine era is almost exactly the same as the total U.S. deaths for the 9.25 months of the post-emergency use authorization vaccine era. I have included the graphs below for you to see, but you can verify what I am saying on the Worldometer web site for yourself if you are a skeptic like me.

Total Coronavirus Deaths in the United States



Total Coronavirus Deaths in the United States



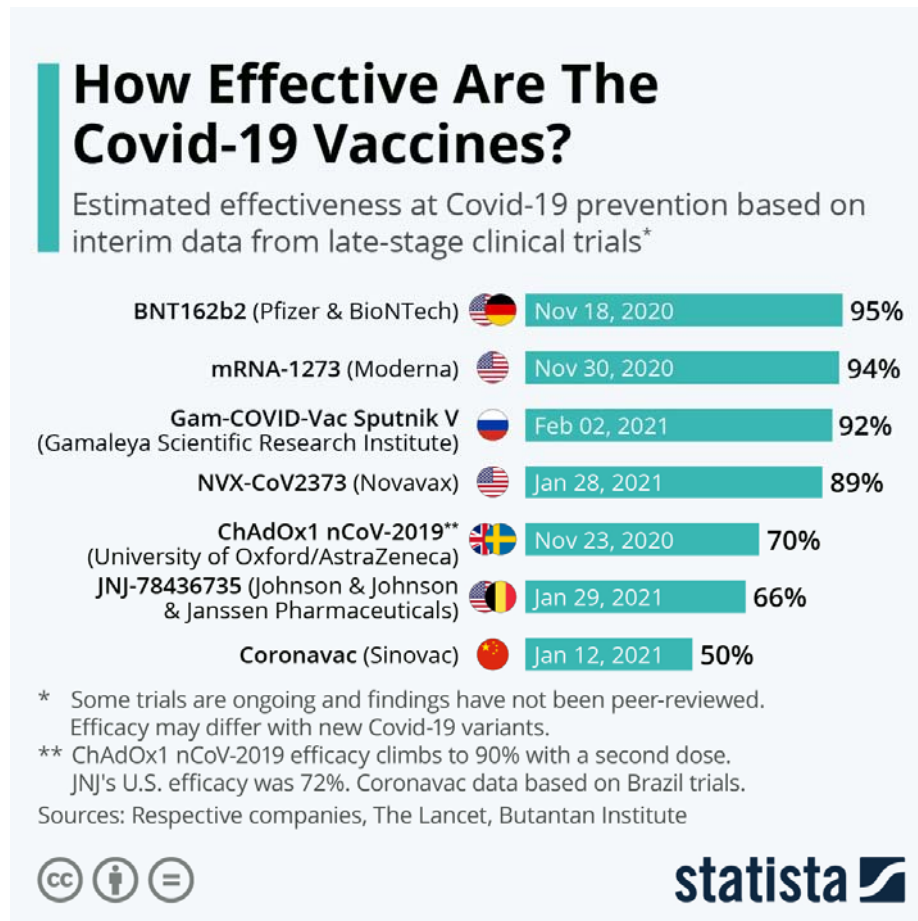
Total coronavirus deaths from February 29, 2020 through December 31, 2020 equals 366,250. Deaths from January 1, 2021 through October 8, 2021, after the roll out of the COVID-19 vaccines equals 366,227. (<https://www.worldometers.info/coronavirus/country/us/>)

The logical person must ask, “If the vaccines are working as intended, why are the death rates before and after their roll out identical over roughly equivalent time periods?”

The answer is obvious. The vaccines do not perform as we were first told they did.

(<https://www.nature.com/articles/d41586-021-02532-4>)

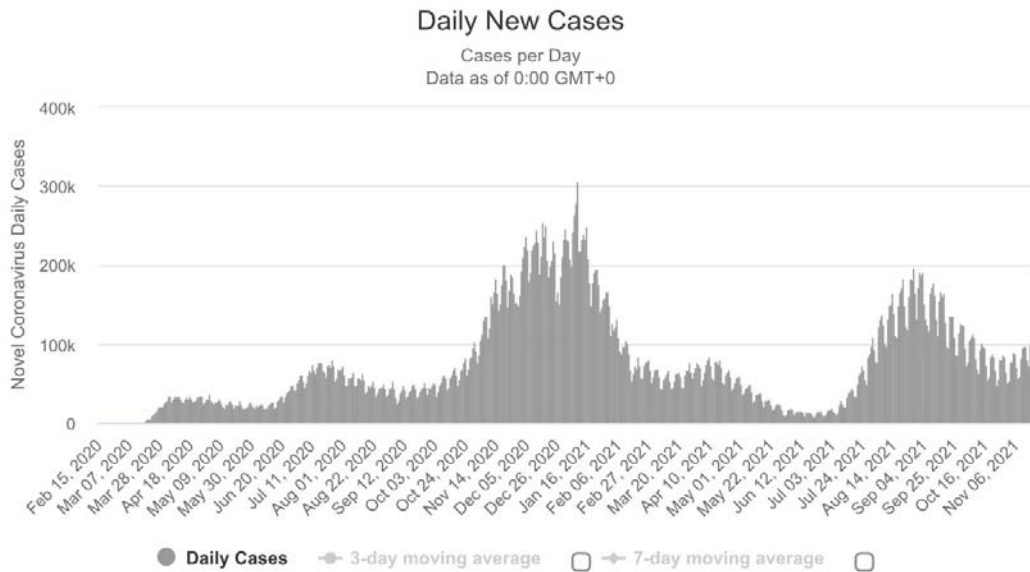
The goal post has moved. We were originally told the mRNA vaccines (Pfizer and Moderna) were 94-95% effective for preventing COVID-19 and 100% effective against hospitalization and death. That is no longer true and vaccinated people are becoming ill just like the unvaccinated.



[\(https://www.statista.com/chart/23510/estimated-effectiveness-of-covid-19-vaccine-candidates/\)](https://www.statista.com/chart/23510/estimated-effectiveness-of-covid-19-vaccine-candidates/)

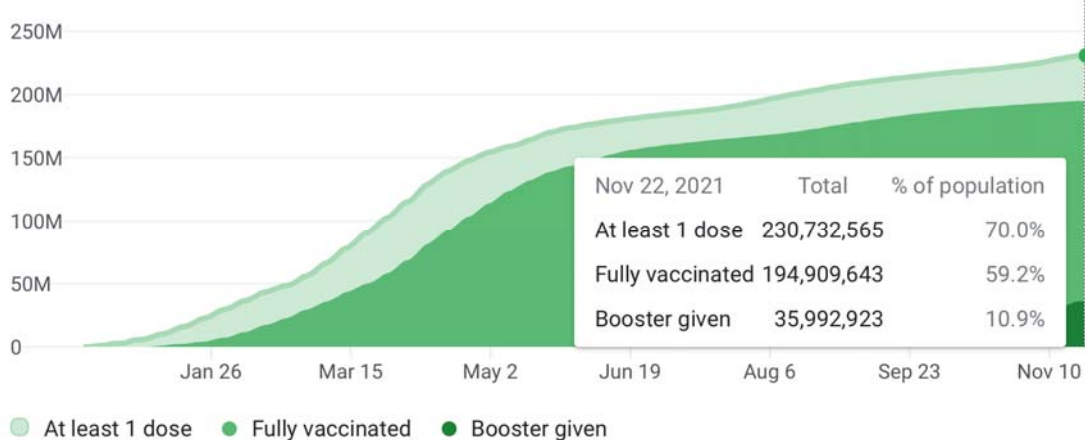
When the vaccines were rolled out here in the U.S. in December of 2020 right as we were spiking huge numbers of cases, they began to work as promised. The number of daily cases began to drop like a rock and by late May we could see the light at the end of the tunnel. Remember the CDC director telling us we could stop wearing our masks? These vaccines were a very effective PROTOTYPE reducing the number of cases to almost zero of the original "wild type" coronavirus. Then, Mother Nature figured a way around the very narrow protection of the vaccines as the virus began to mutate. Then the Delta variant arrived on our shores. Look at the Worldometer graph (below) for daily cases in the U.S. By late July of this year our number of cases skyrocketed. We seem to have peaked in late August, but cases are already rising as we approach the winter months and people move inside to avoid the cold.

Daily New Cases in the United States



<https://www.worldometers.info/coronavirus/country/us/>

Now look at the graph below demonstrating the vaccination rate in the U.S. as of November 22, 2021. Seventy percent of the U.S. population has received at least one dose of the vaccines. Our cases should be low, but, they are again on the rise. What more evidence does one need to see that the vaccines are a failure?



<https://ourworldindata.org/covid-vaccinations?country=USA>

Now let's look at some recent studies that look at the phenomenon of the declining effectiveness of the vaccines.

A recent investigation was released that looked at the declining protection afforded by the three vaccines in use in the United States. The study looked at breakthrough infection rates in 620,000 U.S. Veterans over the course of 6.5 months (Feb 1, 2021 – Aug 13, 2021).

(<https://www.medrxiv.org/content/10.1101/2021.10.13.21264966v1>) [Cohn BA et al. Breakthrough SARS-CoV-2 infections in 620,000 U.S. Veterans, February 1, 2021 to August 13, 2021]

The study is a preprint, which means it has yet to be put through the scrutiny of peer review and is not yet published in a journal. I have read the study, and as a peer-reviewer myself with decades of experience, it appears to me as though it should pass muster and be published in the near future.

Overall vaccine protection in this large sample of people declined from 91.9% in March of 2021 to 53.9% in August of 2021. Declines were greatest for the Johnson & Johnson vaccine followed by Pfizer and Moderna: down to 3% for Johnson & Johnson, 50% for Pfizer and 64% for Moderna.

The authors speculate that part of the reason for these declining rates of protection may likely be due to the rising prevalence of the Delta Variant that appears to be more infectious than the original “wild type” coronavirus. The authors go on to state that, “It is not yet clear whether reductions in vaccine protection against infection will translate into similar reductions in protection against hospitalization and death.”

As we shall soon see, similar reductions in protection against hospitalizations and deaths are, indeed, on the horizon.

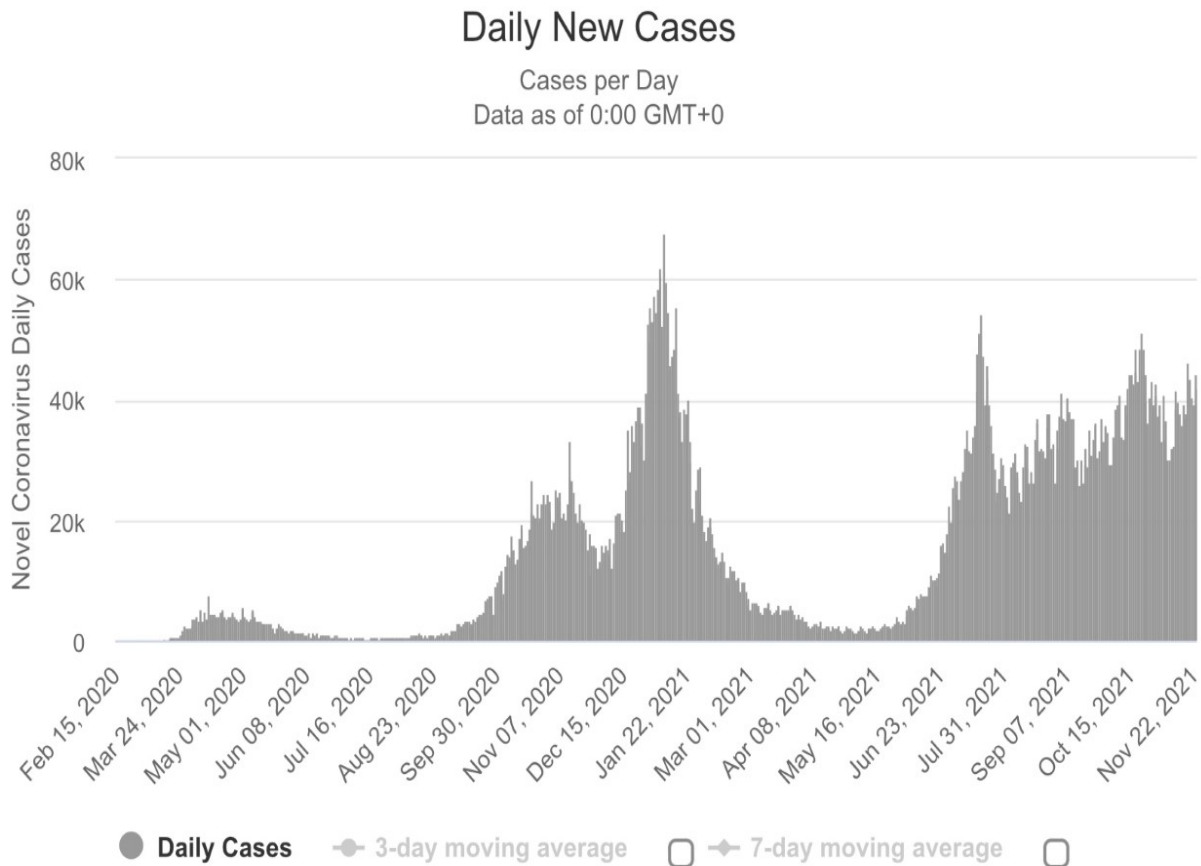
Another preprint study from The Lancet looked at waning vaccine protection in 1,684,958 subjects where half of the study participants were fully vaccinated and half were unvaccinated. (https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3949410) [Nordstrom P et al. Effectiveness of Covid-19 Vaccination Against Risk of Symptomatic Infection, Hospitalization, and Death Up to 9 Months: A Swedish Total-Population Cohort Study]

These researchers found that vaccine protection was undetectable between 181-211 days after receipt of the second dose of the mRNA vaccines. The authors concluded, "Vaccine effectiveness against symptomatic Covid-19 infection wanes progressively over time across all subgroups, but at different rate according to type of vaccine, and faster for men and older frail individuals. The effectiveness against severe illness seems to remain high through 9 months, although not for men, older frail individuals, and individuals with comorbidities."

Additionally, a New England Journal of Medicine study (<https://www.nejm.org/doi/full/10.1056/NEJMoa2114583>) [Levin EG et al. Waning Humoral Response to BNT162b2 Covid-19 Vaccine over 6 Months] also found that, "Six months after receipt of the second dose of the BNT162b2 [Pfizer] vaccine, humoral response was substantially decreased, especially among men, among persons 65 years of age or older, and among persons with immunosuppression." These results were discovered amongst the 3,808 subjects.

Now let's look at what is happening in the United Kingdom. The U.K. is one of the most vaccinated countries on the planet. They began vaccinating about four to six weeks earlier than the United States. If we look at the number of cases reported daily we see that the U.K. has huge numbers of cases in spite of their high vaccination rates (see graph below).

Daily New Cases in the United Kingdom

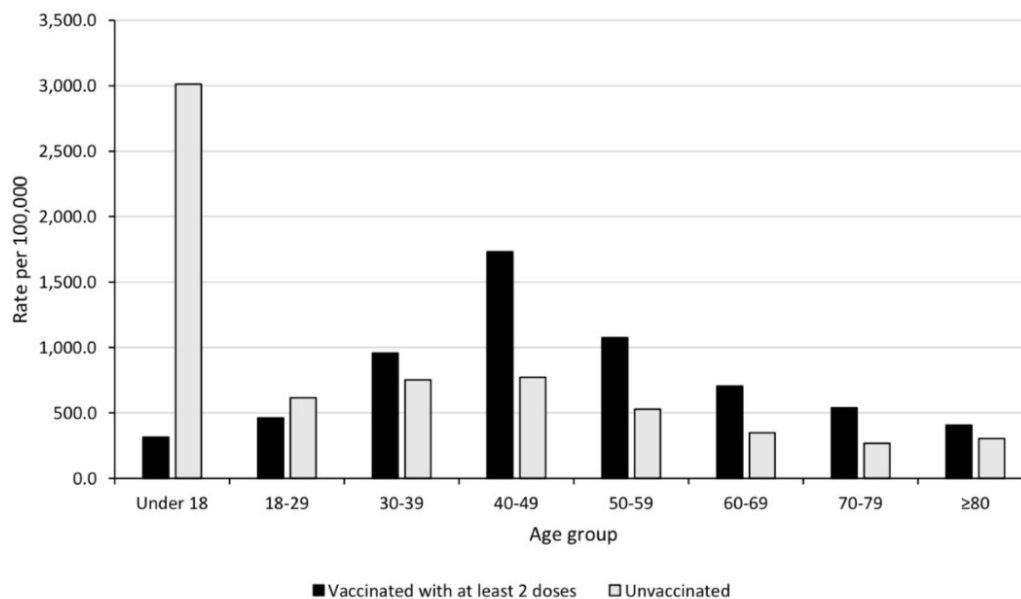


<https://www.worldometers.info/coronavirus/country/uk/>

The U.K. government publishes weekly reports regarding COVID-19 status. The graph below demonstrates a concerning trend: in the most recent report, the number of COVID-19 cases per 100,000 is now higher in the vaccinated versus the unvaccinated in those 30 years old and higher.

Figure 2. Rates (per 100,000) by vaccination status from week 38 to week 41 2021

(a) COVID-19 cases



https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027511/Vaccine-surveillance-report-week-42.pdf

Hospitalizations and deaths lag behind case numbers. The expectation is that hospitalizations and deaths will follow the trend indicated in the graph above. It is troubling to know that what happens in the U.K. happens in the United States about four to six weeks later.

Even Dr. Anthony Fauci has had to admit that the vaccines are not working as originally touted. On November 12th, in regards to vaccine effectiveness Fauci stated, “They are seeing a waning of immunity not only against infection but against hospitalization and to some extent death, which is starting to now involve all age groups. It isn’t just the elderly . . . It’s waning to the point that you’re seeing more and more people getting breakthrough infections, and more and more of those people who are getting breakthrough infections are winding up in the hospital.” (<https://www.thegatewaypundit.com/2021/11/dr-fauci-admits-vaccines-not-work-advertised-vaccinated-great-danger-today/>)

The real question haunting vaccine manufacturers is why are the vaccines are failing at this point? The answer may lie in a landmark discovery all the way back in the late 1950s.

In 1957 two research scientists working to crack the code of immune system function discovered that when your body is presented with a foreign invader the miraculous B-cells that produce antibodies make only one specific type of antibody for any particular invader. Gus Nossal and Joshua Lederberg coined the term for their discovery as the “one cell, one antibody” rule. Their finding proved that B-cells that are programmed to produce a specific antibody to a particular invader can only produce an antibody that works to neutralize that single type of invader. Those B-cell antibodies will NOT cross over to attack any other type of invading virus, bacteria or other antigen. (<https://discovery.wehi.edu.au/timeline/one-cell-one-antibody>)

What this means to our story of the current coronavirus vaccines is that, since they were genetically engineered to provide a “recipe” for the original “wild type” coronavirus spike proteins, the response they will induce by the immune system B-cells is to manufacture antibodies specifically tailored to bind to those “wild type” spike proteins and destroy the cells harboring those “wild type” spike proteins.

Dr. Robert Malone, inventor of the mRNA technology used in the Pfizer and Moderna vaccines, has suggested that the vaccines themselves are causing the coronavirus to mutate. Since the vaccines are targeted at the spike proteins, they induce evolutionary pressure that has caused the coronavirus to alter its spike protein’s shape to evade the B-cell antibodies specific protection. (<https://odysee.com/@akashacomunidad:0/spike-protein-immune-escape-dr-robert:0>)

If you are so inclined, you can read about the specific mutation in the spike protein here: <https://www.nature.com/articles/d41586-021-02275-2>

Could the “one cell, one antibody” rule be the reason why the current vaccines do not provide the near perfect protection they once did? It is a reasonable hypothesis.

What this may mean is that no amount of booster shots will increase the effectiveness of the current formulations of the vaccines, since they may be only providing protection against a form of the coronavirus that is no longer in circulation. Only time will tell.

One must also ask, why are State and Federal governments forcing vaccines into the arms of Americans when the current data suggests waning protection from these shots? Why are companies mandating vaccinations as a requirement for continued employment when the emerging data suggests that the vaccinated are no more protected against getting and spreading the disease than the unvaccinated?

One reason may be that the truth about other potentially life saving therapies are being suppressed and falsified in the media and by government agencies. You may read what I have written about that here:

<https://files.secure.website/wscfus/8484651/29425377/inconvenient-truths-ivermectin.pdf>

<https://files.secure.website/wscfus/8484651/29425369/in-defense-of-truth.pdf>

<https://files.secure.website/wscfus/8484651/29425378/ivermectin-vs-molnupirivir.pdf>

Perhaps another reason the only solution being offered is vaccination is because the Federal Government has used YOUR money to purchase only ONE arrow for its quiver against the coronavirus?

Let me be clear, I am NOT saying you should not get vaccinated. I am merely saying that you should do so with a clear understanding of the protection you may or may not be afforded by it. But, vaccination is not the miracle solution to ending the pandemic we were once told it was. We need both effective vaccines AND effective therapeutics to end this pandemic.

Summary & Conclusion

In summary, I have reviewed the safety data on the COVID-19 vaccines and the emerging data regarding the effectiveness of the COVID-19 vaccines. I have provided many links and citations for you to review to determine for yourself if the vaccines and any recommended boosters are the right choice for yourself and your family.

The CDC, FDA, hospital systems and other agencies continue to state that these vaccines are "**safe and effective.**" After reviewing the information I have provided here, it is clear that assessment is, at the least, in great jeopardy.

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25 November 2021