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:

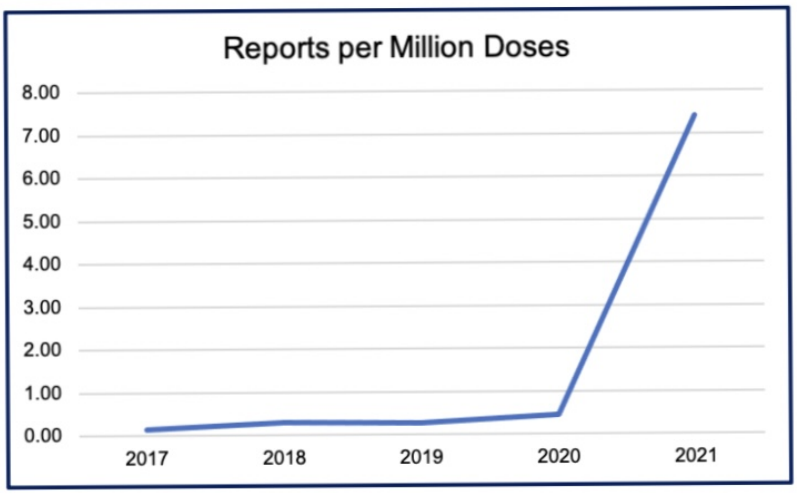
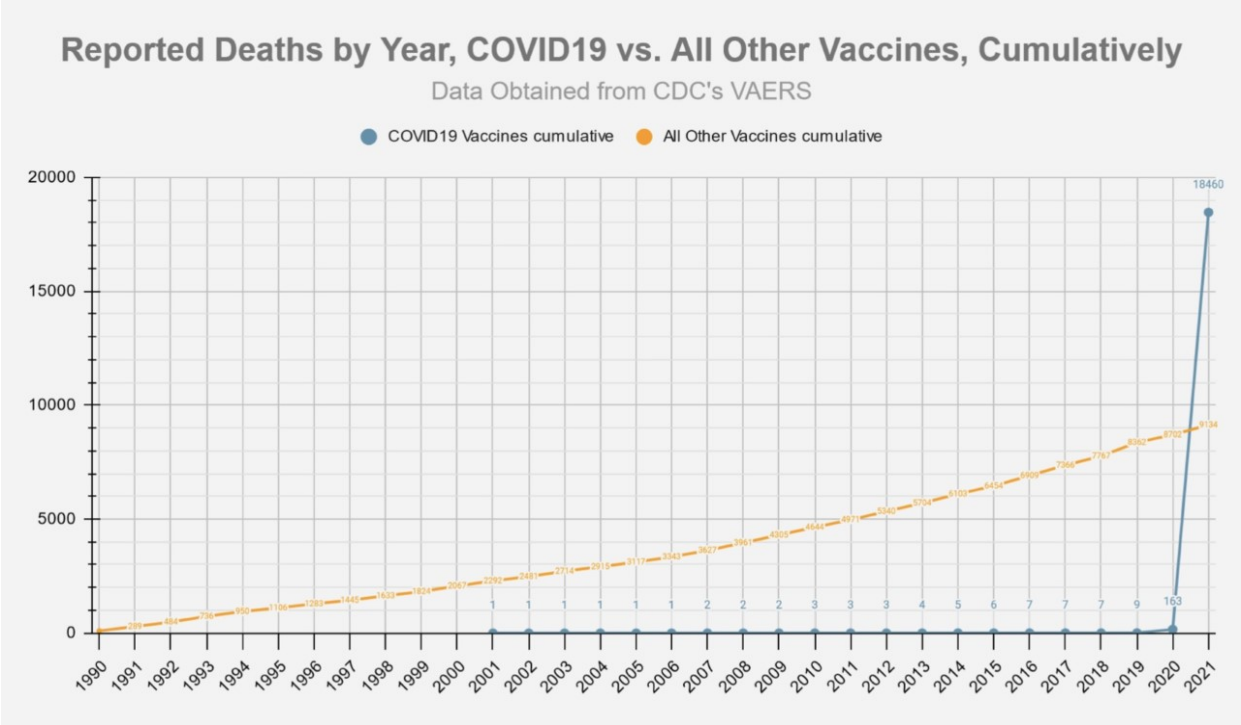


Figure 10: VAERS Death reports per million doses administered

(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

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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.

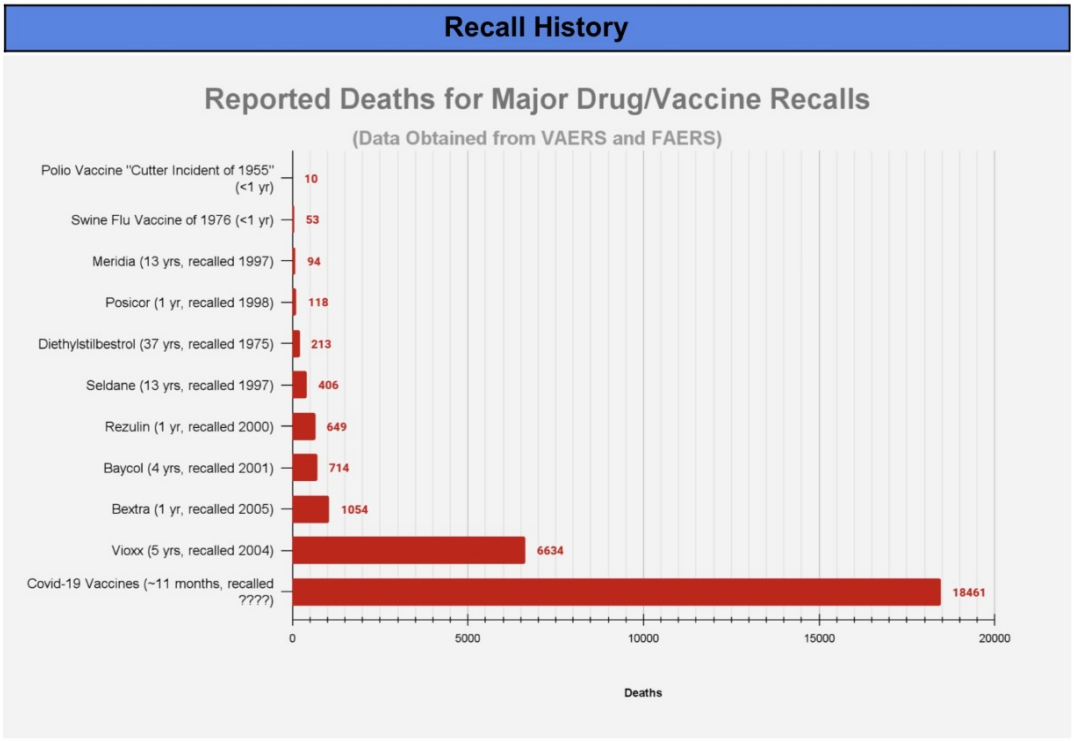
There is a side effect and adverse event database that can be readily accessed online. It is known as VigiAccess. (www.vigiaccess.org)

"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.

In terms of a vaccination strategy shouldn't we employ the "protect the at-risk" approach? 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 essay, I will look at the emerging effectiveness data for the COVID-19 vaccines.

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