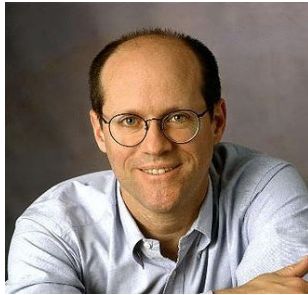
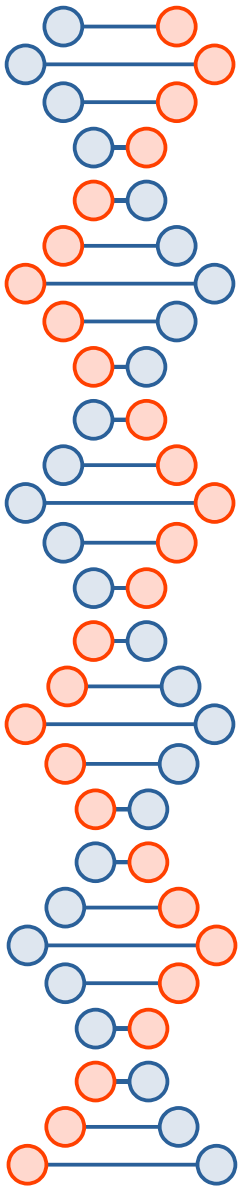


A Retrospective on The COVID Phenomenon



Acts 19:32 ... everything was in confusion ...

Acts 17:11 ... be a good Berean ...

1 Th. 5:21 ... but test all things ...

2 Tim. 1:7 ... a spirit not of fear ...

Heinz Lycklama
PhD in Nuclear Physics
heinz@osta.com
425-501-5075

HeinzLycklama.com/vaccines3





A Retrospective on the COVID Phenomenon

- 1. The Coronavirus Pandemic – Looking Back
 - Tests, Masks, Cases, Deaths, Vaccines, Adverse Effects, Lockdowns
 - Medical Players: Organizations, Scientists, Doctors, Analysts
- 2. Senator Ron Johnson Hearing Held on December 7, 2022
 - V-Safe and VAERS Analysis, Vaccine Warning Signals
- 3. Recent VAERS Data
- 4. Pregnancies, Miscarriages, Still births
- 5. Sudden Adult Death Syndrome
- 6. Excess Death Phenomenon
- 7. US Economic Impacts
- 8. Concerns About Covid-19 Vaccines
- 9. Early Treatment with Therapeutics
- 10. Conclusions



1. The Coronavirus Pandemic: Looking Back

- The origin of the coronavirus (SARS-2)?
- December 2019 – first cases in Wuhan China
- January 2020 – first cases in the USA
- March 2020 – lockdown for “2 weeks”
- March 2020 – Dr. Zelenko saves lives using HCQ
- April 2020 – Warpspeed vaccine project initiated
- Cases and deaths climb worldwide
- December 2020 – Pfizer vaccine for EUA approved
- January 20, 2021 – King Fauci is in charge
- V-Safe and VAERS reporting data collection
- April 2023 – New bivalent booster



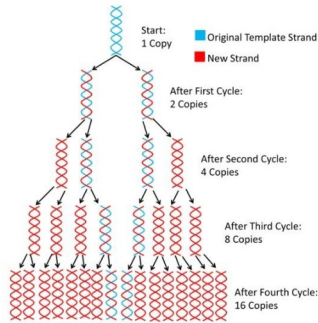
Detecting the SARS-CoV-2* virus

BY POLYMERASE CHAIN REACTION (PCR)

*The virus that causes COVID-19

AMPLIFICATION

This technique involves the amplification** of specific DNA fragments. Only a single DNA fragment is needed to generate **millions, even billions**, copies



THERMAL CYCLING

A thermal cycler like this, commonly used in a lab to facilitate temperature-sensitive reactions, helps amplify segments of DNA, by increasing and decreasing temperature to specific levels.



TUBES WITH SAMPLES



The tubes with samples are then placed in the device (similar to the one above) to start the reaction.

A sample consists the following 'ingredients':

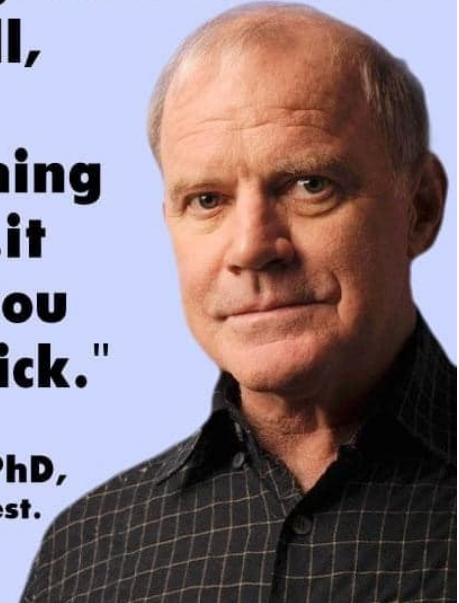
- 10x PCR buffer
- 2mM dNTP mix
- Primer 1
- Primer 2
- Taq DNA polymerase
- 25mM MgCl₂
- Template DNA

**DNA amplification: The production of multiple (millions to billions) copies of a sequence of DNA.

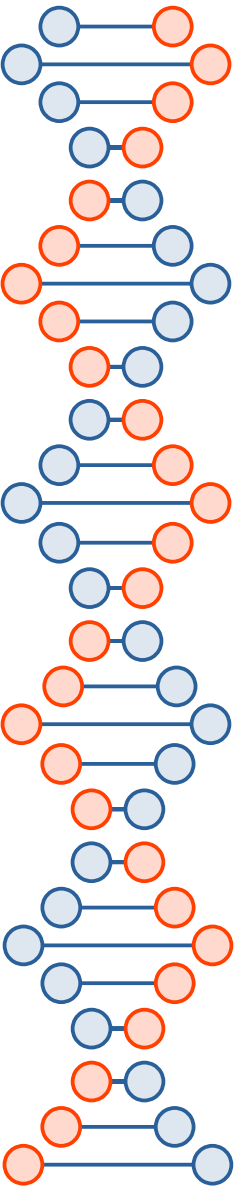
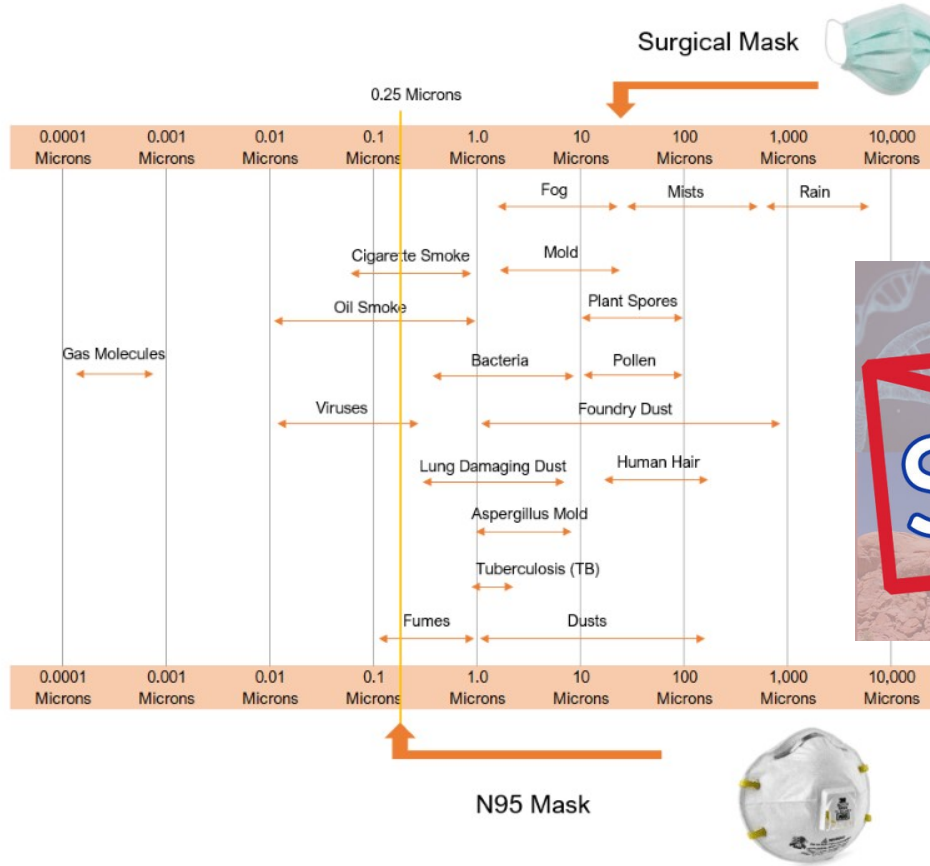
The Polymerase Chain Reaction (PCR) Test

Anyone can test positive for practically anything with a PCR test, if you run it long enough...with PCR if you do it well, you can find almost anything in anybody...it doesn't tell you that you're sick."

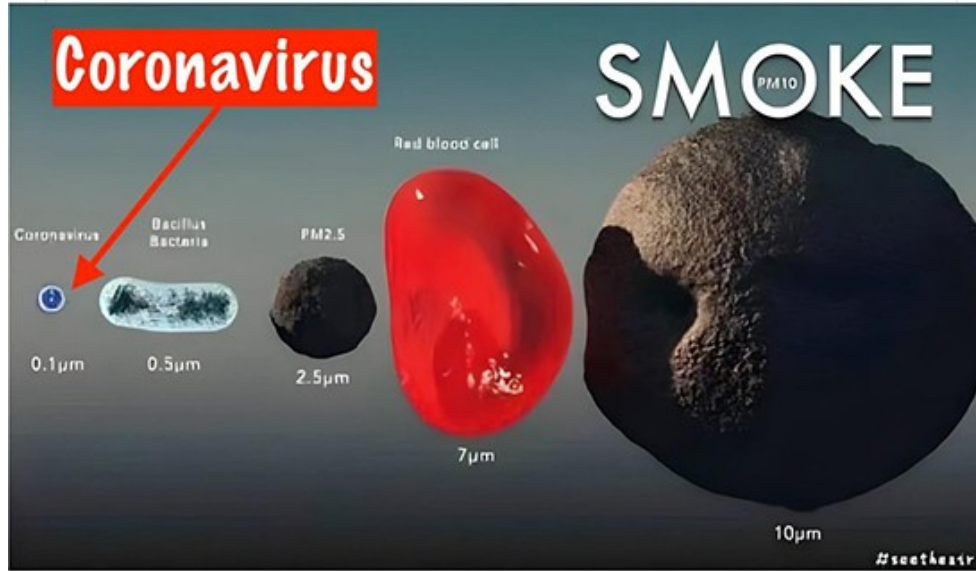
—Dr. Kary Mullis, PhD, creator of the PCR test.



Do Masks Work?



CDC accidentally ADMITS mask are totally USELESS



CDC

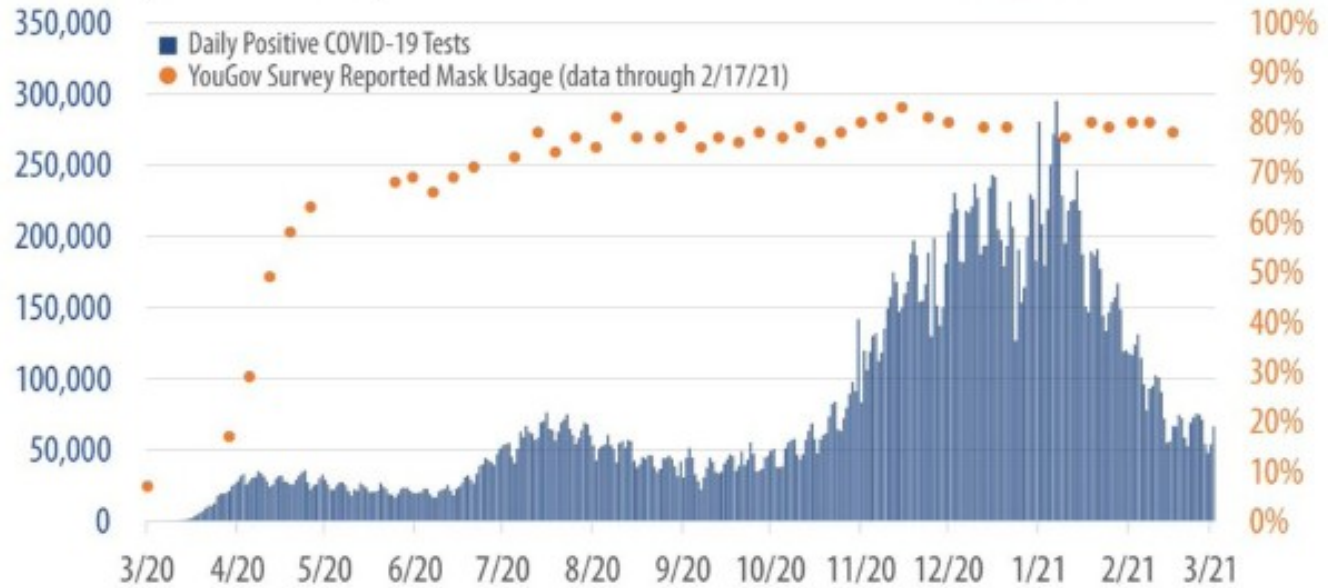
Cloth masks that are used to slow the spread of COVID-19 offer little protection against wildfire smoke. They do not catch small particles found in wildfire smoke that can harm your health.

Limit your time outside when it's smoky. Learn how you can protect yourself from wildfire smoke: <https://bit.ly/3kSMjl9>.

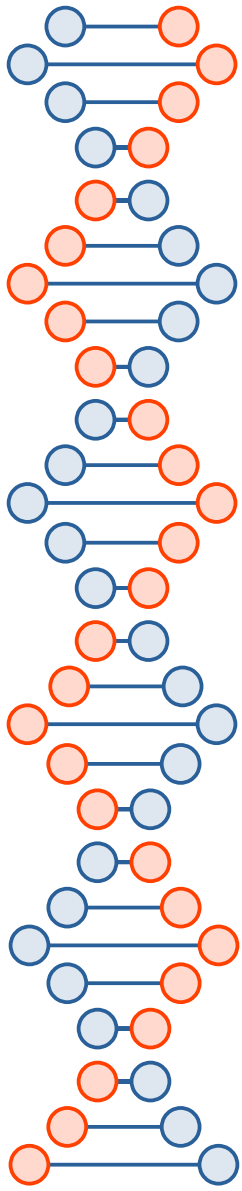
Mask Usage vs. Daily Positive Tests

Mask Usage vs. Daily Positive Tests

March 20, 2020 - March 3, 2021



Sources: YouGov.com, covidtracking.com

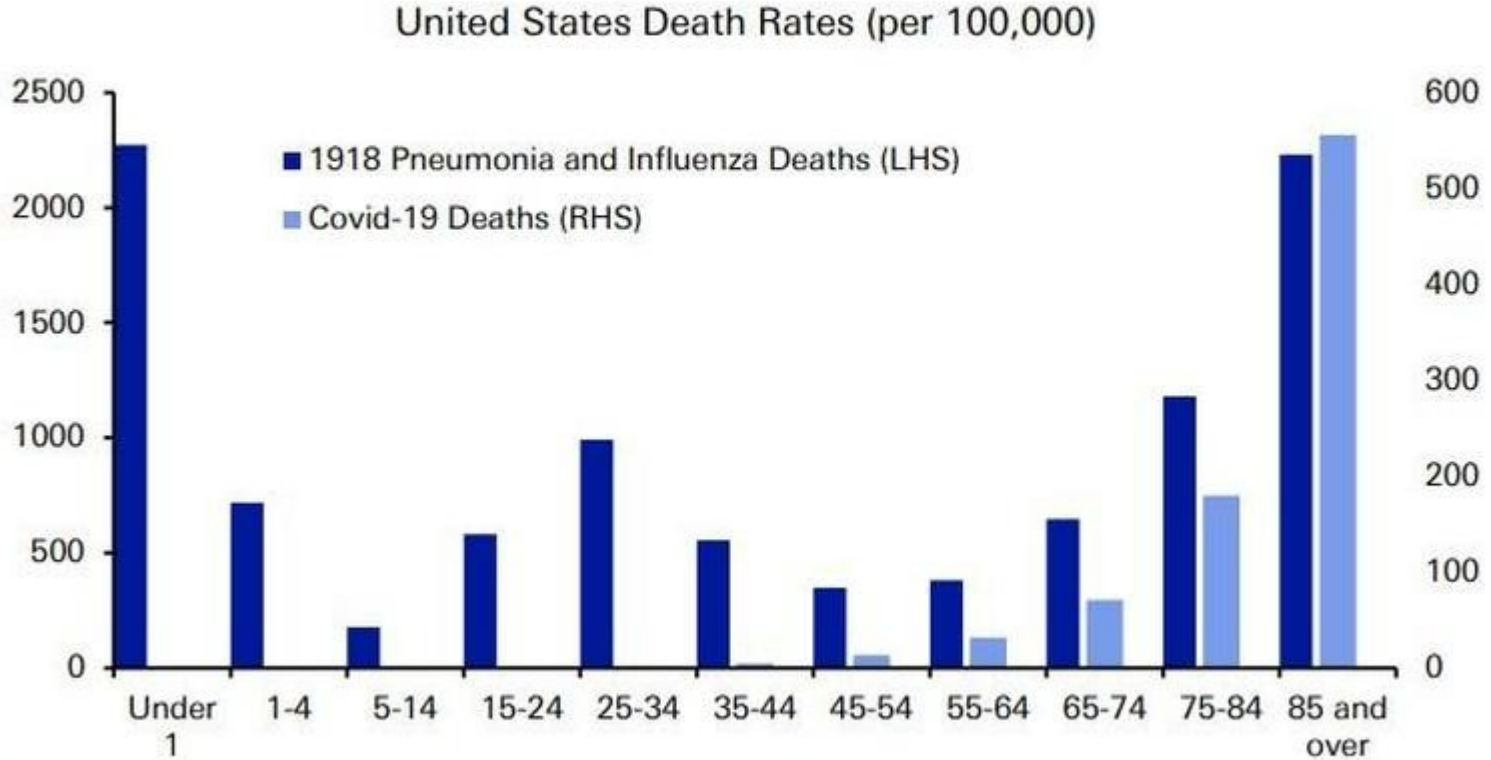


**COVID-19
Infection
Survival
Rate
By
Age
Group**

COVID Infection Survival Rates by Sex and Age Group (Age-specific seroprevalence data from 8 serostudies plotted at the age group mid-points.)			
Age	Male	Female	Mean
0 to 4	99.997%	99.997%	99.997%
5 to 9	99.999%	99.999%	99.999%
10 to 14	99.999%	99.999%	99.999%
15 to 19	99.997%	99.998%	99.997%
20 to 24	99.992%	99.995%	99.994%
25 to 29	99.983%	99.991%	99.987%
30 to 34	99.967%	99.985%	99.976%
35 to 39	99.944%	99.975%	99.960%
40 to 44	99.894%	99.956%	99.925%
45 to 49	99.832%	99.928%	99.879%
50 to 54	99.709%	99.877%	99.793%
55 to 59	99.552%	99.803%	99.677%
60 to 64	99.405%	99.682%	99.544%
65 to 69	98.548%	99.302%	98.925%
70 to 74	97.693%	98.958%	98.326%
75 to 79	95.740%	97.855%	96.797%
80+	89.175%	94.241%	91.708%



Figure 1: Deaths from Covid-19 have seen a much larger skew by age compared to pneumonia and influenza deaths in 1918 at the time of the Spanish flu



Source : CDC, Vital Statistics Rates in the United States 1900-1940, Census Bureau, Haver Analytics, Deutsche Bank
Note: Covid-19 statistics using provisional death counts up to June 27. 1918 deaths using Death-Registration States



Some Experimental Covid-19 Vaccine Facts

- Efficacy rates of 90%+?, reduced over time
- Minimize symptoms of Covid-19
- Does not stop reinfection or transmission of Covid-19
- Uses new mRNA technology
- Not safety tested on animals
- No long term testing on humans
- Clinical trials incomplete
- Very significant number of deaths and injuries
- Vaccine manufacturers not liable for death or injury
- Infection with Covid-19 → Natural Immunity
- Effective and safe therapeutics are available



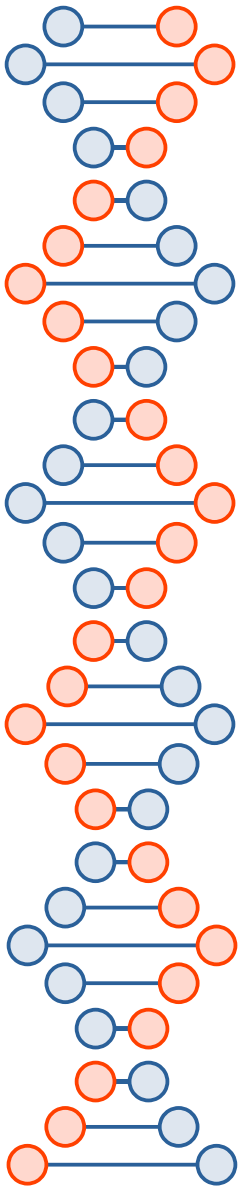


FDA Safety Surveillance of COVID-19 Vaccines :

DRAFT Working list of possible adverse event outcomes

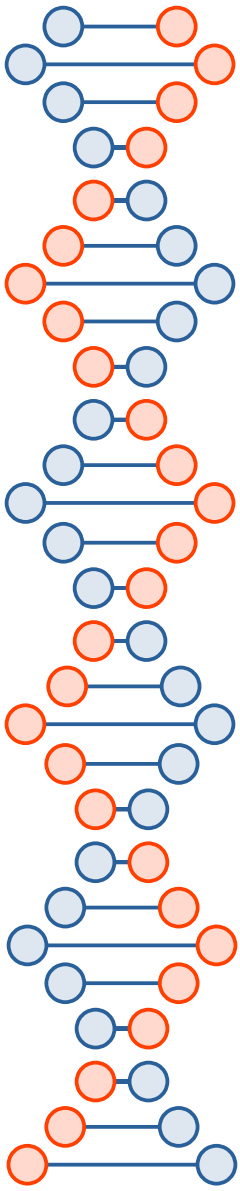
*****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/
meningoencephalitis/meningitis/
encepholopathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome
in Children
- Vaccine enhanced disease



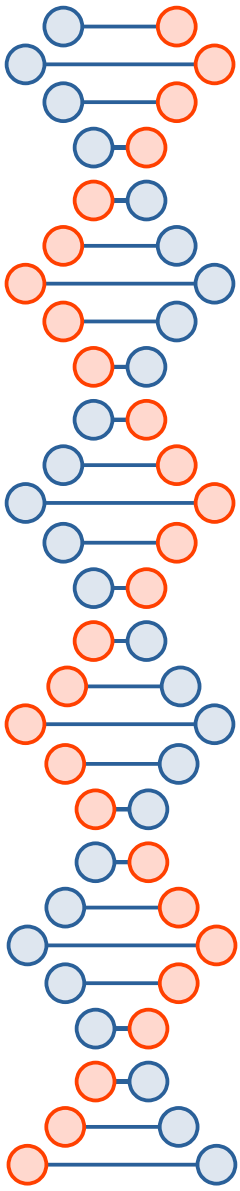
Lockdown Impacts

- Lockdown mandates
- PCR testing – 90% false positives
- Vaccine & Mask mandates
- Schools closed
- Small businesses closed
- Big Govt, Pharma, Medical, Box stores, Media
 - Censorship of “mis/disinformation”
- Economic results:
 - Many small businesses went bankrupt
 - \$16T printed
 - \$4T transferred from middle class to the elite



Medical & International Organizations

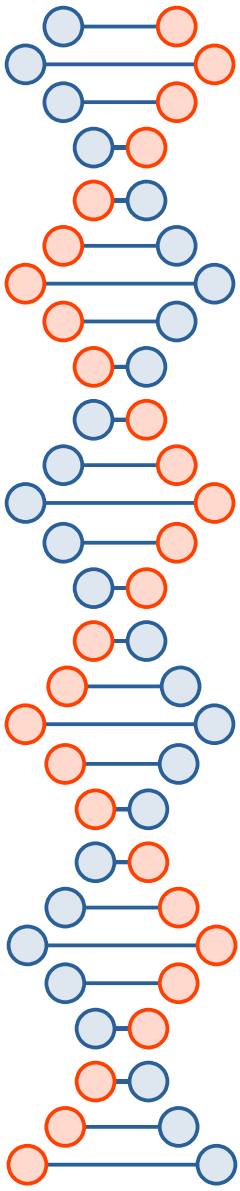
- WHO – World Health Organization
- FDA – Food and Drug Administration
- CDC – Centers for Disease Control and Prevention
- NIH – National Institutes of Health
- NIAID – National Institute of Allergy and Infectious Diseases
- AMA – American Medical Association
- AAPS – Association of American Physicians and Surgeons
- AFLDS – America's Frontline Doctors
- WEF – World Economic Forum, the International organization for Public-Private Cooperation
- Gates Foundation – Nonprofit fighting poverty, disease, and inequity around the world



Prominent Medical Scientists

- Dr. Michael Yeadon, Former VP of Pfizer Pharmaceuticals
- Dr. Robert Malone, Inventor of mRNA technology platform
- Dr. Geert vanden Bossche, PhD in Virology
- Dr. Luc Montagnier, Virologist, Recipient of Nobel Prize in medicine
- Dr. Harvey Risch, Yale Epidemiologist
- Dr. Jay Bhattacharya, Epidemiologist at Stanford University
- Dr. Martin Kulldorff, Harvard Professor and Epidemiologist
- Dr. Hooman Noorchashm, Immunologist
- Dr. Byram Bridle, Viral Immunologist at University of Guelph
- Dr. Sucharit Bhakdi, Microbiologist in Germany
- Dr. Scott Atlas, Stanford Professor and Public Health Policy Expert
- Dr. Anders Tegnell, Chief Epidemiologist of Sweden





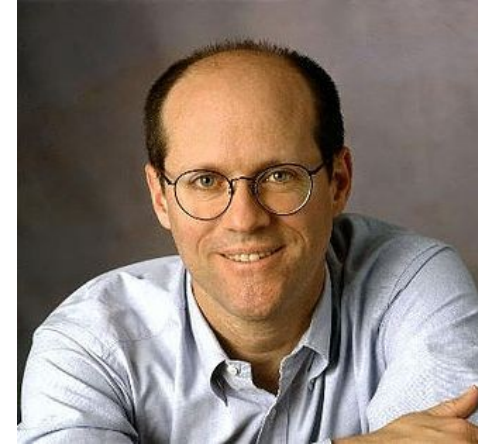
Notable Experienced Doctors

- Dr. Vladimir Zelenko, early treatment with Hydroxychloroquine (HCQ)
- Dr. Peter McCullough, cardiologist, epidemiologist, professor - HCQ
- Dr. Pierre Kory, critical care physician - early treatment with Ivermectin
- Dr. Simone Gold, Founder of Frontline Doctors Online - HCQ
- Dr. Joseph Mercola, alternative medicine proponent, newsletter, 25+ yrs
- Dr. Rand Paul, physician and Senator from Kentucky
- Dr. Ryan Cole, pathologist and medical diagnostician
- Dr. Bryan Ardis, outspoken critic of hospital protocols
- Dr. Peter Weiss, evidence-based Medicine
- Dr. Paul Alexander, epidemiologist and health researcher
- Dr. Byram Bridle (immunologist), spike protein is a toxin & travels
- Dr. Joel Hirschhorn, U. of Wisconsin professor of health

Data/Statistical Analysts

- Steve Kirsch

- Degrees in computer science
- American high tech entrepreneur
- Founder COVID-19 Early Treatment Fund
- Vaccine Safety Research Foundation
- Philanthropist, environmentalist



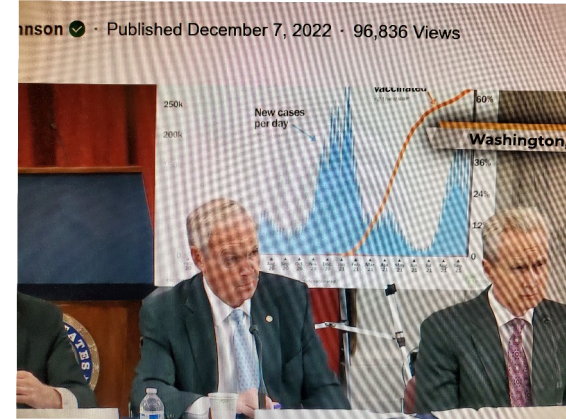
- Edward Dowd

- Equity investment executive
- Skilled data analyst
- Blackrock fund manager
- Founder Phinance Technologies
- **Cause Unknown:** Epidemic of Sudden death in 2021/22

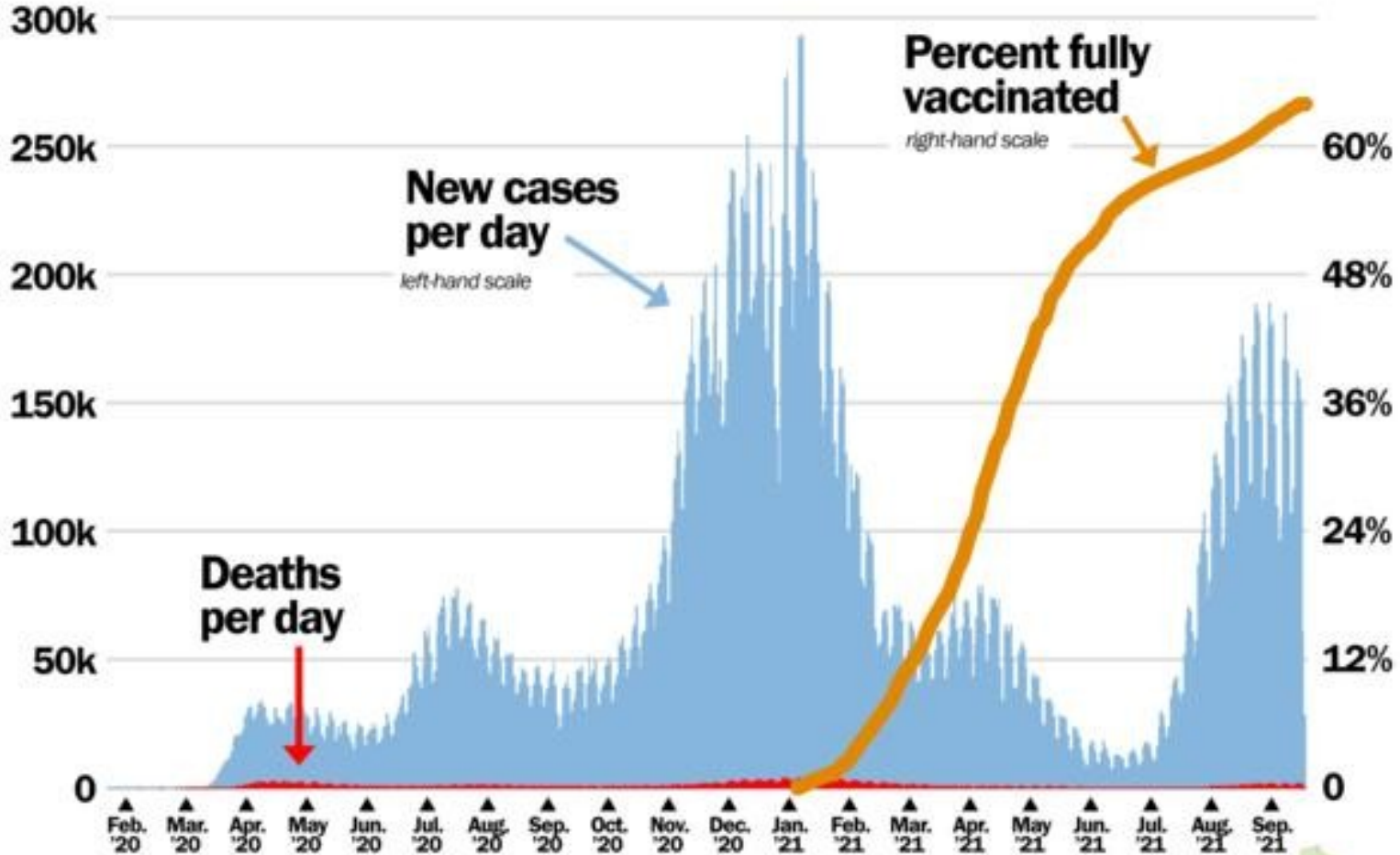


2. Senator Ron Johnson Hearing on 12/7/22

- Covid-19 vaccines, what, how, causes of injury
- VAERS database numbers at the time
 - Objectives, vaccine deaths reporting
 - Vaccine adverse effect comparison
- V-Safe system on smart phone
 - Objectives and symptoms checked
 - Breakdown of symptoms and care required
- Excess deaths highlighted by Edward Dowd
- UK gov't data shows vaccinated have higher mortality
- All illness and injury across the DOD
- Covid vaccine concerns by medical scientists/doctors



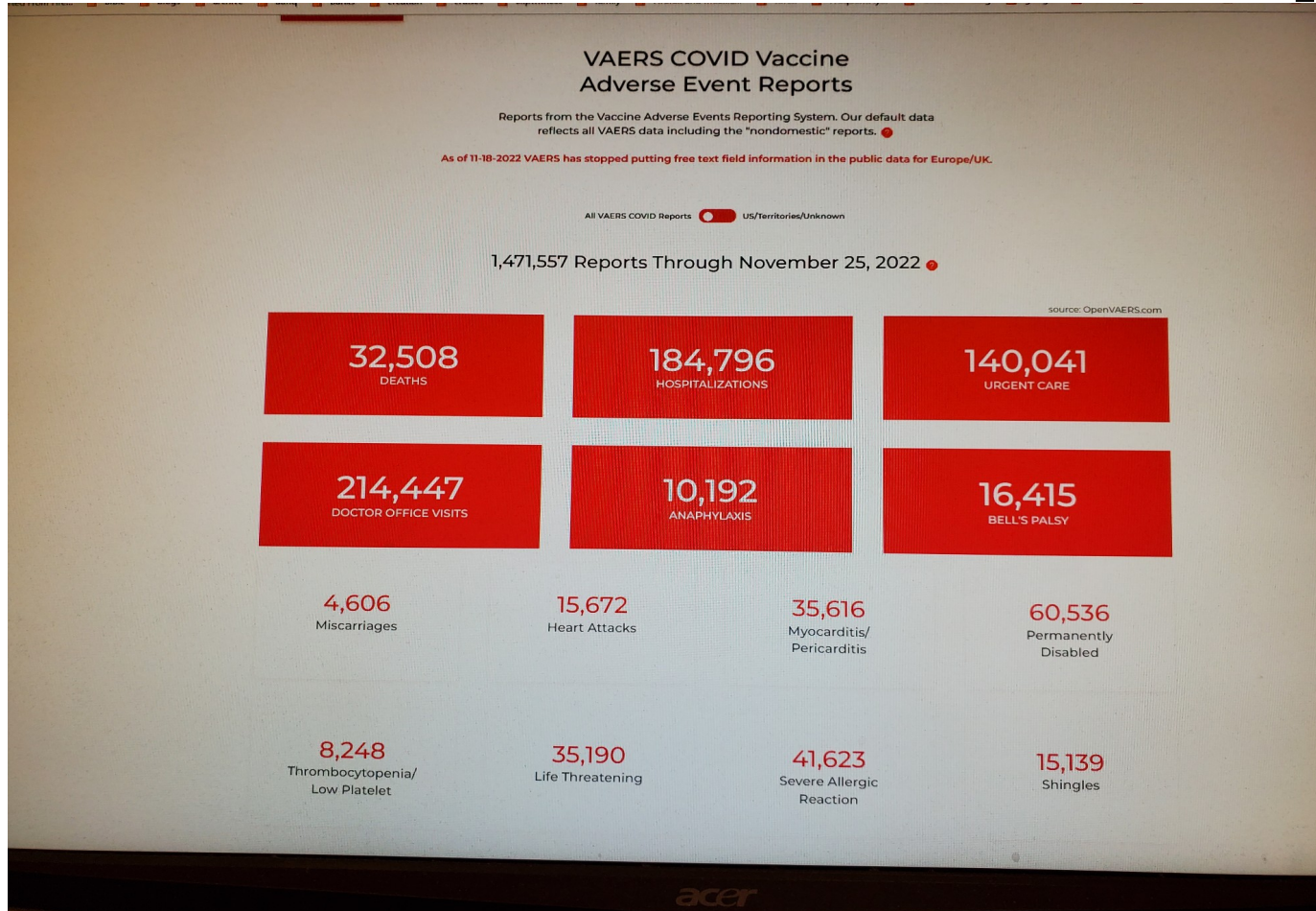
CASES, DEATHS, VACCINATION



CDC. Data as of Sept. 22, 2021. Percent of population 12 and older "fully vaccinated."



VAERS Covid Vaccine Adverse Event Reports



<https://www.openvaers.com/covid-data>

BEFORE AND AFTER THE INTRODUCTION OF THE COVID VACCINE—US TOTAL

	1990-2020	Per Year	2021-2022	Per Year	% Increase/Year
Reports of Death	4,900	163	15,976	7,988	4800%
Hospitalizations	37,341	1,245	73,897	36,949	2876%
Permanent Disability	11,791	393	16,907	8,453	2050%
Life Threatening	9,530	318	14,041	7,020	2108%

enVAERS

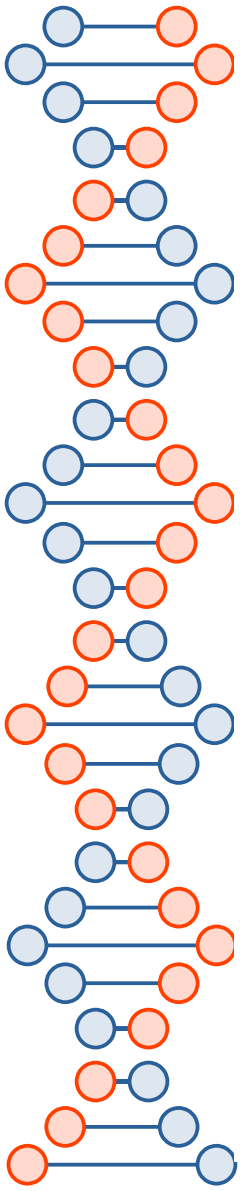


DRUG ADVERSE EVENT COMPARISON

FDA AND CDC DATA: WORLDWIDE

	<u>Adverse events</u>	<u>Deaths</u>	<u>Deaths/year</u>
<i>1/1/1996 – 9/30/2022:</i>			
Ivermectin	4,087	420	16
HCQ	27,144	2,018	75
Flu vaccines	199,494	2,049	77
Dexamethasone	97,207	18,194	680
Tylenol	123,980	28,507	1,066
<i>Since 2020:</i>			
Remdesivir	8,283	2,014	732
<i>In 23 months:</i>			
Covid vaccines	1,471,557	32,508	17,109

FDA FAERS system, CDC VAERS system. Reports from all locations worldwide. Data as of Nov. 25, 2022; downloaded Dec. 2, 2022.



VAERS SAFETY COMPARISON

COVID-19 VS. FLU VACCINES

	<u>total</u> adverse events	<u>avg. per</u> year	<u>total</u> deaths	<u>avg. per</u> year
Over 25.75 years: Flu vaccines	194,436	7,551	1,999	78
Over 10 months: Covid-19 vaccines		837,595		17,619
		111 X		226 X

CDC VAERS system. Reports from all locations worldwide. Data as of Oct. 22, 2021; downloaded Oct. 29, 2021.



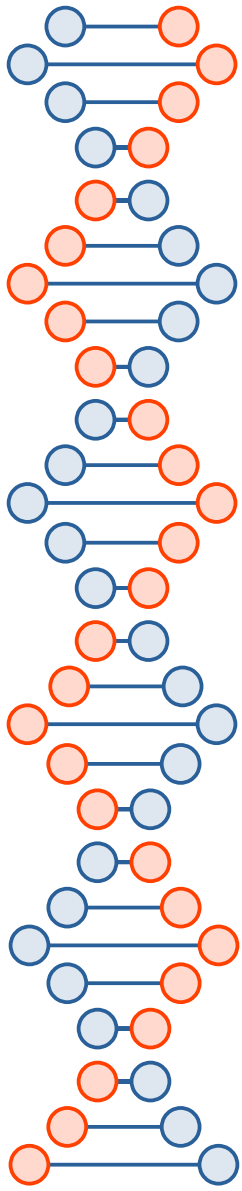


Average Annual Adverse Events by Symptom for Covid-19 Vaccine as a Multiple of All Other Vaccines Combined since 1990

(Data from VAERS through 11/04/22)



AMERICAN  THOUGHT LEADERS



V-Safe System On Cell Phone

Hi Olivia,

Let's start today's health check-in.

How are you feeling today? *

Good Fair Poor

Fever Check

Have you had a fever or felt feverish TODAY? *

Yes No

Do you know your highest temperature reading from today? *

Yes - in degrees Fahrenheit
Yes - in degrees Celsius
No - I don't remember the reading
 No - I didn't take my temperature

Symptom Check

Since your COVID-19 Vaccination, have you had any of these symptoms at or near the injection site?

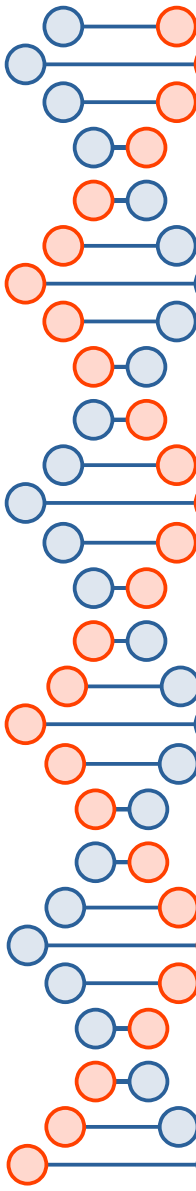
Select all that apply.

Pain Redness Swelling Itching None

Have you experienced any of these symptoms today?

Select all that apply.

Chills
 Headache
 Joint pains



Share your COVID-19 vaccination experience with v-safe

From a national health authority >

Watch later Share

Share your vaccination experience to help keep COVID-19 vaccines safe.

RE VIDEOS

How are you

Good Fair Poor

Fever Check

Since your COVID-19 vaccination, have you had a fever or felt feverish? *

Yes No

Symptom Check

Have you had any of these symptoms where you got the shot (injection site)? *

Select all that apply:

Pain Redness Swelling Itching None

Have you experienced any of these symptoms today? *

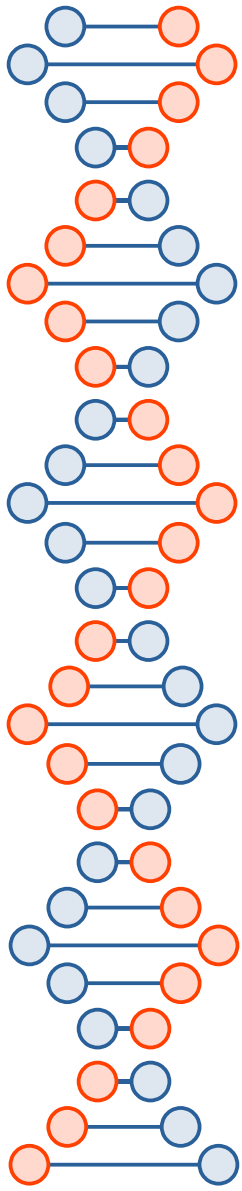
Select all that apply:

- Chills
- Headache
- Joint pains
- Muscle or body aches
- Fatigue or tiredness
- Nausea
- Vomiting
- Diarrhea
- Abdominal pain
- Rash, not including the immediate area around the injection site
- None

Any other symptoms or health conditions you want to report?

0:17 / 0:32

CC HD YouTube



Symptom Check

Since your COVID-19 Vaccination, have you had any of these symptoms at or near the injection site?

Select all that apply.

- Pain Redness Swelling Itching None

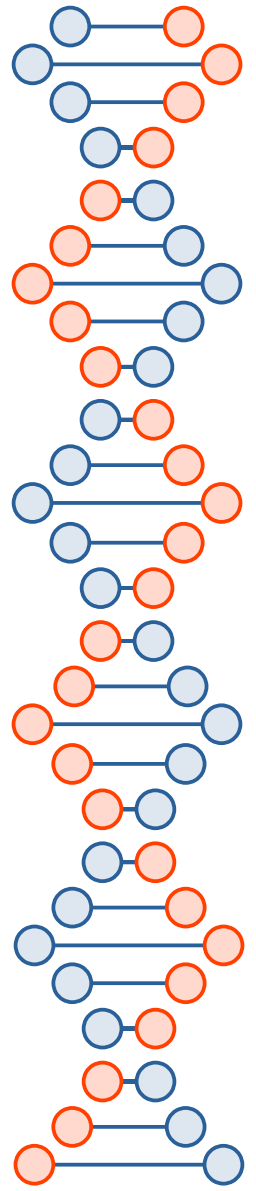
Have you experienced any of these symptoms today?

Select all that apply.

- Chills
 Headache
 Joint pains
 Muscle or body aches
 Fatigue or tiredness
 Nausea
 Vomiting
 Diarrhea
 Abdominal pain
 Rash, not including the immediate area around the injection site
 None

Any other symptoms or health conditions you want to report

Attachment 2: Adverse Events of Special Interest



Prespecified Medical Conditions

Acute myocardial infarction
Anaphylaxis
Coagulopathy
COVID-19 Disease
Death*
Guillain-Barré syndrome
Kawasaki disease
Multisystem Inflammatory Syndrome in children ¹
Multisystem Inflammatory Syndrome in adults ²
Myocarditis/Pericarditis
Narcolepsy/Cataplexy
Pregnancy and Prespecified Conditions
Seizures/Convulsions
Stroke
Transverse Myelitis

* Capture of deaths through v-safe will be limited.



Health Impact

Did any of the symptoms or health conditions you reported TODAY cause you to: *

Select all that apply.

- Be unable to work
- Be unable to do your normal daily activities
- Get care from a doctor or other healthcare professional
- None of the above

What type of healthcare visit did you have? *

- Telehealth, virtual health, or email health consultation
- Outpatient clinic or urgent care clinic visit
- Emergency room or emergency department visit
- Hospitalization
- Other, please describe

Health Impacts | Symptoms | Registers/Month | Check-ins | Med Care Type

Impact Category: **All**

Vaccine Brand: **All**

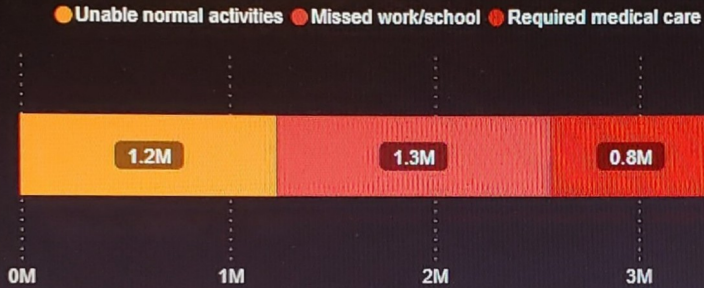
Sex: **All**

Age Group: **All**

Time Zone: Search

Race: Search

Adverse Health Impacts



Time Zones



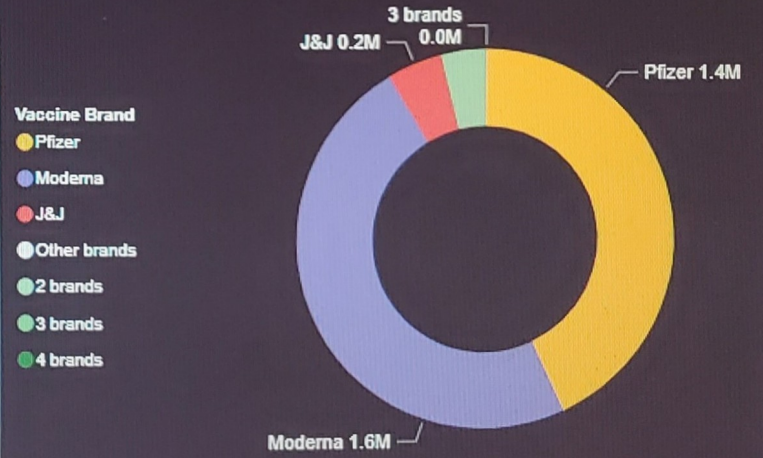
3,353,110
Individuals Impacted

6,458,751
Health Impacts Reported

Race and Sex



Adverse Health Impact by Vaccine Brand



Health Impacts

Symptoms

Symptoms

- PAIN
- FATIGUE
- HEADACHE
- MUSCLE_OR_BODY...
- JOINT_PAINS
- SWELLING
- CHILLS
- NAUSEA
- REDNESS
- ITCHING
- DIARRHEA
- ABDOMINAL_PAIN

Registers/Month

Check-ins

Med Care Type

Severity

All

Age

All

Symptoms

All

Date Range

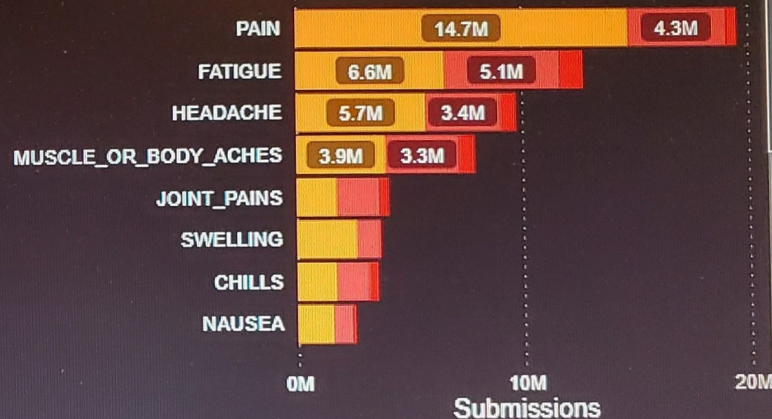
12/1/2020

8/1/2022

Symptoms and Severity

● Mild ● Moderate ● Severe

Symptoms



Symptoms by Year and Month



Health Impacts

Symptoms

Breakdown of Type of Medical Care Sought by v-safe Users

Registers/Month

Check-ins

Med Care Type

- Telehealth
- Urgent Care
- Emergency Room
- Hospitalization

3 or Older



Younger than 3

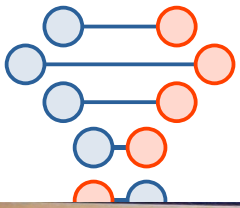


0% 20% 40% 60% 80% 100%



Percent of v-safe users 3 years and older reporting seeking medical care after first dose of Pfizer covid vaccine in succeeding time intervals:

Time Interval	Percentage Reported Seeking Medical Care
Days 1 to 7	.32%
Days 8 to 14	.67%
Days 15 to 21	1.06%
Days 22 to 28	2.88%
Days 29 to 35	4.96%
Days 36 to 42	6.93%



Evidence Of The Crime, Great Fraud by Edward Dowd, Entrepreneur and Data Analyst

**SOURCE DATA: SOCIETY OF ACTUARIES (SOA)
2021 Group Life Insurance Survey**

❖ The much healthier group life insured population (25-64) experienced a higher excess all-cause mortality rate of 40% versus the overall US rate of 31.7% in 2021.

This is a stunning 8% difference.

❖ Mortality of this population is about one third the rate of the overall US population in any given year according to Society of Actuaries (SOA).

➤ Group life millennials experienced an event in Q3 of 2021 with 84% excess mortality that happened to coincide with vaccine mandates.

Table 5.7

EXCESS MORTALITY BY DETAILED AGE BAND

Age	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	4/20-3/22	% COVID	% Non-COVID	% Count
0-24	116%	124%	104%	101%	119%	127%	110%	91%	111%	3.3%	8.1%	2%
25-34	127%	132%	121%	118%	131%	178%	131%	125%	133%	13.3%	19.6%	2%
35-44	123%	134%	128%	129%	133%	200%	156%	136%	142%	23.1%	19.2%	4%
45-54	123%	127%	129%	133%	119%	180%	151%	143%	138%	27.4%	10.8%	9%
55-64	117%	123%	130%	130%	114%	153%	141%	137%	131%	24.0%	6.7%	18%
65-74	117%	115%	133%	130%	108%	131%	125%	122%	122%	18.6%	3.9%	17%
75-84	114%	114%	133%	123%	106%	119%	121%	121%	119%	14.0%	4.6%	20%
85+	112%	103%	124%	111%	92%	104%	105%	103%	107%	10.3%	-3.5%	27%
All ¹	116%	115%	129%	123%	107%	134%	126%	122%	121%	17.1%	4.3%	100%

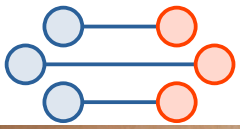
Disability Rate Increase For Employed Versus Total Population Since May 2021 Is Counter Intuitive Unless Mandates & Vaccines are Considered!

SOURCE DATA: US BUREAU OF LABOR STATISTICS

- ❖ We observed that the rise in disability rates post 5/2021 is stronger in individuals who are employed and in the labor force than the general population.
- ❖ For the labor force and employed individuals, the absolute numbers of the increase in disabled individuals aged 16 to 64, amounted to about 1.2 million from the 5/2021 to 9/2022.
- ❖ For the general population aged 16-64, the absolute numbers of the increase in disabled individuals amounted to about 1.6 million from the 5/2021 to 9/2022.

Being employed was detrimental to your health in 2021 & 2022





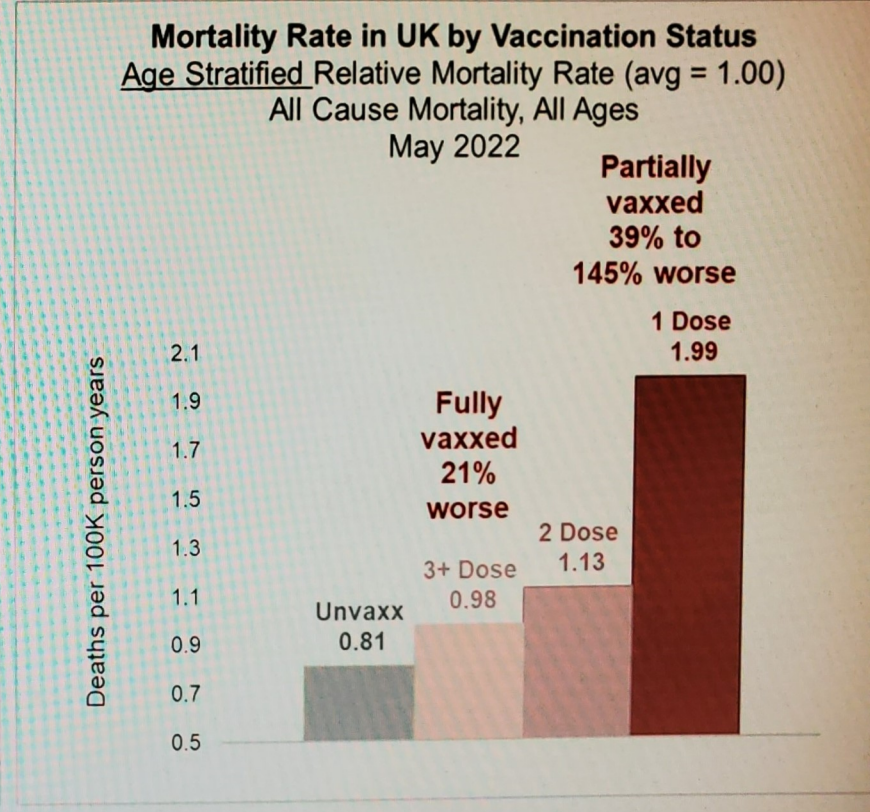
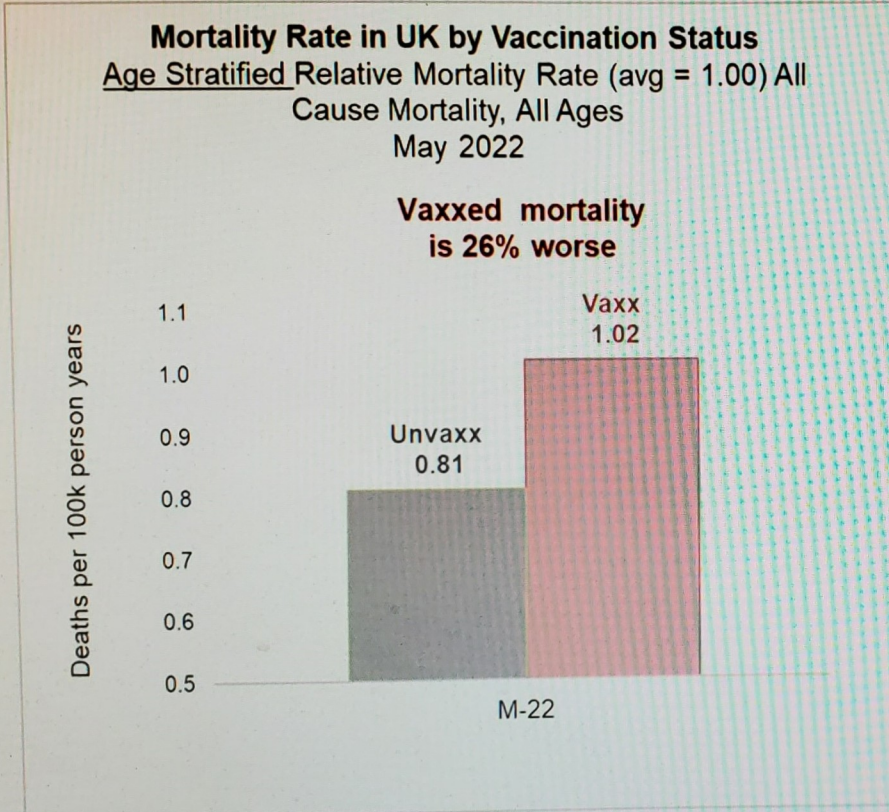
UK Gov't Data: Vaccinated Higher Mortality

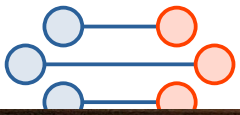
U.K. gov't data shows that their vaccinated now suffer higher mortality

Age stratified analysis shows UK vax'd +26% worse mortality

Vax'd under 50 show +49% worse mortality

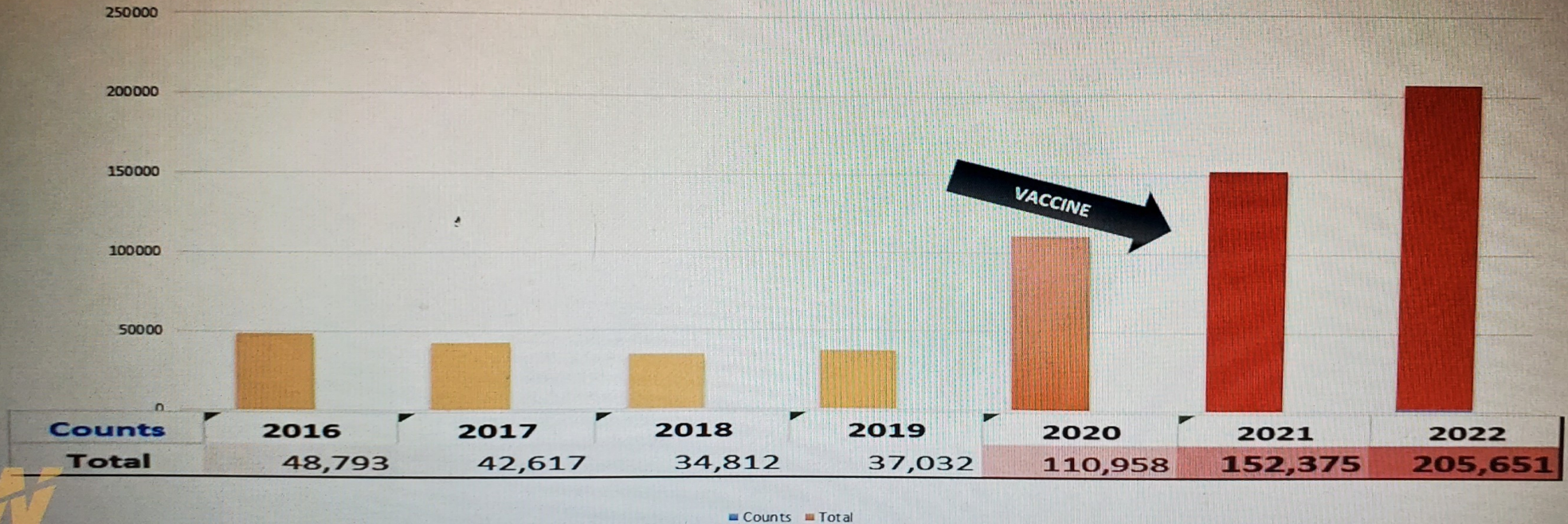
Partially vax'd show up to +145% worse mortality

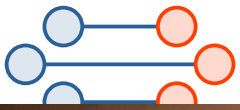




All Illness and Injury Across The DOD

All Illness and Injury Across the DoD 2016-Dec 6, 2022 REPORTABLE EVENTS

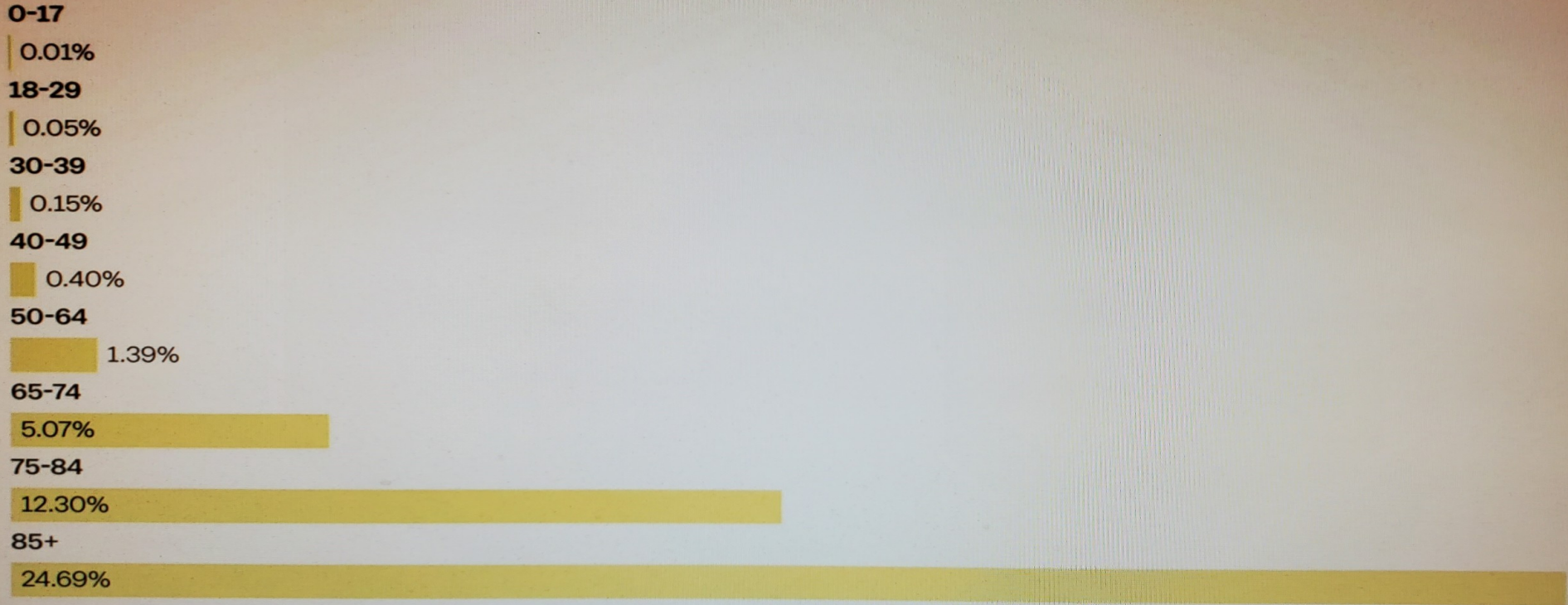




Risk of Covid-19 Climbs a Lot With Age

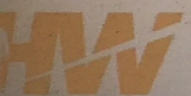
The risk of Covid-19 climbs a lot with age

Share of reported coronavirus infections in the US that led to deaths, by age



*Data includes all Covid-19 cases and deaths in the US from January 2020 to September 2021.

Source: Centers for Disease Control and Prevention





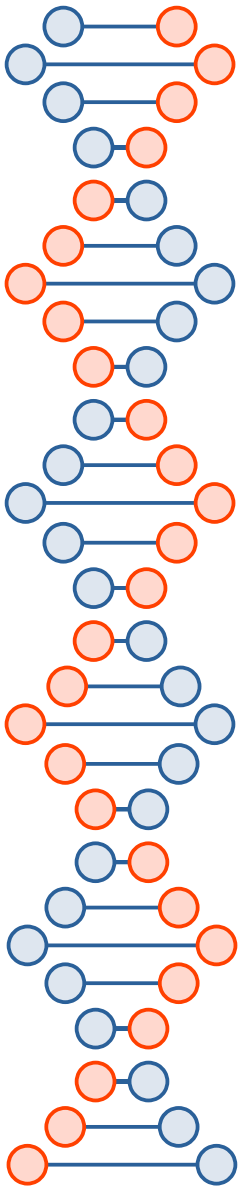
COVID-19 Vaccine Concerns

- Denmark (50+), UK (12+), other limitations on use
- Spike protein travels to body organs, long life of spike
- Toxicology (Cole, Lindsay)
- Lack of autopsies (Cole)
- Mortality rate with age (Risch)
- Early treatment with therapeutics (Kory, Marik)
- Vaccines unsafe and ineffective (McCullough)
- Gene transfer studies (Malone)
- No independent monitoring in clinical trials
- No pregnancy clinical trials
- Skipped human testing for vaccines
- Consistency of vaccine batches
- More doses result in more deaths



3. Recent VAERS Data for COVID-19

- VAERS vaccine data, March 10, 2023
- All deaths reported for vaccines per year
- Vaccine deaths by days to onset (and by dose)
- European vaccine adverse reactions
- Covid-19 vaccines are deadlier than Covid-19 itself
- Myocarditis risks are high
- Risk/benefit trade-off
- Impact on major organs – heart, brain, liver, other organs
- More doses → higher risk of hospitalizations, ICU, death
- Vaccine safety signals ignored by CDC
- Funeral directors seeing excess deaths of young



VAERS COVID Vaccine Data

VAERS COVID Vaccine Adverse Event Reports

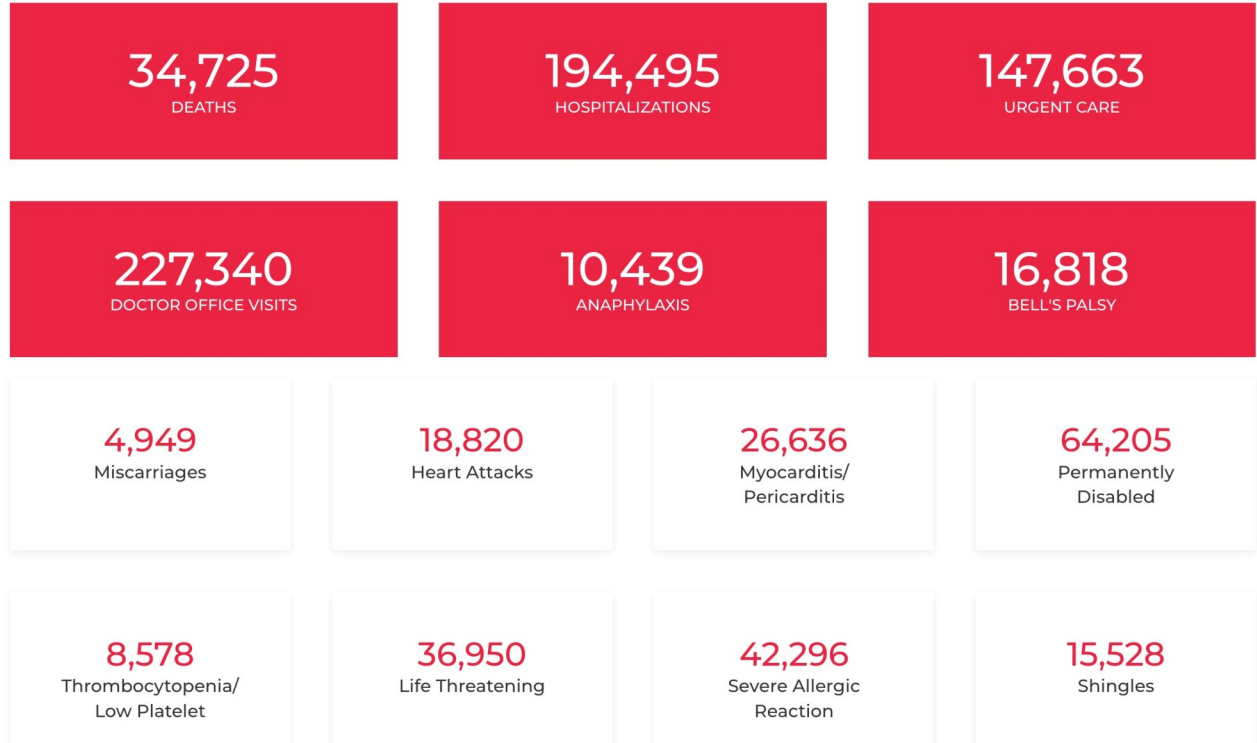
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports. ⓘ

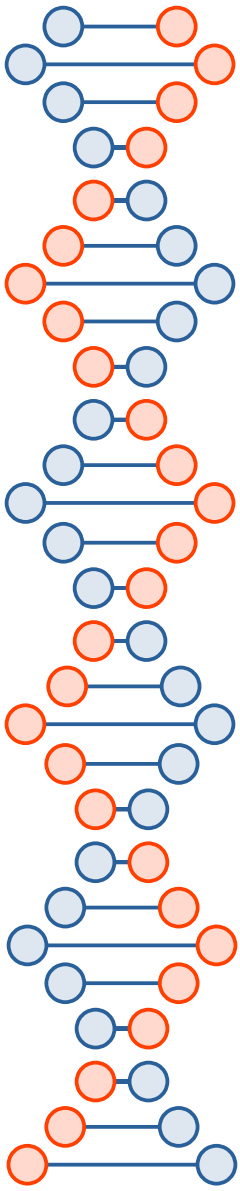
As of 11-18-2022 VAERS has stopped putting free text field information in the public data for Europe/UK.

All VAERS COVID Reports US/Territories/Unknown

1,533,181 Reports Through March 10, 2023 ⓘ

source: OpenVAERS.com





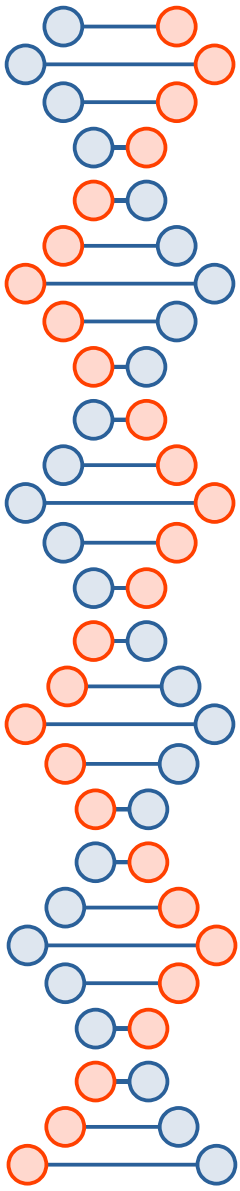
VAERS Report – August 18, 2023

- 35,980 DEATHS
- 208,676 HOSPITALIZATIONS
- 152,128 URGENT CARE
- 238,281 DOCTOR OFFICE VISITS
- 10,544 ANAPHYLAXIS
- 17,235 BELL'S PALSY
- 5,032 Miscarriages
- 20,665 Heart Attacks
- 27,431 Myocarditis/Pericarditis
- 67,466 Permanently Disabled
- 8,859 Thrombocytopenia/Low Platelet
- 38,292 Life Threatening
- 42,640 Severe Allergic Reaction
- 15,830 Shingles

VAERS COVID Vaccine
Adverse Event Reports

<https://openvaers.com/covid-data>

1,587,565 Reports



Search Results

From the 12/9/2022 release of VAERS data:

Found 1,481,226 cases where Vaccine is COVID19 or COVID19-2

[Government Disclaimer on use of this data](#)

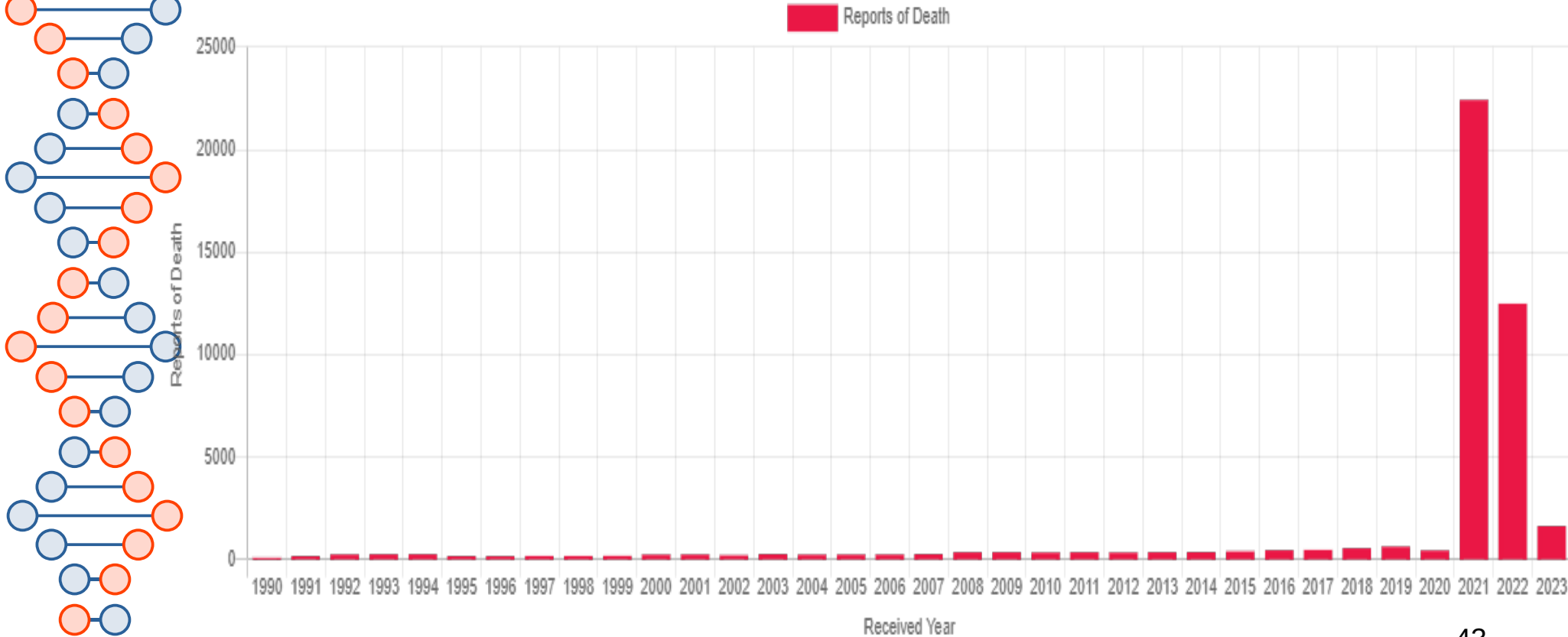
Table

↓ Event Outcome	↑ ↓ Count	Percent
Death	32,828	2.22%
Permanent Disability	61,065	4.12%
Office Visit	216,621	14.62%
Emergency Room	124	0.01%
Emergency Doctor/Room	141,293	9.54%
Hospitalized	185,629	12.53%
Hospitalized, Prolonged	469	0.03%
Recovered	376,398	25.41%
Birth Defect	1,194	0.08%
Life Threatening	35,425	2.39%
Not Serious	701,860	47.38%
TOTAL	† 1,752,906	† 118.34%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 1,481,226 (the number of cases found), and the Total Percent is greater than 100.

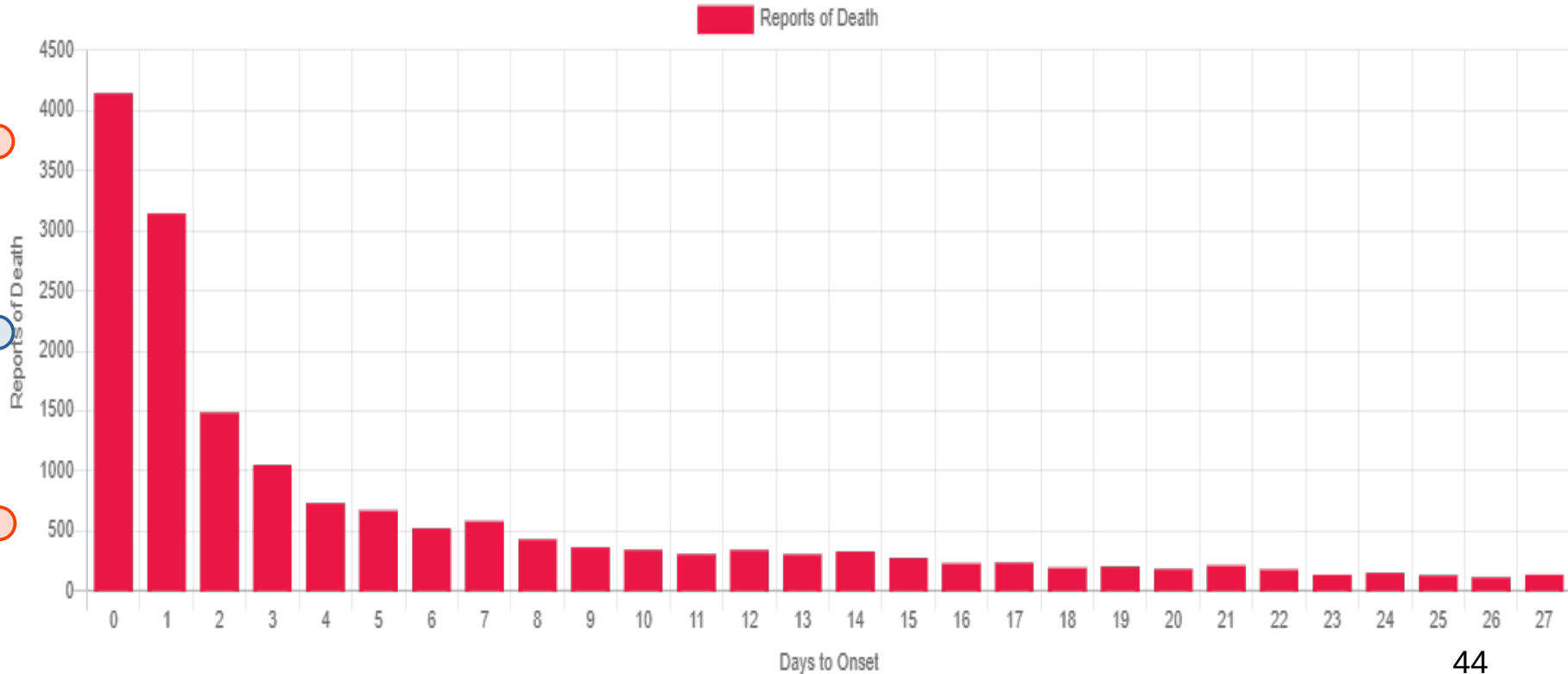
All Deaths Reported To VAERS by Year

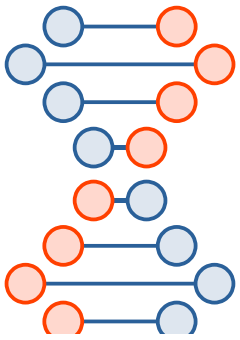
All Deaths Reported to VAERS by Year



VAERS COVID Vaccine Reports of Deaths by Days to Onset - All Ages

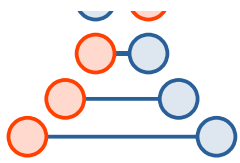
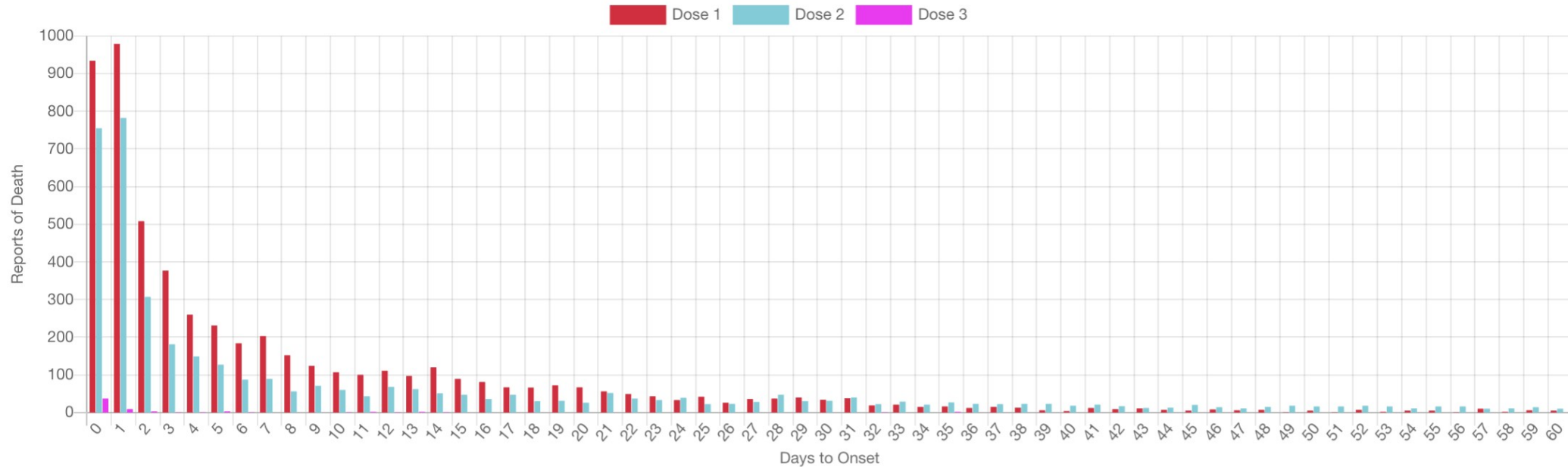
VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages

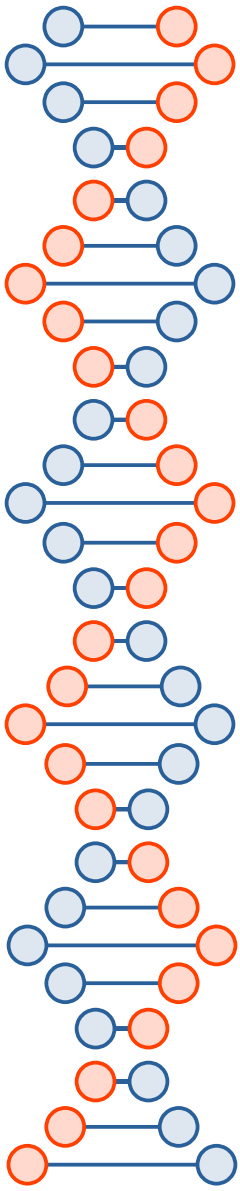




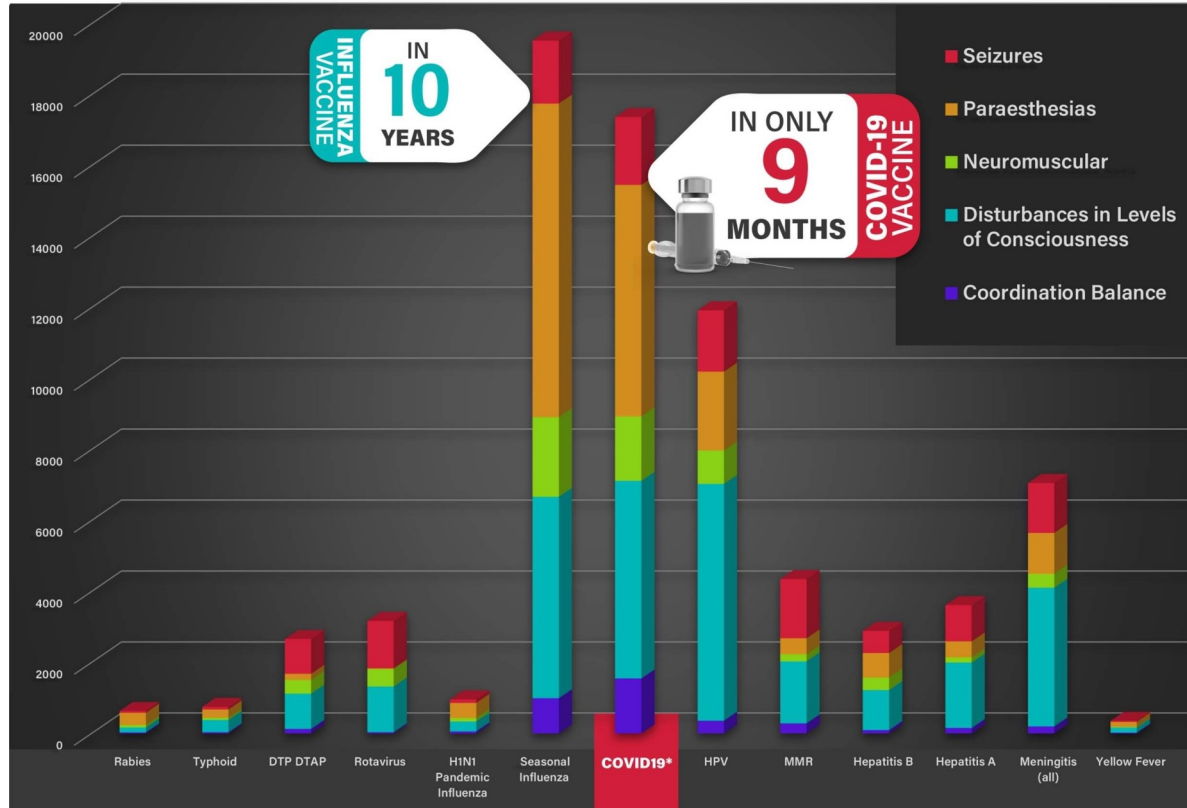
VAERS COVID Vaccine Reported Deaths by Days to Onset All Ages By Dose

VAERS COVID Vaccine Reported Deaths by Days to Onset All Ages by Dose





Neurological Diagnoses from the COVID-19 Vaccine versus Common Vaccines throughout the last Decade*.



C19 VAX REACTIONS
c19vaxreactions.com

*Source: VAERS. Diagnoses for Covid-19 Vaccine from December 10, 2020 to August 8, 2021. Diagnoses for All Other Vaccines from January 2011 to August 8, 2021.



Neurological Complications Following COVID-19 Vaccination

Aparajita Chatterjee¹ · Ambar Chakravarty²

Accepted: 16 November 2022

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COVID-19 Vaccine related adverse events:

Central nervous system

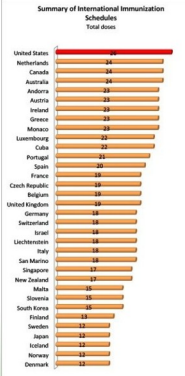
- Headache
- Vascular: CSVT, ischemic strokes, intracranial and subarachnoid hemorrhage
- Encephalopathy
- Encephalitis
- Seizures
- Acute disseminated encephalomyelitis (ADEM)
- Cranial nerve palsies
- Transverse myelitis (TM)
- Optic neuritis
- Olfactory dysfunction
- Neuroleptic malignant syndrome (NMS)
- Functional neurological disorders
- Relapse/exacerbation of prior neurological illness

Peripheral nervous system

- Guillain-Barré Syndrome (GBS)
- Bell's palsy
- Myositis
- Rhabdomyolysis
- Parsonage-Turner syndrome
- Herpes zoster
- Cochleopathy
- Ocular manifestations
- Sensory neuropathy
- Relapse/exacerbation of prior neurological illness

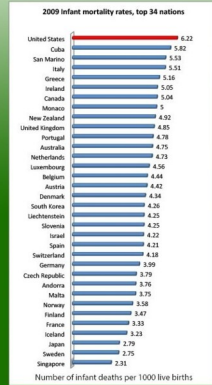


The U.S. is #1 in Number of Vaccines Injected into Babies Prior to Age 1



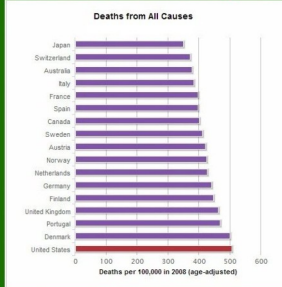
Source: Human and Experimental Toxicology, 2011

The U.S. is #1 in Infant Mortality Rates



Source: CIA World Factbook

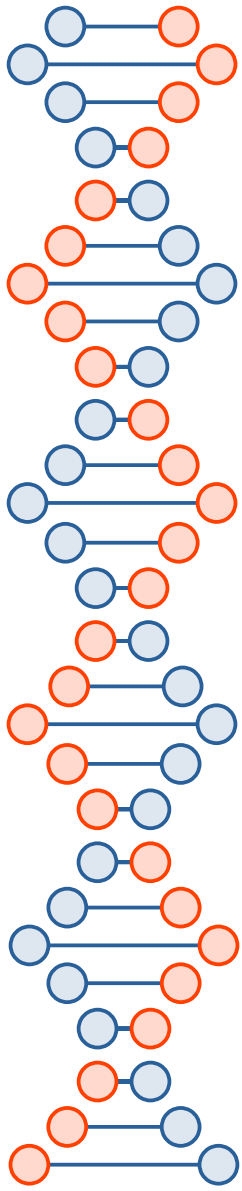
The U.S. is LAST in Deaths by All Causes



Source: World Health Organization



Health Impact News - www.HealthImpactNews.com



EudraVigilance - European database of suspected adverse drug reaction reports

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

COVID-19 Vaccine Adverse Drug Reactions **50,663 DEAD**

5,315,063 Injuries Through February 25, 2023

MRNA VACCINE PFIZER-BIONTECH (TOZINAMERAN)

MRNA VACCINE PFIZER-BIONTECH OMICRON BA.1

MRNA VACCINE PFIZER-BIONTECH OMICRON BA.4-5

MRNA VACCINE MODERNA (ELASOMERAN)

MRNA VACCINE MODERNA OMICRON BA.1

MRNA VACCINE MODERNA OMICRON BA.4-5

VACCINE ASTRAZENECA (CHADOX1 NCOV-19)

VACCINE JANSSEN (AD26.COV2.S)

VACCINE NOVAVAX (NVX-COV2373)

VACCINE VALNEVA

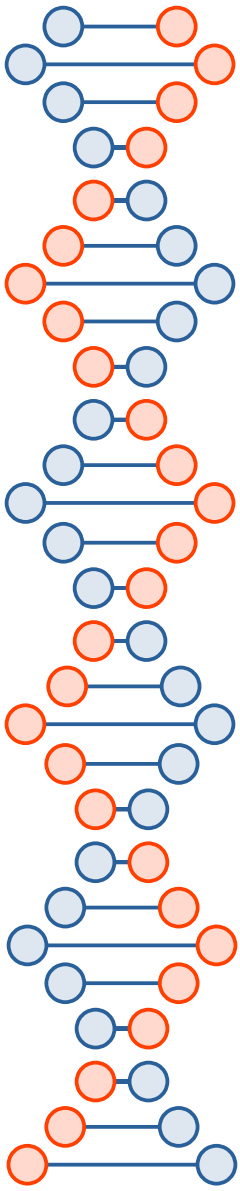
VACCINE VIDPREVTYN BETA



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EudraVigilance





Covid-19 Vaccines vs. Influenza Vaccines

2020 Through 2022

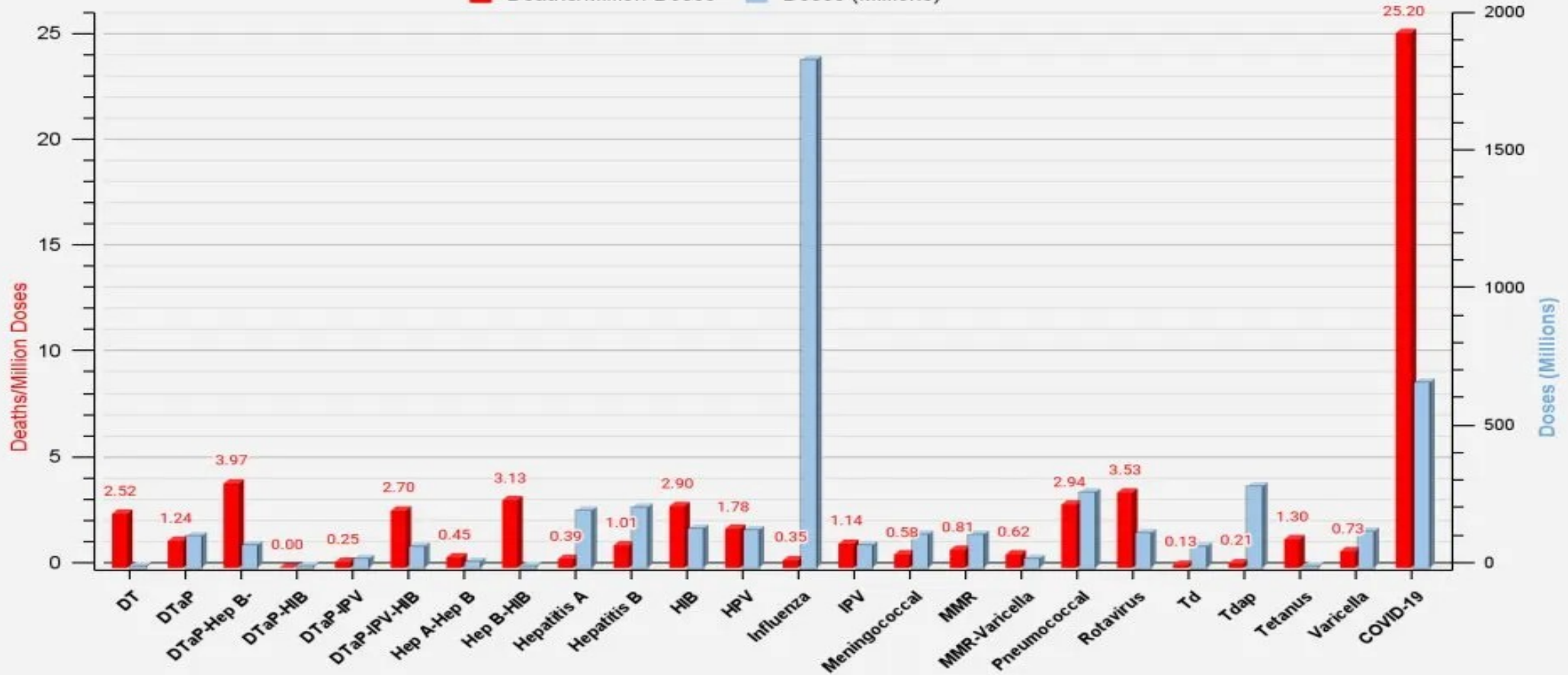
COVID-19 "Vaccines"	Influenza Vaccines
931,341,585 Doses	527,610,000 Doses
32,828 Deaths	231 Deaths
1 death per 28,370 shots	1 death per 2,284,026 shots
Side Effects: 1,481,226	Side Effects: 25,217
1 Side Effect per 629 shots	1 Side Effect per 20,923 shots

Source: VAERS

Deaths Per Million Doses (US Only) Traditional Vaccines (2006 - 2019), Covid-19 Vaccines (2020-Present)

Data Obtained from CDC's VAERS and NVICP data & statistics report

■ Deaths/Million Doses ■ Doses (Millions)



Reports – Expected vs. Observed

Preliminary myocarditis/pericarditis reports to VAERS following **dose 2** mRNA vaccination, Exp. vs. Obs. using **7-day** risk window (data thru Jun 11, 2021)

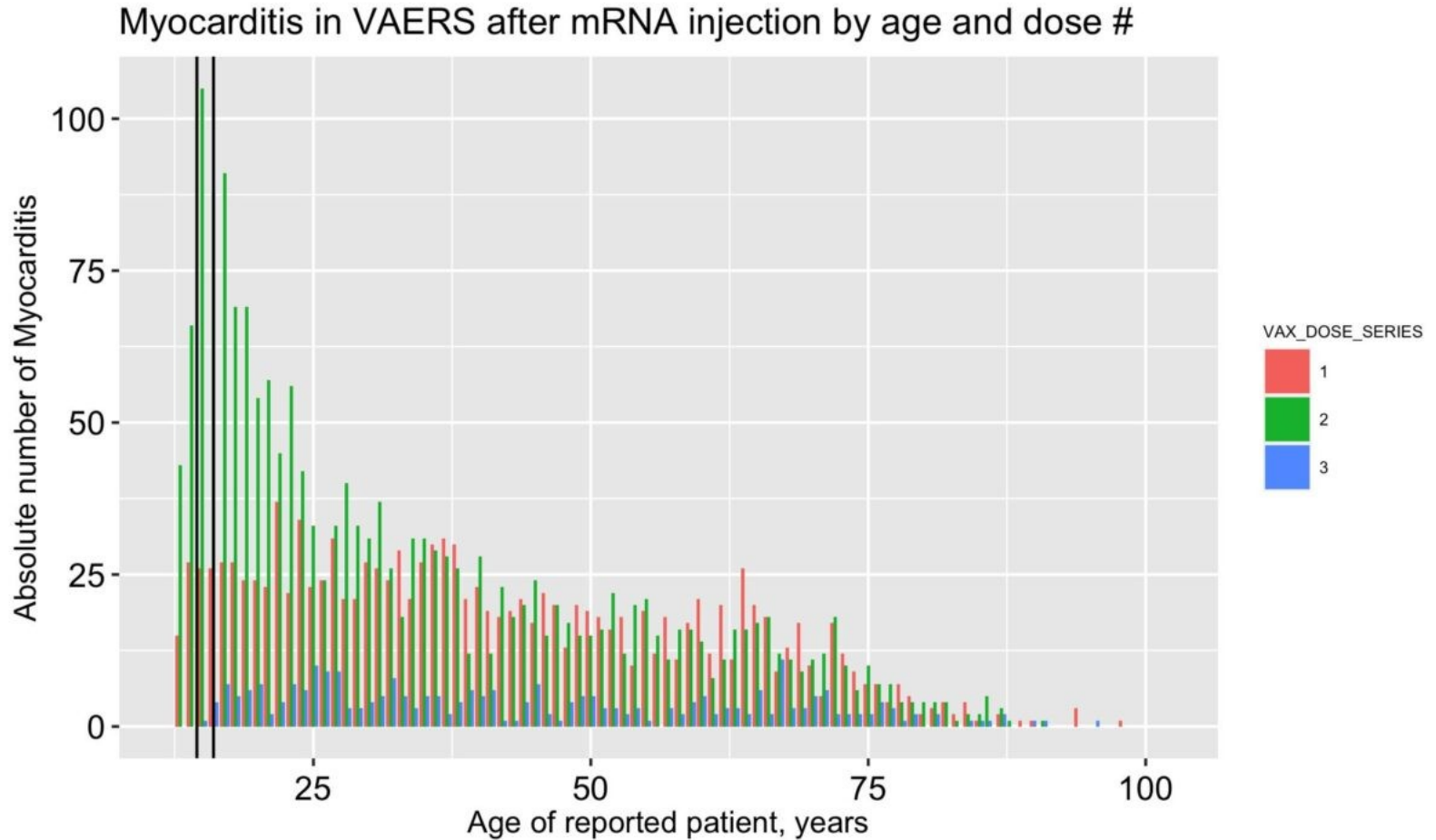
Age groups	Females			Males		
	Doses admin	Expected ^{*,†}	Observed [*]	Doses admin	Expected ^{*,†}	Observed [*]
12–17 yrs	2,189,726	0–2	19	2,039,871	0–4	128
18–24 yrs	5,237,262	1–6	23	4,337,287	1–8	219
25–29 yrs	4,151,975	0–5	7	3,625,574	1–7	59
30–39 yrs	9,356,296	2–18	11	8,311,301	2–16	61
40–49 yrs	9,927,773	2–19	18	8,577,766	2–16	34
50–64 yrs	18,696,450	4–36	18	16,255,927	3–31	18
65+ yrs	21,708,975	4–42	10	18,041,547	3–35	11
Not reported	—	—	1	—	—	8



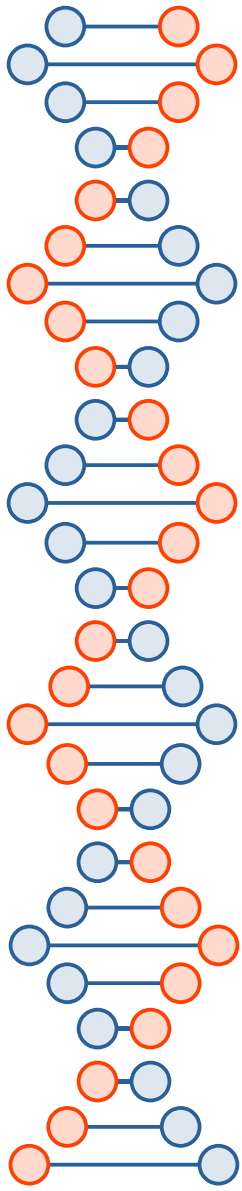
* Assumes a 7-day post-vaccination observation window (i.e., symptom onset from day of vaccination through Day 6 after vaccination)

† Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. *Vaccine*. 2021 May 14;S0264-410X(21)00578-8. Expected counts among females 12–29 years adjusted for lower prevalence relative to males by factor of 1.7 (Fairweather, D. et al, *Curr Probl Cardiol*. 2013;38(1):7-46).

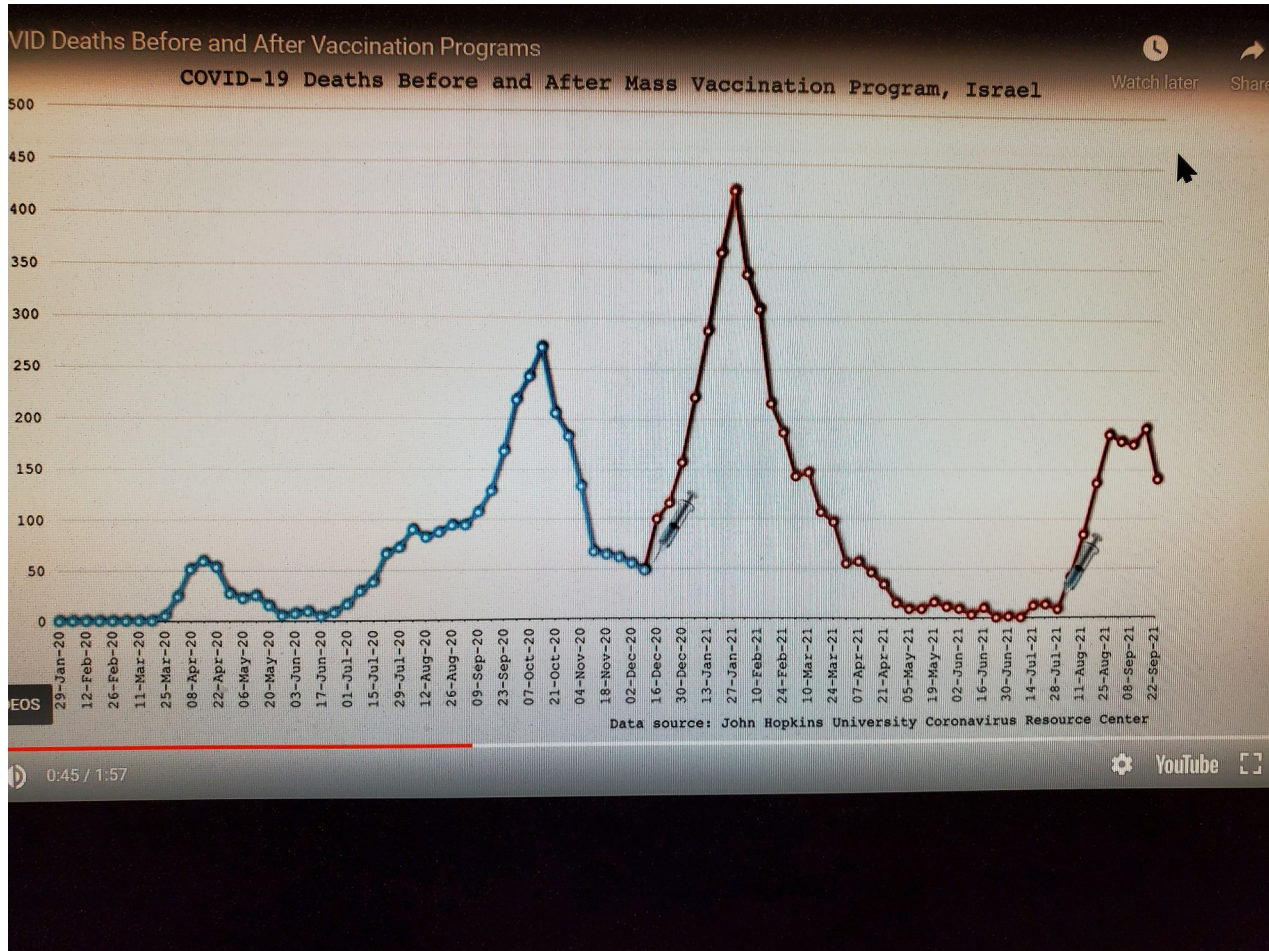
Myocarditis Cases By Age and Dose in VAERS



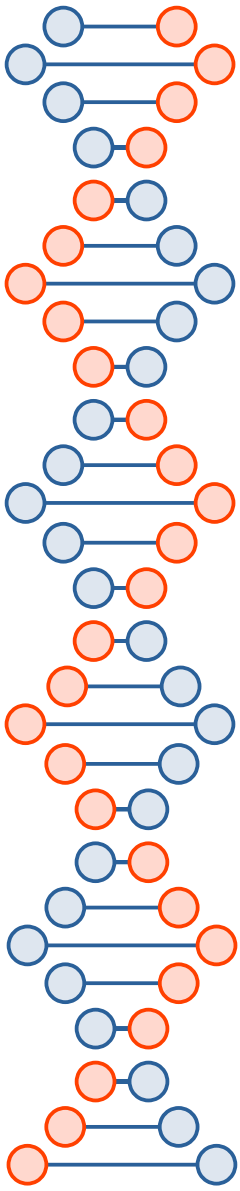
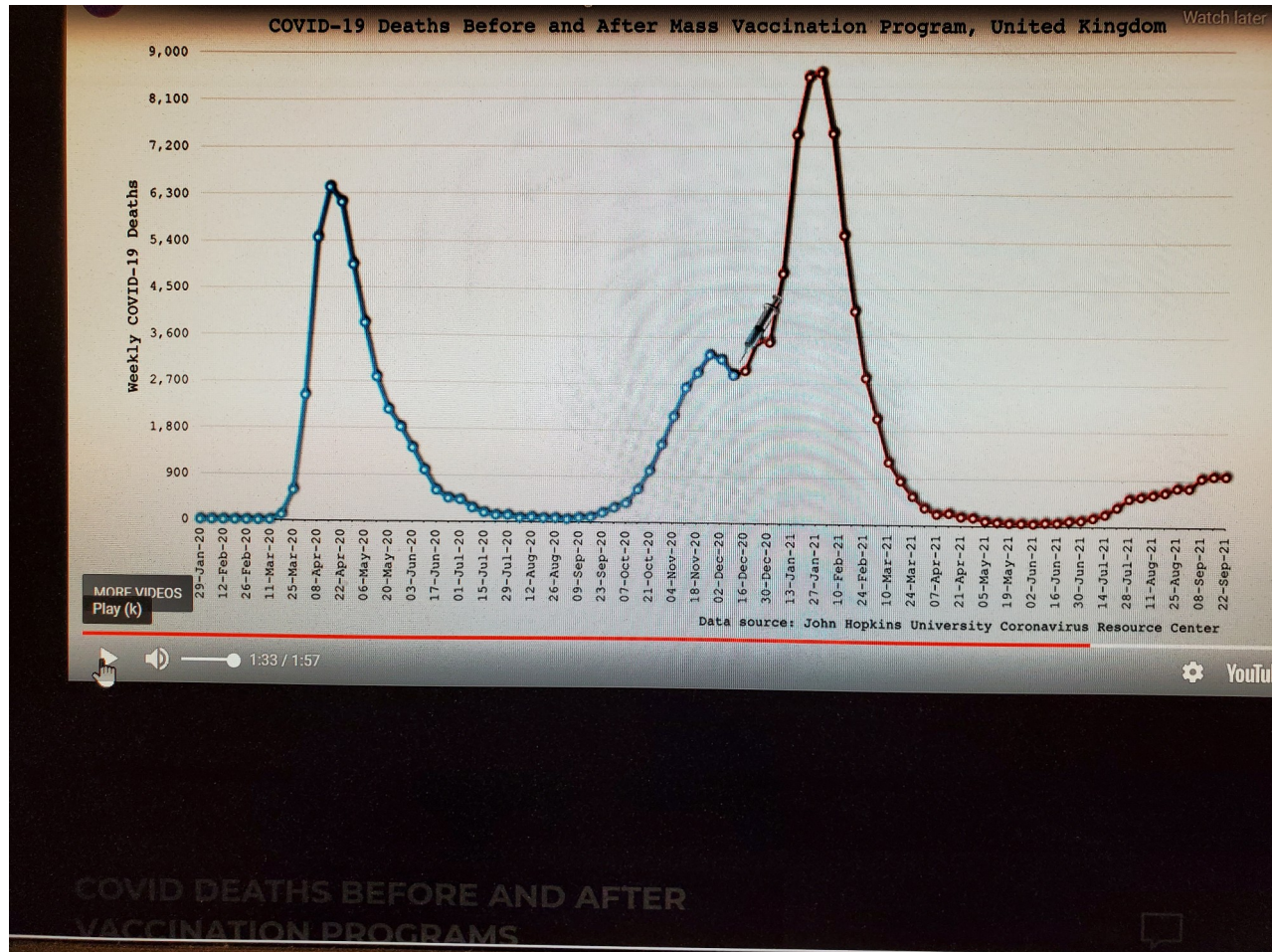
Data source: VAERS Domestic Data/Analysis: Dr. Jessica Rose



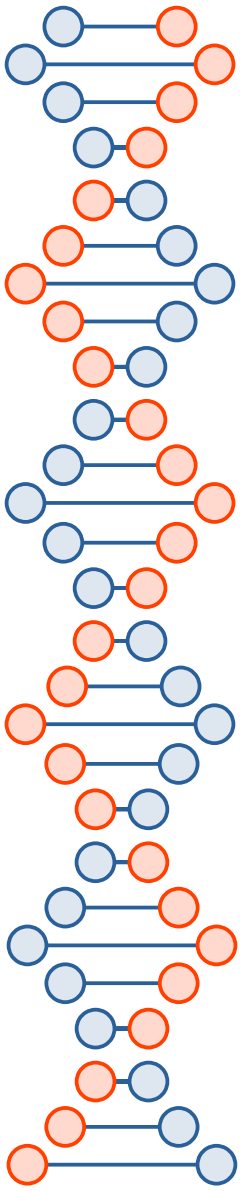
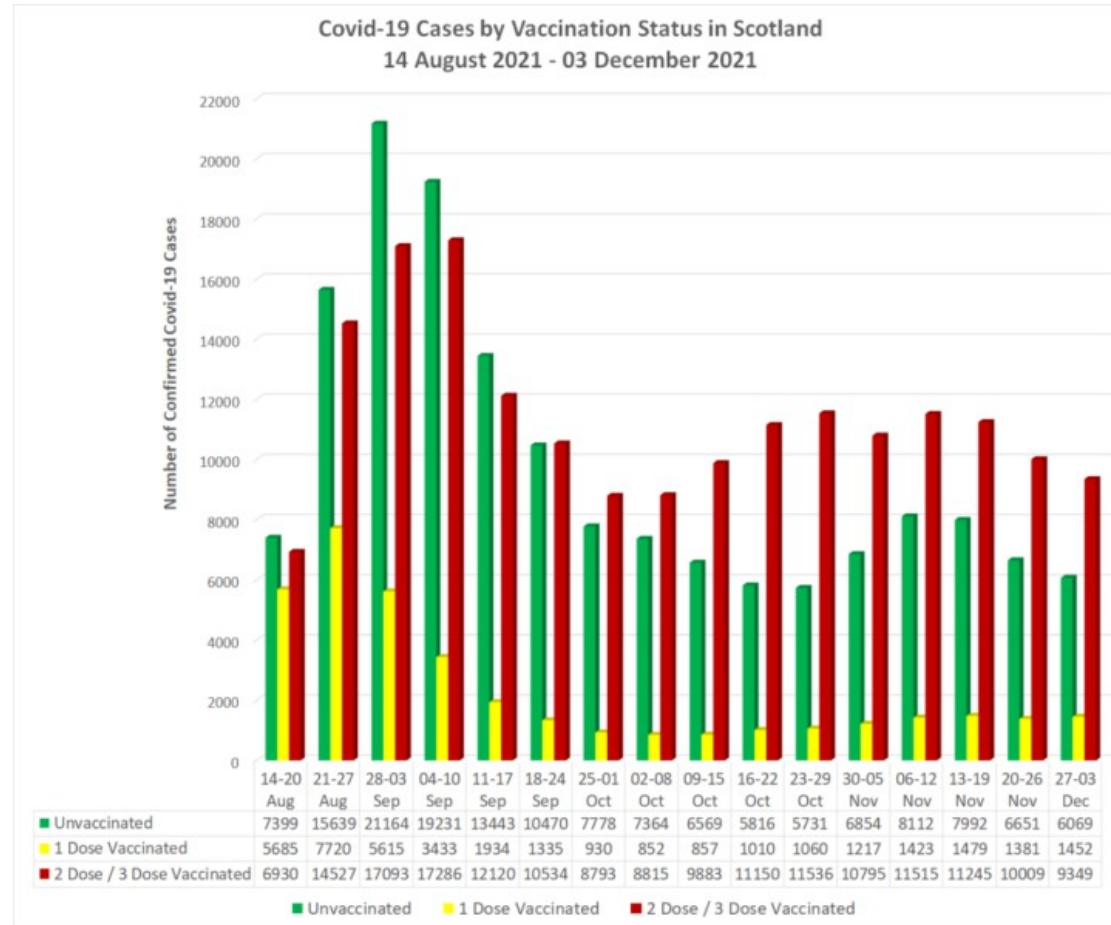
COVID-19 Deaths Before and After Mass Vaccination Program, Israel



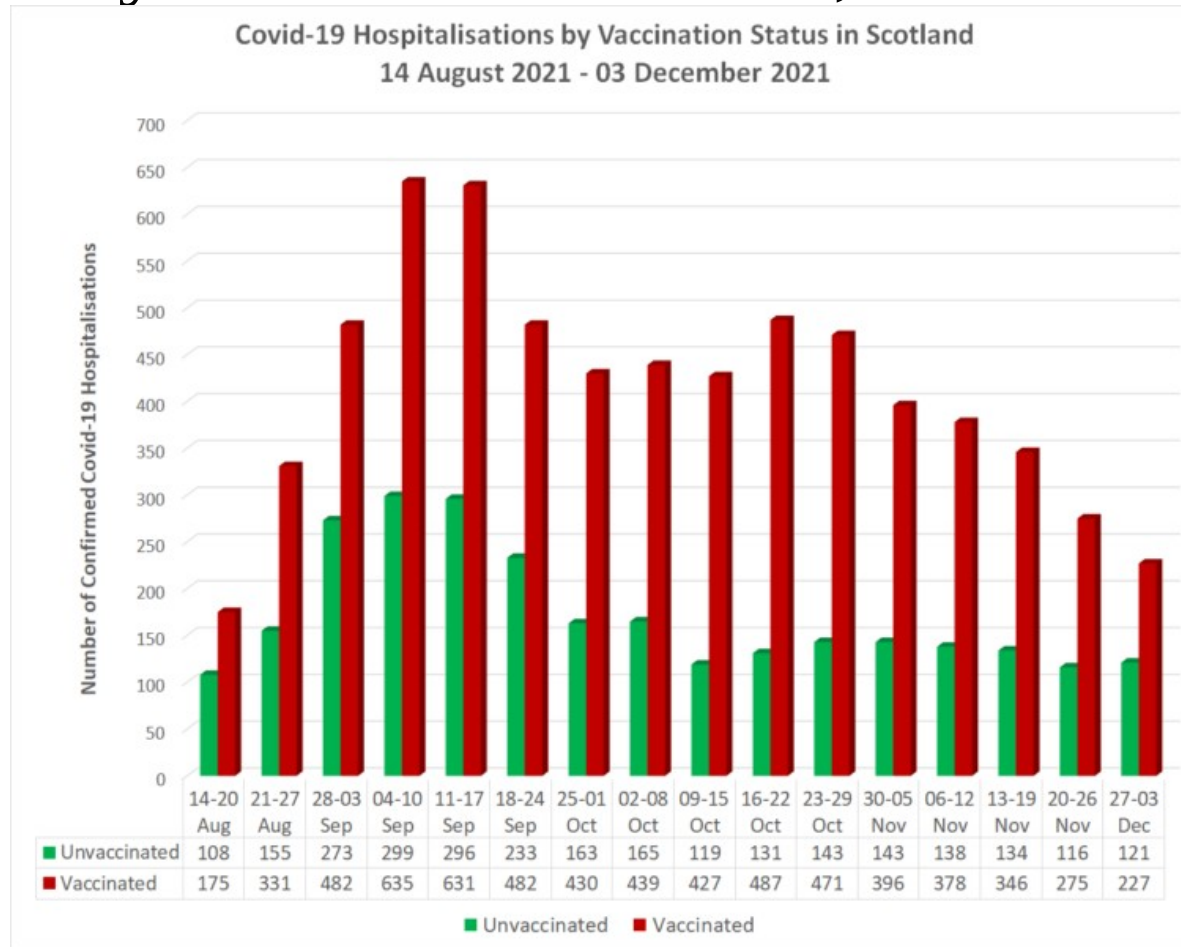
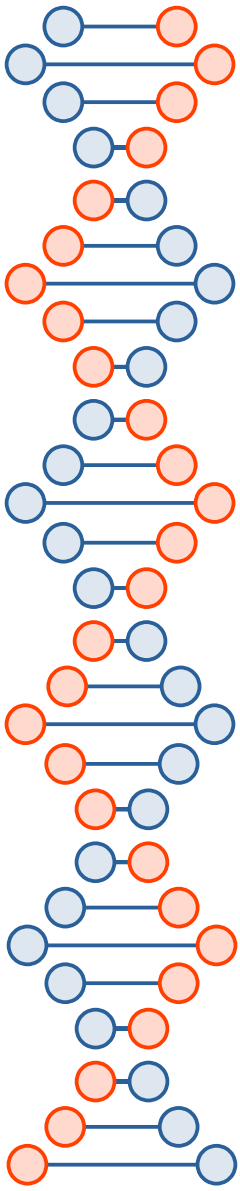
COVID-19 Deaths Before and After Mass Vaccination Program, United Kingdom



COVID-19 Cases per Week by Vaccination Status, Scotland



COVID-19 Hospitalizations per Week by Vaccination Status, Scotland





Defining “Vaccinated”

- **Who is vaccinated?**
 - 2 shots of mRNA (Pfizer, Moderna)
 - 1 shot of Johnson & Johnson
 - 1 or 2 shots + 2 weeks or more [**fully vaccinated**]
 - Resulting in **Limited Immunity**
- **Who is unvaccinated?**
 - No shots and no Covid infection
 - 1 or 2 shots + less than 2 weeks
 - No shots and recovered from Covid infection, resulting in **Natural Immunity**

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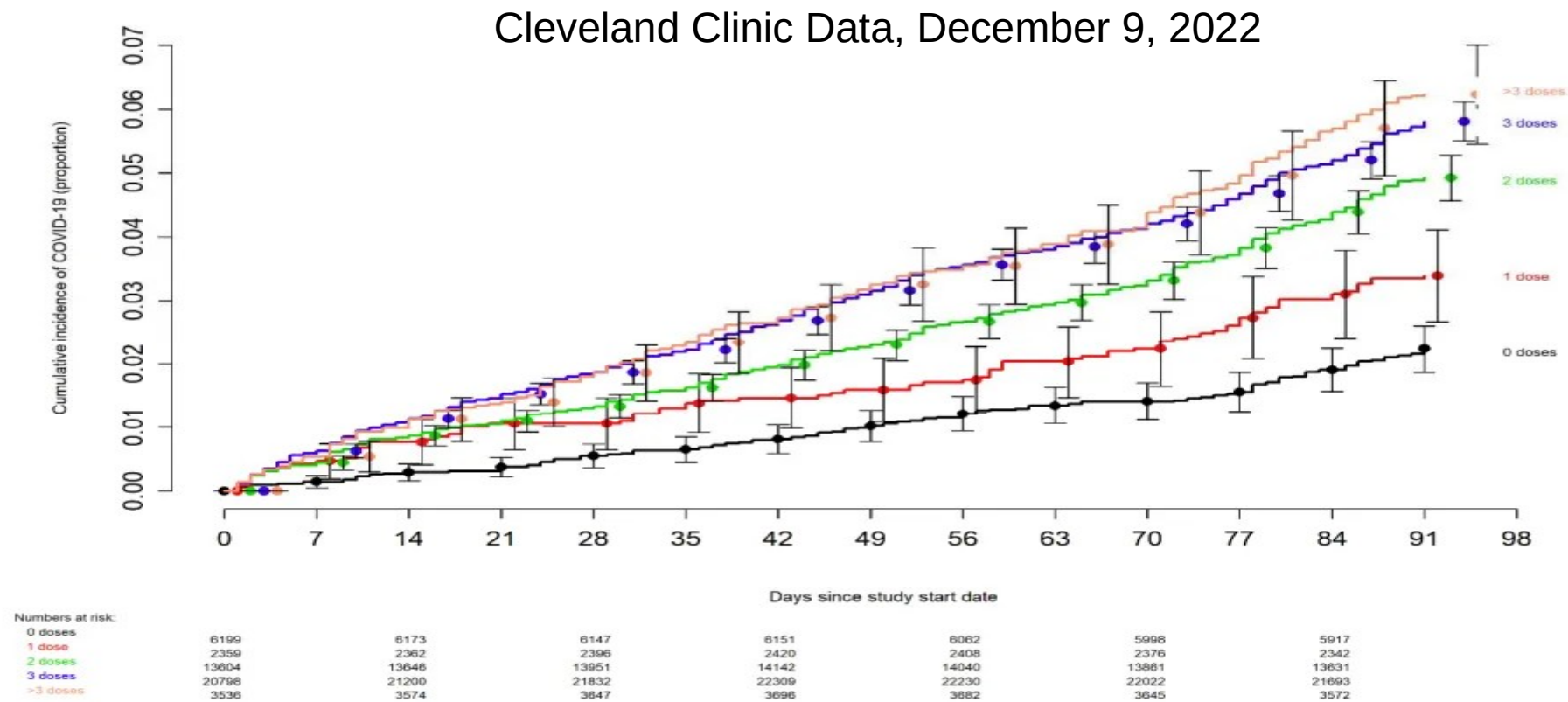
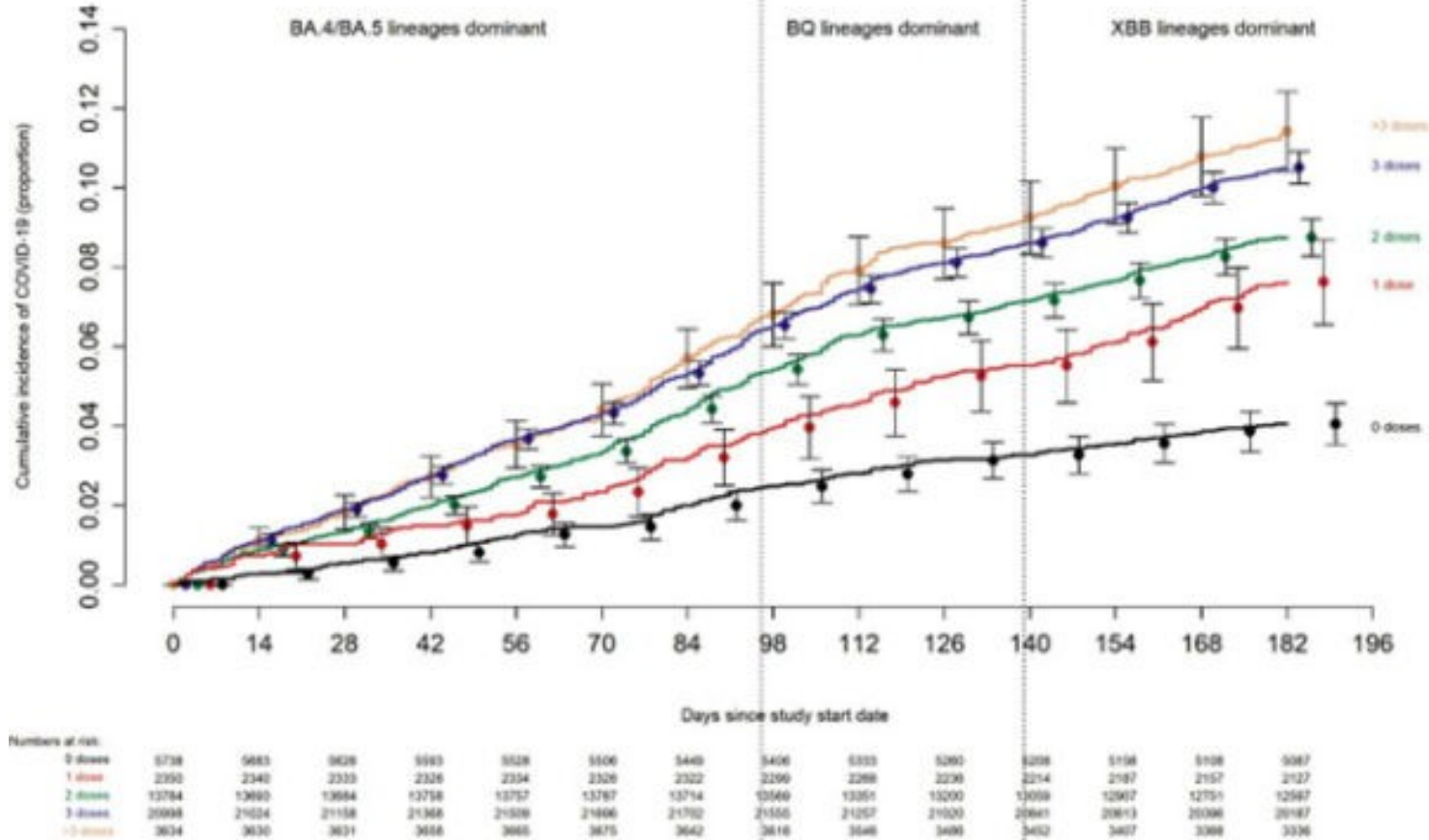
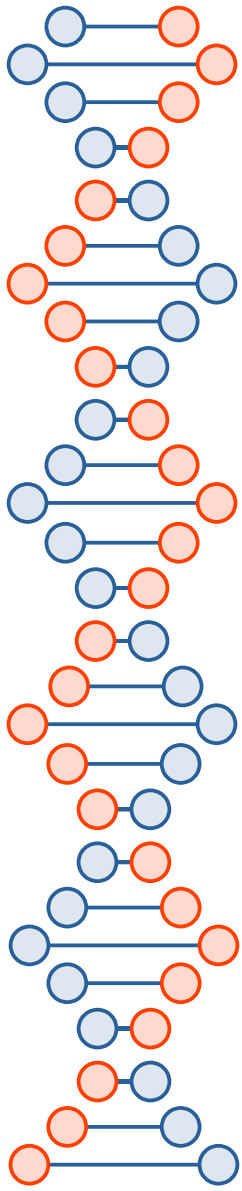
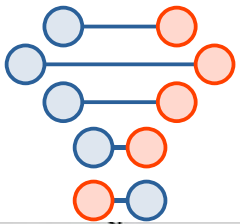


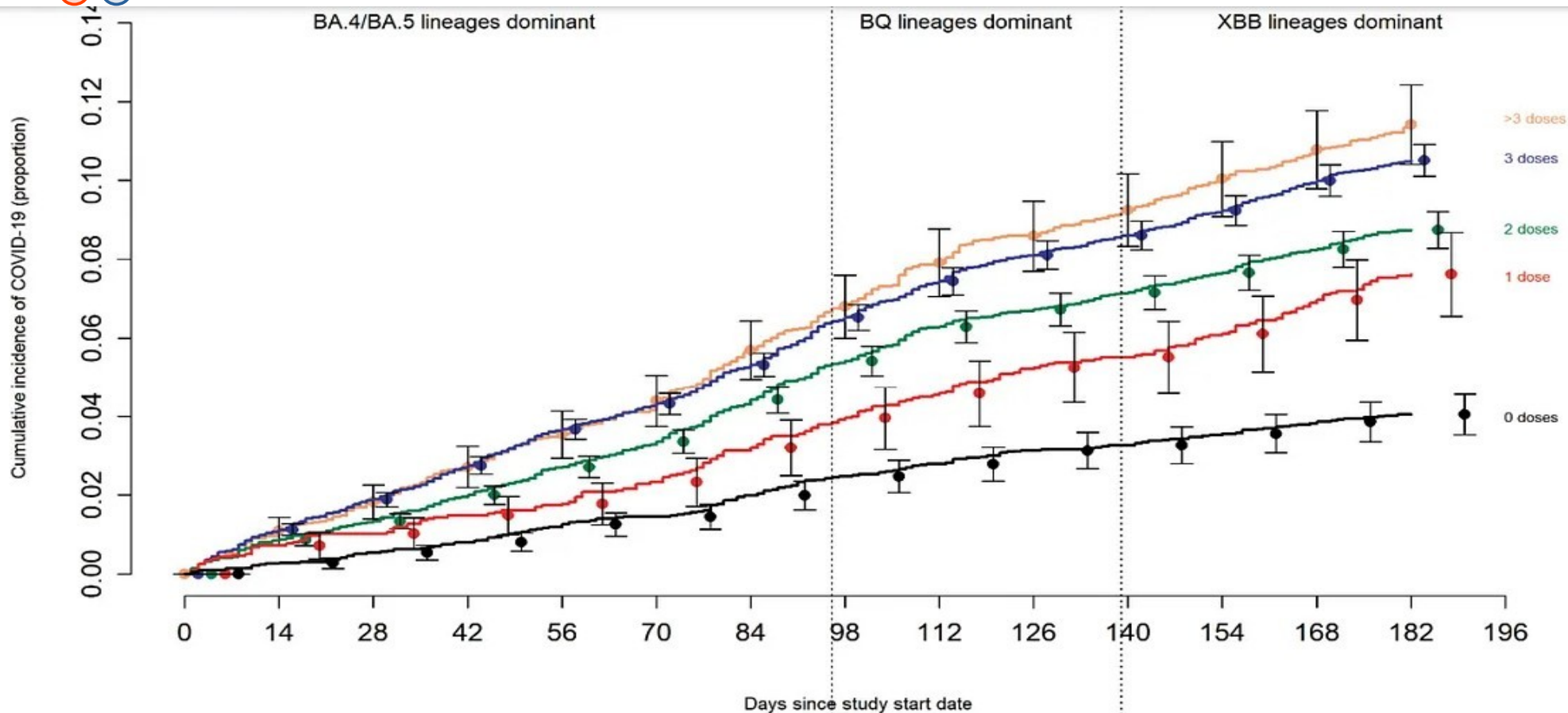
Figure 2. Simon-Makuch plot comparing the cumulative incidence of COVID-19 for subjects stratified by

Cumulative Incidence of Covid-19 For Subjects Stratified by the Number of Doses





Cumulative Incidence of Covid-19 For Subjects Stratified by the Number of Doses



Numbers at risk:

0 doses

5799

5893

5928

5503

5528

5508

5440

5408

5323

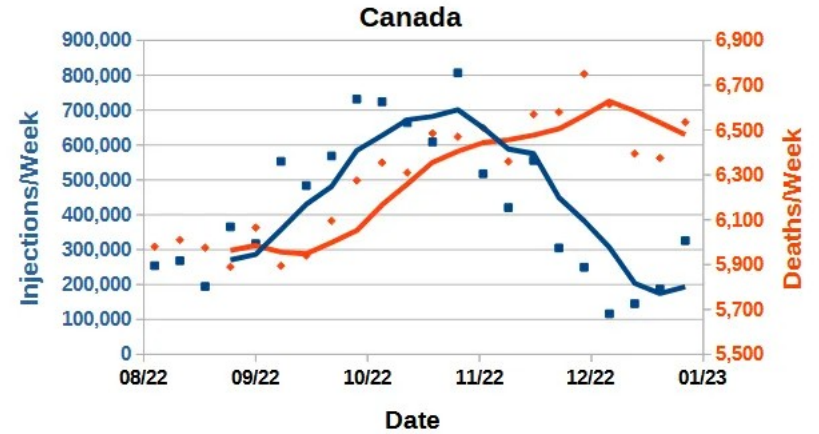
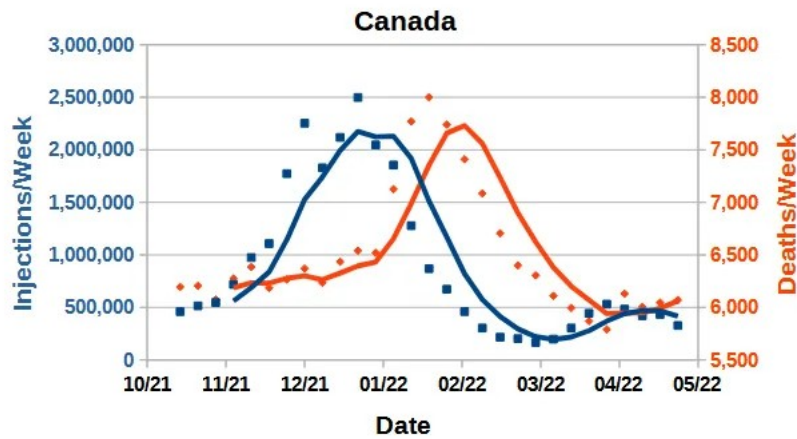
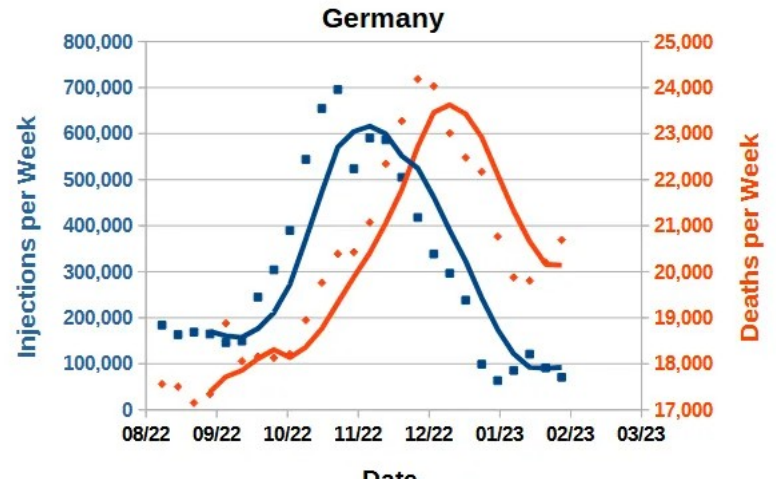
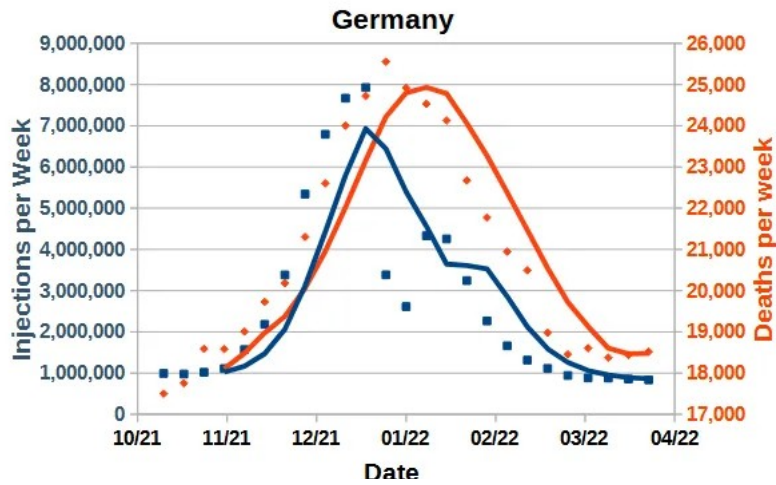
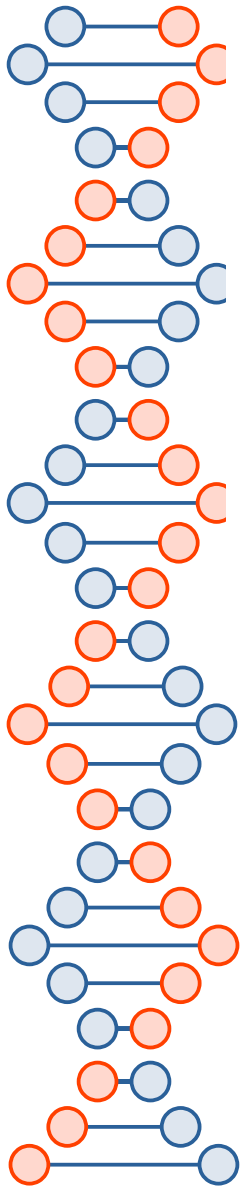
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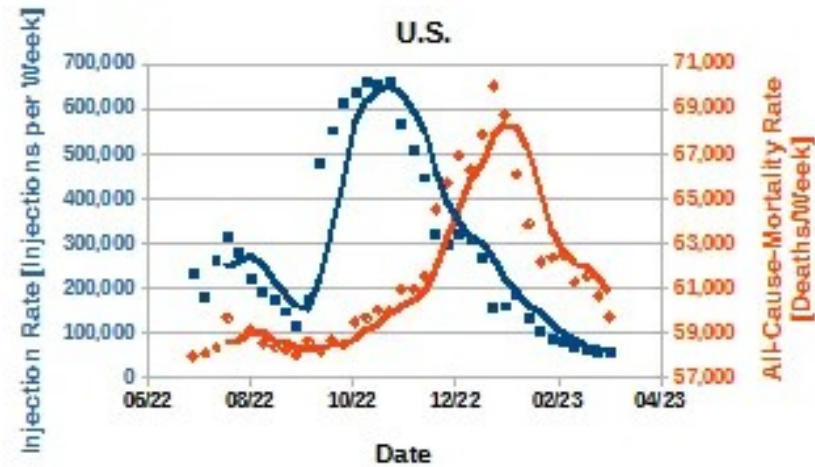
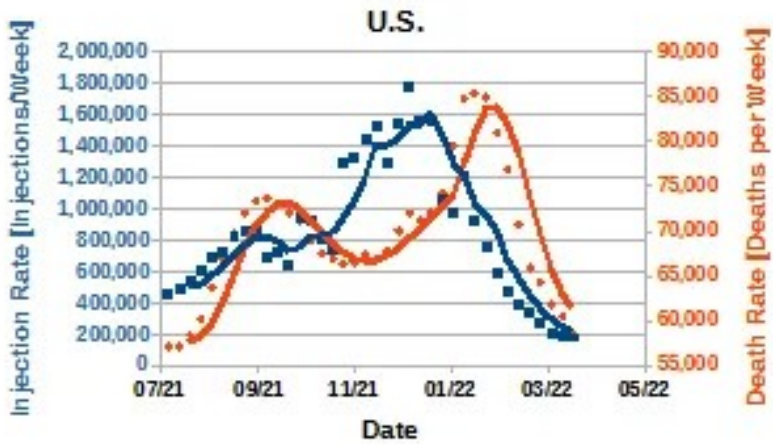
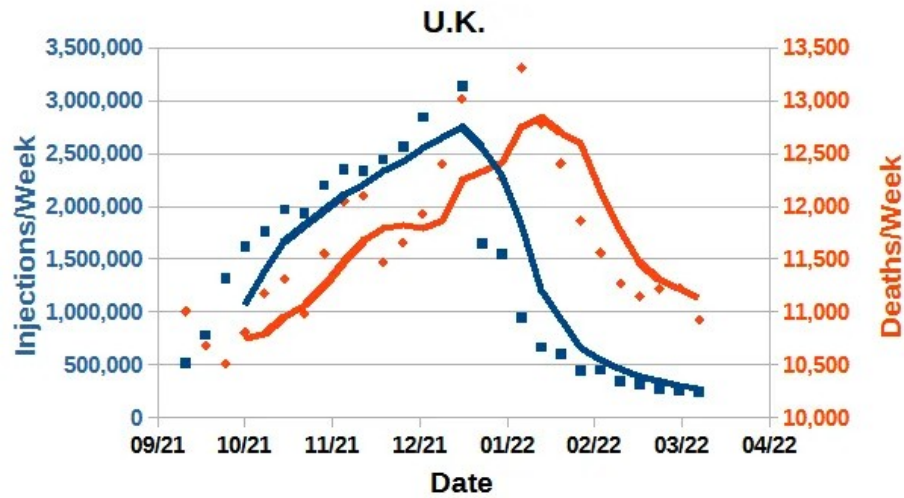
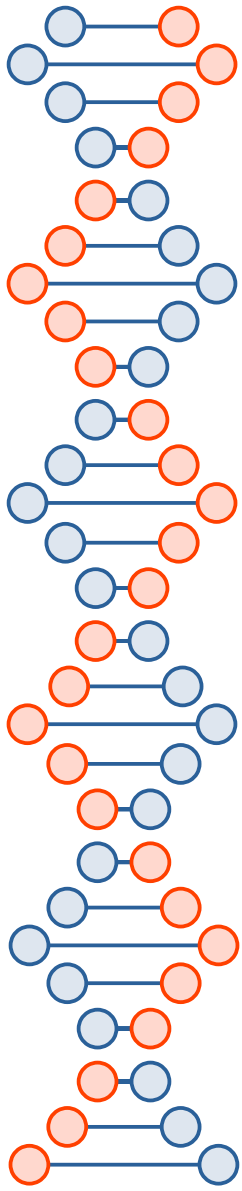
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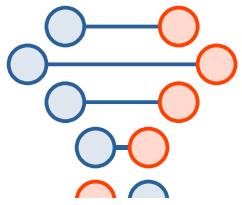
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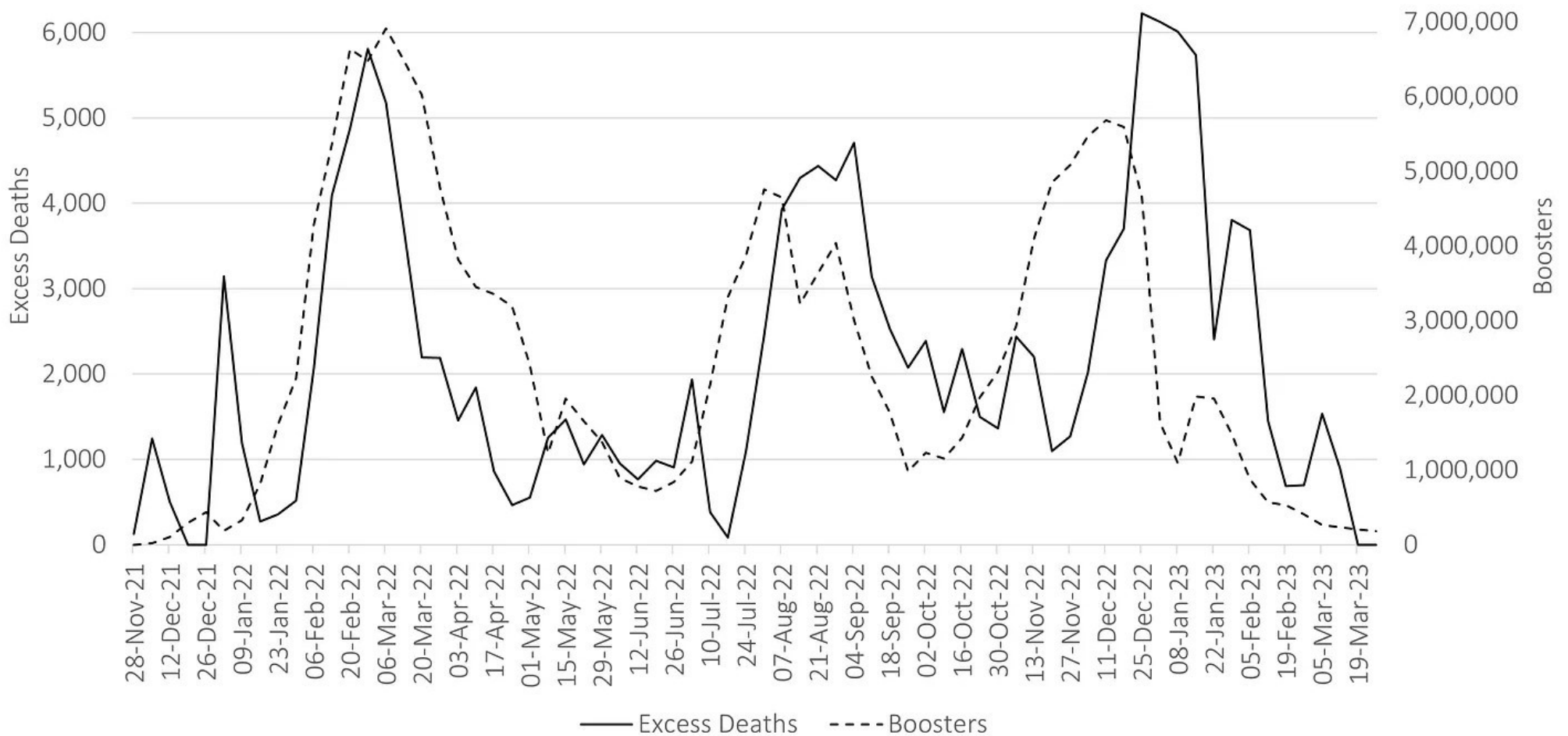
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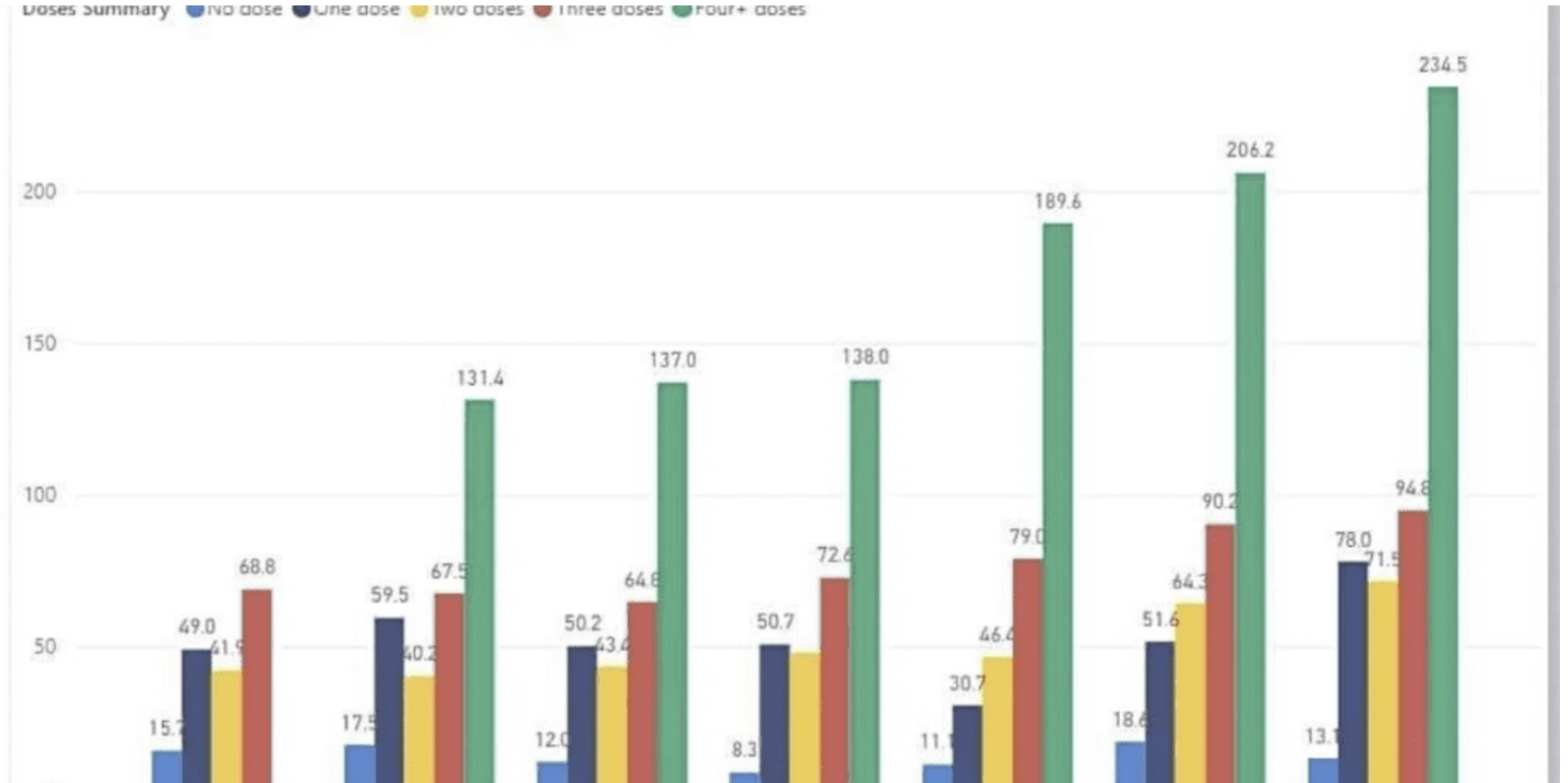
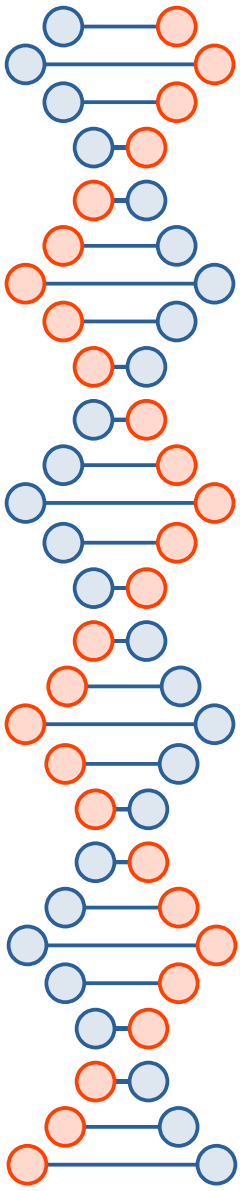




Weekly Excess Deaths vs. Covid Boosters, Japan, November 2021 to March 2023



Australia – More Vaccines More Sick





Home > Adverse Effects

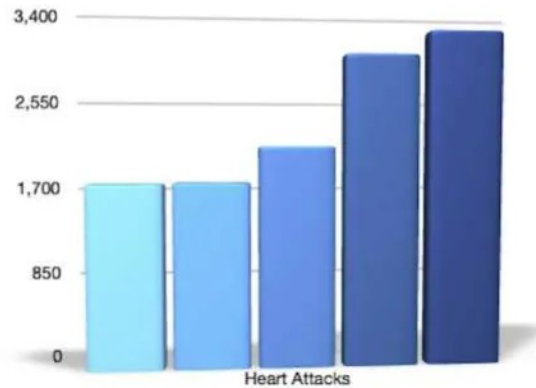
Heart Attacks Have Increased by 83%— the Alarming Implications of the Leaked New Zealand Health Data

ADVERSE EFFECTS



By Guy Hatchard | April 23, 2023 | 4227 | 0

AN 83% INCREASE IN HOSPITALISATIONS
FOR HEART ATTACKS SHOULD BE A
STATISTICAL IMPOSSIBILITY



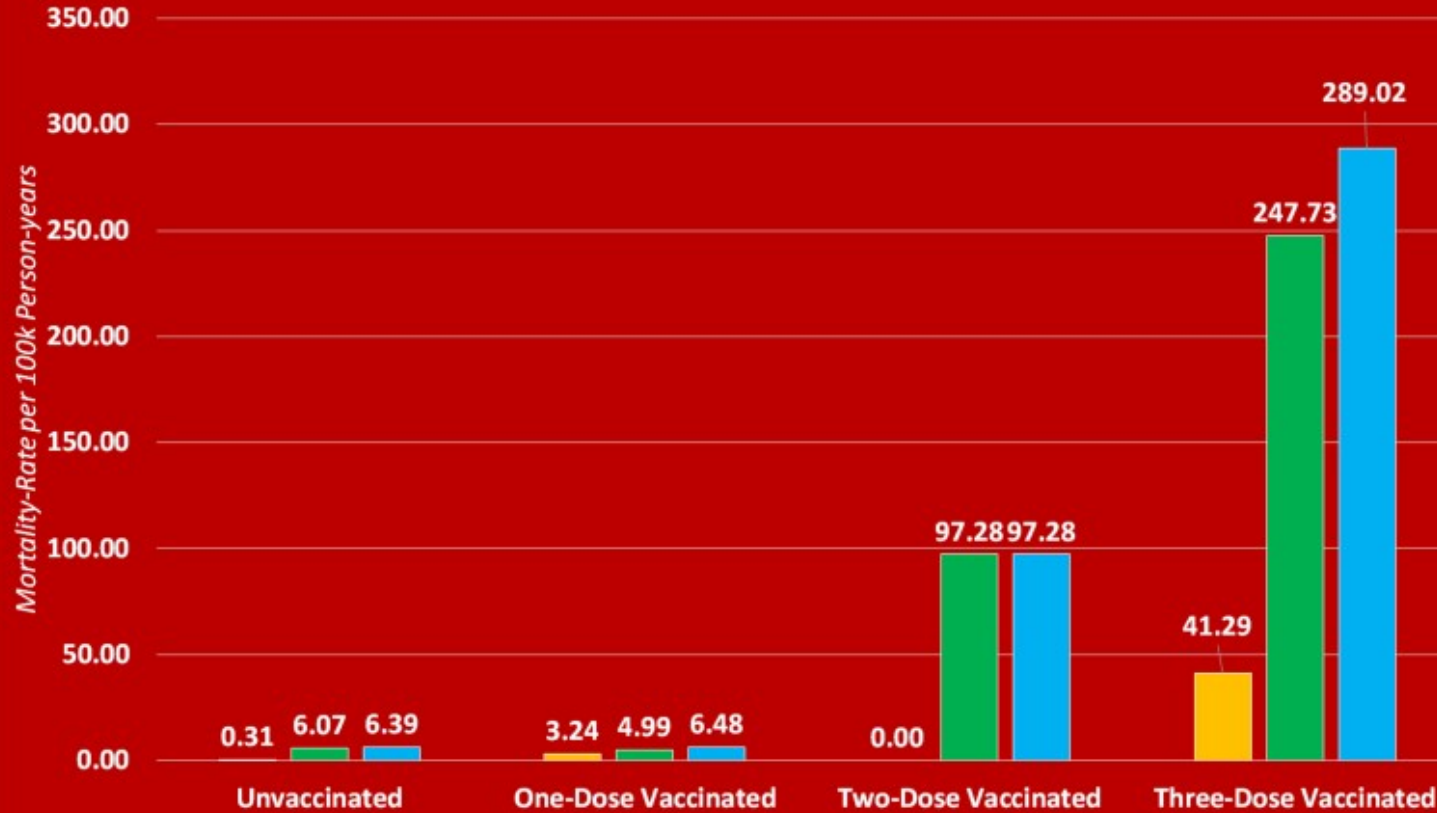
■ April 2018 to 2019 March 31 ■ April 2019 to 2020 March 31 ■ April 2020 to 2021 March 31 ■ April 2021 to 2022 March 31
■ April 2022 to 2023 March 31

Children Mortality Rates By Vaccination

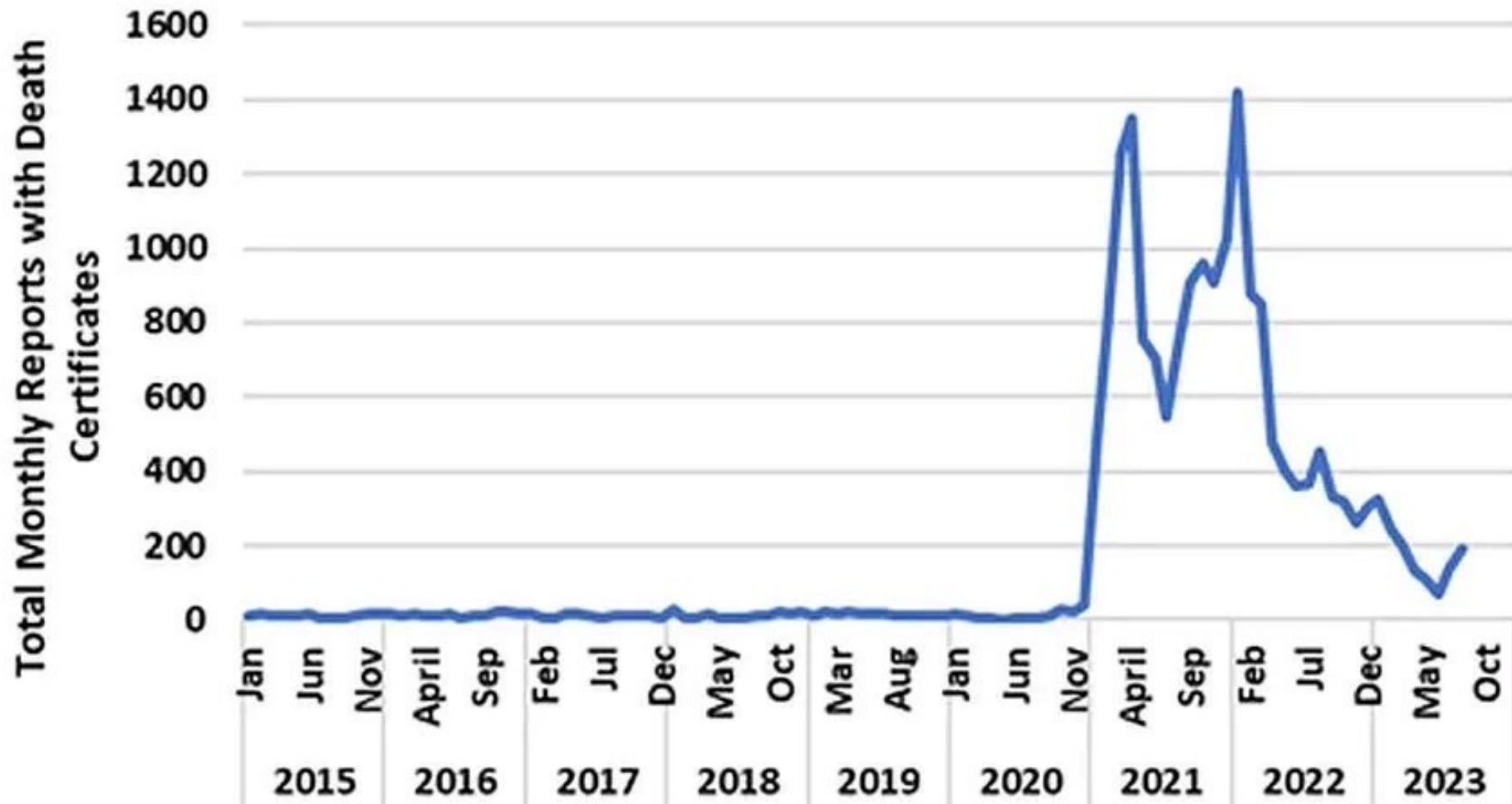
CHILDREN: Mortality-Rates by Vaccination Status per 100,000 person-years, England, Children aged 10 to 14, for period 1st Jan 2021 to 31st May 2022

Source: Office for National Statistics

■ Covid-19 Deaths ■ Non-Covid-19 Deaths ■ All Deaths



VAERS Reported Deaths





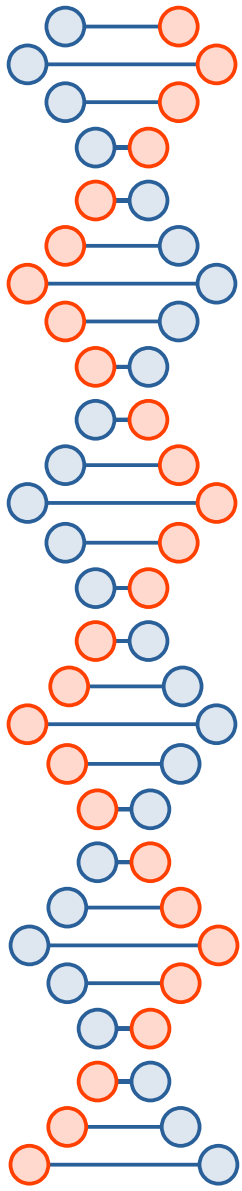
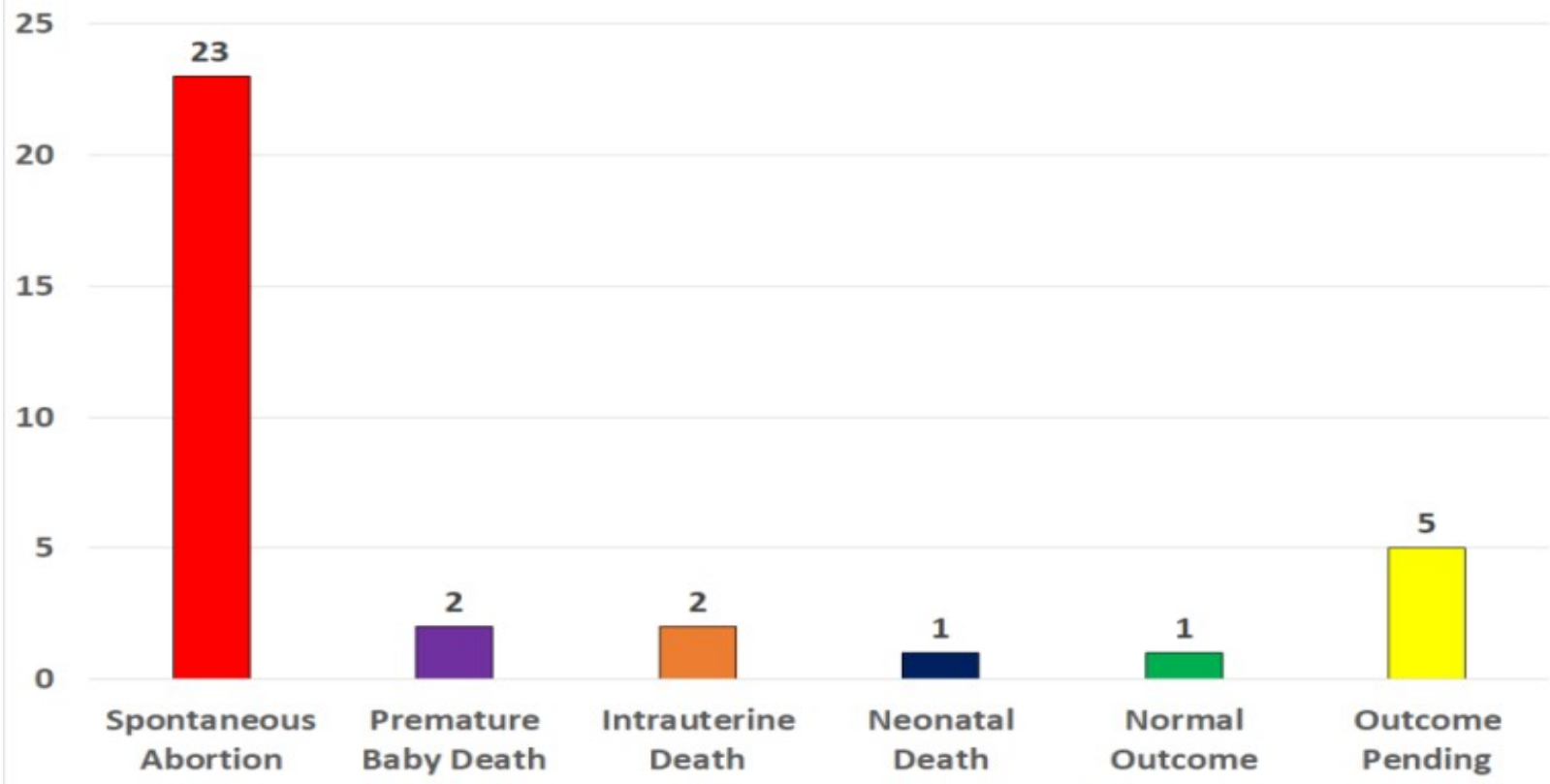
4. Pregnancies, Miscarriages, Still Births

- Pfizer and medicine regulators hid the dangers of vaccination during pregnancies
 - Studies showed increased risk of birth defects and infertility
 - No clinical trials performed beforehand
- Miscarriages and stillbirths
 - VAERS reports show 4,070% increase in miscarriages and birth rates from past years
- Menstrual cycles and hemorrhages
- Drop in live births
 - Birth rates down: 12% in Germany, 11% in Netherlands, 27% in Taiwan
- % of pregnant women vaccinated
- Maternal mortality rates

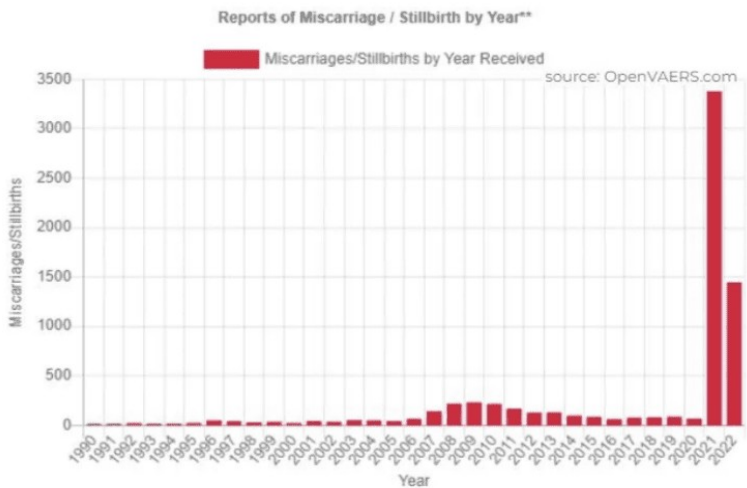
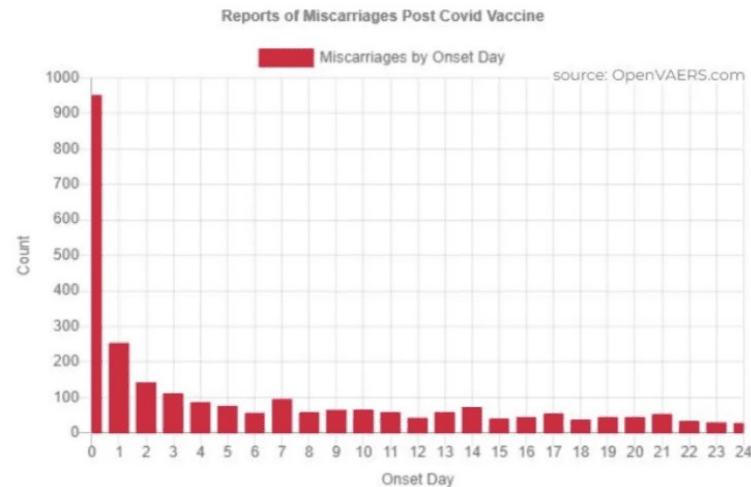
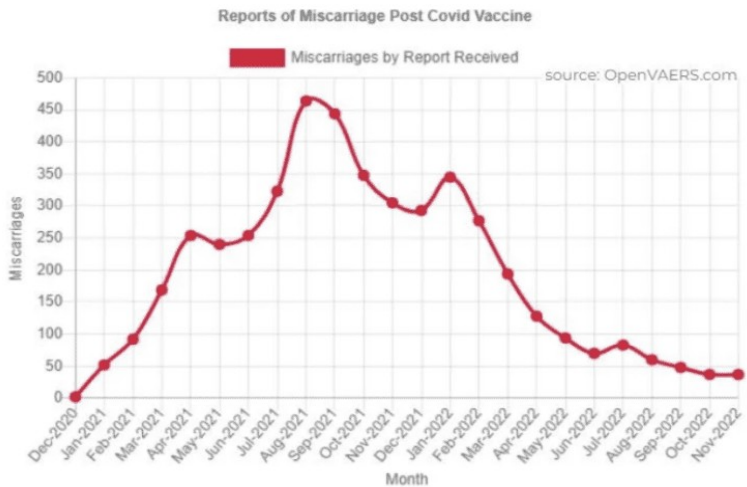
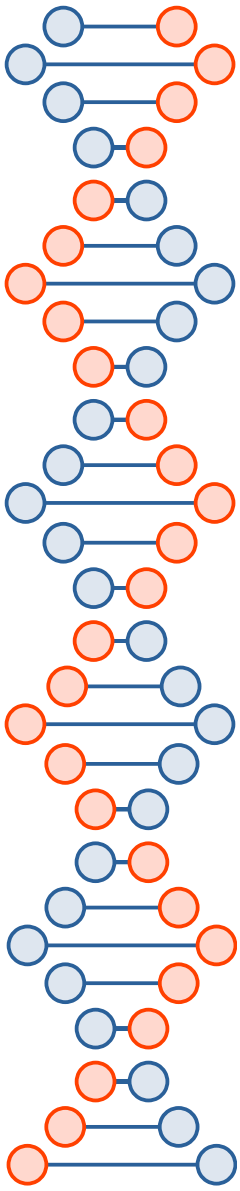
Known Outcomes of Pregnancies Exposed to Pfizer Covid-19 Prior to February 2021

Known outcomes of Pregnancies exposed to Pfizer Covid-19 injection prior to February 2021

Source: Confidential Pfizer Document 'reissue_5.3.6 postmarketing experience.pdf'.



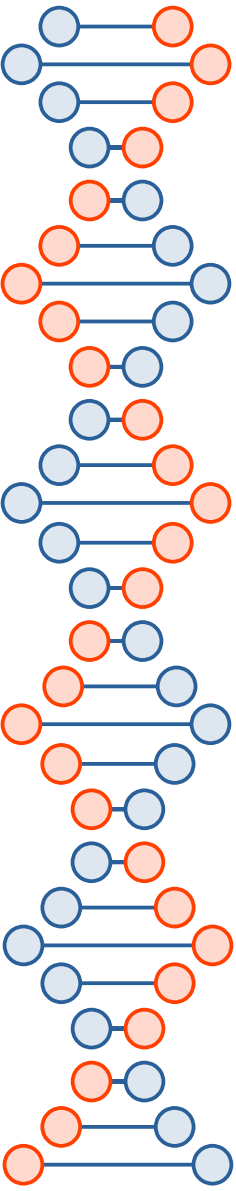
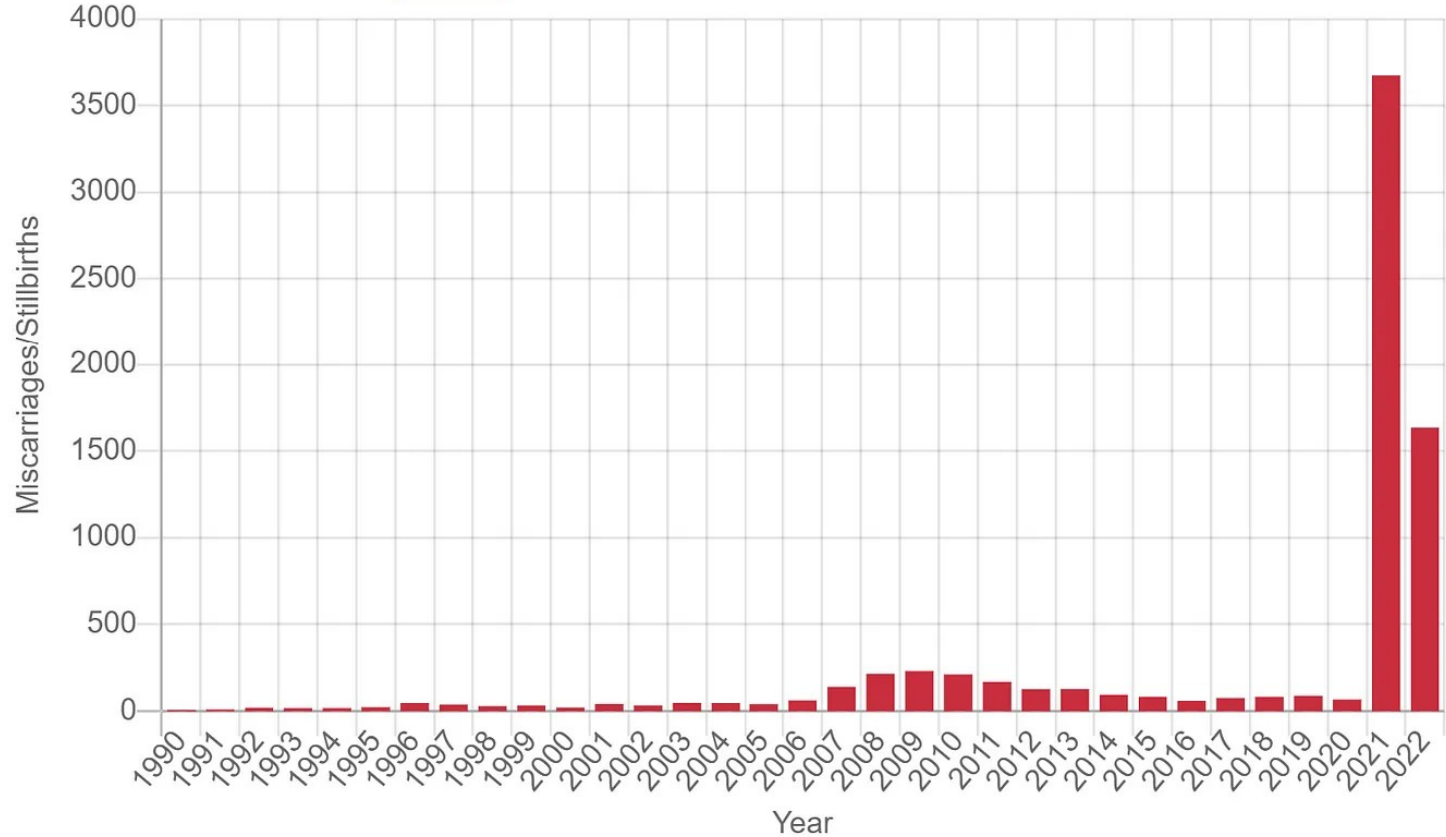
Miscarriages, Stillbirths, Menstrual Cycles



Reports of Miscarriage/Stillbirth by Year

Reports of Miscarriage / Stillbirth by Year**

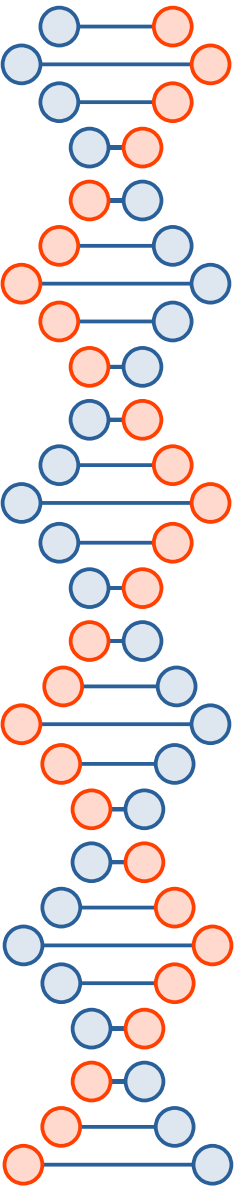
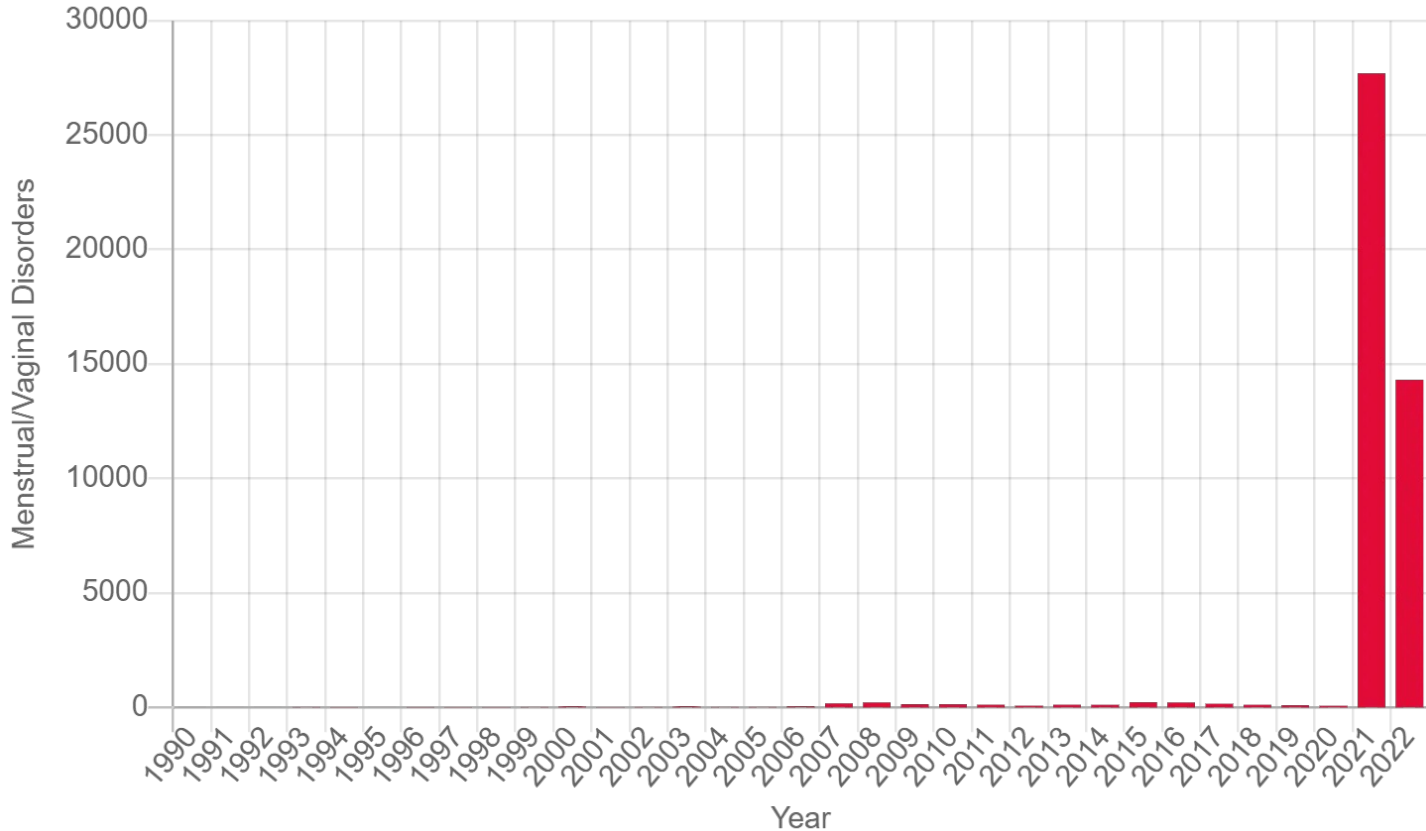
Miscarriages/Stillbirths by Year Received



Reports of Menstrual/Hemorrhages by Year

Reports of Menstrual / Haemorrhages by Year

Menstrual Disorders by Year Received

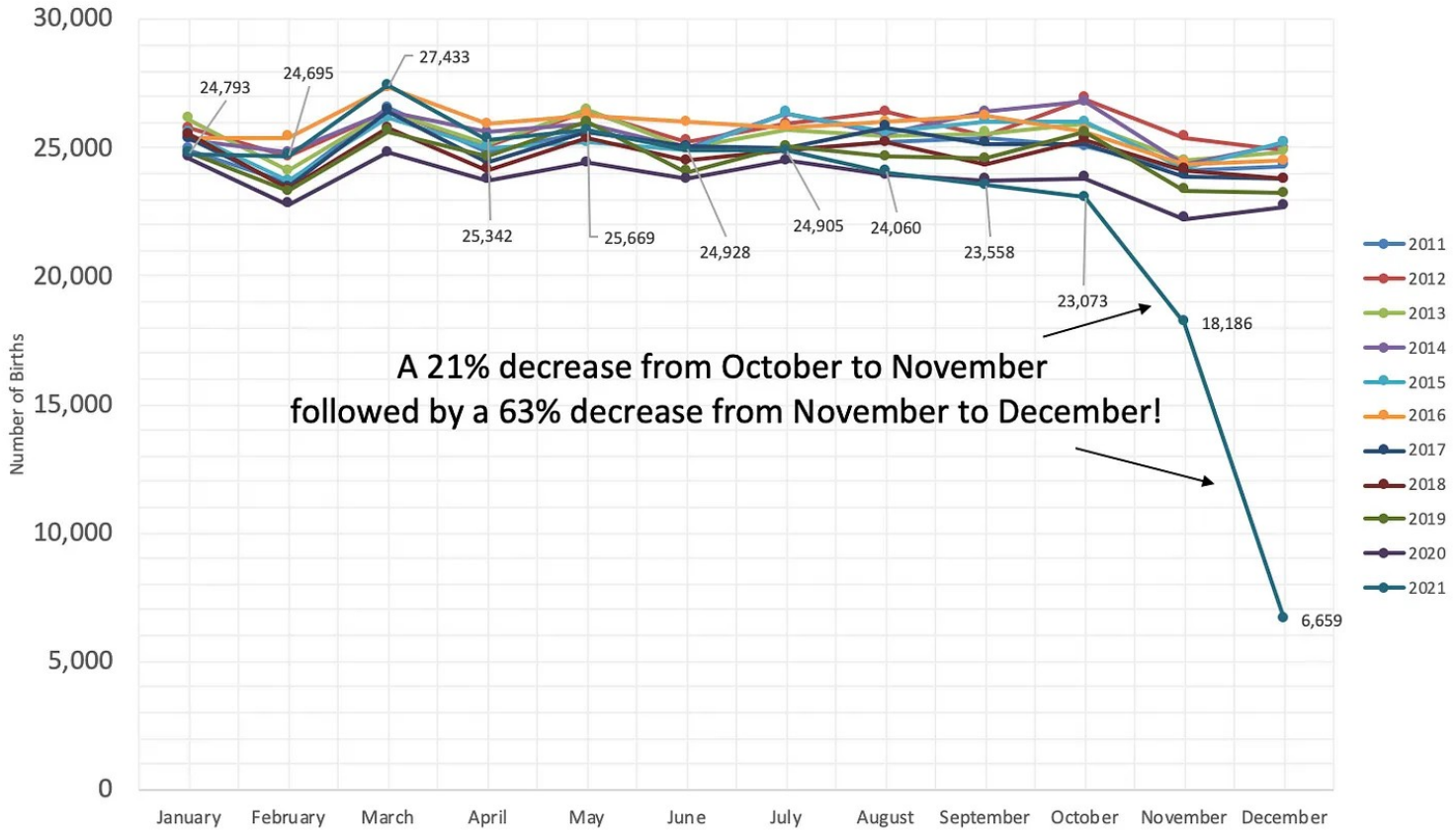


Australia - Drop in Birth Rate

Births, by year (for the past 10 years) and month of occurrence

Measure: Births **Region:** Australia **Frequency:** Annual **Unit of measure:** Number

Source: <https://explore.data.abs.gov.au>



A 21% decrease from October to November followed by a 63% decrease from November to December!

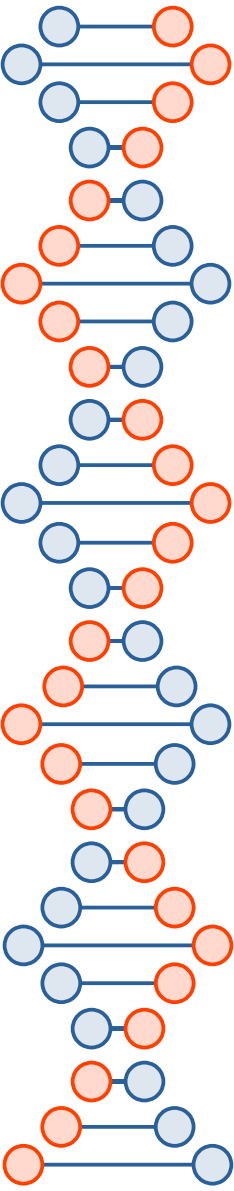


Figure 1: Percent of Pregnant People Ages 18–49 Years Who Completed the Primary Series of COVID-19 Vaccine Before and During Pregnancy, by Timing of Vaccination and Week Ending Date — Vaccine Safety Datalink,* United States December 14, 2020 – December 11, 2021

Figure 1

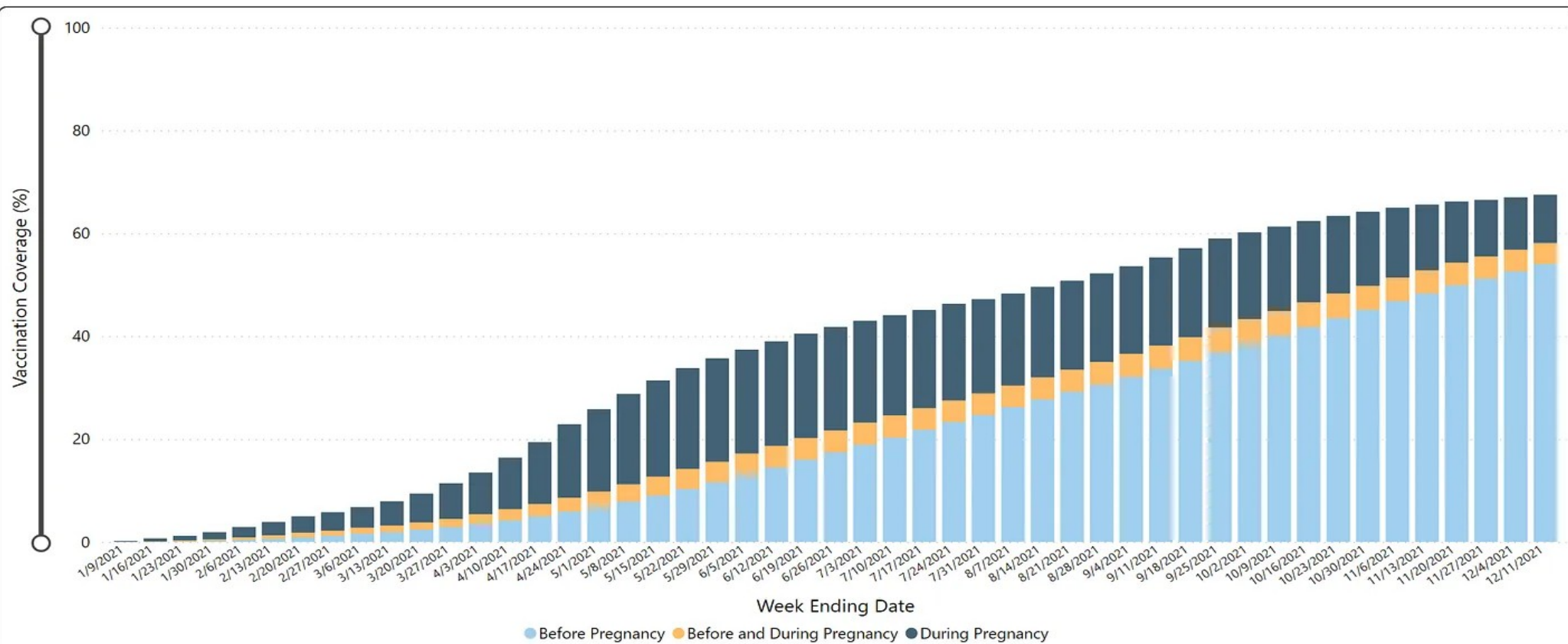
Figure 2

Figure 3

Week Ending Date

12/19/2020

12/13/2021



Maternal Mortality Rates in the United States, 2021

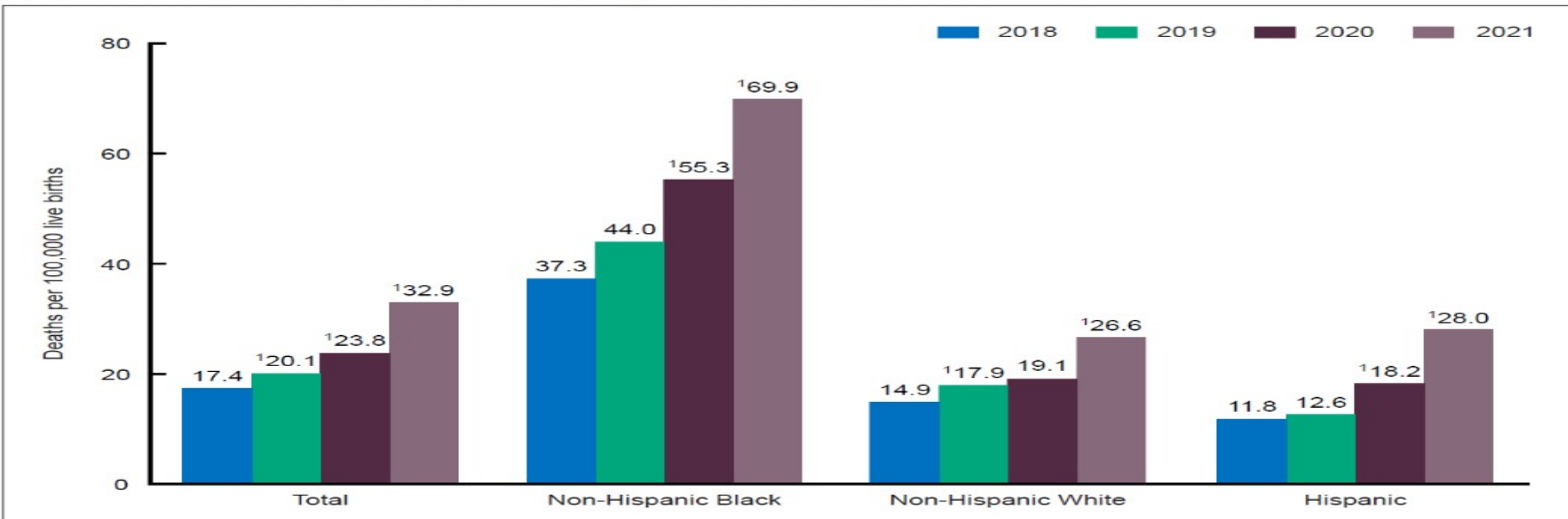
by Donna L. Hoyert, Ph.D., Division of Vital Statistics

This report presents maternal mortality rates for 2021 based on data from the National Vital Statistics System. A maternal death is defined by the World Health Organization as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (1).” Maternal mortality rates, which are the number of maternal deaths per 100,000 live births, are shown in this report by age group and race and Hispanic origin.

NCHS Health E-Stats

March 2023

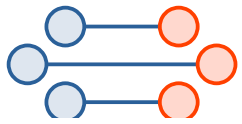
Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021





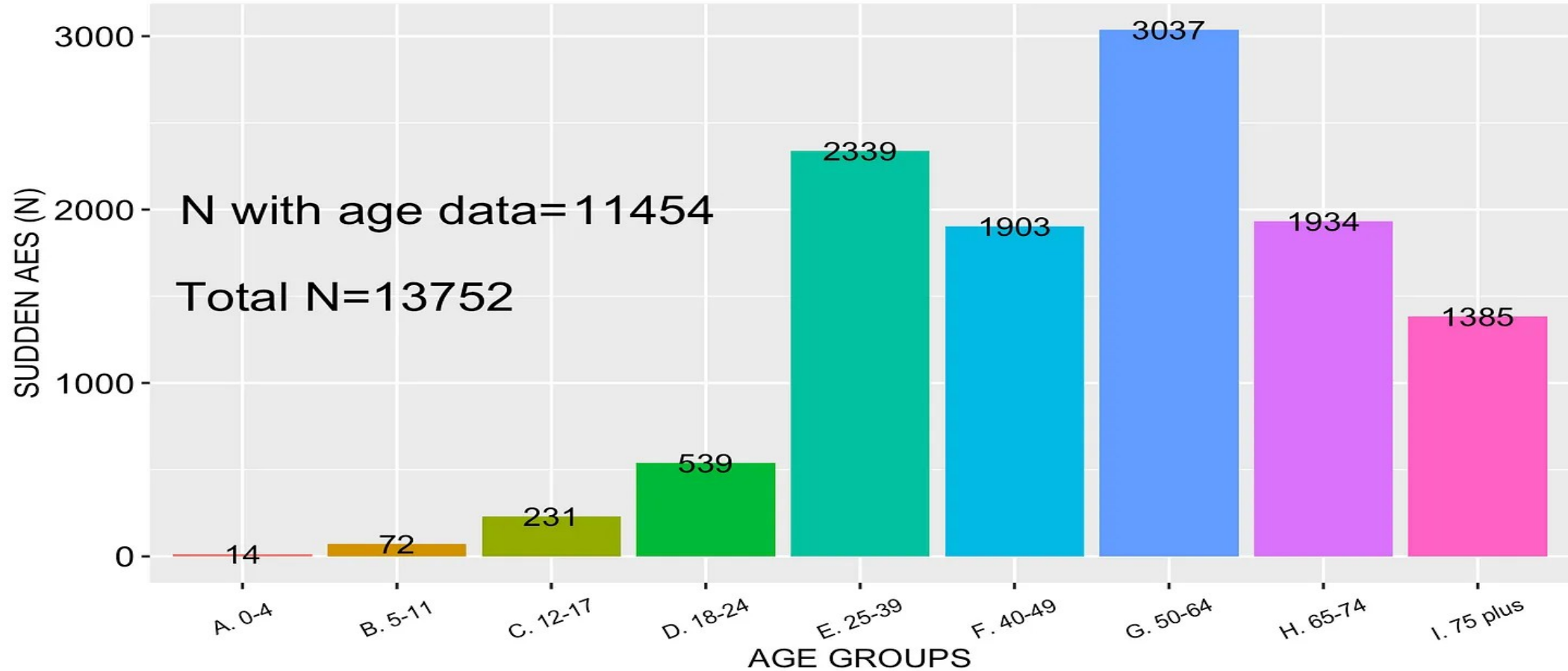
5. Sudden Adult Death Syndrome (SADS)

- Thousands dying suddenly and unexpectedly
 - SADS occurring more frequently in working age groups
 - More children dying suddenly and unexpectedly
 - “It’s through the roof”, Dr. Peter McCullough
- Athletes collapsing, dying
 - 769 athletes collapsed in 2022 during competition
 - Athlete deaths higher than expected, up 1700%
- Young practicing Canadian doctors dying suddenly
 - More than 130 documented since vaccine rollout
 - Canadian doctors dying of rapid cancers
- Airline pilots suffering cardiac arrests, dying
 - FAA EKG tests made less stringent
 - Long term disability claims
 - Southwest pilot death rate 6 times normal



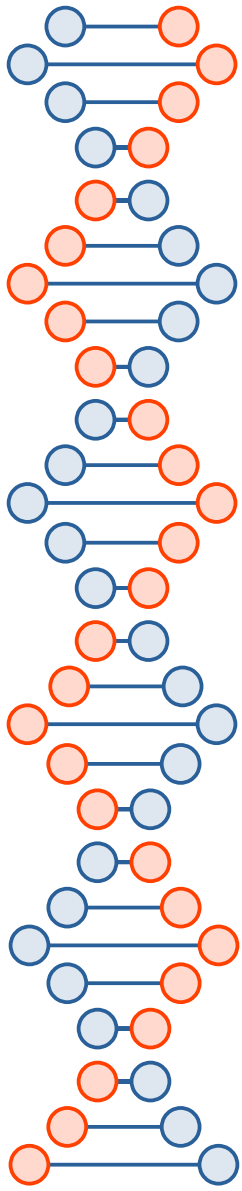
All 'Sudden' AEs - Distribution by Age Group

ALL 'SUDDEN' AEs -> Distribution by age group as of Dec 9, 2022



Data source: VAERS Domestic + Foreign Data/Analysis: Dr. Jessica Rose





Watch: 1,000 Athletes Collapsing

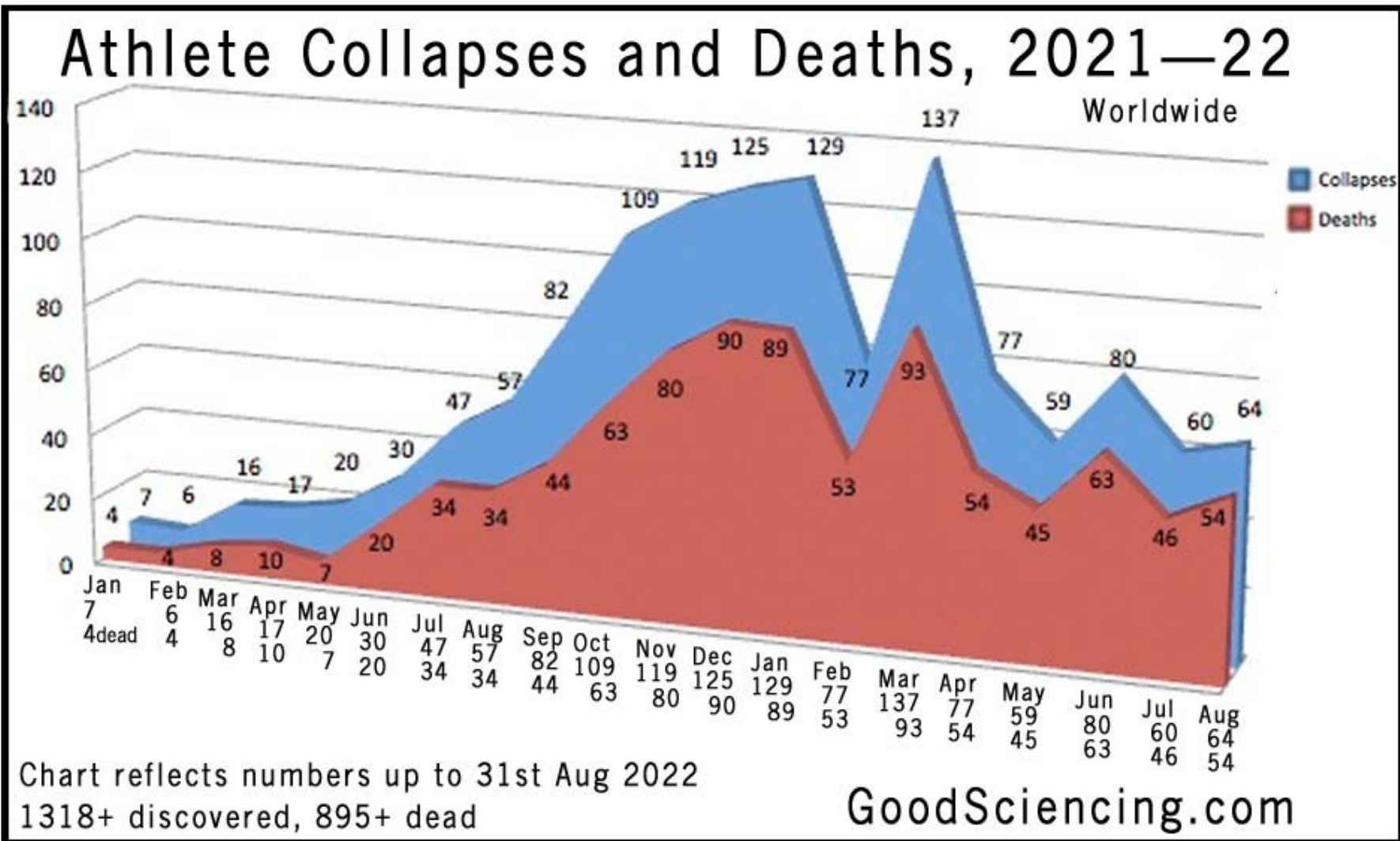
Posted by | 📅 Wed, Jun 22, 2022 | 🕒 00:00 AM

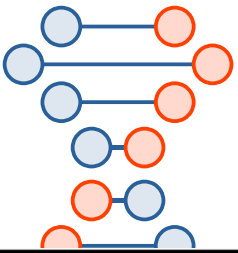


Compilation of 1,000 athletes and sports-related incidences from March 2021 to 16 June 2022



Athlete Collapses & Deaths, 2021-22

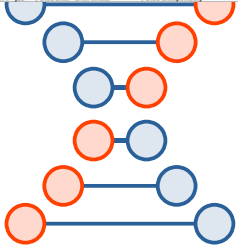




Practicing Doctors in Canada Dying Suddenly

80 DEAD Doctors in Canada Following Mandatory COVID Vaccines

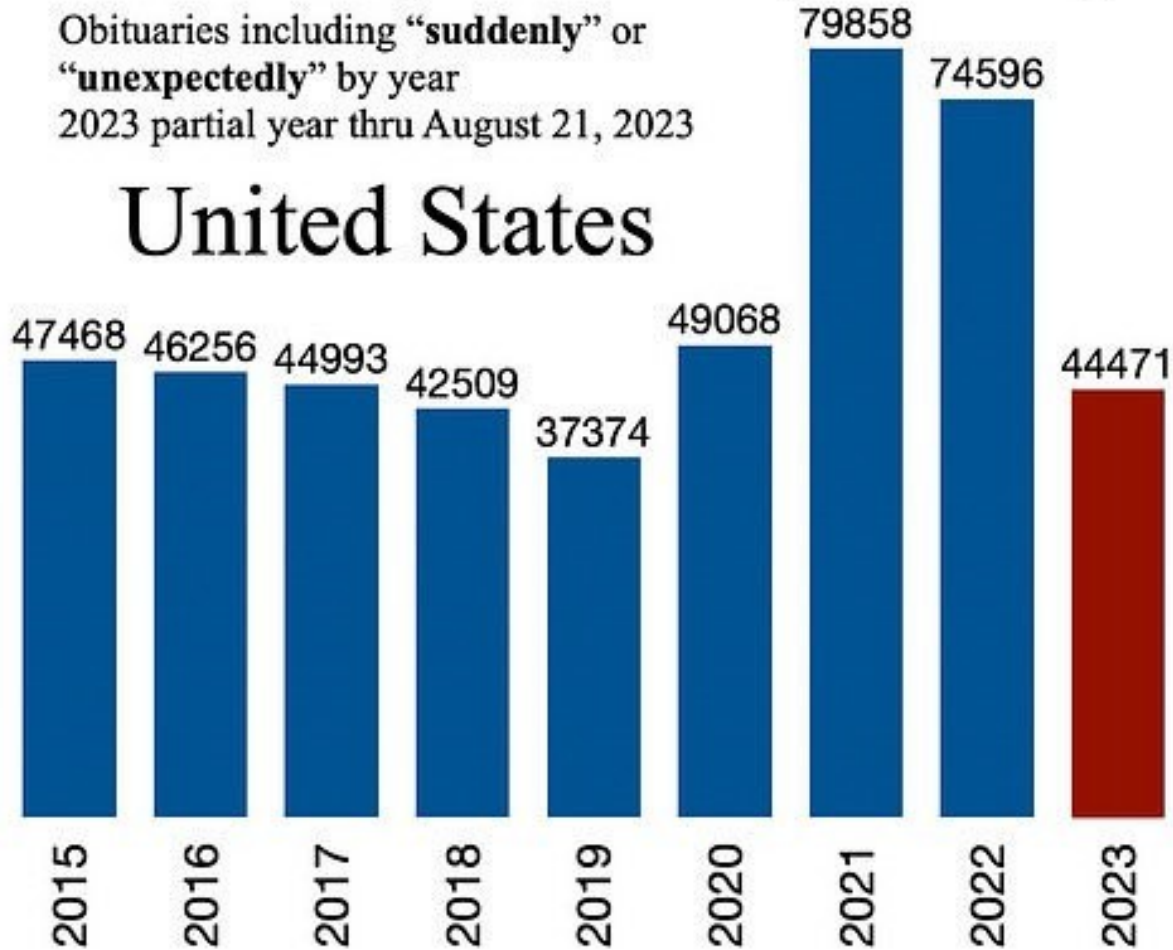
 Died Sep 23, 2022 Dr. Michael Marshall Age: 45 Edmonton, AB Psychiatrist Died unexpectedly	 Died Sep 18, 2022 Dr. Maria Cheng Age: 52 Hamilton, ON (McMaster U) Anesthesiologist resident 5 th yr Died unexpectedly	 Died Sep 08, 2022 Dr. Carl Eric Chaput Age: 58 Toronto, ON Cardiologist, athlete Died during 105km cycling event Died unexpectedly	 Died Sep 08, 2022 Dr. Candace Steynman Age: 27 Hamilton, ON (McMaster U) Pediatrics resident, triathlete Collapsed swimming, died after Died unexpectedly	 Died July 26, 2022 Dr. Ryan Bradley Age: 26 Edmonton, AB (U of Alberta) Neurosurgey resident 1 st yr Died suddenly neurological	 Died July 23, 2022 Dr. Richard Carter Age: 41 Mississauga, ON (Trillium) Family physician Died swimming in a public pool Died unexpectedly	 Died July 23, 2022 Dr. Richard Carter Age: 60 Salem, Ontario, QC Palliative care physician Died descending A2 mountain Died unexpectedly	 Died July 23, 2022 Dr. Richard Carter Age: 60 Salem, Ontario, QC Palliative care physician Died descending A2 mountain Died unexpectedly	 Died July 13, 2022 Dr. Bahman Behdadifard Age: 41 Mississauga, ON (Trillium) Family physician Died in her sleep, cancer Died unexpectedly	 Died June 25, 2022 Dr. Salyan Choudhury Age: 25 Hamilton, ON (McMaster U) Family medicine resident 1 st yr Died unexpectedly	 Died June 9, 2022 Dr. Maselle Virey Age: 68 Mississauga, ON (Trillium) Psychiatrist Died unexpectedly, had cancer Died unexpectedly	 Died May 14, 2022 Dr. David Lawrence Age: 68 Chicoutimi, QC Internal medicine, Respiriogy Died unexpectedly	 Died May 9, 2022 Dr. Maveer Lander Age: 67 Kingston, ON Psychiatry Died after "brief illness" Died unexpectedly	 Died April 06, 2022 Dr. Lorne Aarby Age: 56 Lindsay, ON Urologist Died unexpectedly	 Died April 6, 2022 Dr. Edward Hendrik Age: 66 Edmonton, NB Emergency physician Died unexpectedly	 Died Feb 23, 2022 Dr. Paul Aswad Bugh Age: 62 Springhill, NB Emergency physician Died in his sleep, heart attack Died unexpectedly	 Died Feb 13, 2022 Dr. Michael Stefano Age: 58 Mississauga, ON Radiologist Died in his sleep, heart attack Died unexpectedly	 Died Feb 05, 2022 Dr. Oliver Seifert Age: 58 Edmonton, AB Family physician Died in his sleep, heart issue Died unexpectedly	 Died Feb 05, 2022 Dr. Oliver Seifert Age: 58 Edmonton, AB Family physician Died in his sleep, heart issue Died unexpectedly	 Died Feb 05, 2022 Dr. Oliver Seifert Age: 58 Edmonton, AB Family physician Died in his sleep, heart issue Died unexpectedly
 Died Sep 2, 2022 Dr. Patricia Harvey Age: 69 Hamilton, ON Ophthalmologist Died after "6 month illness"	 Died Aug 18, 2022 Dr. Patricia Kresan Age: 69 Barrin, ON Family physician Sudden passing, untimely death Died unexpectedly	 Died Aug 05, 2022 Dr. Vincent Chi Wai Mak Age: 63 Markham, ON Family physician Died swimming in a river Died unexpectedly	 Died July 30, 2022 Dr. Michael Mithandazo Age: 60 Vernon, BC Family physician Died swimming in a river Died unexpectedly	 Died July 19, 2022 Dr. Jakob T. Sawicki Age: 68 Mississauga, ON (Trillium) Neurologist Gastric cancer, Stage 4, < 1 year Died unexpectedly	 Died July 18, 2022 Dr. Stephen W. McKenzie Age: 68 Mississauga, ON (Trillium) Neurologist Cancer, details unknown Died unexpectedly	 Died July 17, 2022 Dr. Lorne T. Segall Age: 69 Mississauga, ON (Trillium) ENT specialist Lung cancer, Stage 4, < 1 year Died unexpectedly	 Died July 16, 2022 Dr. Paul Hansen Age: 50 Toronto, ON Emergency physician, Olympian Died while running Died unexpectedly	 Died June 20, 2022 Dr. Basim Salash Age: 45 North York, ON Aerobiochemist Died unexpectedly	 Died June 21, 2022 Dr. Christopher P. Cole Age: 62 Windsor, ON Plastic surgeon Died unexpectedly	 Died May 19, 2022 Dr. Wilson Idani Age: 57 Aurora, ON Family physician Died unexpectedly	 Died May 10, 2022 Dr. Joshua Kitano Yoneda Age: 27 Kamloops, BC (HIC) Medical student (4 th yr) Rare spinal cord glioma, < 1 year Died unexpectedly	 Died April 2, 2022 Dr. G. Lalavretseer Age: 65 Mississauga, ON Family physician Brief battle with cancer Died unexpectedly	 Died March 24, 2022 Dr. Larry Swenson Age: 57 Edmonton, AB Epidemiology, Public health Died unexpectedly	 Died March 17, 2022 Dr. Gaby George Mikael Age: 51 Moncton, NB Internal med, gastroenterology Died unexpectedly	 Died March 14, 2022 Dr. Bradley James Harris Age: 49 Comox, BC Family physician Died while running Died unexpectedly	 Died Jan 06, 2022 Dr. Jonathan Burns Age: 56 Abbotsford, BC Family physician Died after "mild illness" Died unexpectedly	 Died Jan 02, 2022 Dr. Loren Eugene Cairns Age: 65 Victoria, BC Emergency physician Died unexpectedly	 Died Dec 31, 2021 Dr. Louise Feddesma Age: 69 Camrose, AB Family physician Died unexpectedly	 Died Dec 29, 2021 Dr. Henry David Walkowitz Age: 59 Kamora, ON Family physician Cause of death unknown Died unexpectedly
 Died Dec 23, 2021 Dr. Veal Singh Dhalla Age: 68 Toronto, ON Family physician, Active Clinician Died in sleep 4 days post 3 rd job	 Died Dec 17, 2021 Dr. Chitra Nishant Pabani Age: 46 North Bay, ON Psychiatrist Malignant melanoma, < 1 year Died unexpectedly	 Died Nov 24, 2021 Dr. James Peter O'Donnell Age: 71 Windsor, MB Family physician Meningeal stroke post 3 rd job Died unexpectedly	 Died Nov 24, 2021 Dr. Pauline Couture Age: 63 Leichon, QC Family physician Died unexpectedly	 Died Oct 16, 2021 Dr. Stephen Jay Math Age: 61 Calgary, AB Family physician Died after "brief illness"	 Died Oct 16, 2021 Dr. Nigel David Hamilton Age: 39 Ottawa, ON Orthopaedic surgery resident Died after "brief illness"	 Died Aug 6, 2021 Dr. Michael Cochran Age: 39 Calgary, AB (U of Calgary) Medical student 4 th year Died suddenly neurological	 Died July 31, 2021 Dr. Bahareh Ghora Age: 38 Gravelly, QC Pediatrician Died unexpectedly	 Died July 5, 2021 Dr. Beverly Hostenley Age: 67 Hamilton, ON Family physician Died suddenly, large aorta tear Died unexpectedly	 Died May 12, 2021 Dr. Bahareh Ghora Age: 67 St-Johns, NL Pediatrics Died unexpectedly	 Died May 12, 2021 Dr. Bahareh Ghora Age: 67 St-Johns, NL Pediatrics Died unexpectedly	 Died May 11, 2021 Dr. Paul Perry, ON Internal medicine Died "suddenly at home"	 Died April 25, 2021 Dr. Chima Chant Age: 52 Courville, ON Family physician Died unexpectedly	 Died Feb 21, 2021 Dr. Simon Chan Age: 66 Vancouver, BC Public Health Medicine Died unexpectedly	 Died Feb 21, 2021 Dr. Simon Chan Age: 66 Vancouver, BC Public Health Medicine Died unexpectedly	 Died Feb 21, 2021 Dr. Simon Chan Age: 66 Vancouver, BC Public Health Medicine Died unexpectedly	 Died Feb 20, 2021 Dr. Michael Stamba Alam Age: 55 High River, AB Family physician Died 24hr after 3 rd job	 Died Jan 28, 2021 Dr. James Habib Tazoue Age: 51 Ottawa, ON Family physician Died while cross country skiing	 Died Jan 28, 2021 Dr. James Habib Tazoue Age: 51 Ottawa, ON Family physician Died while cross country skiing	 Died Jan 28, 2021 Dr. James Habib Tazoue Age: 51 Ottawa, ON Family physician Died while cross country skiing
 Died Nov 08, 2021 Dr. Sabrina Luchemudal Age: 52 Saint John, NB Cardiologist Died in sleep 2 wks post 3 rd job	 Died Nov 5, 2021 Dr. Giuseppe Zevallio Age: 63 Mississauga, ON Family physician Died after "brief illness"	 Died Oct 16, 2021 Dr. Isabelle Lemay Age: 43 Rimouski, QC Family physician Died unexpectedly	 Died Sep 21, 2021 Dr. Annabella Isabella Zavada Age: 37 Thunder Bay, ON Emergency physician car crash, 11 hours, only healthy Died unexpectedly	 Died Sep 9, 2021 Dr. Jan Palota Age: 57 Lake Country, BC Internal medicine Died unexpectedly	 Died Sep 9, 2021 Dr. Gulshan Sawhney Age: 48 Milton, ON Internal medicine Died unexpectedly	 Died June 25, 2021 Dr. Jan Kawakami Age: 43 Calgary, AB Urologist Died unexpectedly, heart attack	 Died June 25, 2021 Dr. Nellie Scheres Age: 67 Windsor, ON Family physician Died unexpectedly, heart attack	 Died June 20, 2021 Dr. Catherine Yanchuda Age: 56 Windsor, ON Family physician Died unexpectedly	 Died June 20, 2021 Dr. Barbara Cynthia Ng Age: 42 Vancouver, BC Internal Medicine Rare aggressive sarcoma	 Died June 19, 2021 Dr. Dick Au Age: 57 Edmonton, AB Internal Medicine Died of "judicial vascular event"	 Died April 31, 2021 Dr. Dregan (Dan) Stojinovic Age: 63 Toronto, ON Orthopaedic surgeon Unsuspected heart muscle injury	 Died March 20, 2021 Dr. Indrajit Andy Jassal Age: 47 Surrey, BC Family physician Died unexpectedly, heart attack	 Died Feb 25, 2021 Dr. Jon Martin Adams Age: 59 Edmonton, AB Family physician Died unexpectedly	 Died Feb 25, 2021 Dr. Michael Proutle Age: 59 Chicoutimi, QC Internal medicine, gastroenterology Sudden aggressive cancer Died unexpectedly	 Died Jan 25, 2021 Dr. Franck Meunier Age: 51 Quebec City, QC Cardiologist Died unexpectedly	 Died Dec 27, 2020 Dr. Christine Newman Age: 65 Toronto, ON Pediatrician, palliative care Died suddenly, heart attack	 Died Dec 27, 2020 Dr. Christine Newman Age: 65 Toronto, ON Pediatrician, palliative care Died suddenly, heart attack	 Died Dec 27, 2020 Dr. Christine Newman Age: 65 Toronto, ON Pediatrician, palliative care Died suddenly, heart attack	 Died Dec 27, 2020 Dr. Christine Newman Age: 65 Toronto, ON Pediatrician, palliative care Died suddenly, heart attack



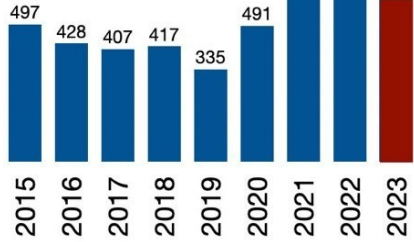
Suddenly & Unexpectedly

Obituaries including “suddenly” or
“unexpectedly” by year
2023 partial year thru August 21, 2023

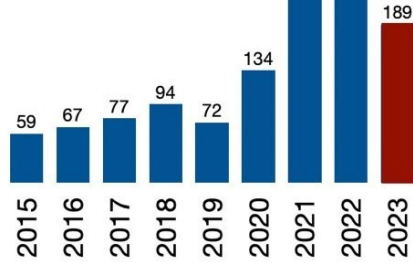
United States



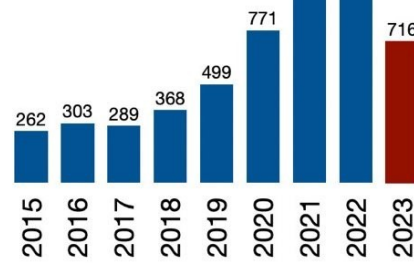
Compiled by John Paul Beaudoin, Sr. (aka Coquin de Chien) for Steve Connolly
Data derived from <https://www.legacy.com>. August 2023



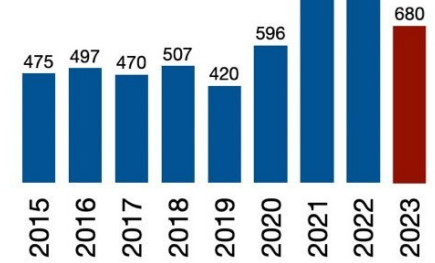
Colorado



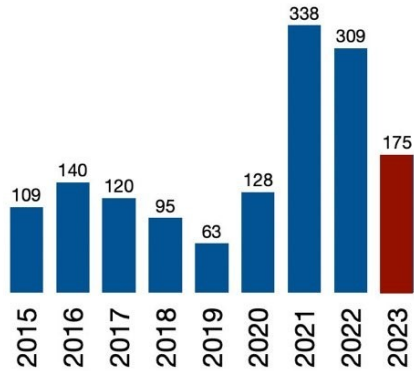
South Dakota



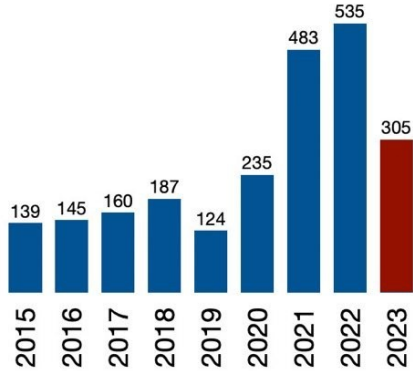
Iowa



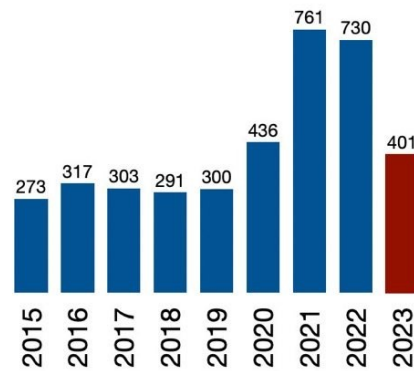
Missouri



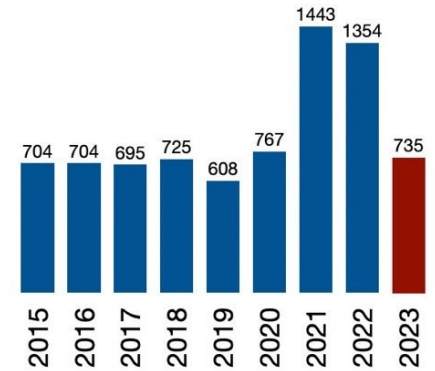
Mississippi



Kansas



Kentucky



Maryland

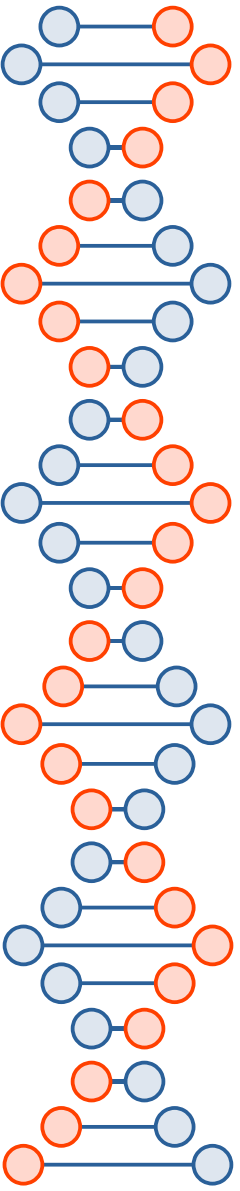
Suddenly & Unexpectedly

Obituaries including “**suddenly**” or “**unexpectedly**” by year.
2023 is a partial year thru August 21, 2023

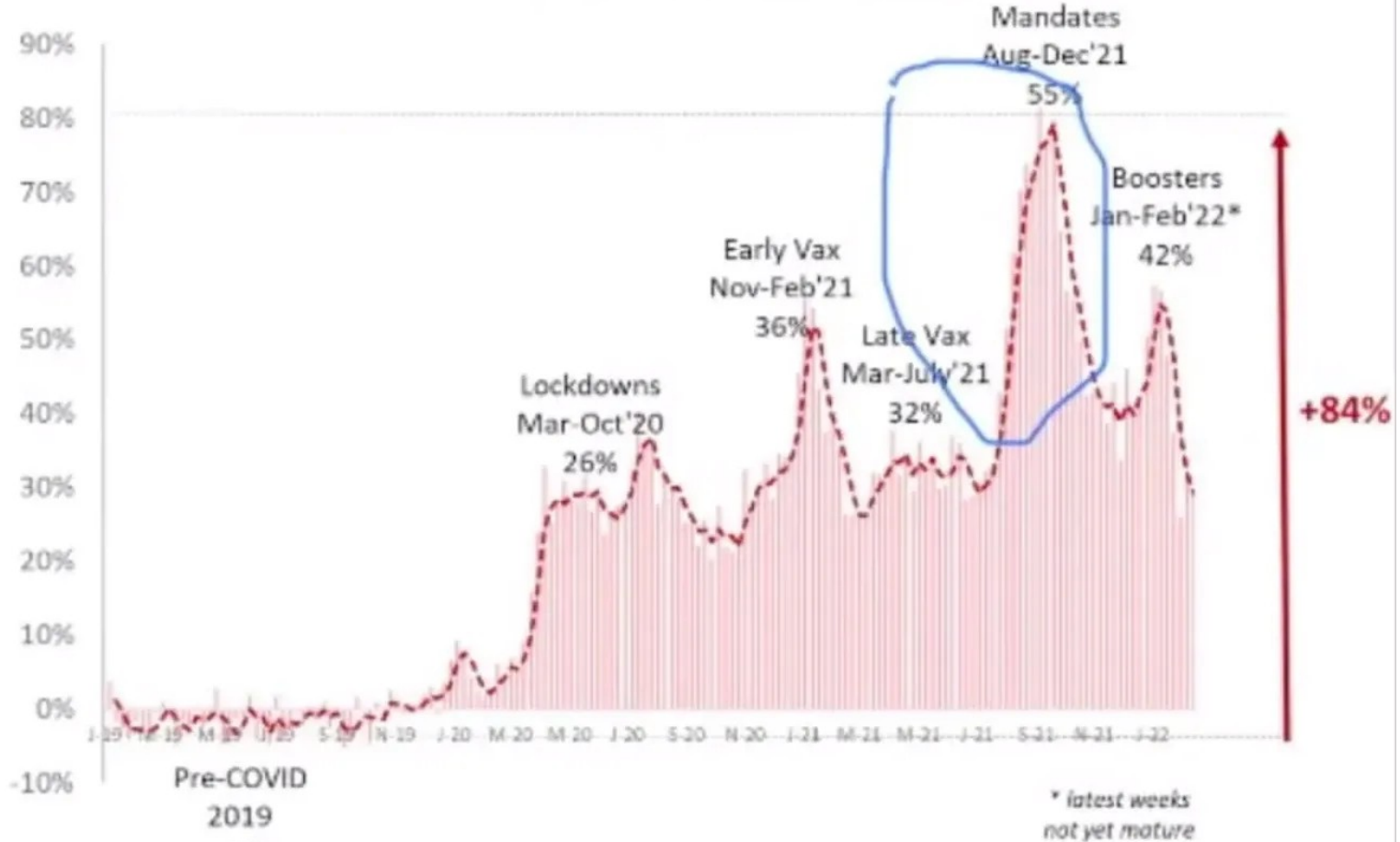


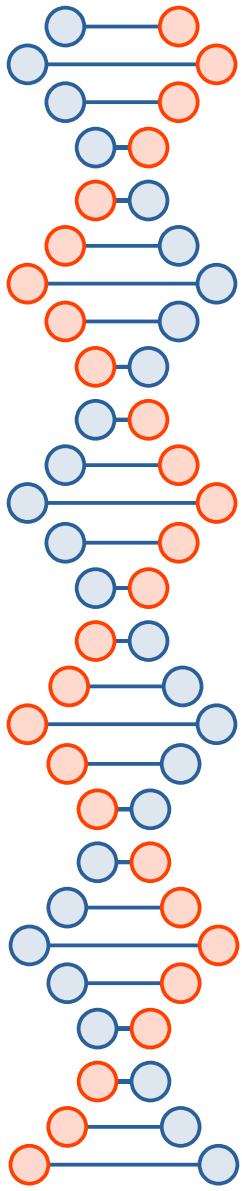
6. Excess Death Phenomenon

- Data analysis by Edward Dowd, financial analyst
- Age group, 25 to 44, experienced up to 84% increase in excess mortality
- Excess death rates from all causes
- Excess death rates in 2022 – US, Australia, New Zealand
- Excess mortality, age group comparison
- Mortality increases with high vaccination rate
- Increased life insurance claims in US, UK, Germany
- US life insurance company death claims up 40+% in working age group
- Life insurance companies note increased early deaths



CDC Excess Death Rate - Age 25-44 by week & primary public health response





US All-Cause Excess Mortality 25-44 Years

Number of Deaths **Excess (%)** Excess (Z-Score) Excess (Absolute)

Excess (Ranking) Maps Historical COVID-19 Social About

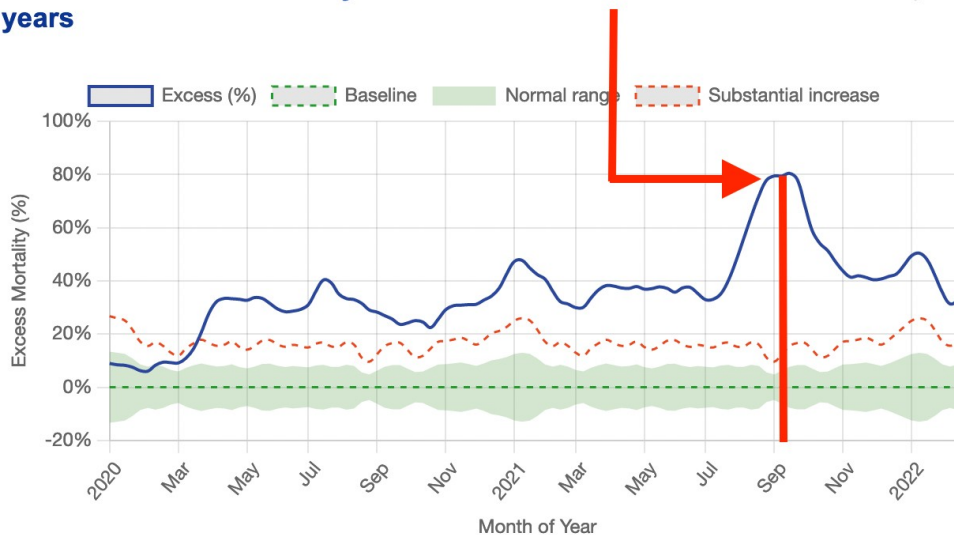
These charts shows the weekly proportion of excess mortality for USA and its states over time.

Filter

Jump to

All-Cause Excess Mortality - United States: 25-44 years

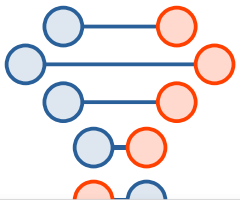
USMortality.com



Sources: CDC.gov, Census.gov

Smooth Show Months | CSV | ▲

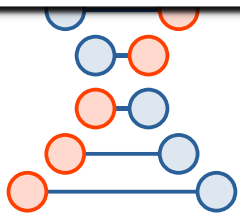
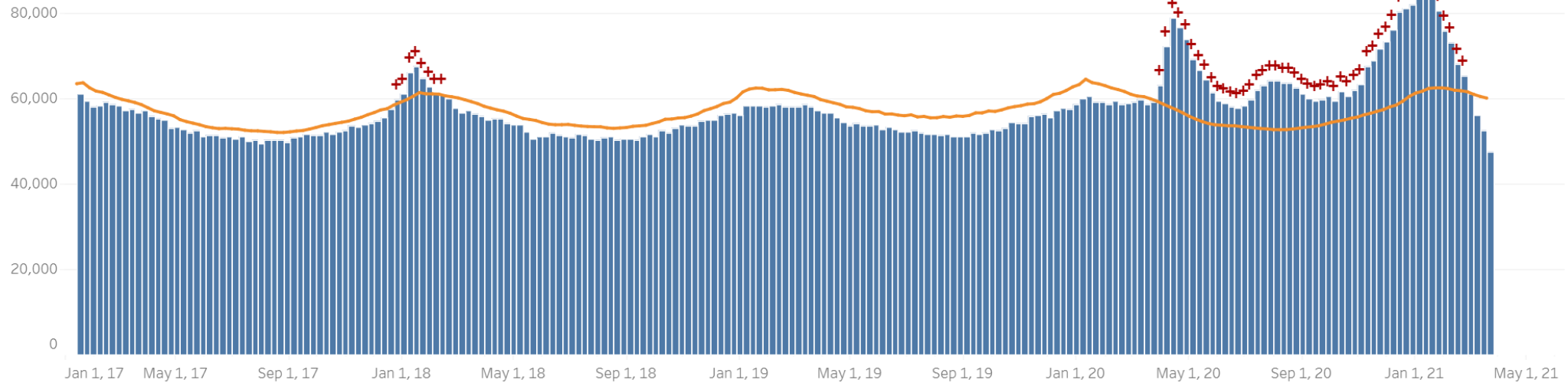
©2022 @USMortality, All rights reserved. | European Data: EuroMOMO, Worldwide Data: Mortality.org | No medical advice & guarantee for correctness. Please always refer to: CDC & WHO



Excess Deaths From All Causes

- + indicates observed count above threshold
- Predicted number of deaths from all causes
- upper bound threshold for excess deaths

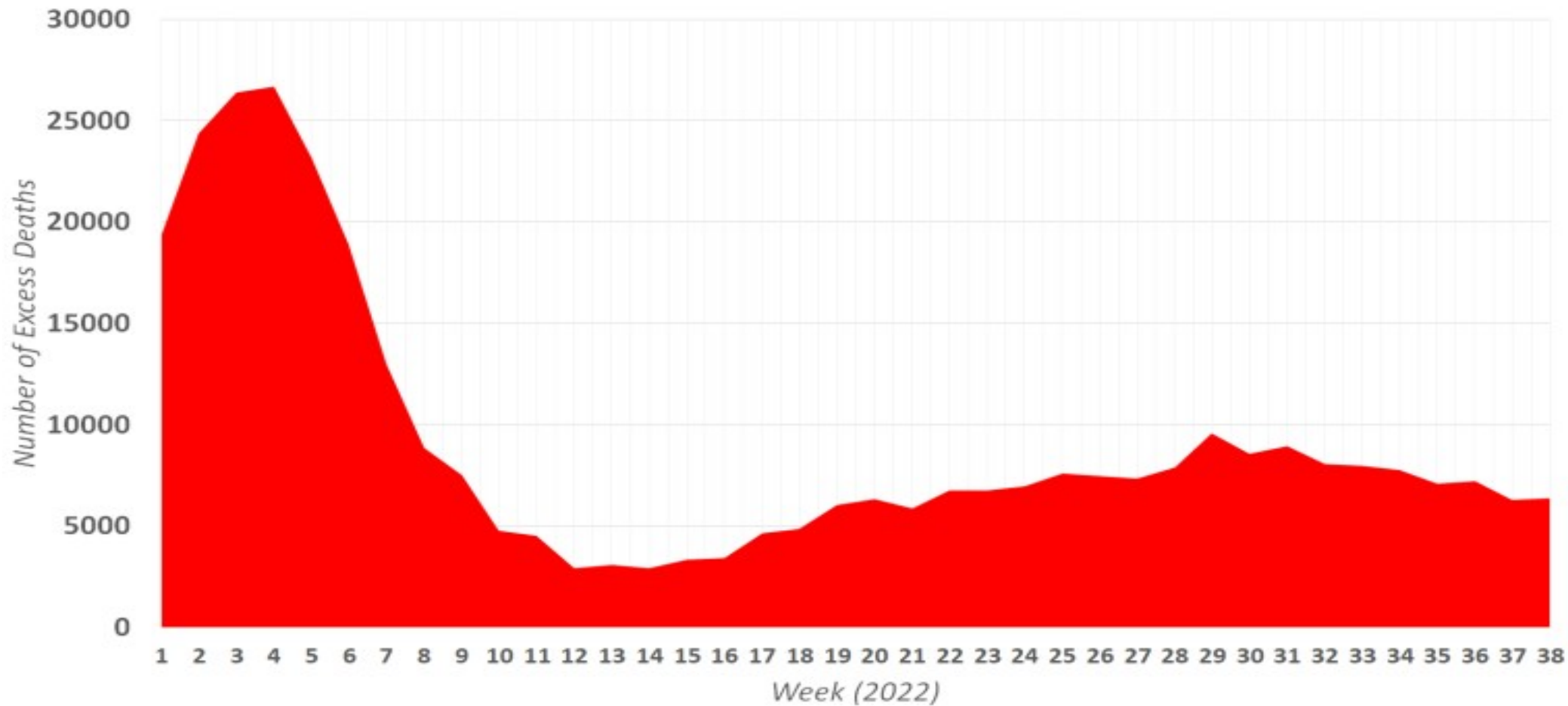
Weekly number of deaths (from all causes)

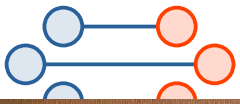


Excess Deaths by week in the USA

Week 1 to Week 38 of 2022

Source: Centers for Disease Control (CDC)





Excess Deaths in Australia

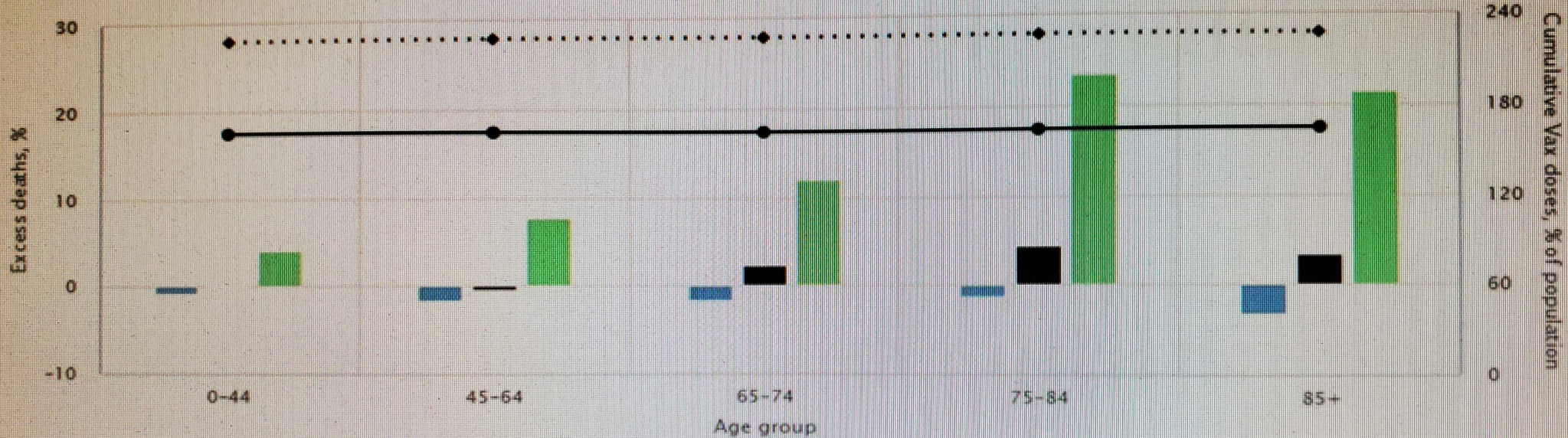
Yearly excess mortality, from 2020 to 2022, for different age groups.

Country: Australia

Choose a Method for computing mortality: **Method 2C (Trend adj death rate)**

Excess Deaths for Country: Australia

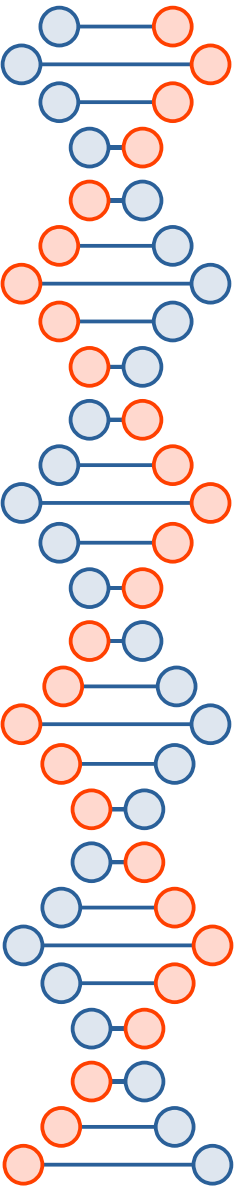
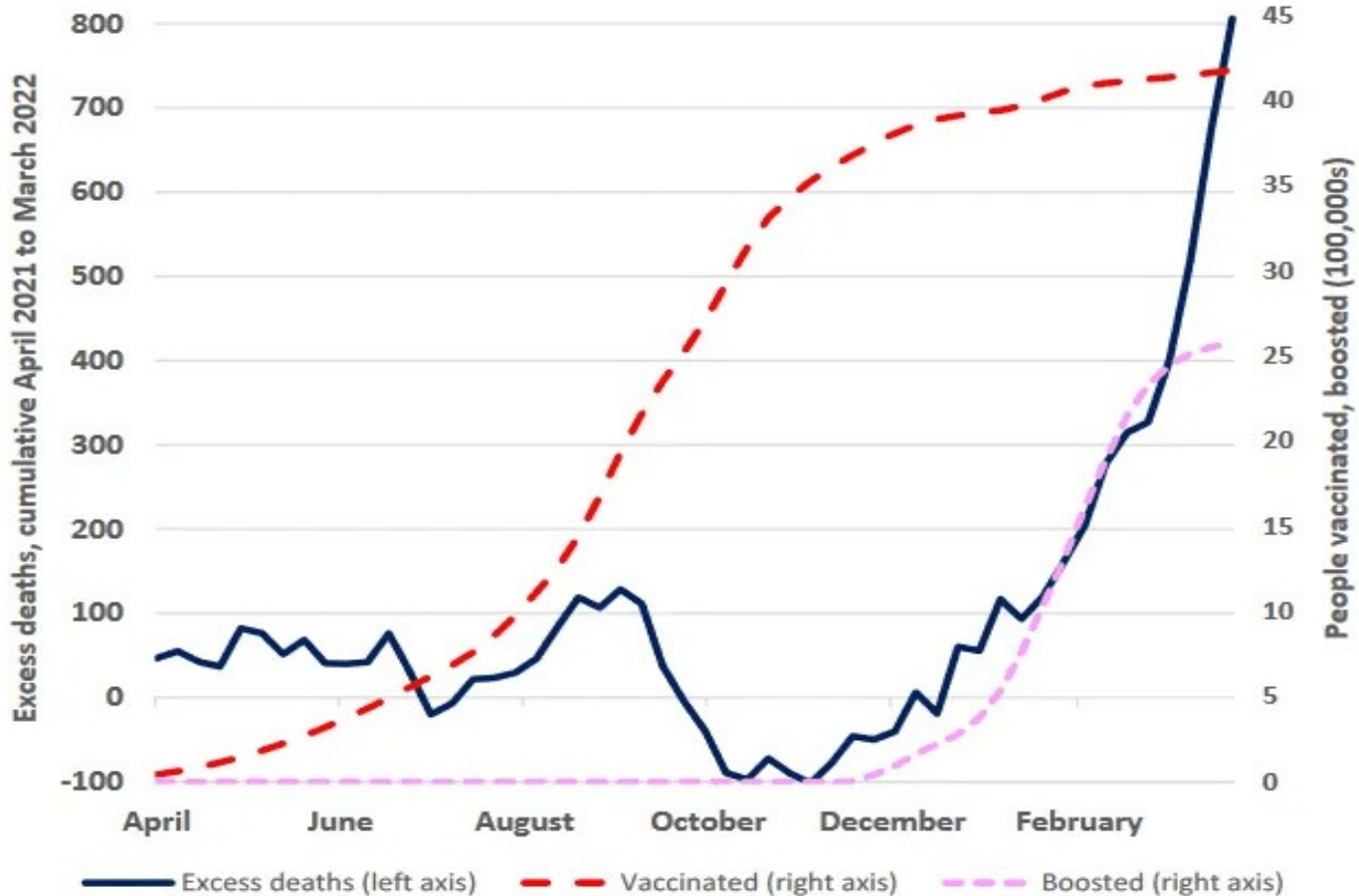
Method: 2C



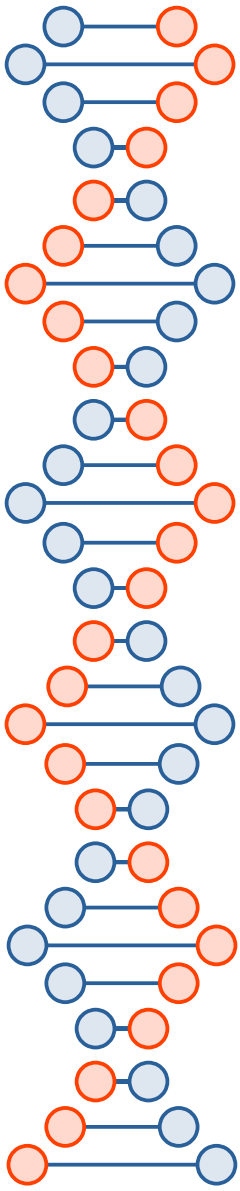
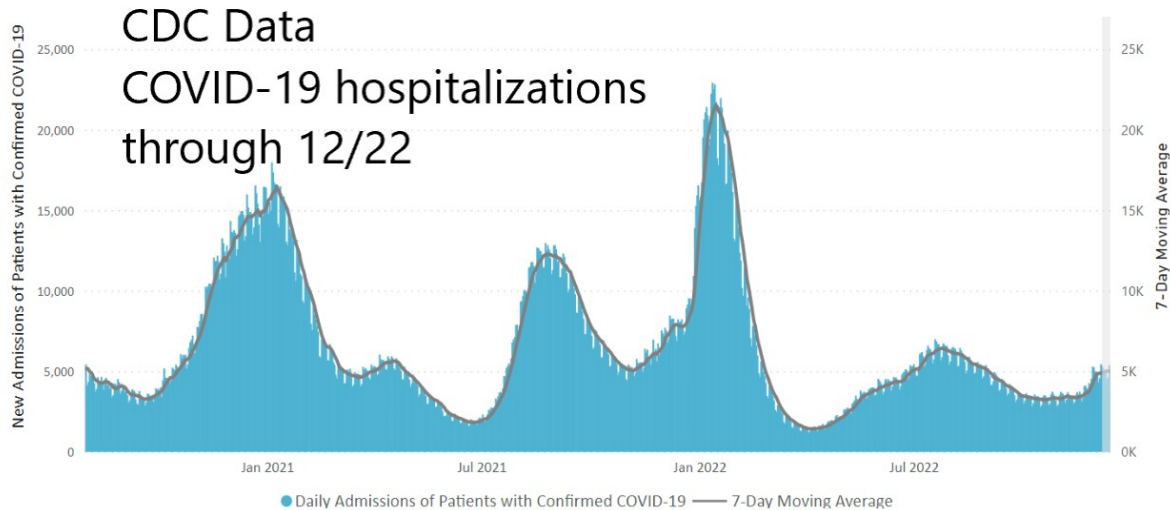
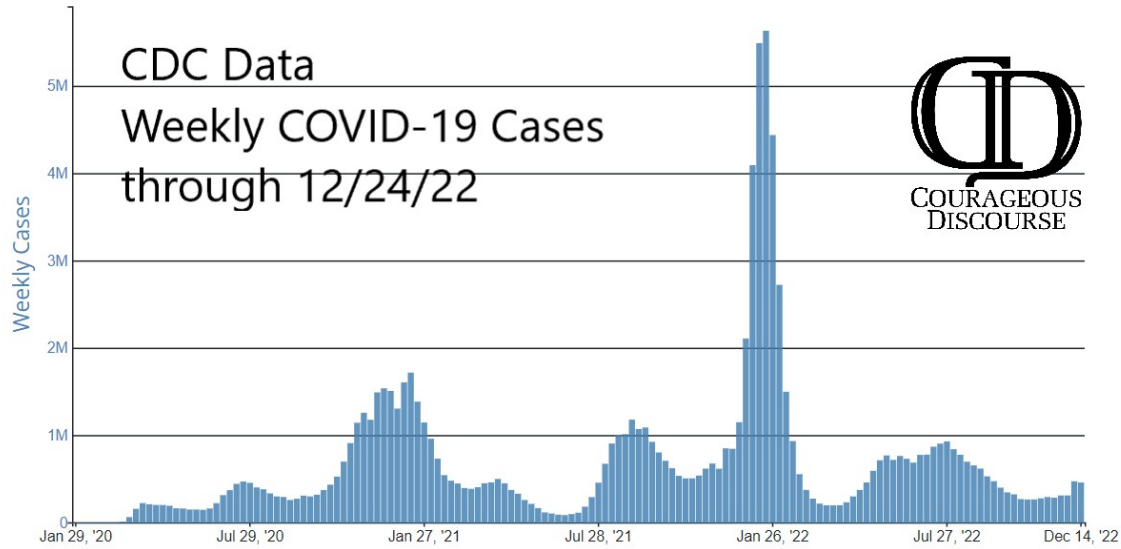
● Excess Deaths 2020 ● Excess Deaths 2021 ● Excess Deaths 2022 ● Cumulative Vax doses 2021 ● Cumulative Vax doses 2022

Excess Deaths & Vaccine Rollout in NZ

B) Cumulative Excess Deaths and COVID-19 Vaccine Rollout: April 2021 to March 2022



Weekly Trends in Number of COVID-19 Cases in The United States Reported to CDC



Excess Mortality. Age-group comparison.

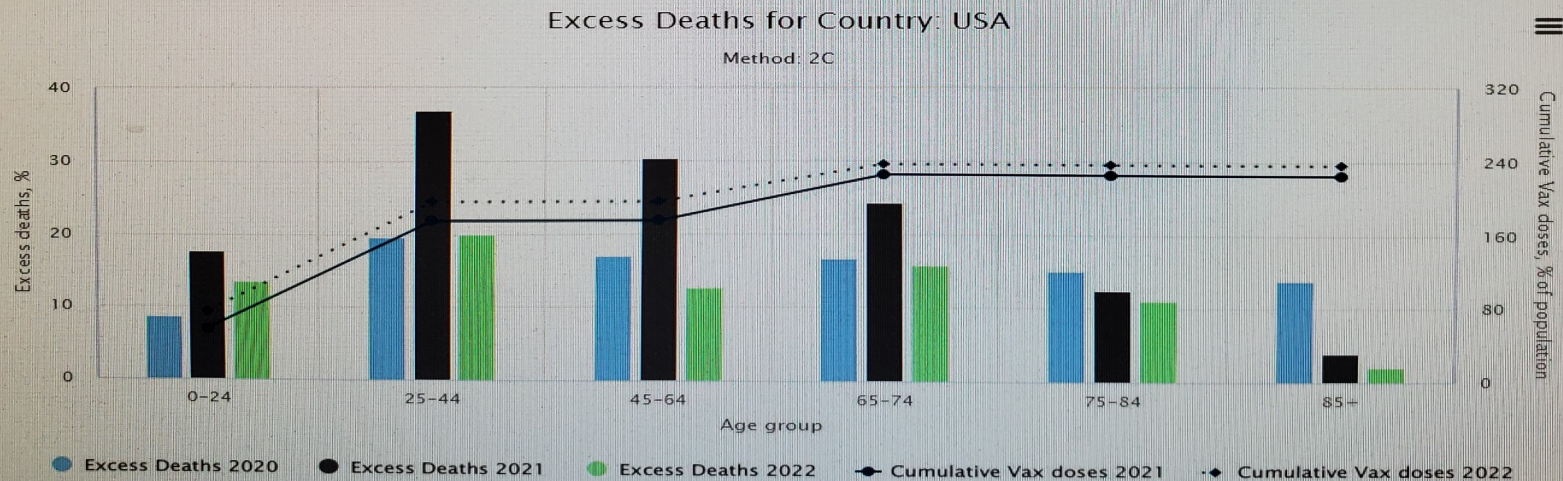
The following chart shows the analysis of excess mortality for 2020, 2021 and 2022, for different age groups. The user can specify the method for estimating excess mortality.

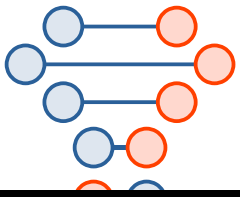
Please be aware that for the US, the vaccination age groups do not match perfectly the excess deaths age groups as mentioned before. We matched the age groups as described in the [data section](#) above.

Yearly excess mortality, from 2020 to 2022, for different age groups.

Country: USA

Choose a Method for computing mortality:





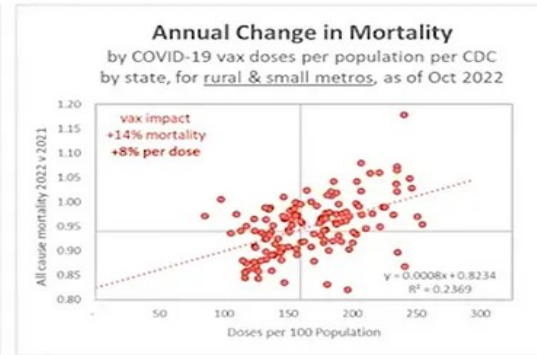
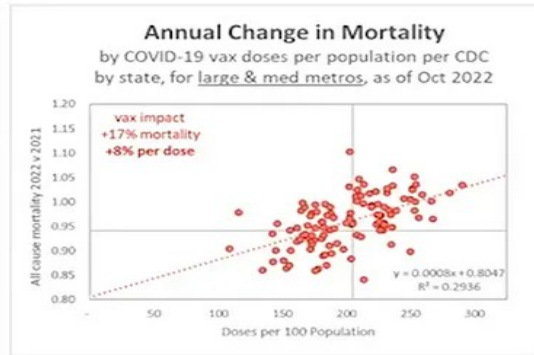
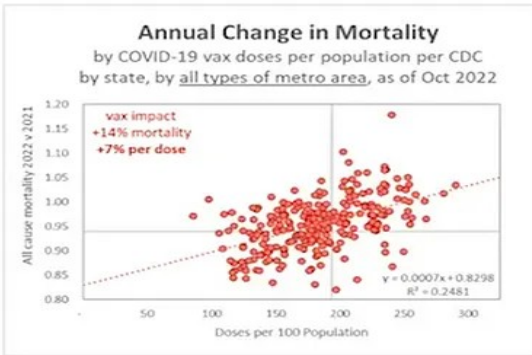
Top Insurance Analyst US High Vax → High Mortality

High vax regions are showing ~15% higher 2022 mortality than 2021

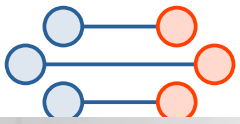
Segmenting U.S. by state/metro shows vax doses

Correlate with increases to mortality from 2021 to 2022

Regression implies ~14% adverse impact from the vax



At 7% per dose taking all CDC doses recommended = +28 to 35% mortality



UK Data – Vaccinated → Higher Mortality

VIGILANTFOX

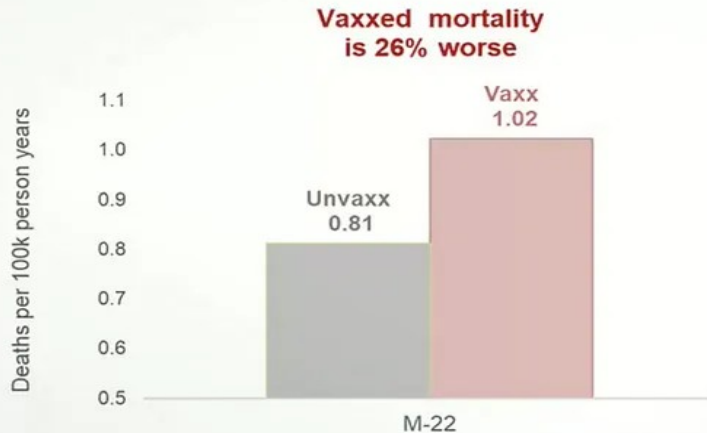
U.K. gov't data shows that their vaccinated now suffer higher mortality

Age stratified analysis shows UK vax'd +26% worse mortality

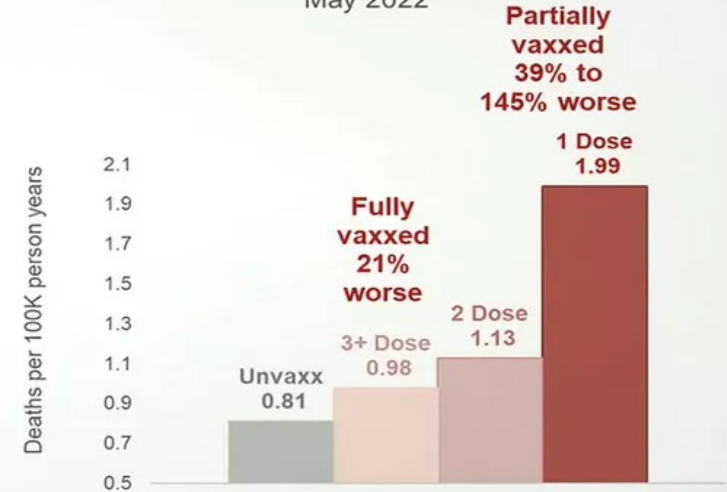
Vax'd under 50 show +49% worse mortality

Partially vax'd show up to +145% worse mortality

Mortality Rate in UK by Vaccination Status
Age Stratified Relative Mortality Rate (avg = 1.00) All Cause Mortality, All Ages
May 2022

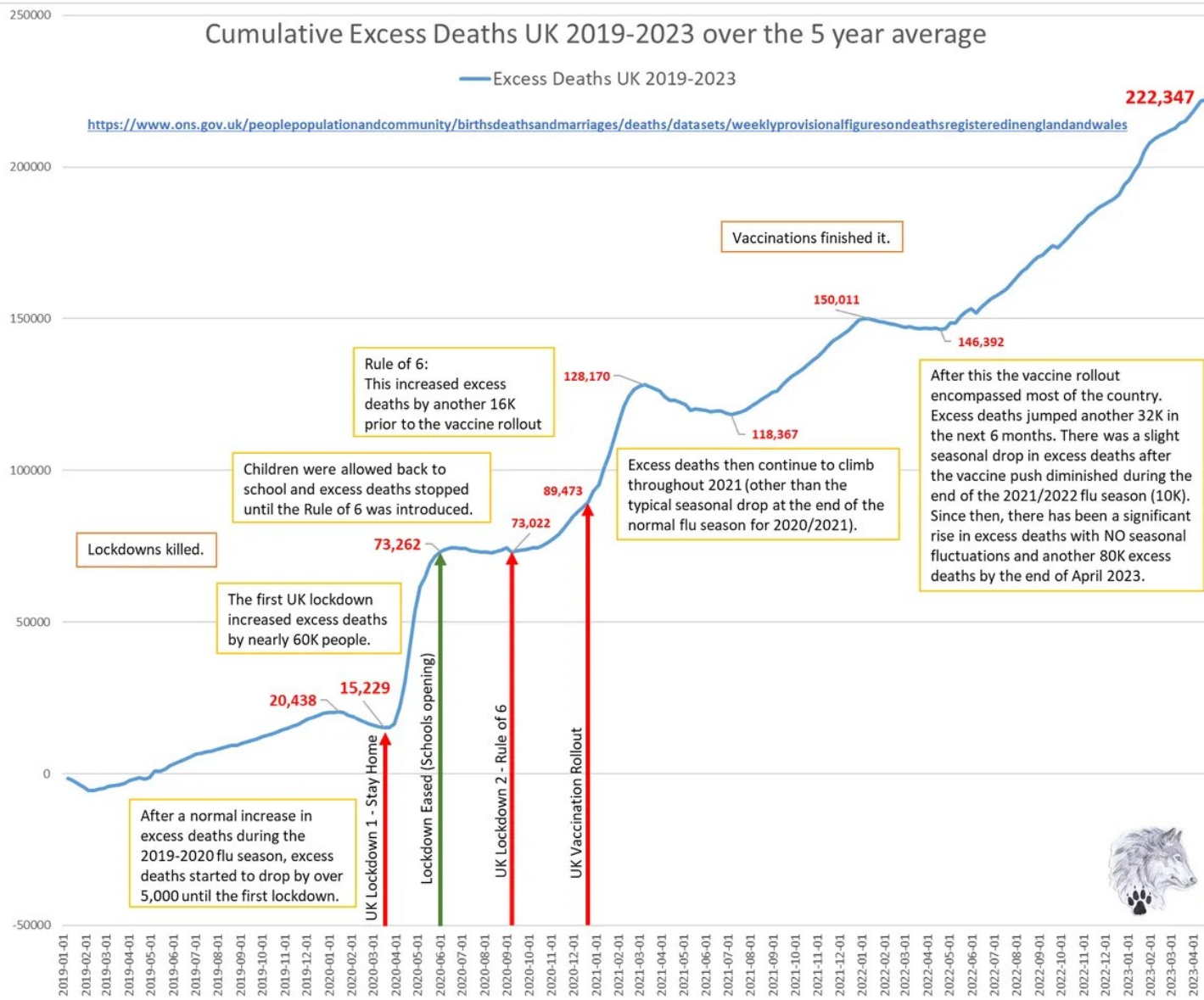


Mortality Rate in UK by Vaccination Status
Age Stratified Relative Mortality Rate (avg = 1.00) All Cause Mortality, All Ages
May 2022





Cumulative Excess Deaths UK 2019-2023 over the 5 year average





Tweet



David Dickson

@dksdata

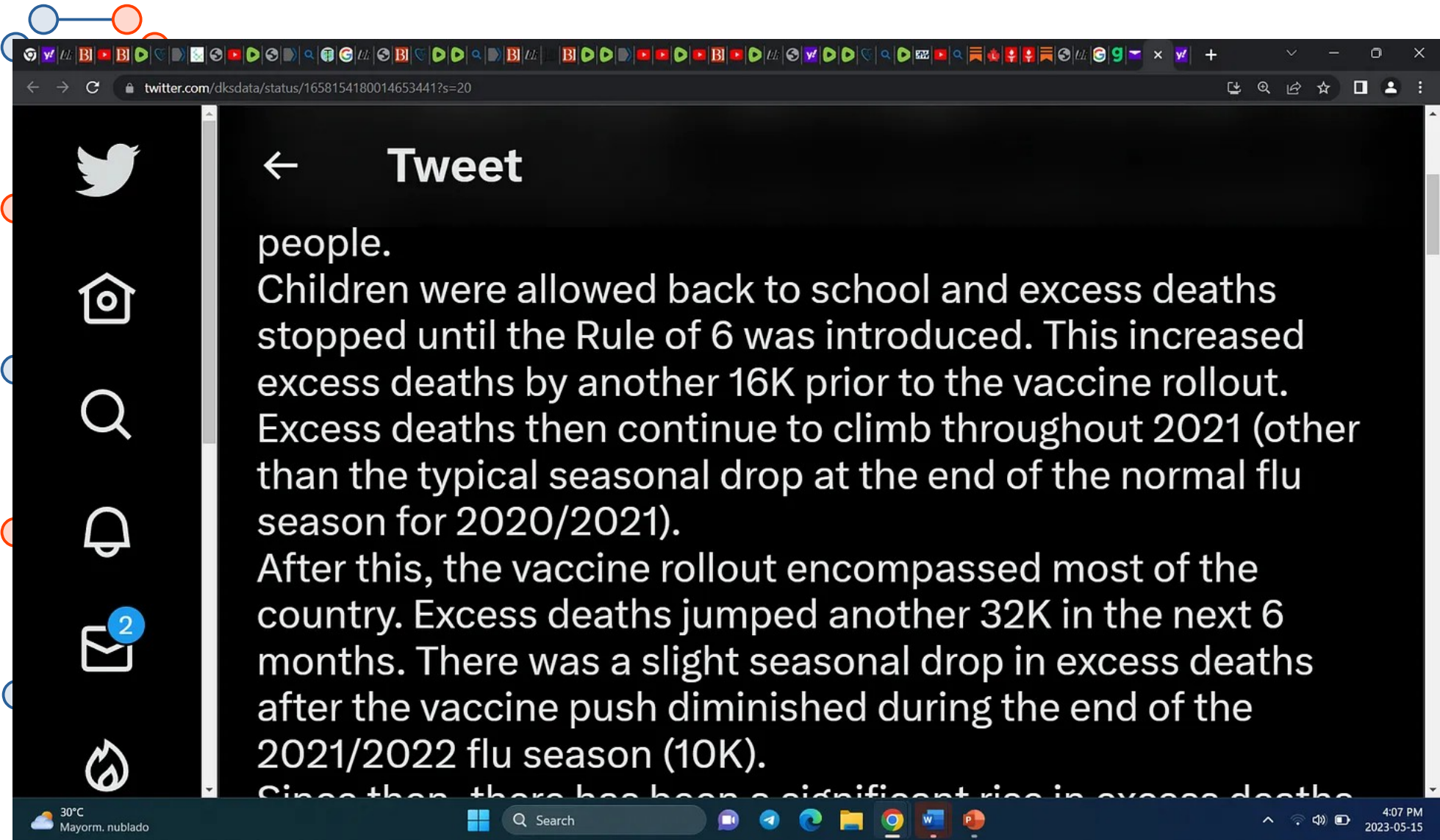
UK Cumulative Excess Deaths 2019-2023

Lockdowns killed. Vaccinations finished it

After a normal increase in excess deaths during the 2019-2020 flu season, excess deaths started to drop by over 5,000 until the first lockdown.

The first UK lockdown increased excess deaths by nearly 60K people.

Children were allowed back to school and excess deaths stopped until the Rule of 6 was introduced. This increased



← Tweet

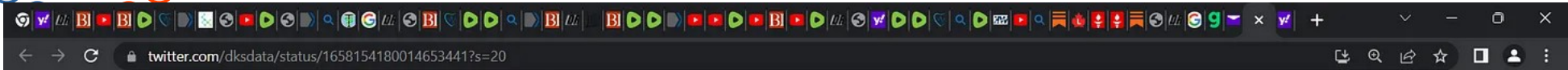


people.

Children were allowed back to school and excess deaths stopped until the Rule of 6 was introduced. This increased excess deaths by another 16K prior to the vaccine rollout. Excess deaths then continue to climb throughout 2021 (other than the typical seasonal drop at the end of the normal flu season for 2020/2021).

After this, the vaccine rollout encompassed most of the country. Excess deaths jumped another 32K in the next 6 months. There was a slight seasonal drop in excess deaths after the vaccine push diminished during the end of the 2021/2022 flu season (10K).

Since then, there has been a significant rise in excess deaths

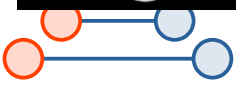


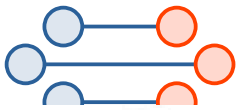
← Tweet

stopped until the Rule of 6 was introduced. This increased excess deaths by another 16K prior to the vaccine rollout. Excess deaths then continue to climb throughout 2021 (other than the typical seasonal drop at the end of the normal flu season for 2020/2021).

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Since then, there has been a significant rise in excess deaths with NO seasonal fluctuations and another 80K excess deaths by the end of April 2022.





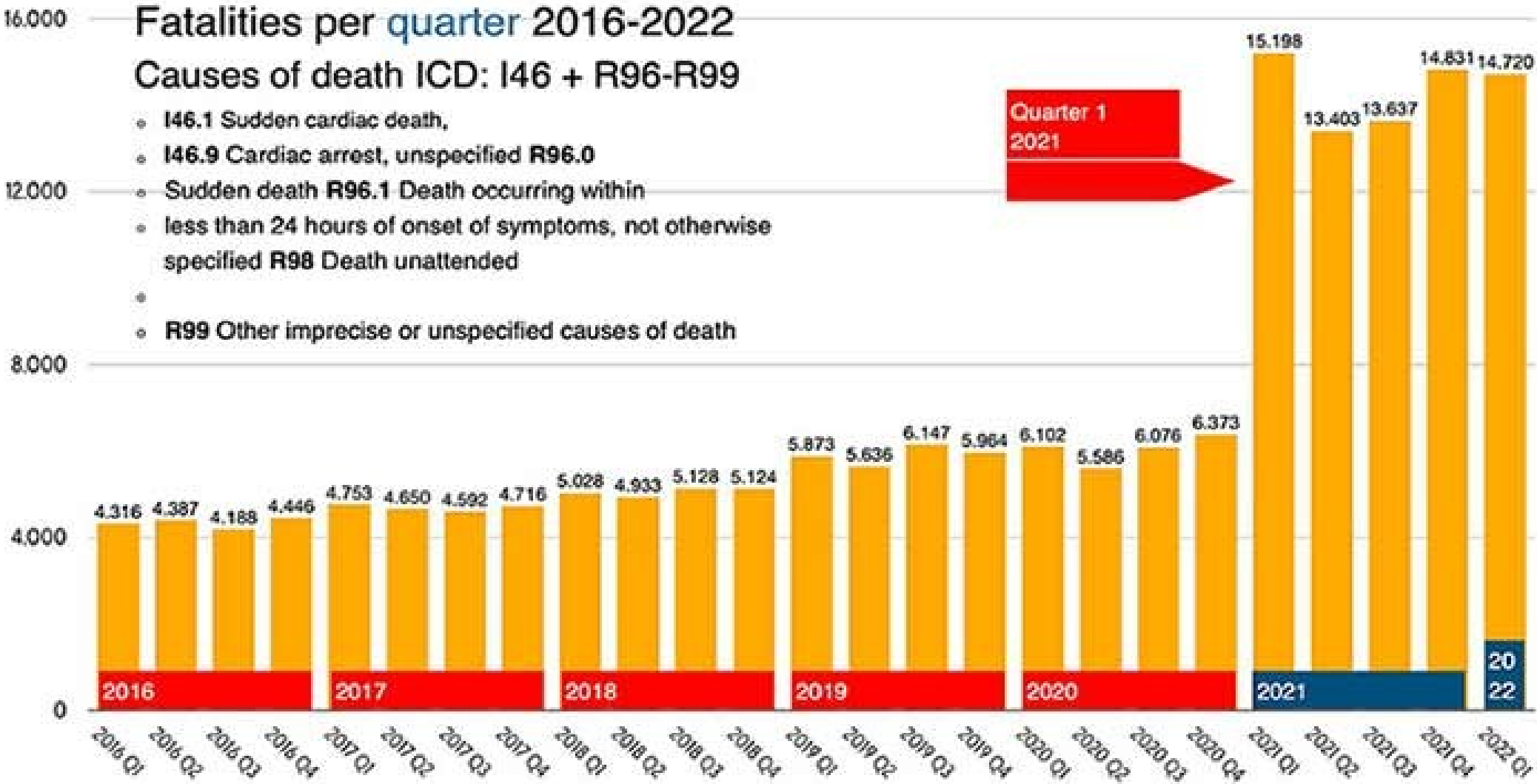
German Insured Sudden Deaths

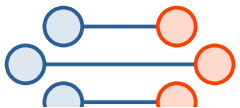
Fatalities per quarter 2016-2022

Causes of death ICD: I46 + R96-R99

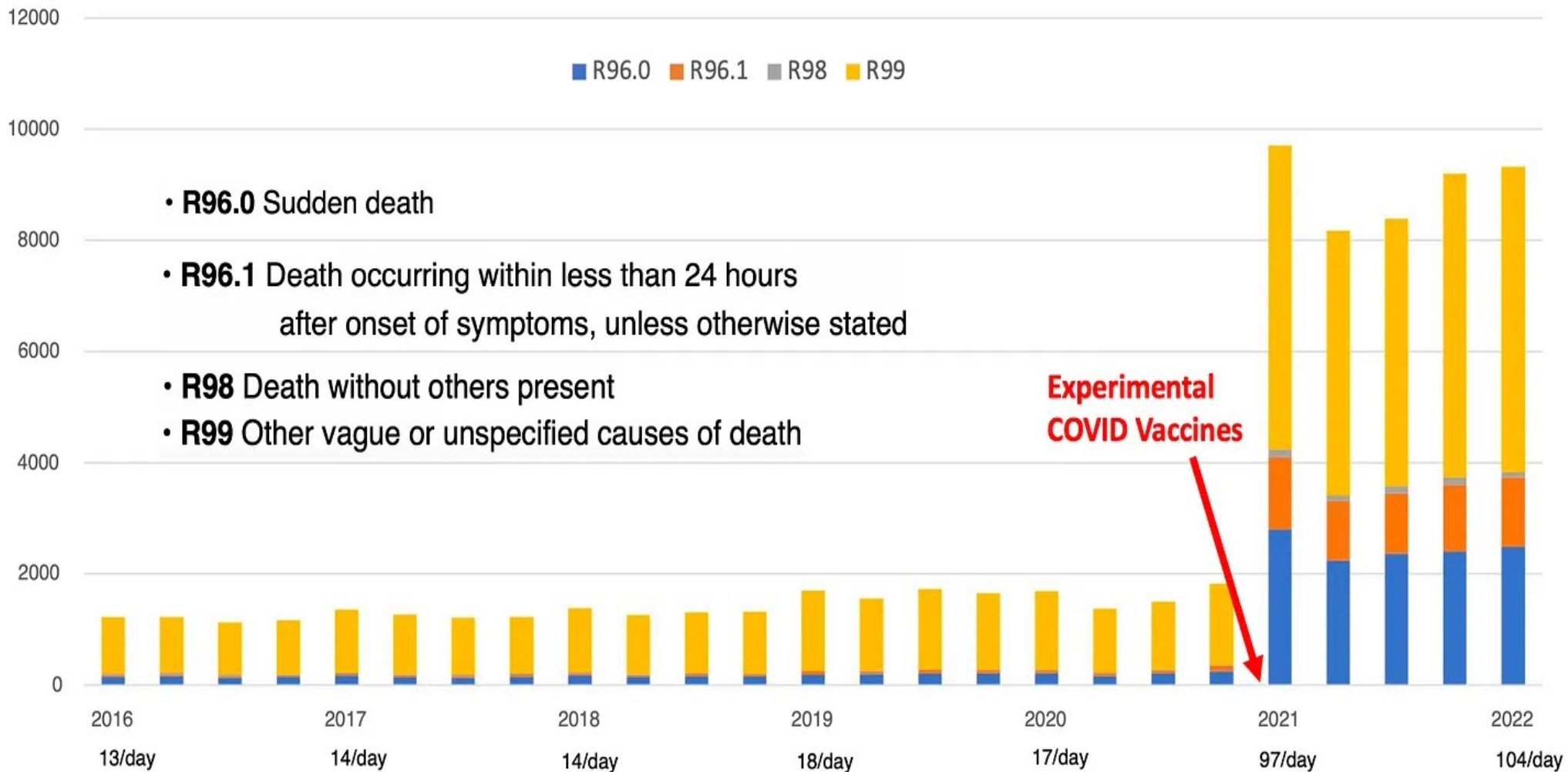
- I46.1 Sudden cardiac death,
- I46.9 Cardiac arrest, unspecified R96.0
- Sudden death R96.1 Death occurring within less than 24 hours of onset of symptoms, not otherwise specified R98 Death unattended
- R99 Other imprecise or unspecified causes of death

Quarter 1
2021

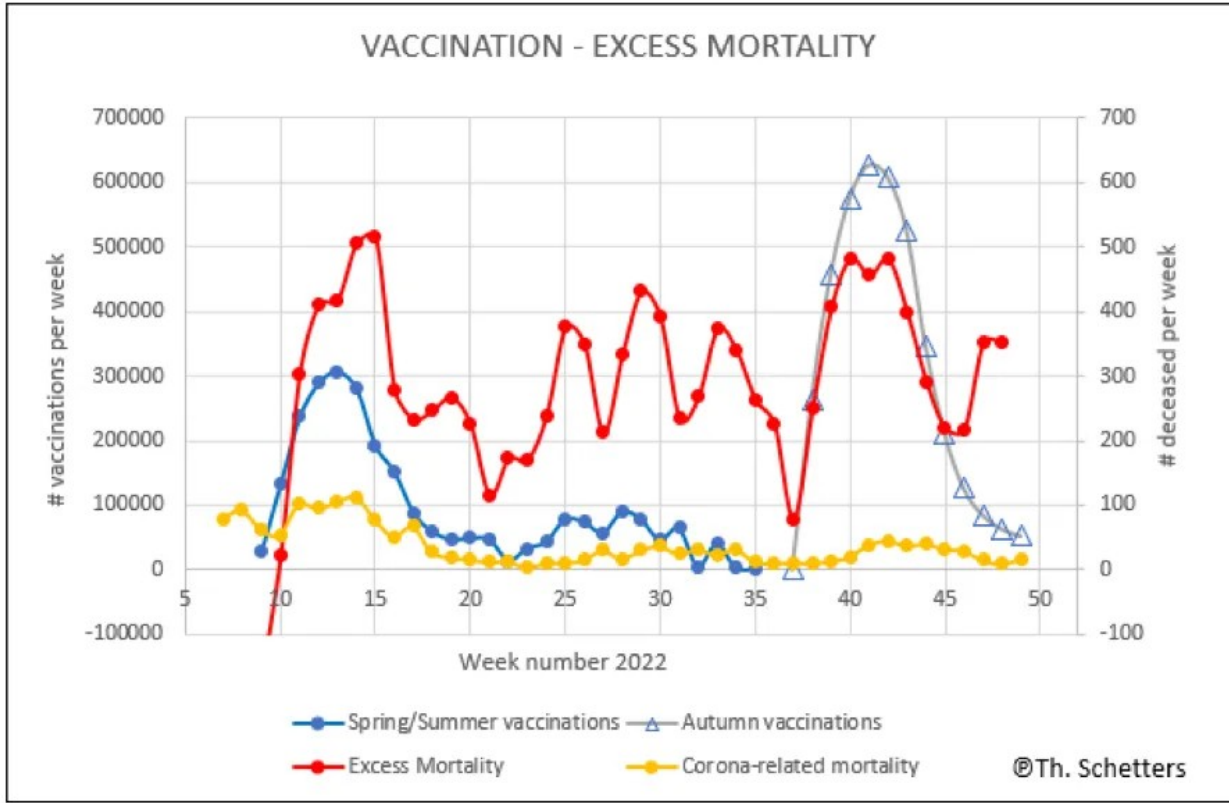
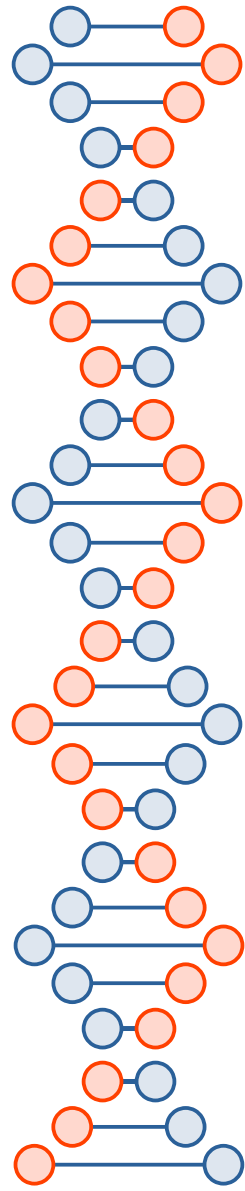




Analysis of German Data by Lausen



Vaccination – Excess Mortality



Sources accessed 9th December 2022

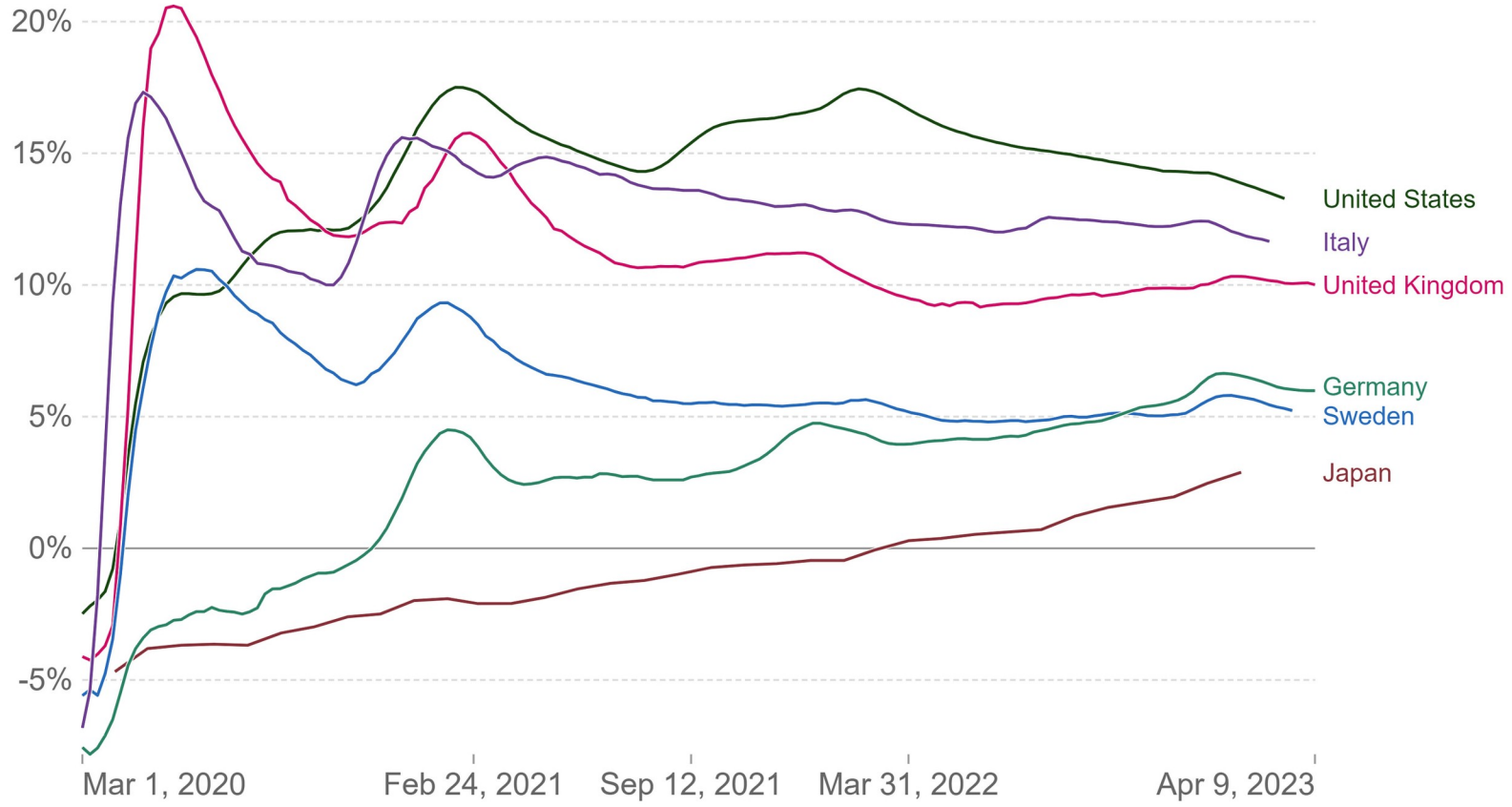
<https://www.rivm.nl/covid-19-vaccinatie/cijfers-vaccinatieprogramma>

<https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/bevolkingspiramide>

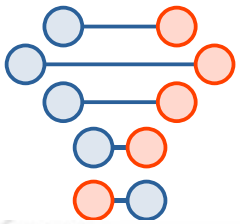
<https://www.cbs.nl/nl-nl/visualisaties/welvaart-in-coronatijd/gezondheid/>

Excess mortality: Cumulative deaths from all causes compared to projection based on previous years

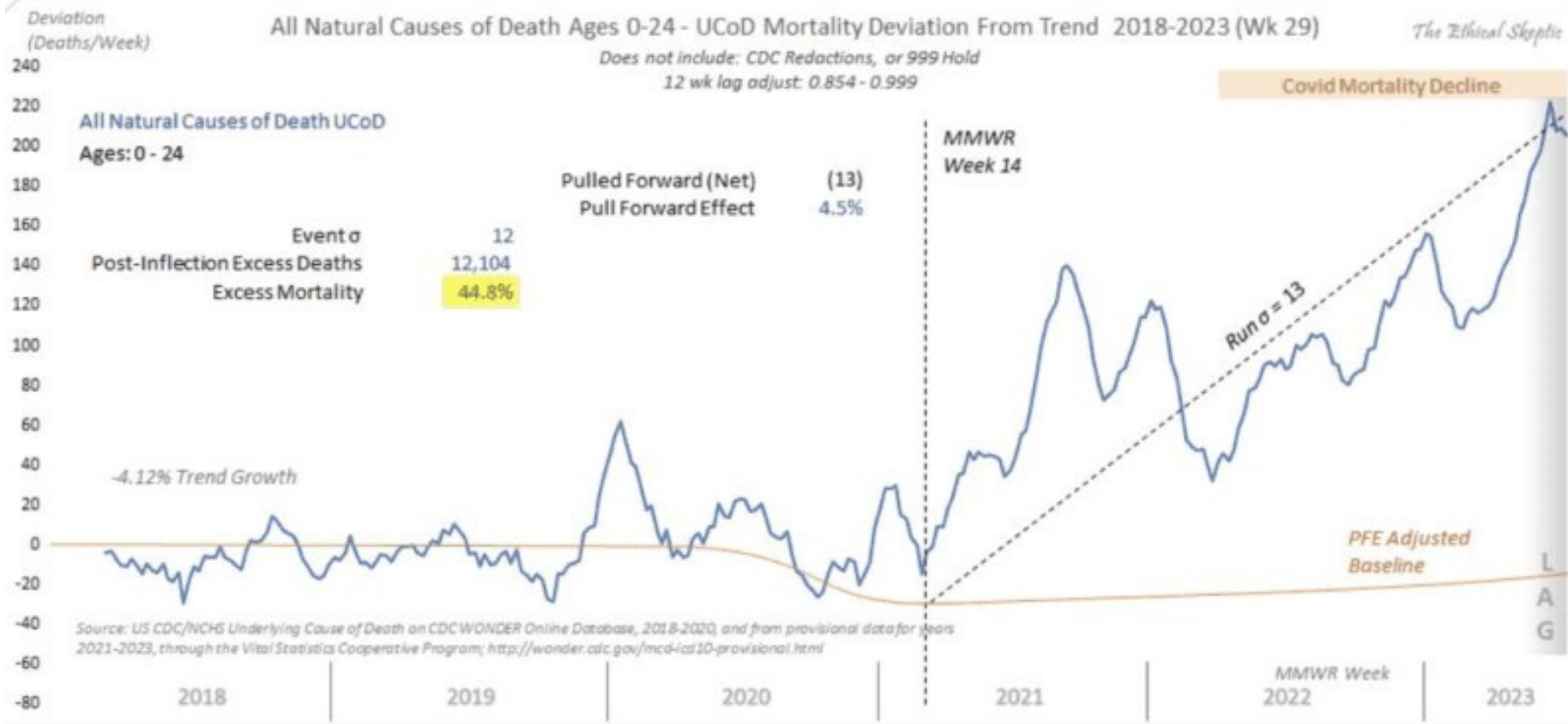
The percentage difference between the cumulative number of deaths since 1 January 2020 and the cumulative projected deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.



Source: Human Mortality Database (2022), World Mortality Dataset (2022)



Mortality Deviation From Trend (Deaths per Week) For Ages 0 to 24

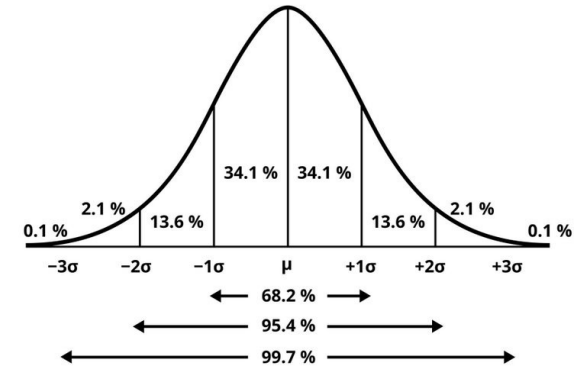


Excludes:
V01-Y89 (External causes of morbidity and mortality)
999-999 (Data not shown due to 6 month lag to account for delays in death certificate completion for certain causes of death.)

7. US Economic Impacts - 2022

- Employee absence and lost worktime rates
- Absence rate was “11 sigma” above trend
- Worktime lost rate “13 sigma” from trend
- Worktime lost rates, deviation from 2002-19 base
- % of workforce with disability, ages 16-64
- Injuries, disabilities, deaths
- Increase in disabilities vs. vaccination rate
- Vaccines are causing death, disabilities & injuries due to a degradation of individuals’ immune system
- Total “Economic Cost” for 2022: \$147.8B

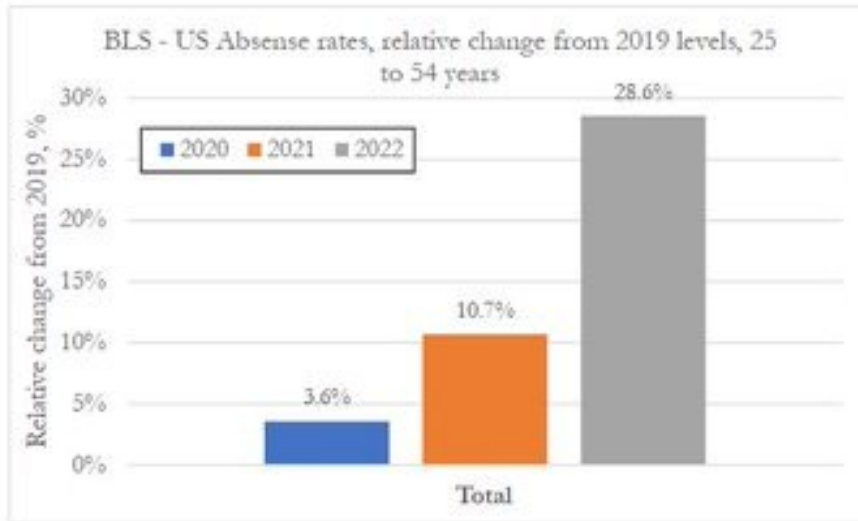
The Normal Distribution



Total Absence Rates, 25-54 year-olds, % change from 2019 value

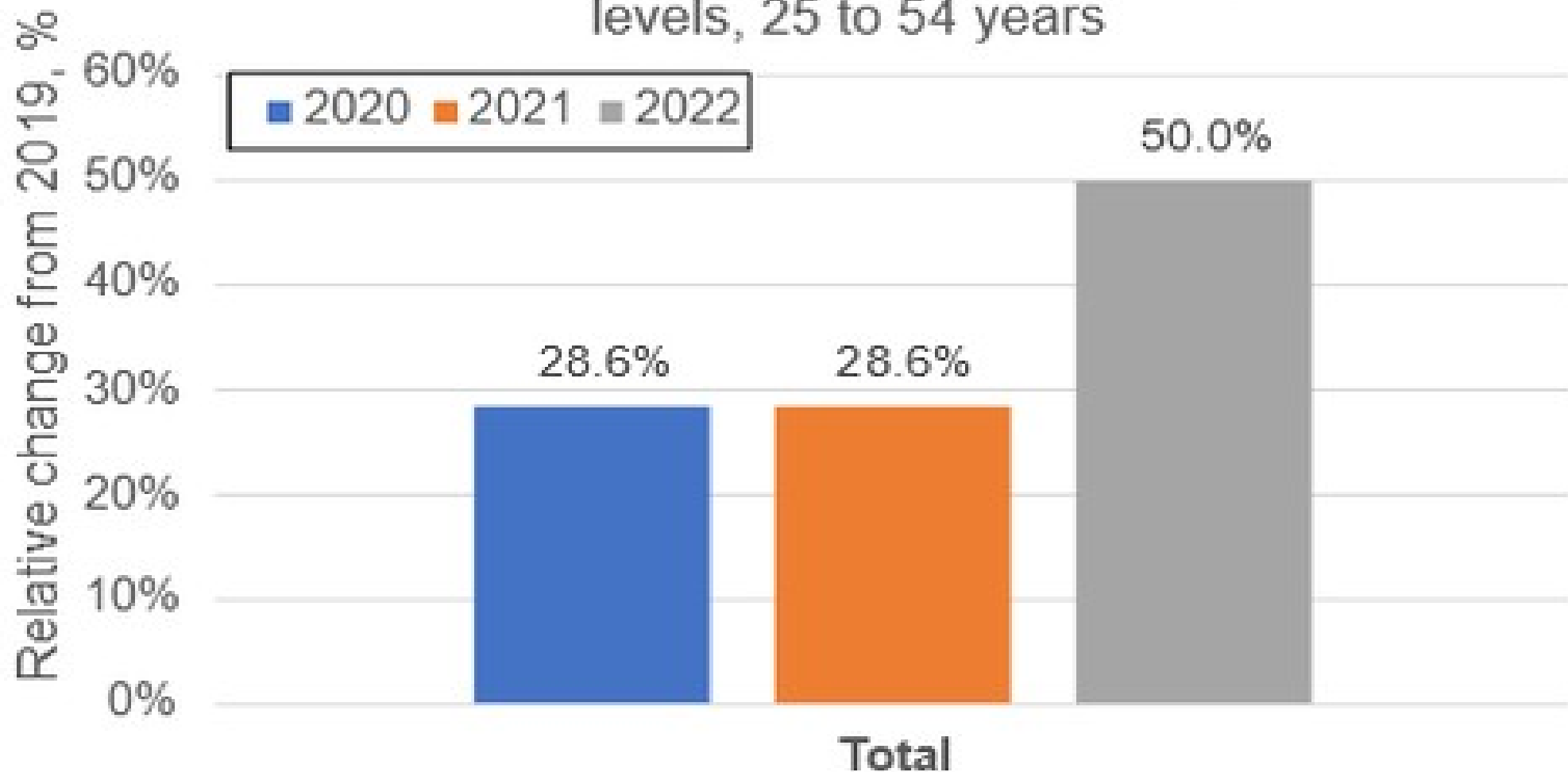
This section analyses the changes in the absence rates from its 2019 value. We compute the changes (in percentage) in absence rates for 2020, 2021 and 2022, relative to 2019. This method of computing changes in absence rates has an advantage of being simpler to understand and interpret than the deviation from the 2002-2019 trend that was discussed in the previous section. As absence rates has an almost monotonically declining trend from 2002 to 2019, taking 2019 as a reference level will likely underestimate the actual increases in absence rates that we observed in the previous section.

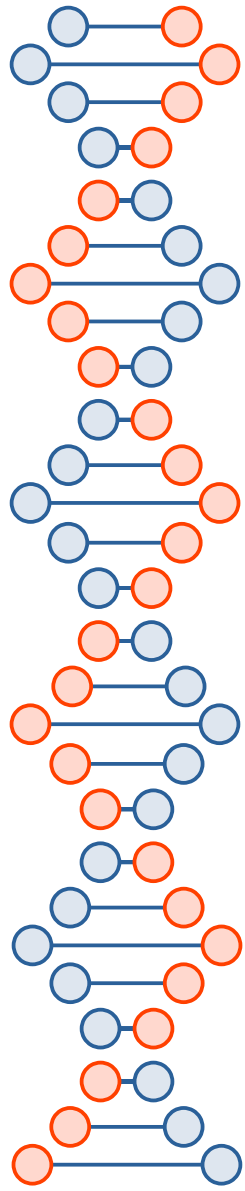
Total (Men + Women) Absence Rates in 2020,2021 and 2022, % change from 2019 values.



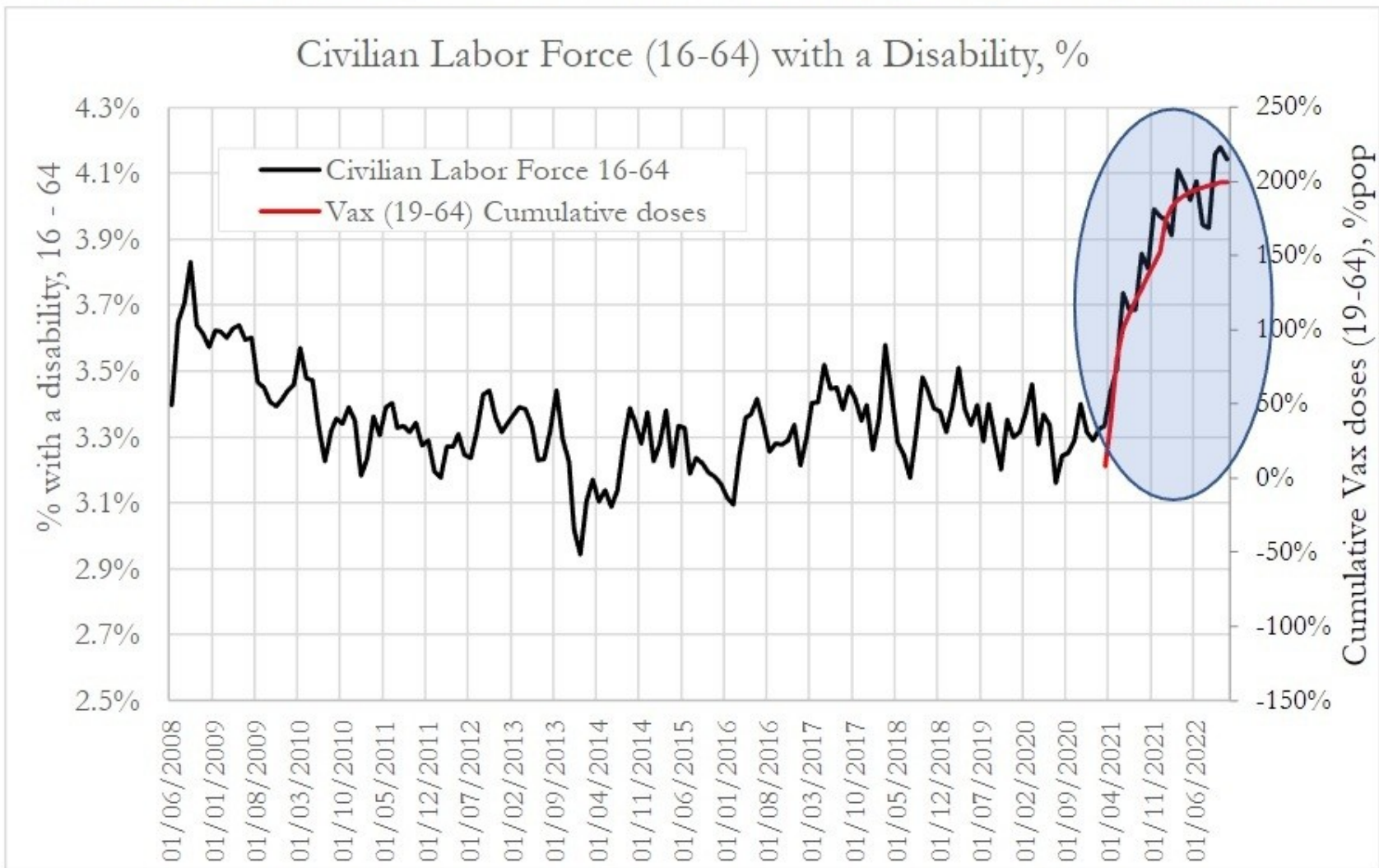
- Absence rates grew in each consecutive year since 2019.
- In 2022 absence rates were 28.6% higher than in 2019, an extraordinary change which represents a large economic loss of productivity.

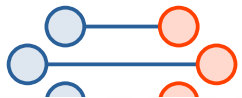
BLS- US lost worktime rates, relative change from 2019 levels, 25 to 54 years



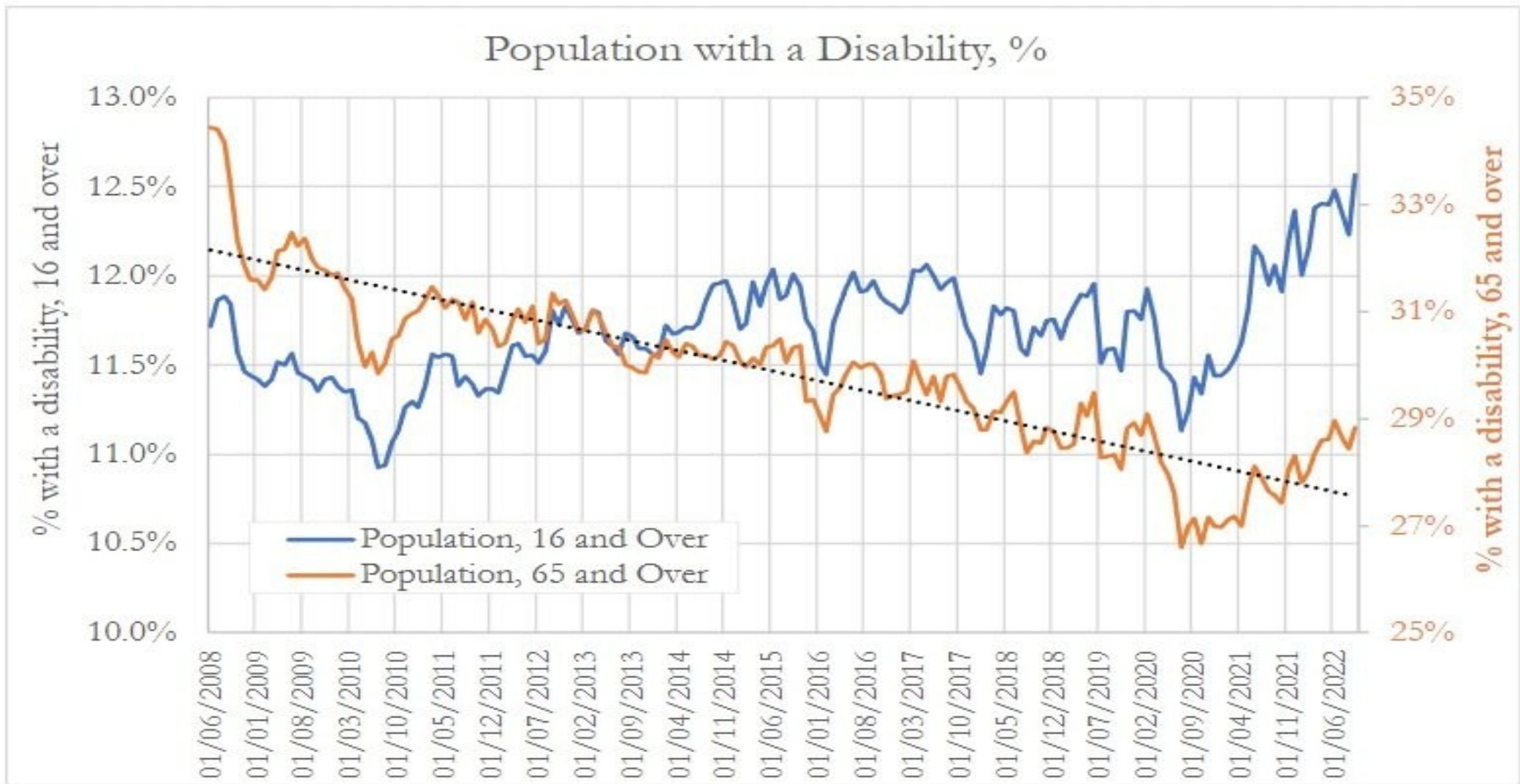


Increase in disabilities in Civilian Labor Force (16-64) vs vaccine doses

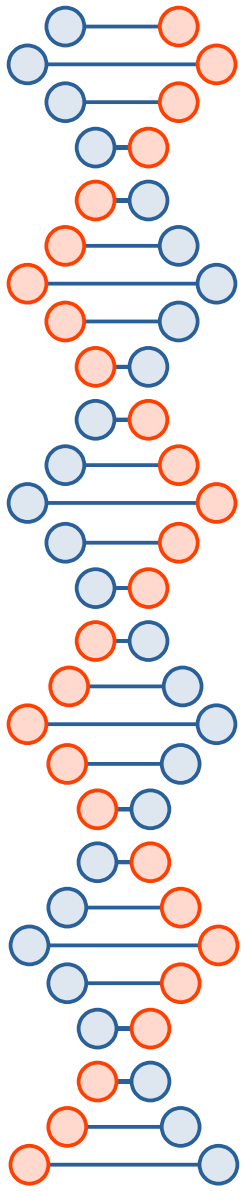
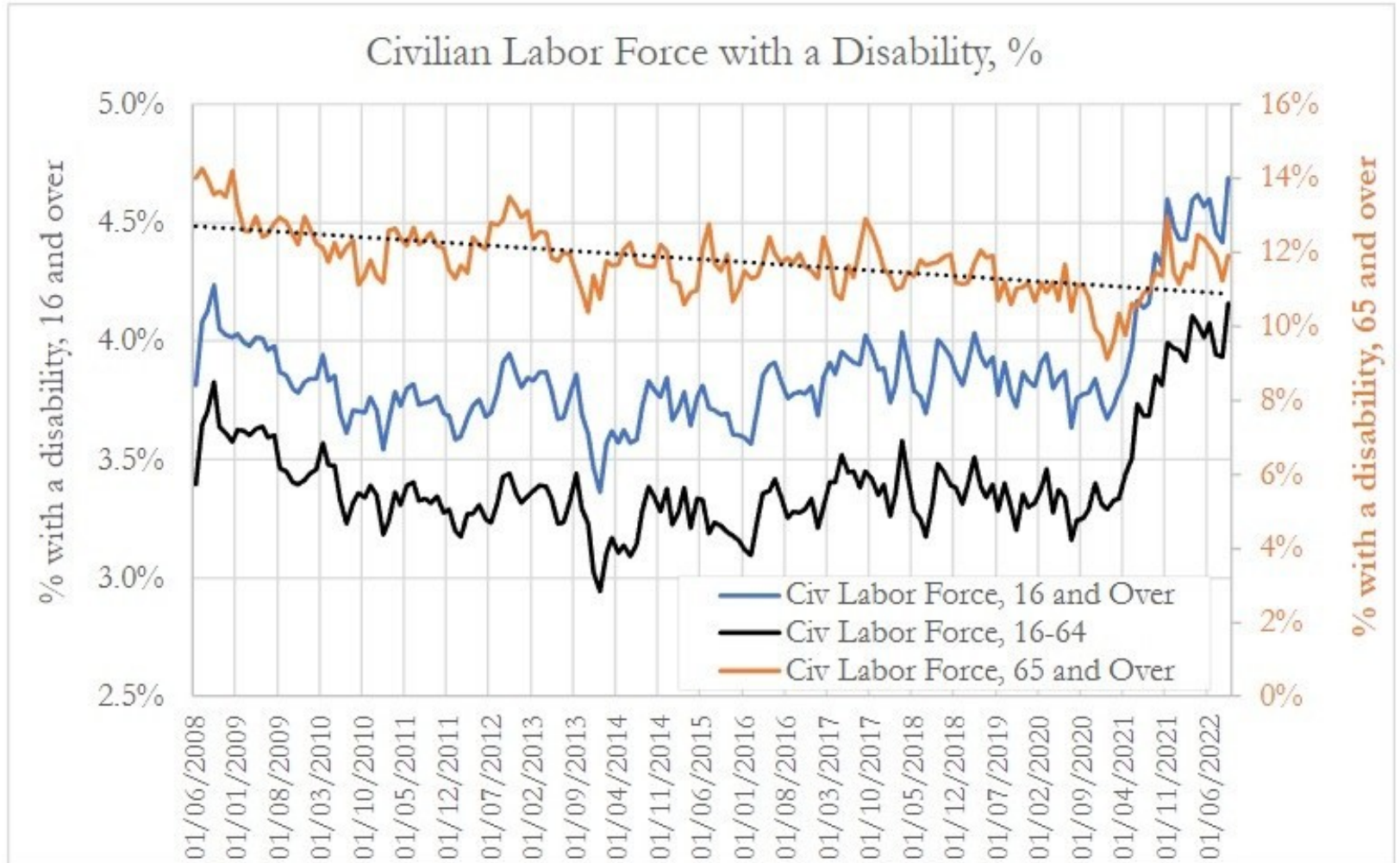


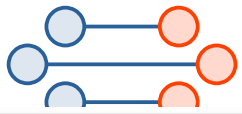


Population with a Disability, %

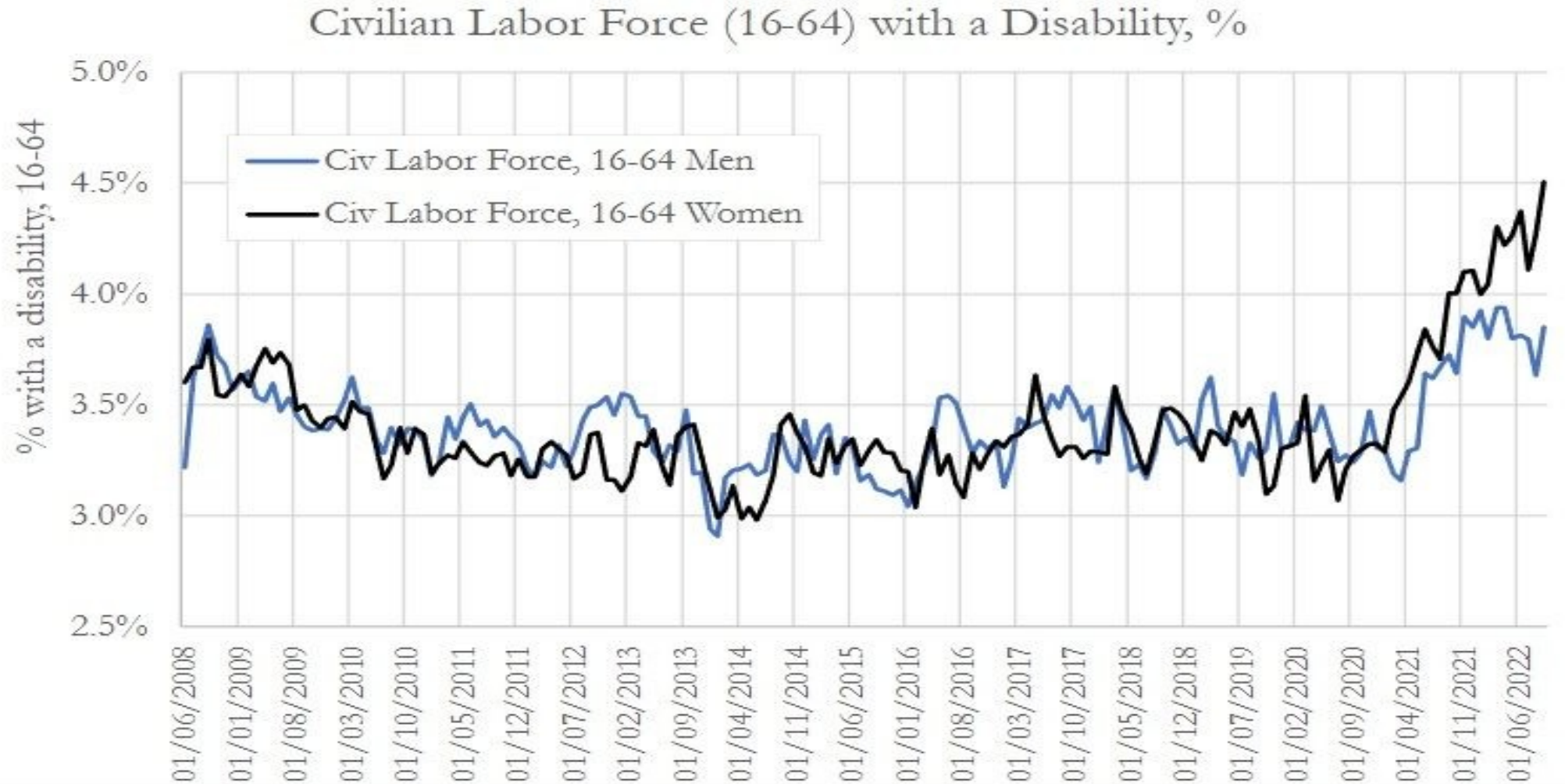


Civilian Labor Force with a Disability, %



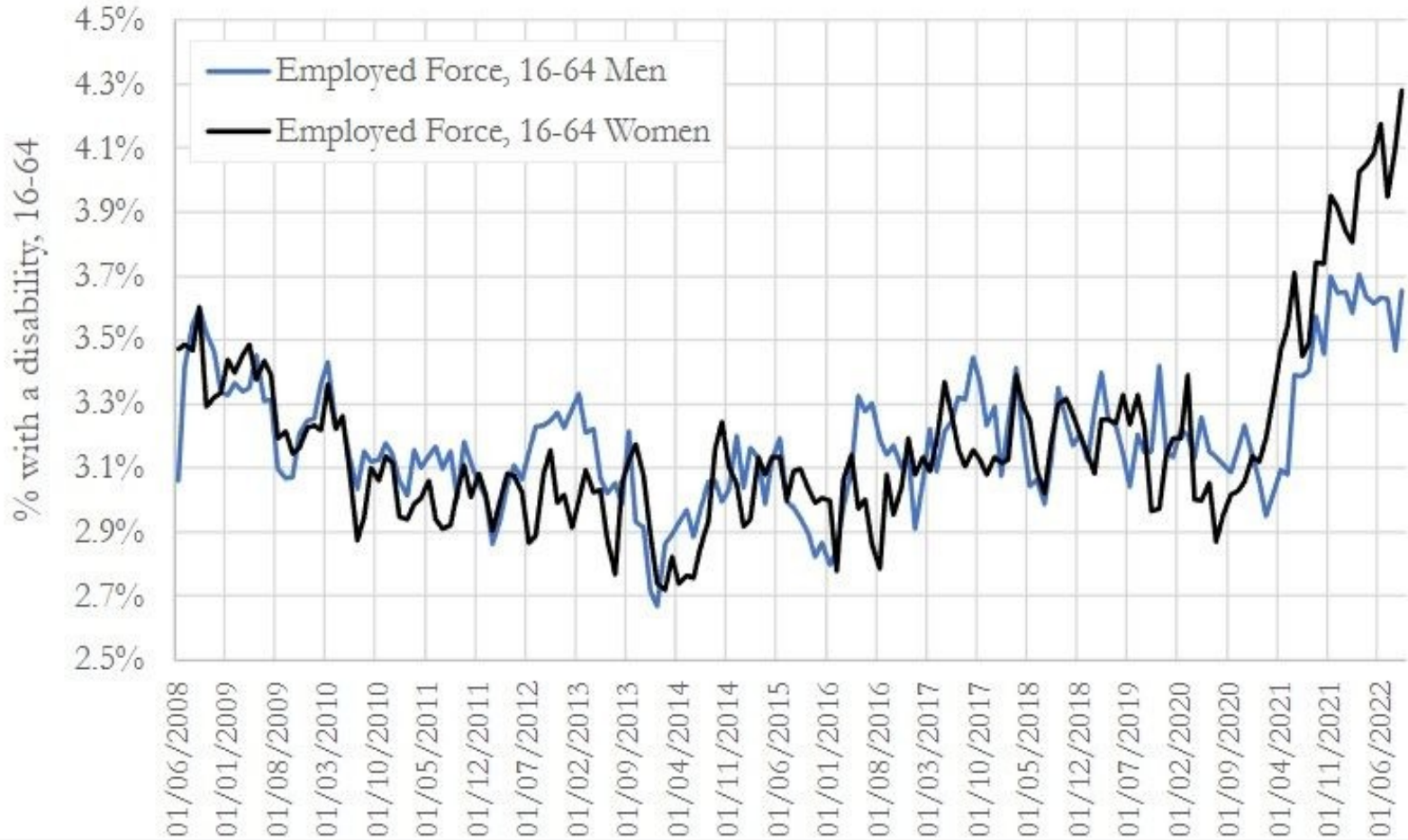


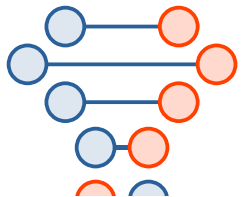
Civilian Labor Force (16-64) with a Disability, %



Employed (16-64) With a Disability, %

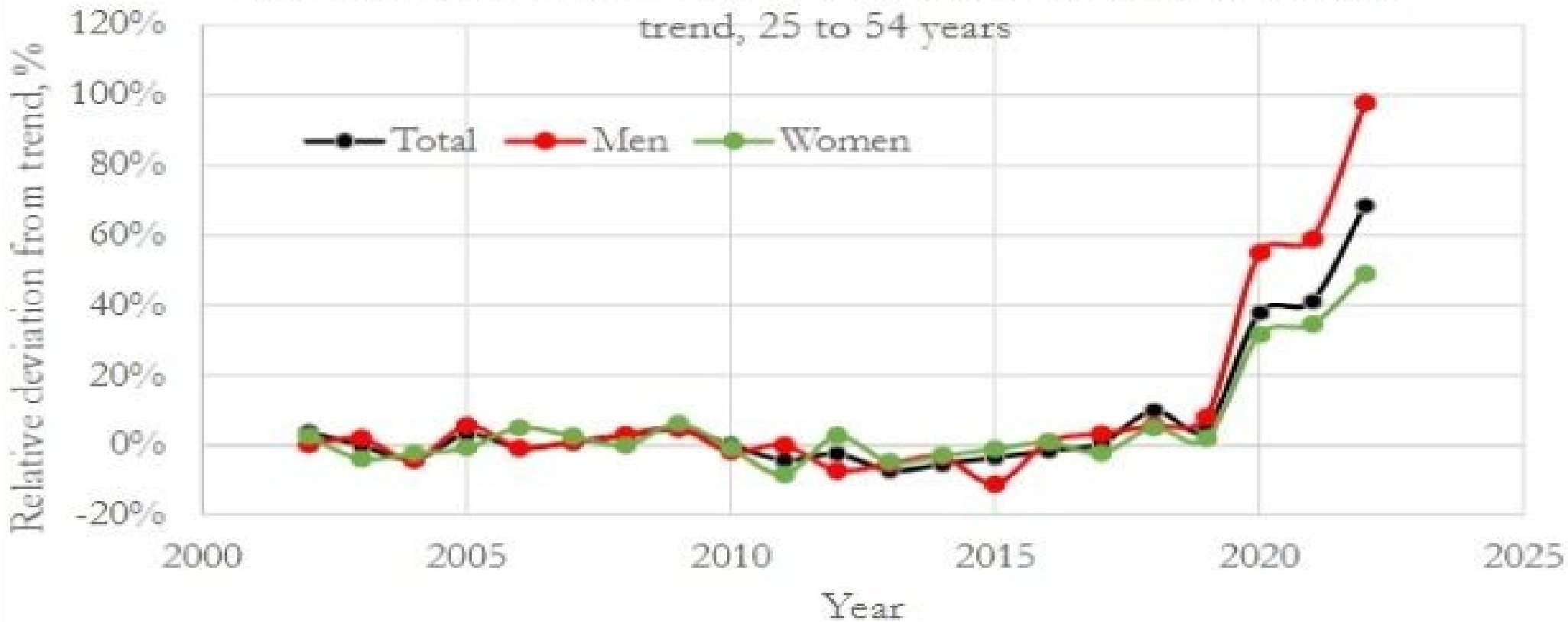
Employed (16-64) with a Disability, %

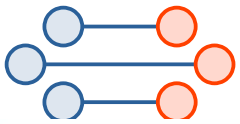




Lost Worktime Rate, Relative Deviation From 2002-19 Trend, 25 to 54 years

BLS - US lost worktime rate, relative deviation from 2002-2019 trend, 25 to 54 years





BLS Employed, aged 16-64, 2022: 148M

BLS Employed, aged 16-64, 2022: 148 million

1 – No effect, ~81%

2 – Injuries, 18%

Estimated pool of full-time workers have mild or moderate injuries that lead to lower productivity at work.

- 50% increase in Lost Worktime rates from 2019 to 2022.
- 28.6% increase in Absence rates.
- Estimated 26.6 million individuals affected.

3 – Disabilities, 0.93%

Estimated pool of the Civilian Labor force aged 16-64 that were disabled since 2021.

- 24.6% rise in disabilities since 2021
- An estimated 1.36 million individuals were affected.

4 - Excess Deaths, 0.05%-0.1%

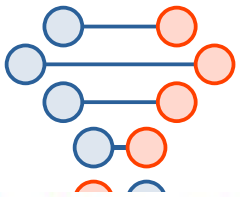
Upper estimate for vaccine-related mortality in the population aged 25-64.

- 23% excess mortality in 25-64 age groups, in 2021 and 2022 combined.
- Estimated 300k excess deaths at the population level (aged 25-64).

Mild/Moderate Outcome

Severe Outcome

Extreme Outcome



Total “Economic Cost” for 2022: \$147.8B

Total “economic cost” for 2022: \$147.8 Bn

The figure below summarises our findings.



Mild/Moderate Outcome

Severe Outcome

Extreme Outcome



Edward Dowd
@DowdEdward



Estimated 2022 US Vaccine Damage Report:

Estimated Human Cost:

- ✓ 26.6 million Injuries
- ✓ 1.36 million Disabilities
- ✓ 300k excess deaths

Estimated Economic Cost:

Total: \$147.8 Billion

- ✓ Injuries: \$89.9 billion
- ✓ Disabilities: \$52.2 billion
- ✓ Excess Deaths: \$5.6 Billion



← Thread





Edward Dowd
@DowdEdward



Pfizer & Moderna in 2022 had combined C-19 vaccine revenues in US of \$11.5 billion so...



  For every \$1 dollar they made it cost the US economy \$13 dollars.



Quite the negative societal ROI.



Largest crime scene in history. Multiply this across the globe.



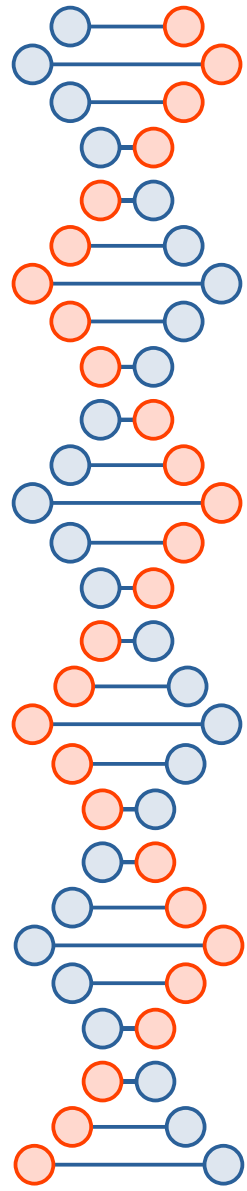
Numbers conservative

PHINANCE TECHNOLOGIES.COM



8. Concerns About Covid-19 Vaccines

- Myocarditis heart damage
- Spike protein travels to major organs
- Heart, brain, blood clot damage
- Autopsy findings in Germany study
- Vaccine components and contaminants
- Quality of the mRNA vaccines with time
- Purity of the vaccine, variation in lots
- Each dose reduces natural immunity
- Return of cancers that were in remission
- Calls for halt to Covid vaccines



“Nobody said you wouldn’t get COVID if you’re vaccinated!”

Oh, really?

@TheFreeThoughtProject

Dr. Anthony Fauci
(NIAID Director)



“When people are vaccinated they’re not going to get infected.”

President Joe Biden
(POTUS)



“You’re not going to get COVID if you have these vaccinations.”

Rochelle Walensky, MD
(CDC Director)



“Vaccinated people do not carry the virus and don’t get sick.”

Rachel Maddow
(MSNBC News)



“Now we know the vaccines work well enough that the virus stops.”

Bill Gates
 (“Expert”)



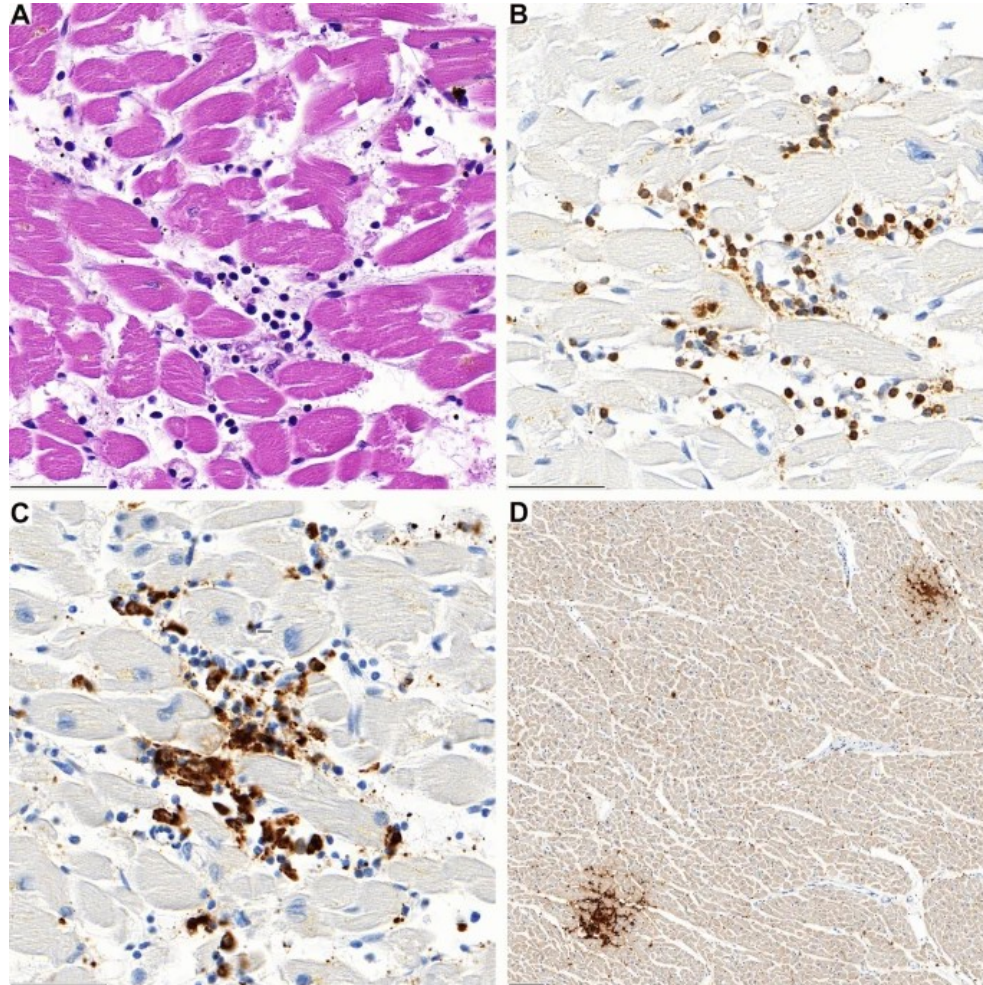
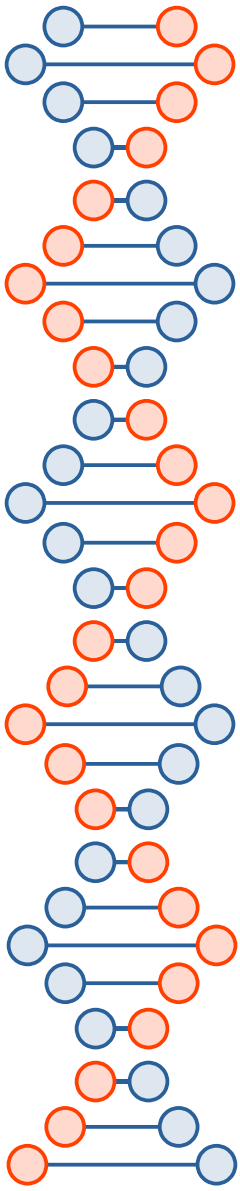
“Everyone who takes the vaccine is reducing their transmission.”

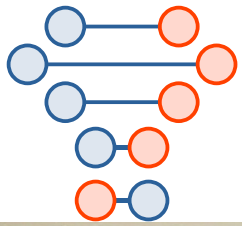
Albert Bourla
(Pfizer CEO)



“There is no variant that escapes the protection of our vaccines.”

Myocarditis Heart Damage by Covid Vaccines





Myocarditis Risk After Covid Vaccine 133x Above Background Risk

Could These Mysterious Clots be the Cause of Death?

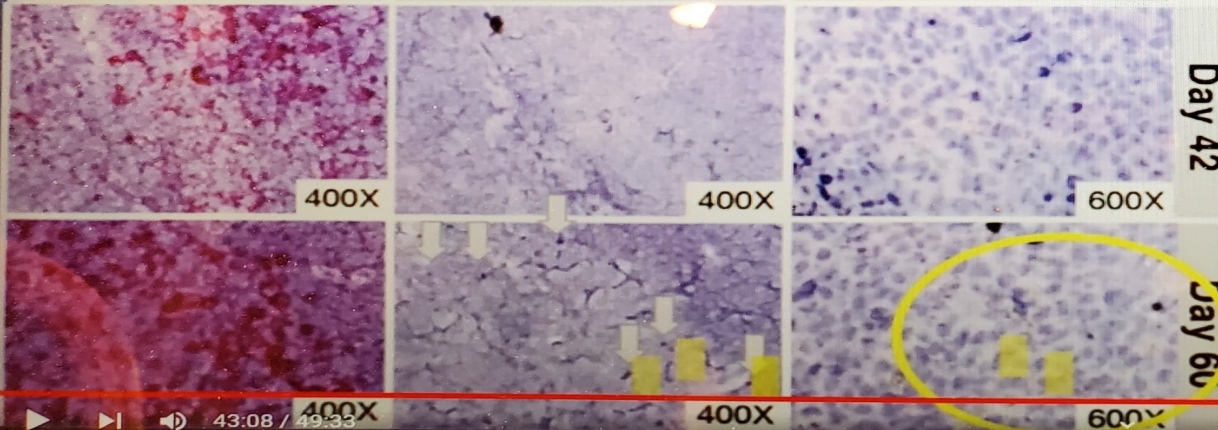
Maybe This Wasn't The Best Idea

Vaccine mRNA & Plenty of Spike Protein in Germinal Centers at day 60



SARS-CoV-2 mRNA vaccine

mRNA Ctrl Probe mRNA Vacc Probe CoV-2 spike (IHC)

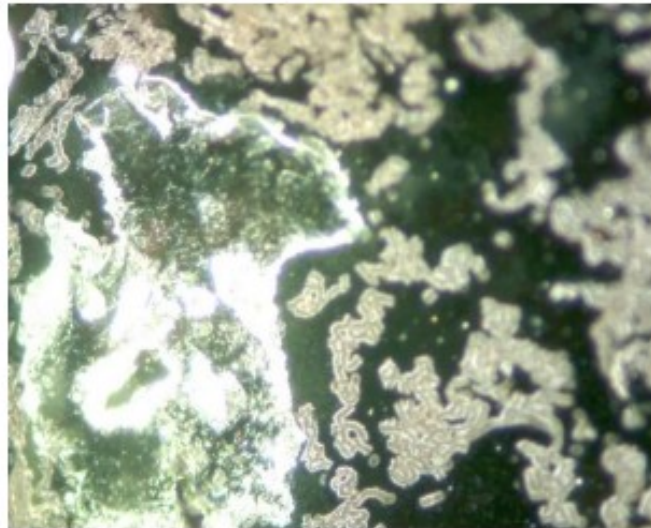
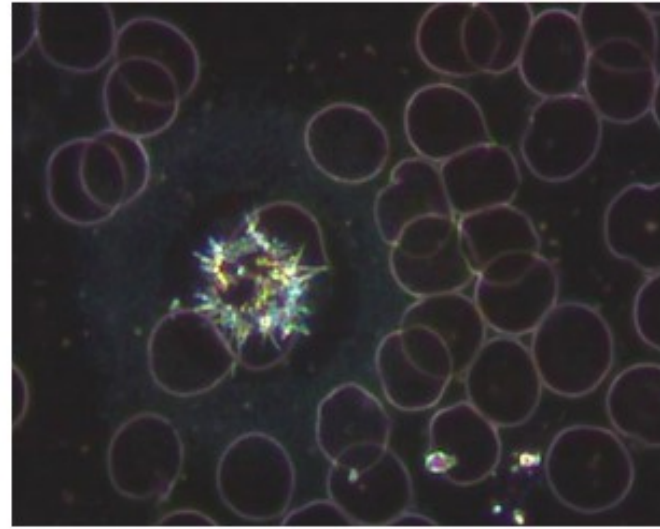
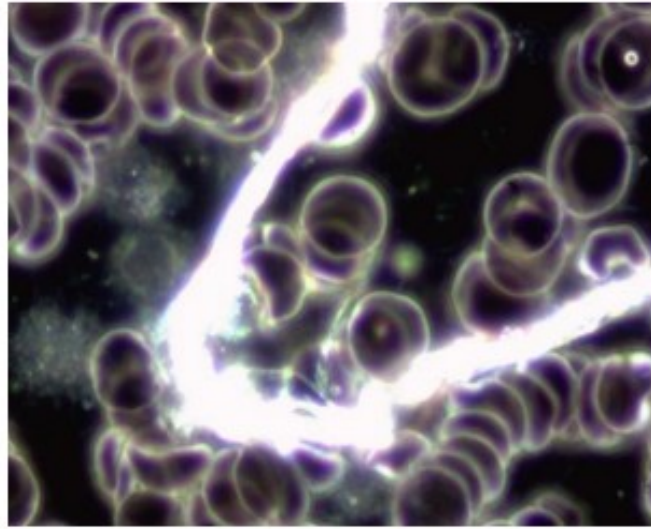
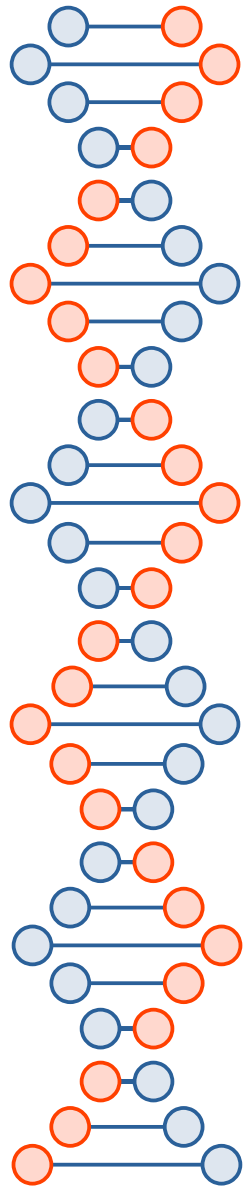


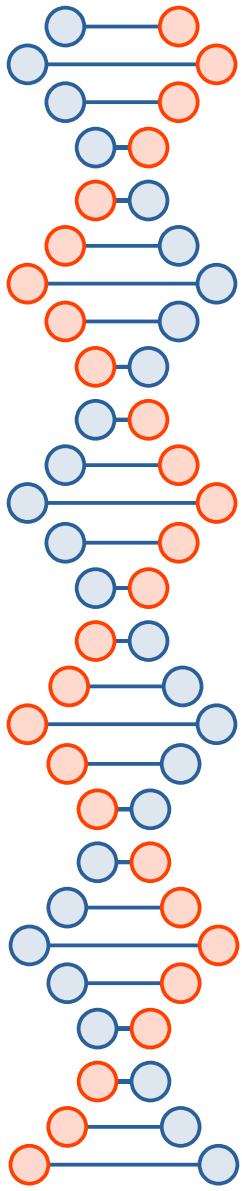
March 23rd, 2022

EPISODE 48

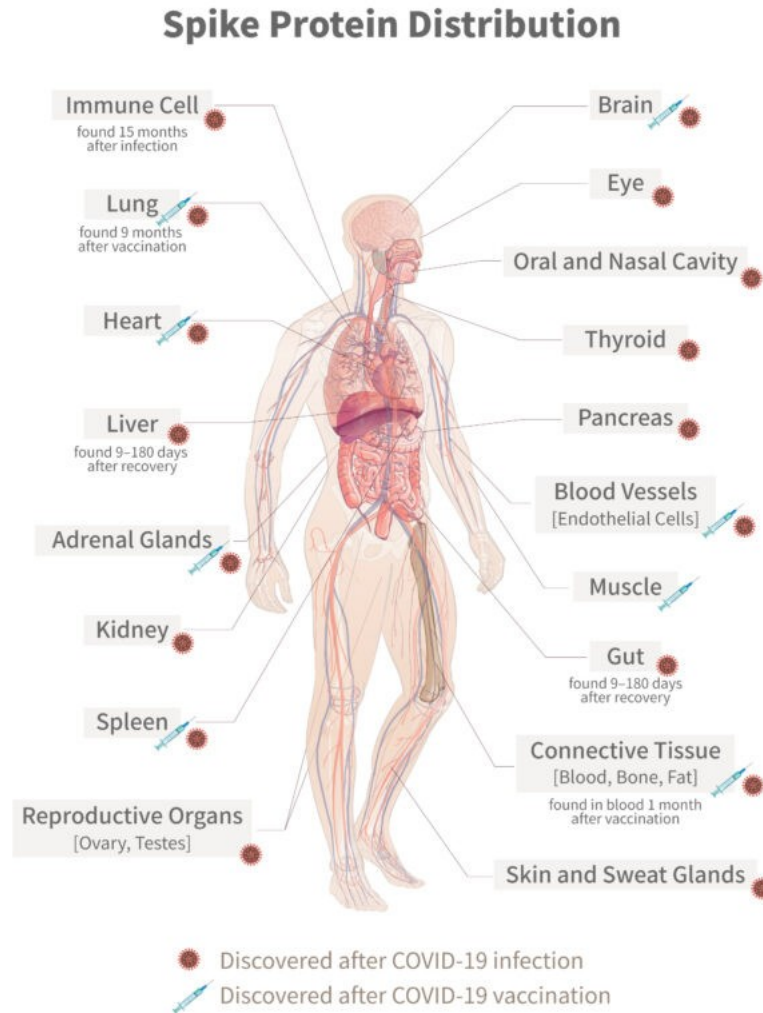
Myocarditis Risk After Covid Vaccine 133x Above Background Risk

Blood Phenomenon of The Vaccinated

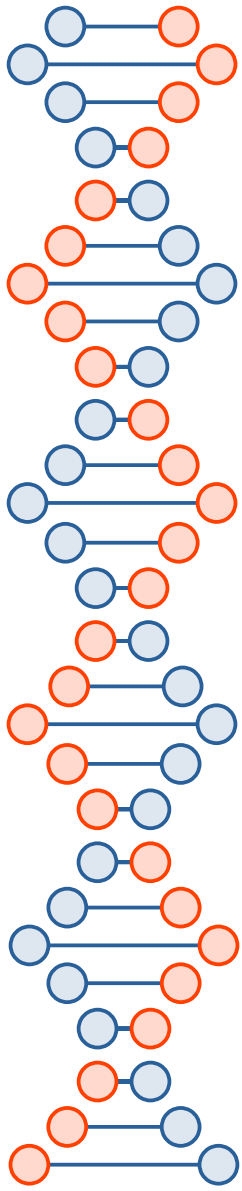




Spike Protein Distribution

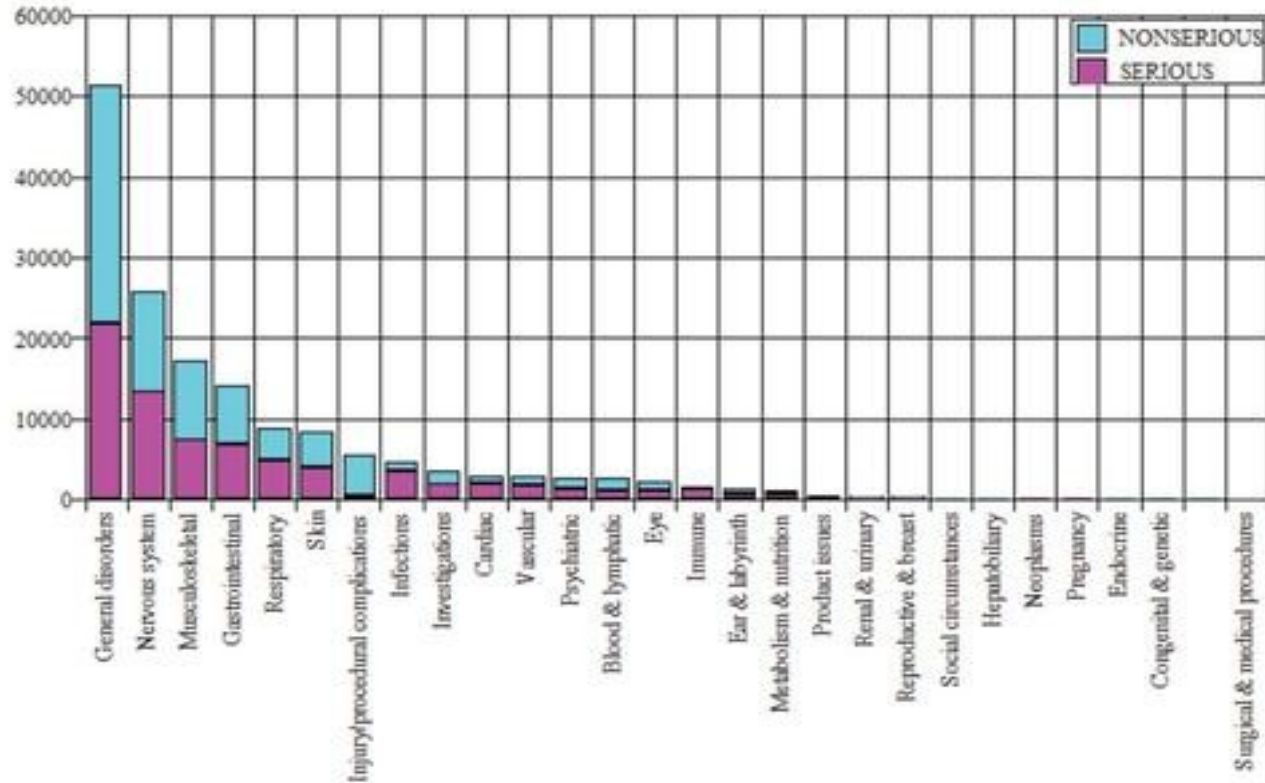


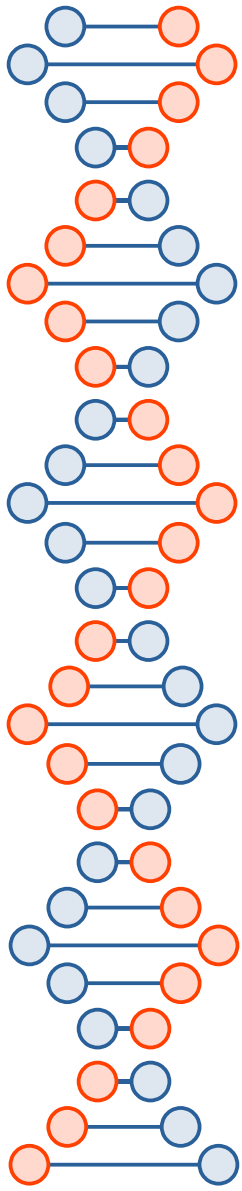
Note: The times listed for spike protein presence in different organs are based on specific and separate studies, and may not be comprehensive or comparable between times listed.



Total Number of Pfizer Adverse Events by System Organ Classes and Seriousness

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness





Autopsy Findings in German Study

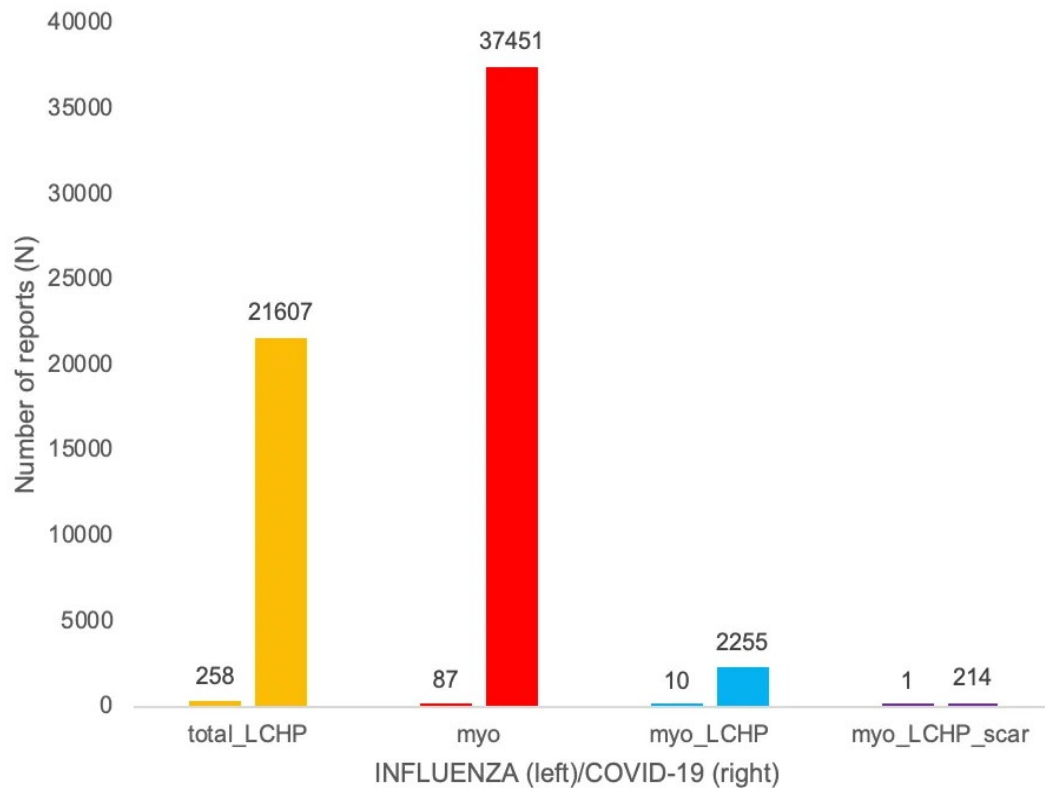
Supplementary Table 1: autopsy findings for the cases 6 - 35

case	age	sex	pre-existing diseases	cause of death
6	73	male	ischemic cardiomyopathy	arrhythmogenic cardiac failure
7	56	male	ischemic cardiomyopathy	arrhythmogenic cardiac failure
8	64	male	METS, CAD	COVID-pneumonia
9	78	female	AH, COPD,	cardiac failure
10	70	male	AH, CAD, organising pneumonia	cardiac failure, pneumonia, pulmonary embolism
11	61	female	CAD	stroke
12	31	male	AH, asthma, cardiac hypertrophy	cardiac failure
13	75	male	AH, CAD, COPD, prostate cancer	myocardial infarction
14	59	male	AH, CAD, ischemic cardiomyopathy	cardiac failure
15	77	male	AH, CAD, DM2, COPD, metastatic colon cancer	respiratory failure
16	63	male	DM2, AH, CAD, parkinsons disease	bronchopneumonia
17	84	male	AH, DM2	paralytic ileus
18	38	male	no relevant preexisting disease, vaccination with ChAdOx1 nCov-19	vaccine-induced thrombotic thrombocytopenia
19	49	female	not applicable	myocardial infarction
20	68	male	DM2, AH, hypothyreosis	cerebral mass hemorrhage
21	75	female	artrial fibrillation, CKD	ruptured aortic aneurysm
22	23	female	no relevant preexisting disease	pulmonary embolism
23	63	female	not applicable	right heart failure, deep vein thrombosis
24	70	male	not applicable	myocardial infarction
25	30	female	drug abuse	intoxication
26	39	male	not applicable	cardiac tamponade
27	57	female	AH, CAD, ischemic cardiomyopathy	arrhythmogenic cardiac failure
28	21	male	drug abuse	intoxication
29	69	male	CAD	myocardial infarction
30	21	male	asthma, cardiac hypertrophy	cardiac failure
31	30	male	drug abuse	bronchopneumonia
32	55	male	no relevant preexisting disease	chronic cardiomyopathy
33	26	male	drug abuse	intoxication
34	31	female	not applicable	ruptured aneurysm of carotid artery
35	63	male	DM2, gout	myocardial infarction

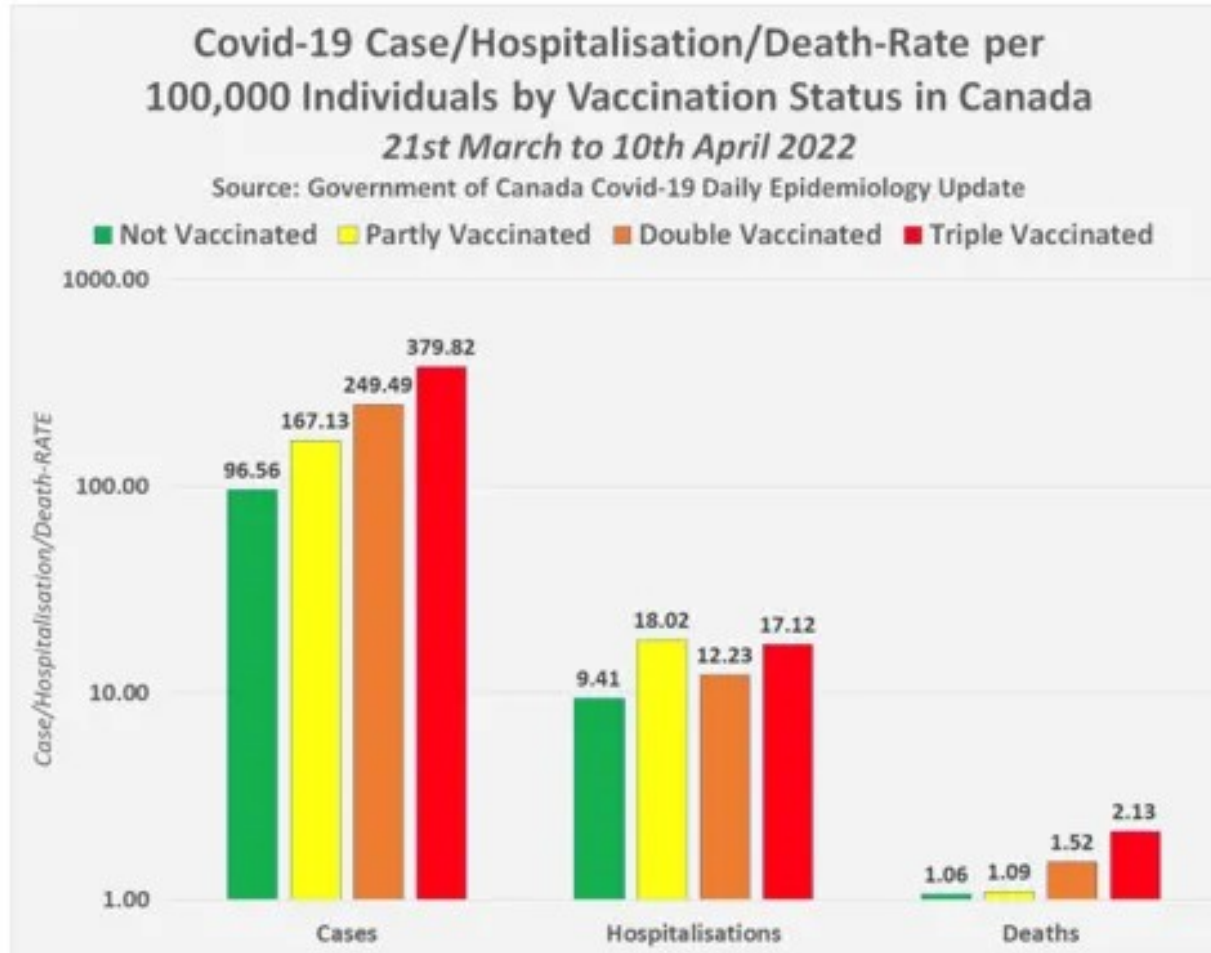
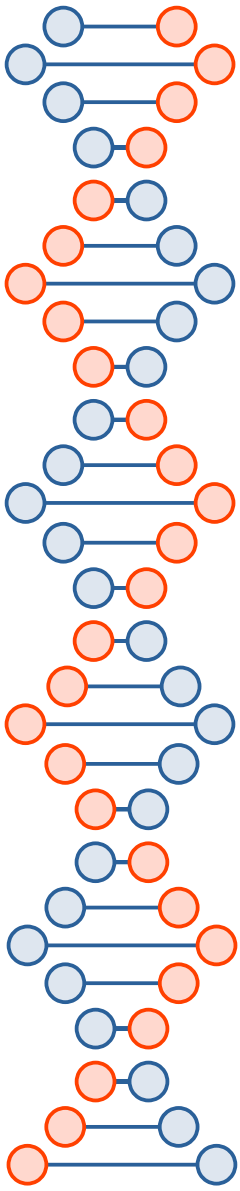
Abbreviations: AH, arterial hypertension; CAD, coronary artery disease; COPD, chronic obstructive pulmonary disease; DM2, diabetes mellitus type 2.

Comparison of Influenza and Covid Adverse Reports of Myocarditis

Comparison of Influenza and COVID adverse event reports of myocarditis, lower chamber heart problems (LCHP), LCHP with myocarditis (myp) and LCHP with myo including scarring markers (scar)



Case/Hospitalization/Death Rate per 100,000 By Vaccination Status - Canada



More Likely To Suffer Serious Adverse Event From mRNA Jab Than Hospitalized From Covid

Serious adverse events of special interest following mRNA vaccination in randomized trials

Joseph Fraiman, MD¹
Juan Erviti, PharmD, PhD²
Mark Jones, PhD³

Sander Greenland, MA, MS, DrPH, C Stat⁴
Patrick Whelan, MD PhD⁵
Robert M. Kaplan, PhD⁶
Peter Doshi, PhD⁷

Affiliations

¹ Louisiana State University, Lallie Kemp Regional Medical Center, Independence, LA

² Unit of Innovation and Organization, Navarre Health Service, Spain

³ Institute of Evidence-Based Healthcare, Bond University, Gold Coast, QLD, Australia

⁴ Fielding School of Public Health, University of California, Los Angeles

⁵ University of California, Los Angeles

⁶ School of Medicine, Stanford University

⁷ University of Maryland School of Pharmacy, Baltimore, MD

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pdoshi@rx.umaryland.edu

ABSTRACT

Introduction. In 2020, prior to COVID-19 vaccine rollout, the Coalition for Epidemic Preparedness Innovations and Brighton Collaboration created a priority list, endorsed by the World Health Organization, of potential adverse events relevant to COVID-19 vaccines. We leveraged the Brighton Collaboration list to evaluate serious adverse events of special interest observed in phase III randomized trials of mRNA COVID-19 vaccines.

Methods. Secondary analysis of serious adverse events reported in the placebo-controlled, phase III randomized clinical trials of Pfizer and Moderna mRNA COVID-19 vaccines (NCT04368728 and NCT04470427), focusing analysis on potential adverse events of special interest identified by the Brighton Collaboration.

Results. Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).

Discussion. The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.

Funding. This study had no funding support.

UK Data – Dr. Aseem Malhotra

Key facts on vaccine based on highest quality data and best available evidence

- No protection from infection now
- Initial protection from ancestral more lethal variant in 1 in 119?
- No reduction in Covid mortality/all cause mortality from RCT
- RCT's that led to approval of the mRNA product suggesting more serious harm from vaccine (1 in 800) than from covid hospitalisations of more lethal ancestral/Wuhan strain.
- Natural immunity is very protective and almost 3 times more likely to suffer side effects if vaccinated post covid-19 infection.
- Best case scenario for protecting those over 80 from a covid death from Delta variant is 1 in 230 . Omicron 1 in 7300.
- In those under 50 NNT is 1 in 10,000 to prevent a covid death
- Unprecedented harms reported by yellow card scheme.
- Rate of harm requiring hospitalisation from real world data is close to 1 in 1000 within a couple of months of mRNA jab (likely a significant underestimate of real serious harms)



Dr. Aseem Malhotra – UK Cardiologist



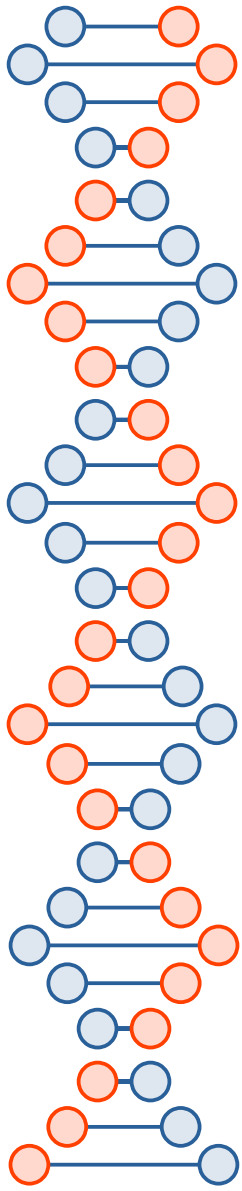
We have a complete healthcare system failure & an epidemic of misinformed doctors & misinformed patients. Corporate greed and systematic political failure to protect the public from the excesses & manipulations of the pharmaceutical industry has brought the #NHS to its knees



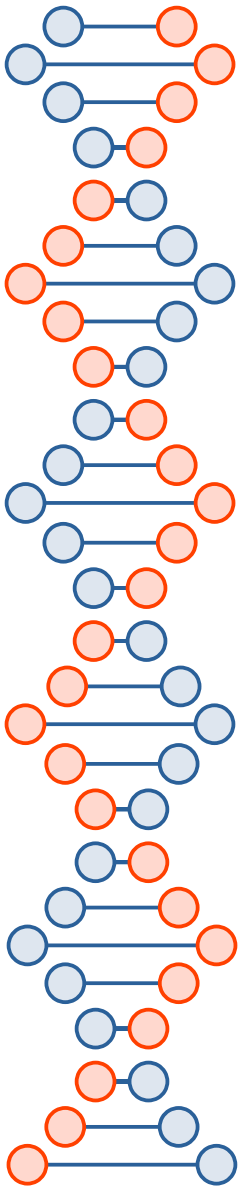
Declarations by Doctors & Scientists

- **Great Barrington Declaration - October 2020**
 - Great concerns about the damaging physical and mental health impacts of Covid-19 policy
 - Recommend an approach of focused protection (age-specific)
 - 860,000+ signatories by health workers and concerned citizens in 12 months, now more than 935,000 signatories
- **Rome Declaration - September 2021**
 - Alert citizens about deadly consequences of Covid-19 policy
 - Physicians loyal to the Hippocratic Oath
 - Physicians free to practice the art and science of medicine without retribution and censorship
 - 12,000+ medical signatories (includes Dr. Robert Malone) in just a few months

Call For Halt To Covid Vaccines



- Dr. Peter McCullough, US cardiologist – March 2021
- Dr. Geert Vanden Bossche, virologist – March 2021
- Dr. Robert Malone, US virologist – May 2021
- World Council For Health – June 2021
- Global Covid Summit (17K doctors & scientists) – October 2021
- 400 doctors and scientists in India – September 2022
- Dr. Aseem Malhotra, UK cardiologist – October 2022
- UK MP – November 2022
- Australian cardiologist – December 2022
- Australian MP – December 2022
- John Campbell, UK nurse (180 degree turn) – December 2022
- Drew Comments, journalist (180 degree turn) – December 2022
- Many more doctors and scientists since the middle of 2021



COVID-19 VACCINE ADVERSE EVENTS

AROUND THE WORLD

WCH Covid-19 Vaccine Pharmacovigilance Report

Summary

Prepared by: Adele Paul

Approved by: WCH Health and Humanities Committee

June 2022

For the full report visit:

worldcouncilforhealth.org/resources/covid-19-vaccine-pharmacovigilance-report



How many adverse events is too many?

Precedent for
drug and
vaccine recall

Summary:

The 1976 mass vaccination campaign was halted after a series of adverse event reports including 53 deaths. The polio vaccine was recalled in less than 1 year after 10 reported deaths. The Covid-19 vaccine, with over 28,000 associated reports of death on VAERS alone, has not been recalled.

There is sufficient evidence to indicate a recall of Covid-19 vaccines

Reported Deaths for Major Drug/Vaccine Recalls

(Data Obtained from VAERS and FAERS)

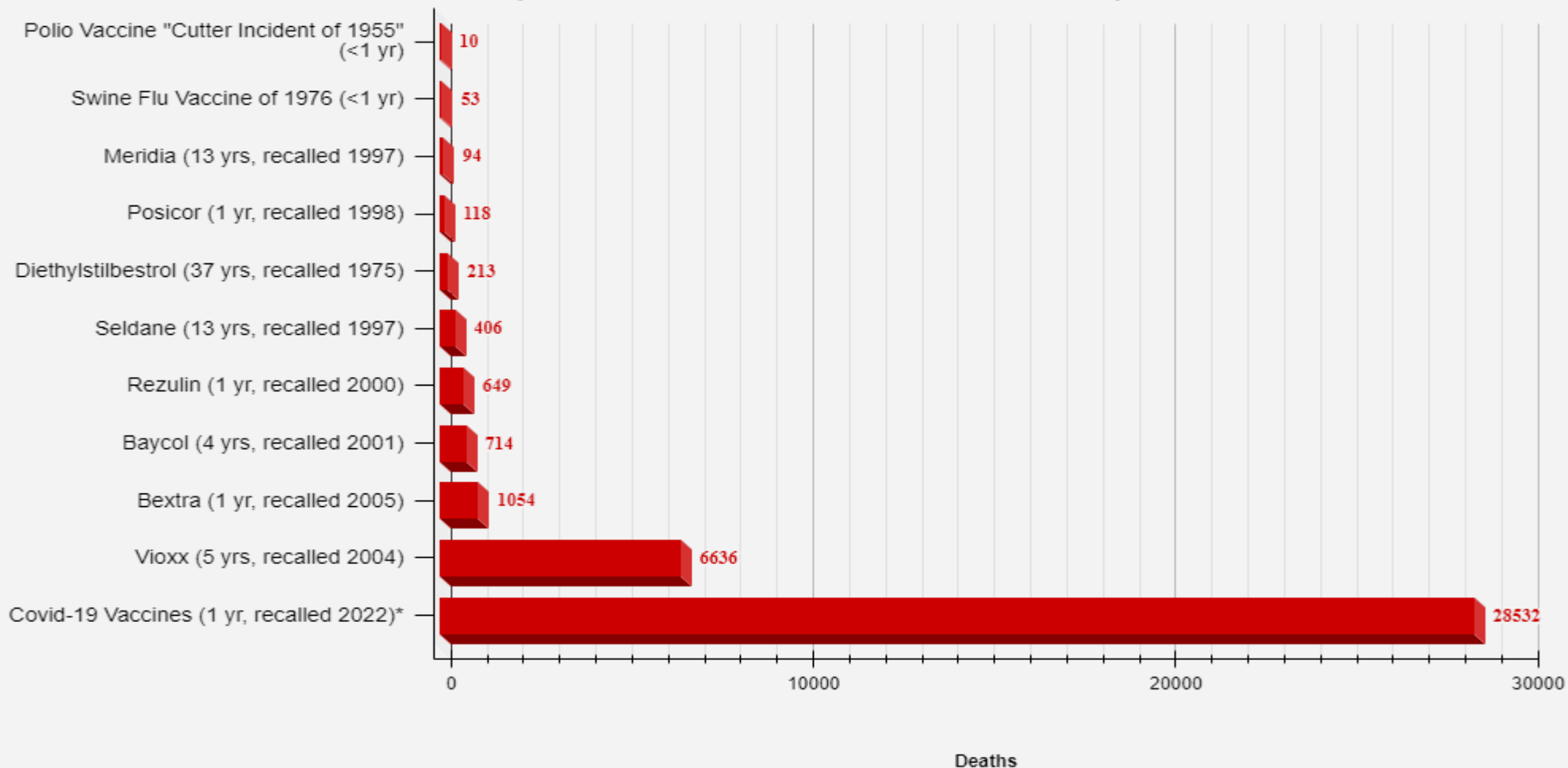
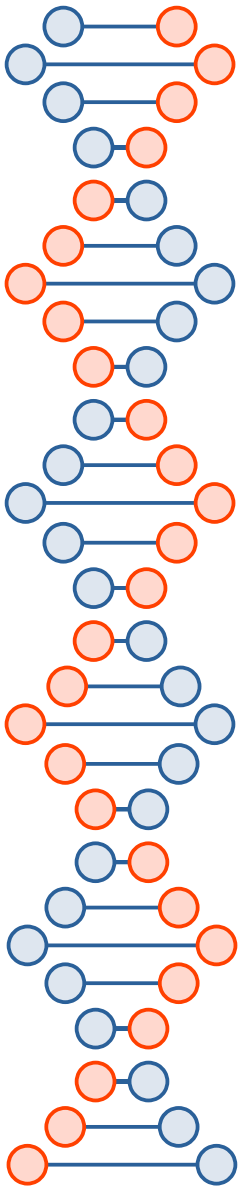


Table 2: Other Vaccine Adverse Event Data on VigiAccess

Vaccine	Total Number of Adverse Event Reports on VigiAccess as of May 2022	Percentage of 1 year olds who have been immunized globally	Data Collected Since
Tuberculosis Vaccine	37335	88%	1968
Polio Vaccine	123732	86%	1968
Diphtheria Vaccine	1914	85%	1979
Tetanus Vaccine	15381	85%	1968
Pertussis Vaccine	2259	85%	1972
Hepatitis B Vaccine	106761	85%	1984
H. Influenza B Vaccine	90044	72%	1986
Measles Vaccine	6231	71%	1968
Rubella Vaccine	2640	71%	1971
Covid-19 Vaccine	3777652	65.7%***	2020

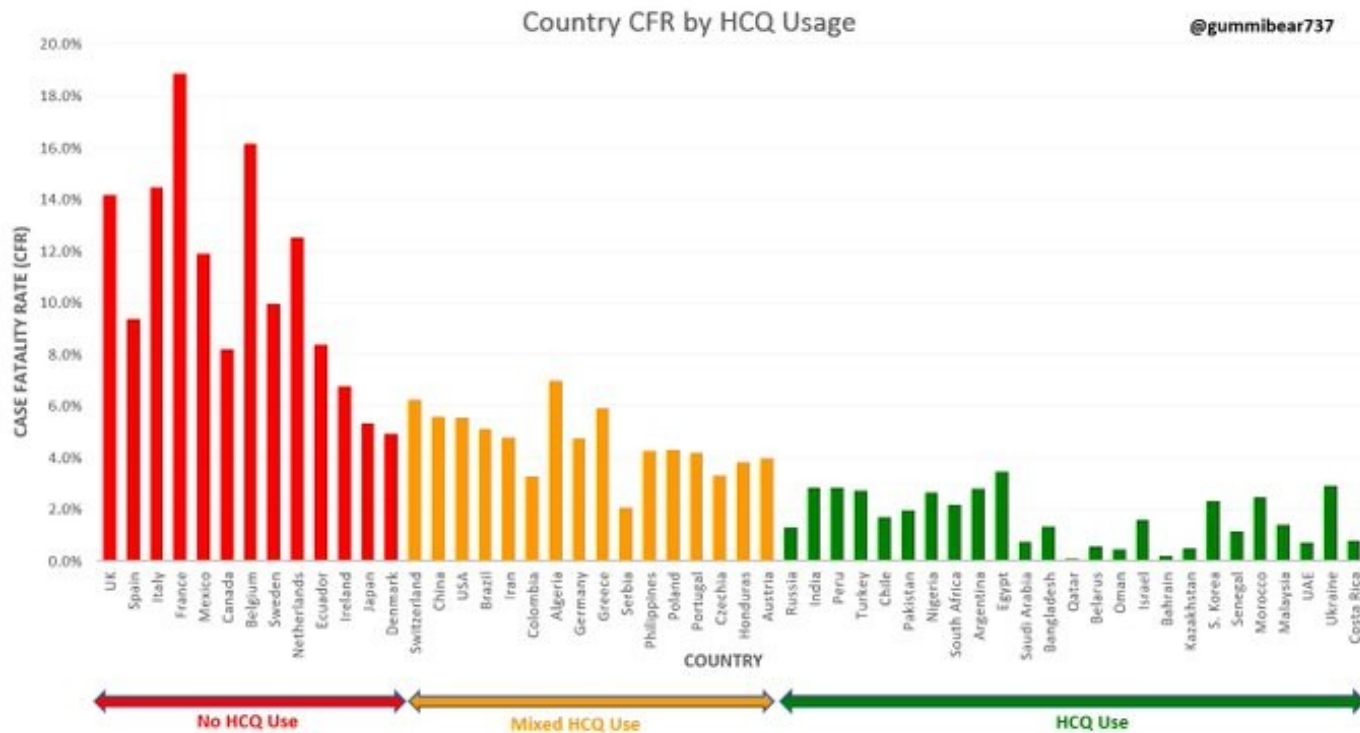
*** Percentage of current world population ***



9. Early Treatment With Therapeutics

- Early treatment results
 - Africa, India (**Uttar Pradesh**), Japan, **Peru**, Slovakia
- C19hcq.org – Hydroxychloroquine for Covid-19 studies
 - C19hcq.org/meta.html – real-time meta analysis
- C19ivm.org – Ivermectin for Covid-19 studies
 - C19ivm.org/meta.html – real time meta analysis
- C19early.org – Covid-19 early treatment
 - Global adoption of Covid-19 early treatments
 - Early treatment efficacy of more than 50 therapeutics
 - Early treatment timelines
- Worldwide availability of HCQ
- Global adoption of Ivermectin

Country CFR by Hydroxychloroquine Usage

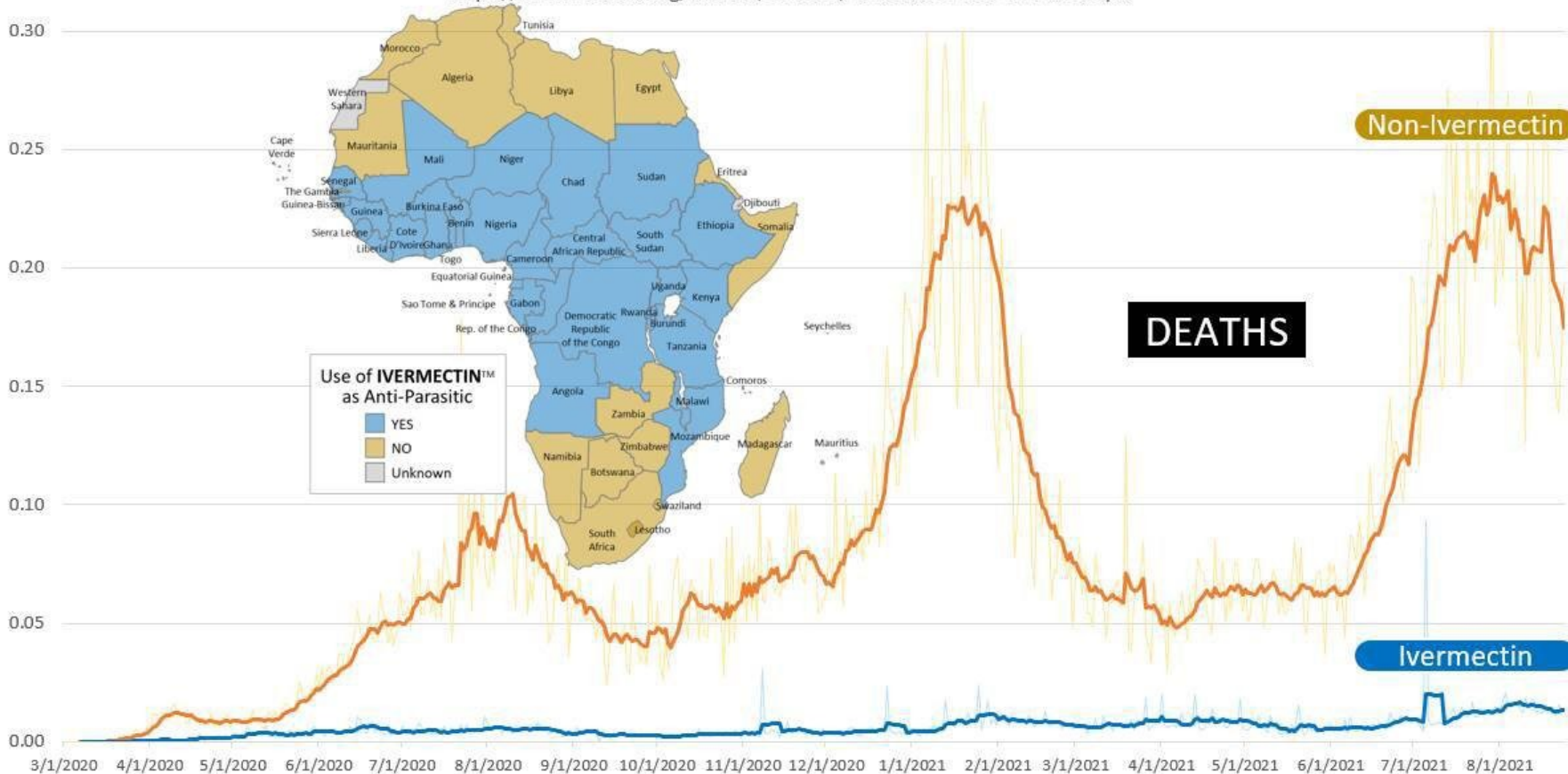
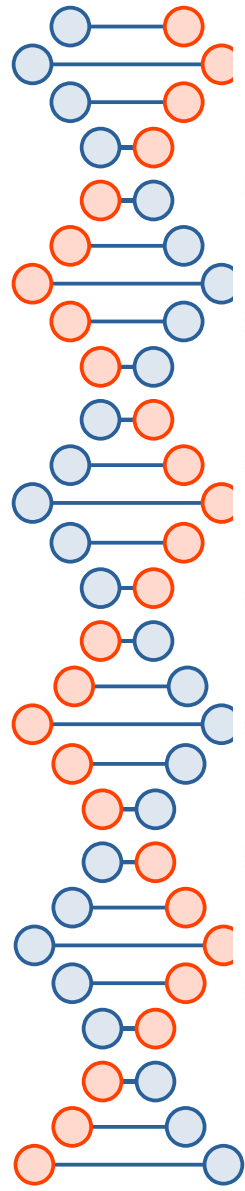


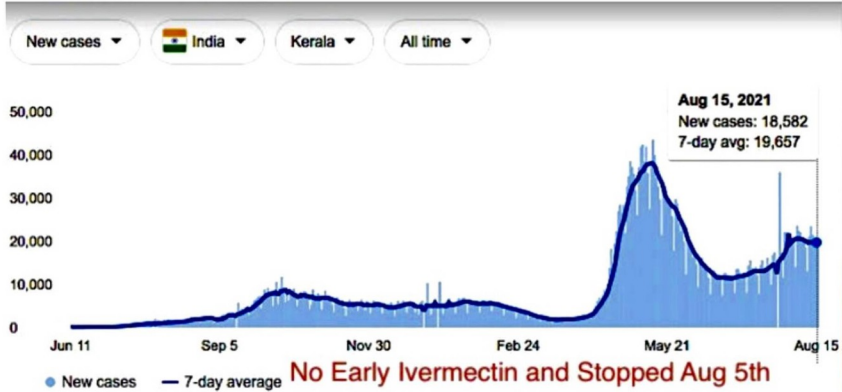
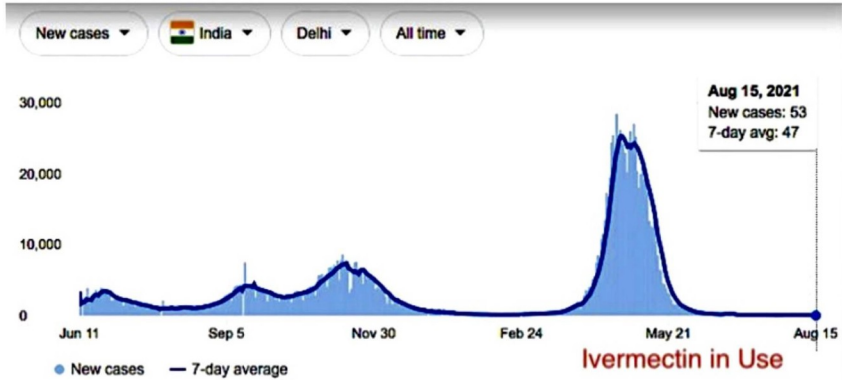
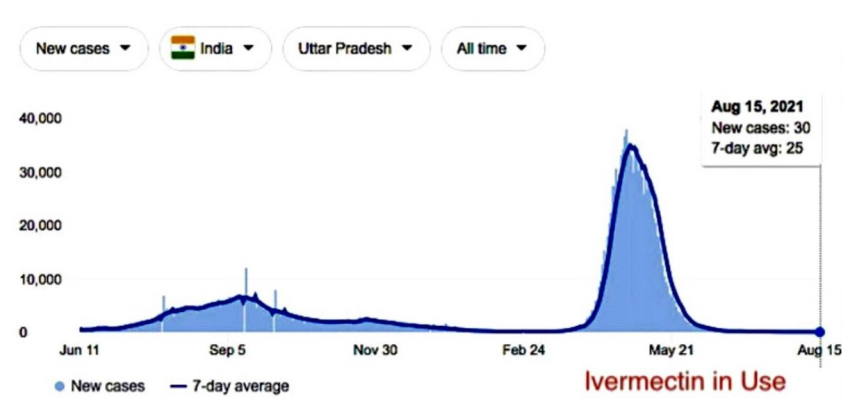
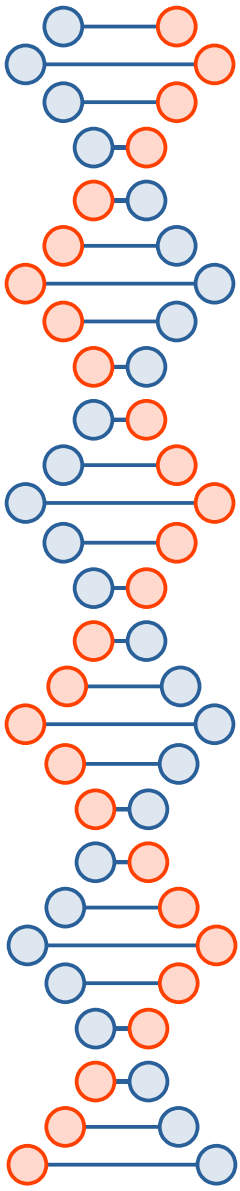
Africa Daily DEATHS/100K, Ivermectin Countries vs. Non-Ivermectin Countries

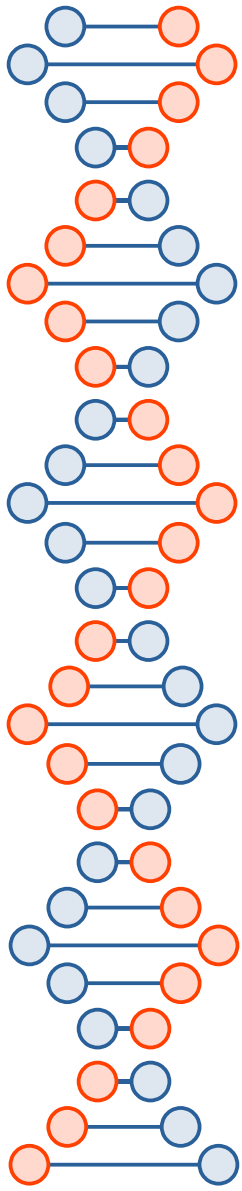
Source: Johns Hopkins CSSE (github)



<https://www.medrxiv.org/content/10.1101/2021.03.26.21254377v1.full.pdf>







“Now is the Time to Use Ivermectin,” Tokyo’s Medical Assoc. Chairman Recommends Ivermectin to All Doctors to Treat Covid

- Dr. Haruo Ozaki called for the drug, which is proving effective in numerous studies, to be used to combat Covid.

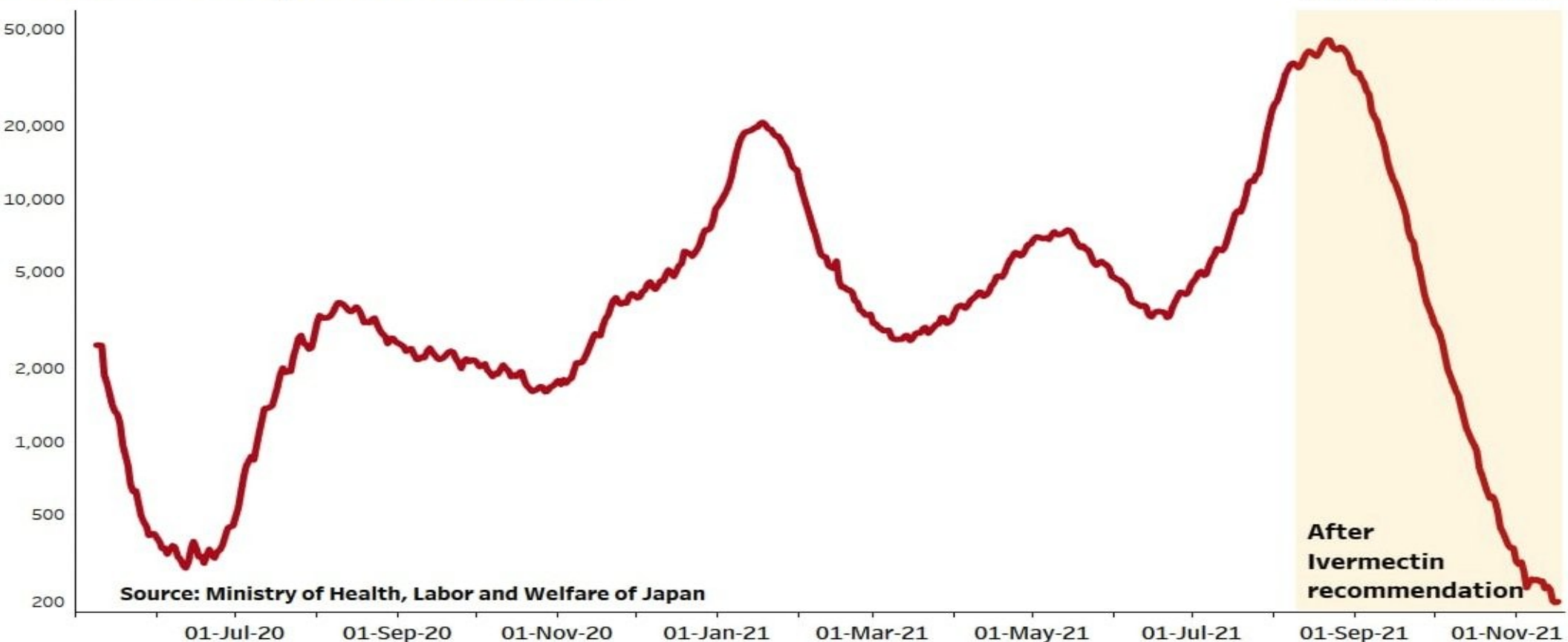


<https://twitter.com/i/status/1429824858825715717> 141

COVID-19 in Tokyo Japan

COVID-19 Hospitalized Patients

Analyst: Juan J Chamie



Source: Ministry of Health, Labor and Welfare of Japan

After
Ivermectin
recommendation

On August 13 [Tokyo Medical Association](#) announced that **Ivermectin** is amazingly effective at stopping COVID-19.

They recommend to ALL Doctors in Japan using Ivermectin to treat COVID.

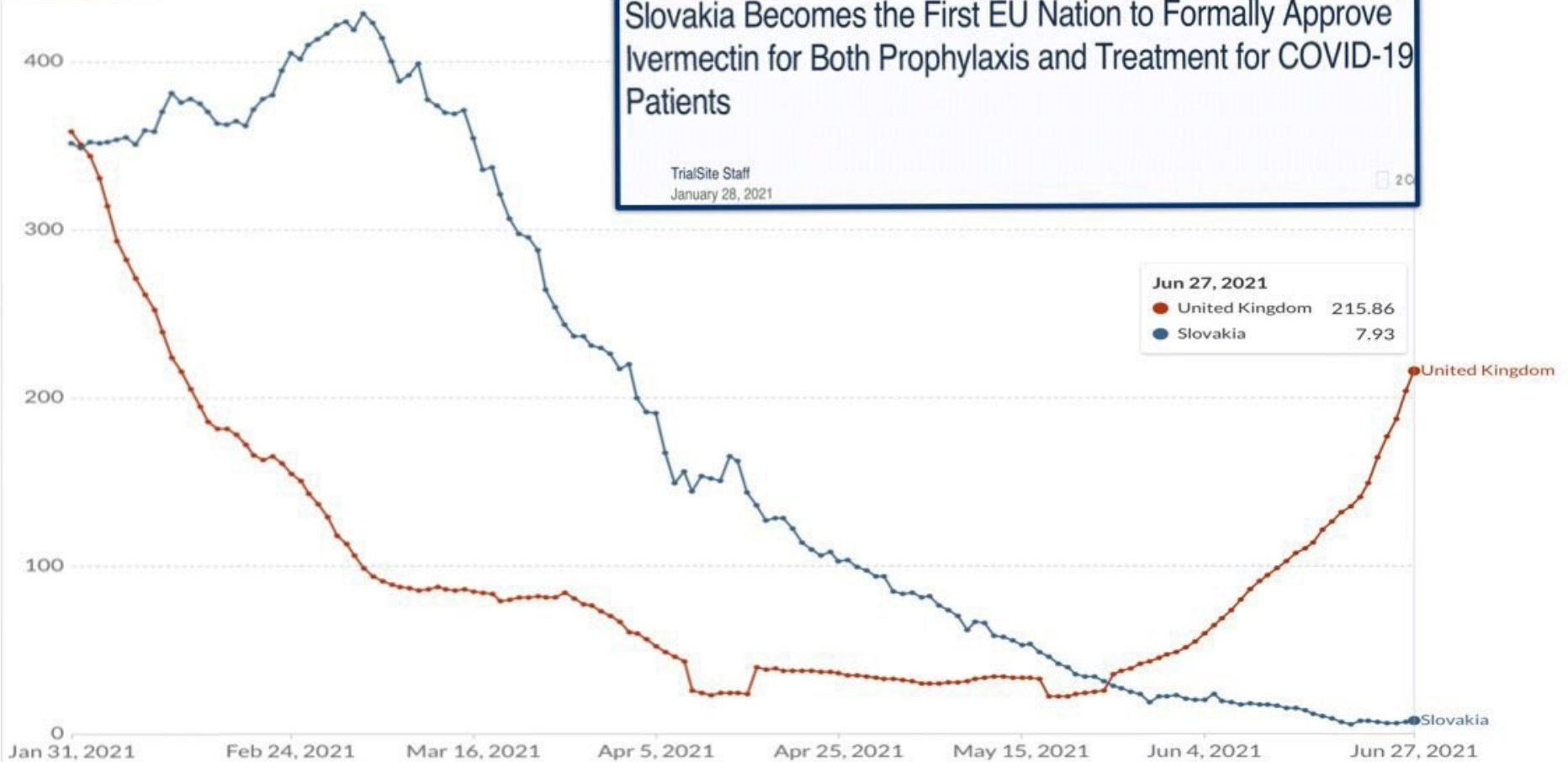
Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

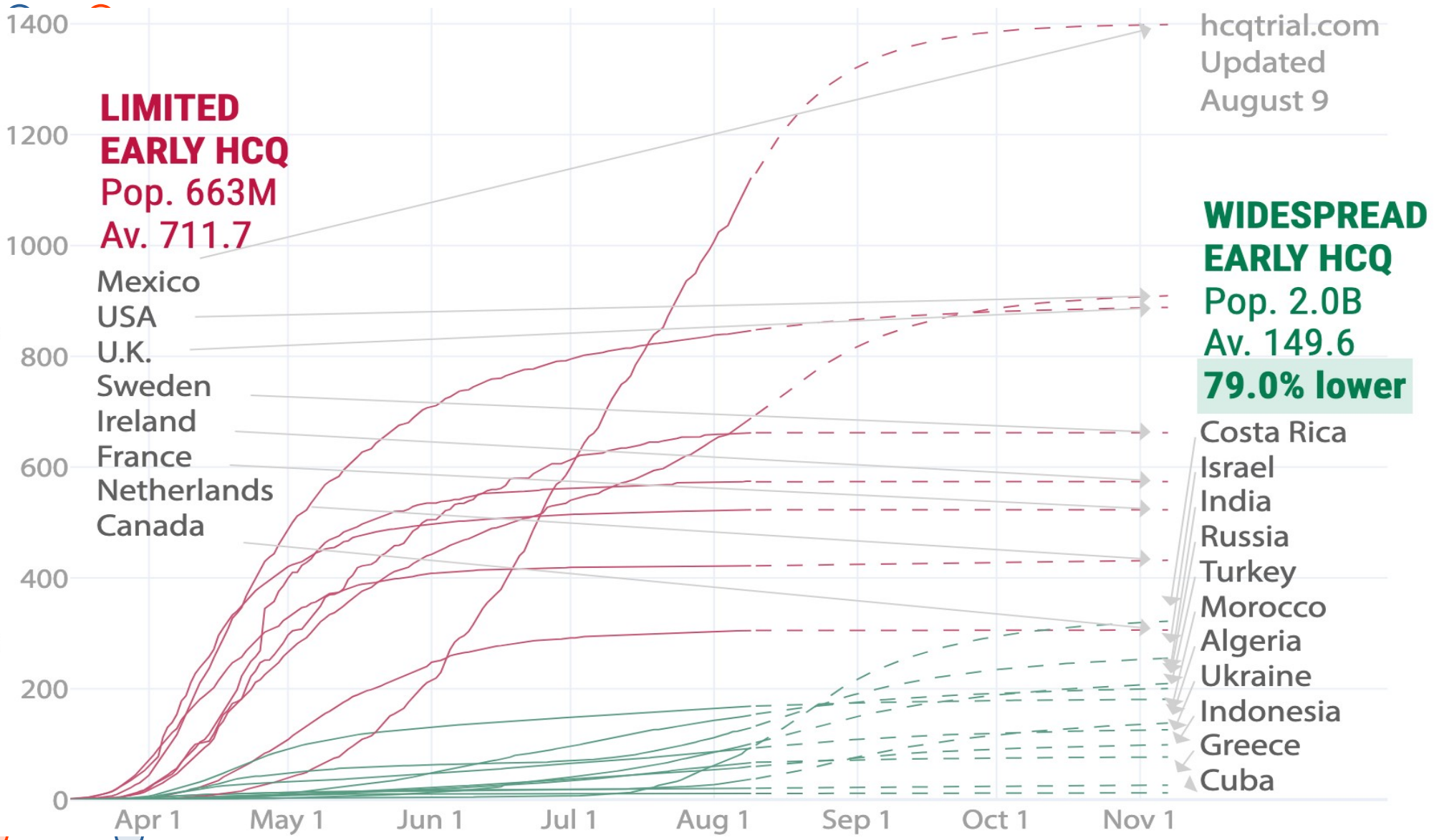
LINEAR LOG

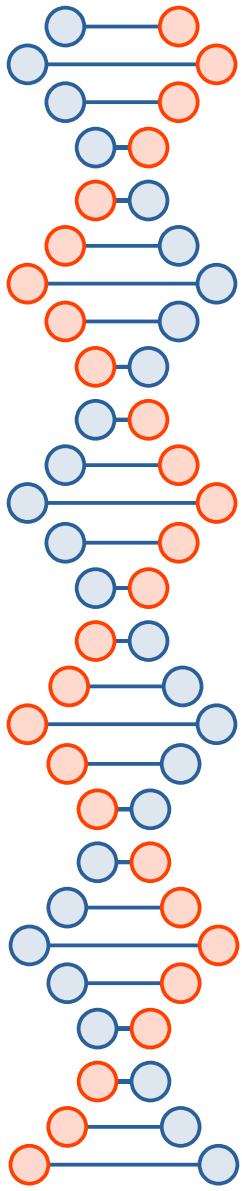
Slovakia Becomes the First EU Nation to Formally Approve Ivermectin for Both Prophylaxis and Treatment for COVID-19 Patients

TrialSite Staff
January 28, 2021



Adjusted deaths per million





IVERMECTIN PROPHYLAXIS

TRIALS SHOW THAT TAKING IVERMECTIN REGULARLY (ONCE A WEEK, ECT.) IS 91% EFFECTIVE AT PREVENTING CORONAVIRUS INFECTION. A BETTER PREVENTION RATE THAN THE COVID VACCINE.

- WHO takes pains to not mention the positive results of the trials -instead ONLY detailing the supposed “low quality” or “low certainty”
 - “very few placebo controlled” trials? ..All were randomized, controlled.. in a pandemic
- They took pains to mention they have not looked at trials of ivermectin in prevention
 - Prevention trials data actually have the strongest evidence – 7 controlled trials, 6 prospective, 3 prospective randomized including over 2,400 patients
- NIH in January upgraded their recommendation to neutral after the FLCCC presentation
 - WHO.. Now downgrades the recommendation... using LESS evidence (16 trials?)
- Guideline Co-Chair is quoted “data available was sparse and likely based on chance”
 - Unitaid/WHO Ivermectin Research Team Lead, Dr. Andy Hill sais.. In January:
 - “The probability the findings of ivermectin on survival are due to chance ... is 1 in 5,000”

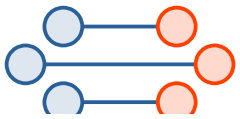


Play



1:01:44

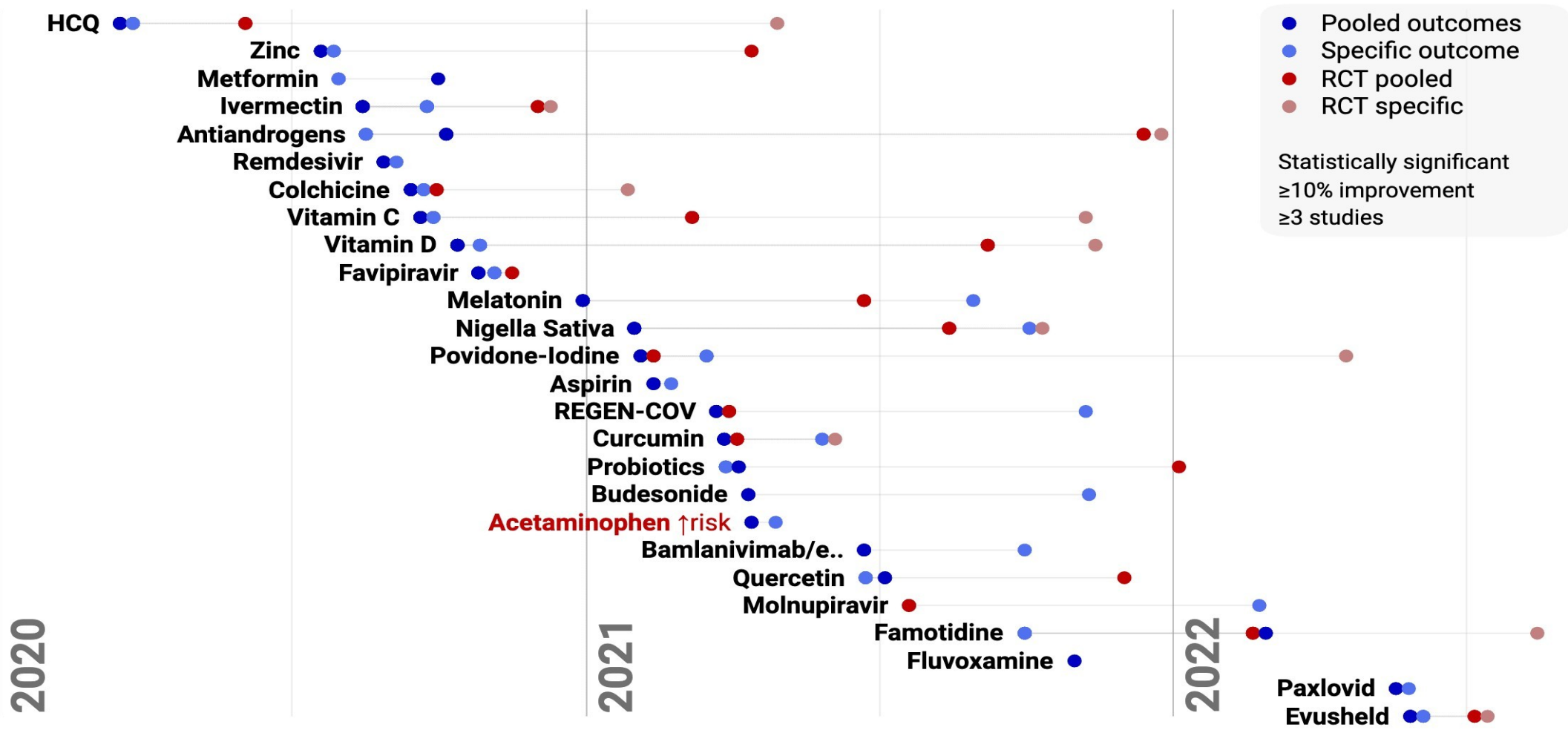




Timelines for Early Treatment with Therapeutics

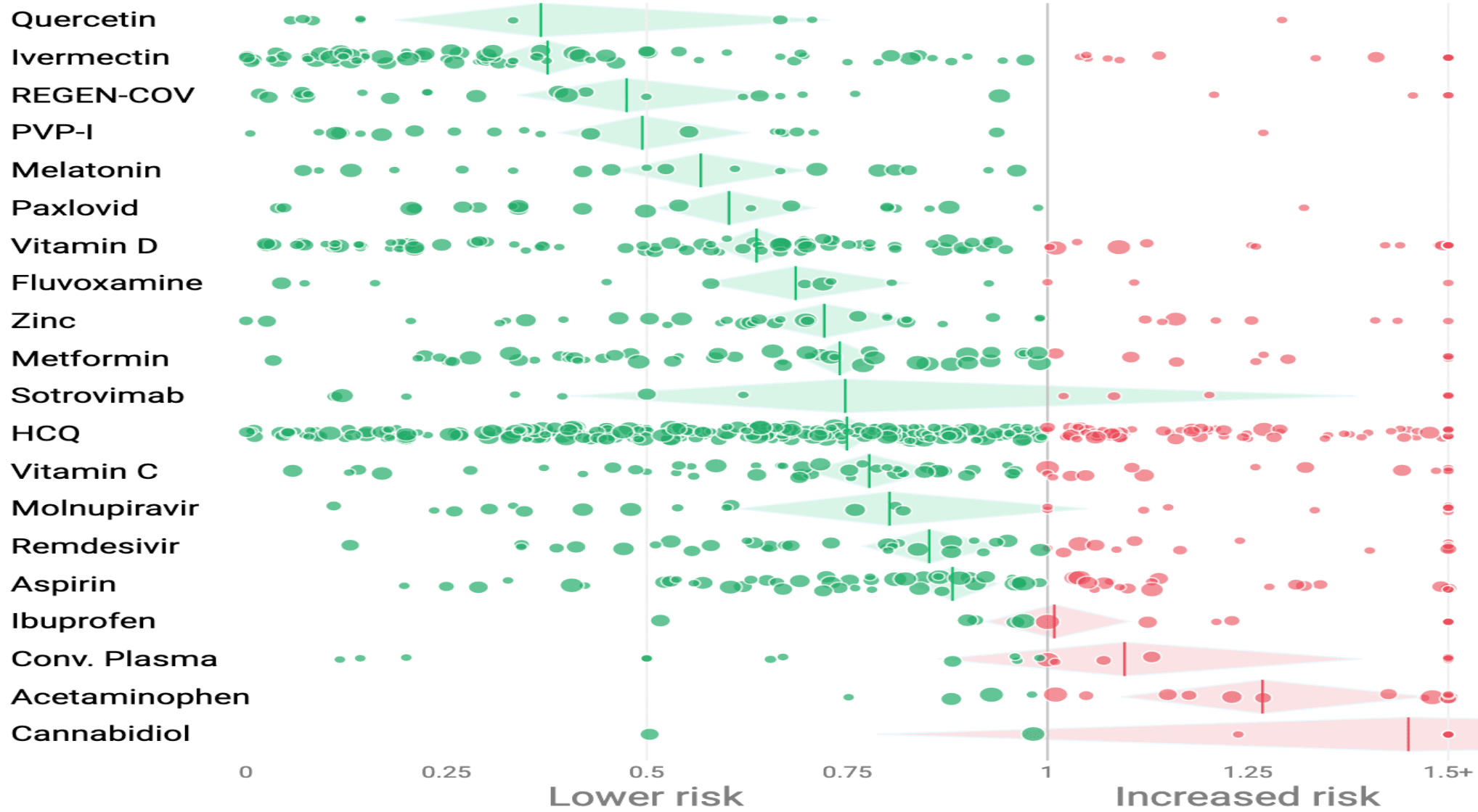
Time when COVID-19 studies showed efficacy

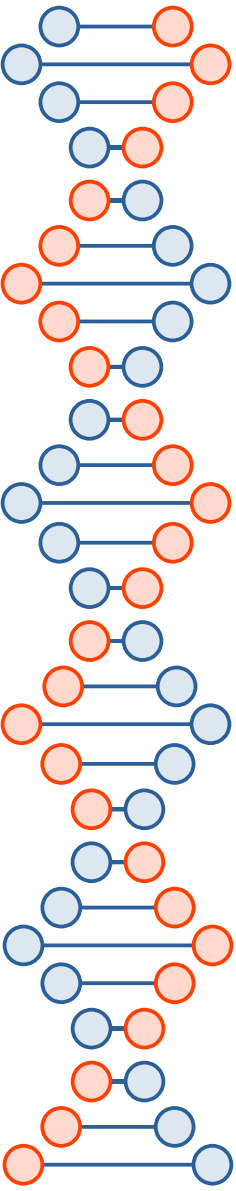
c19early.org Dec 2022



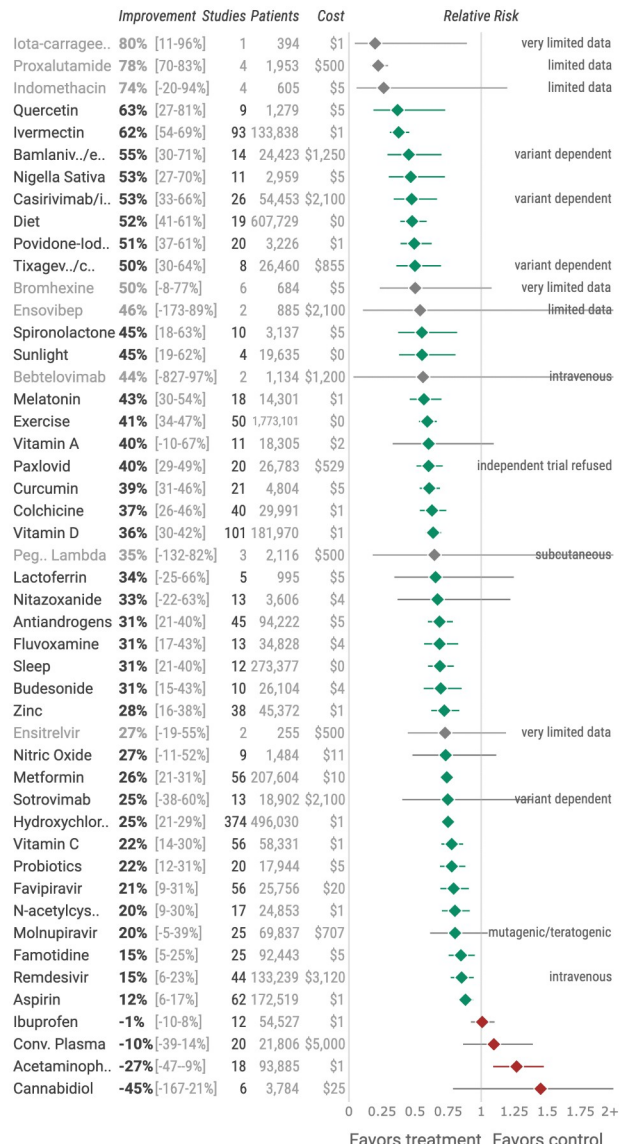
Efficacy in COVID-19 studies (pooled effects)

c19early.org Dec 2022

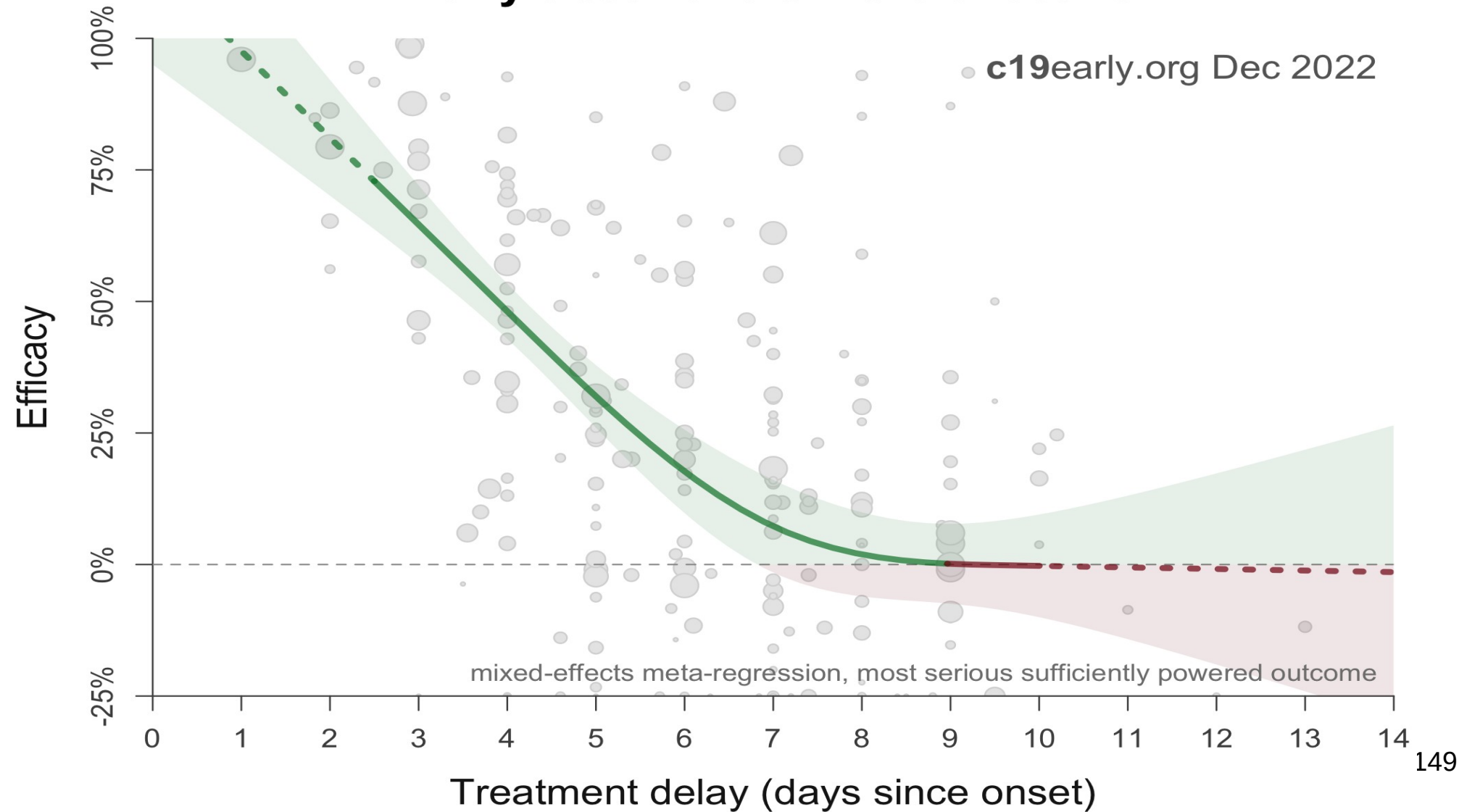




All studies (pooled effects, all stages) c19early.org Dec 2022



Early treatment is more effective





HCQ FOR COVID-19

289 TRIALS, 4,688 SCIENTISTS, 412,106 PATIENTS

64% IMPROVEMENT IN 32 EARLY TREATMENT TRIALS RR 0.36 [0.29-0.46]

75% IMPROVEMENT IN 13 EARLY TREATMENT MORTALITY RESULTS RR 0.25 [0.16-0.40]

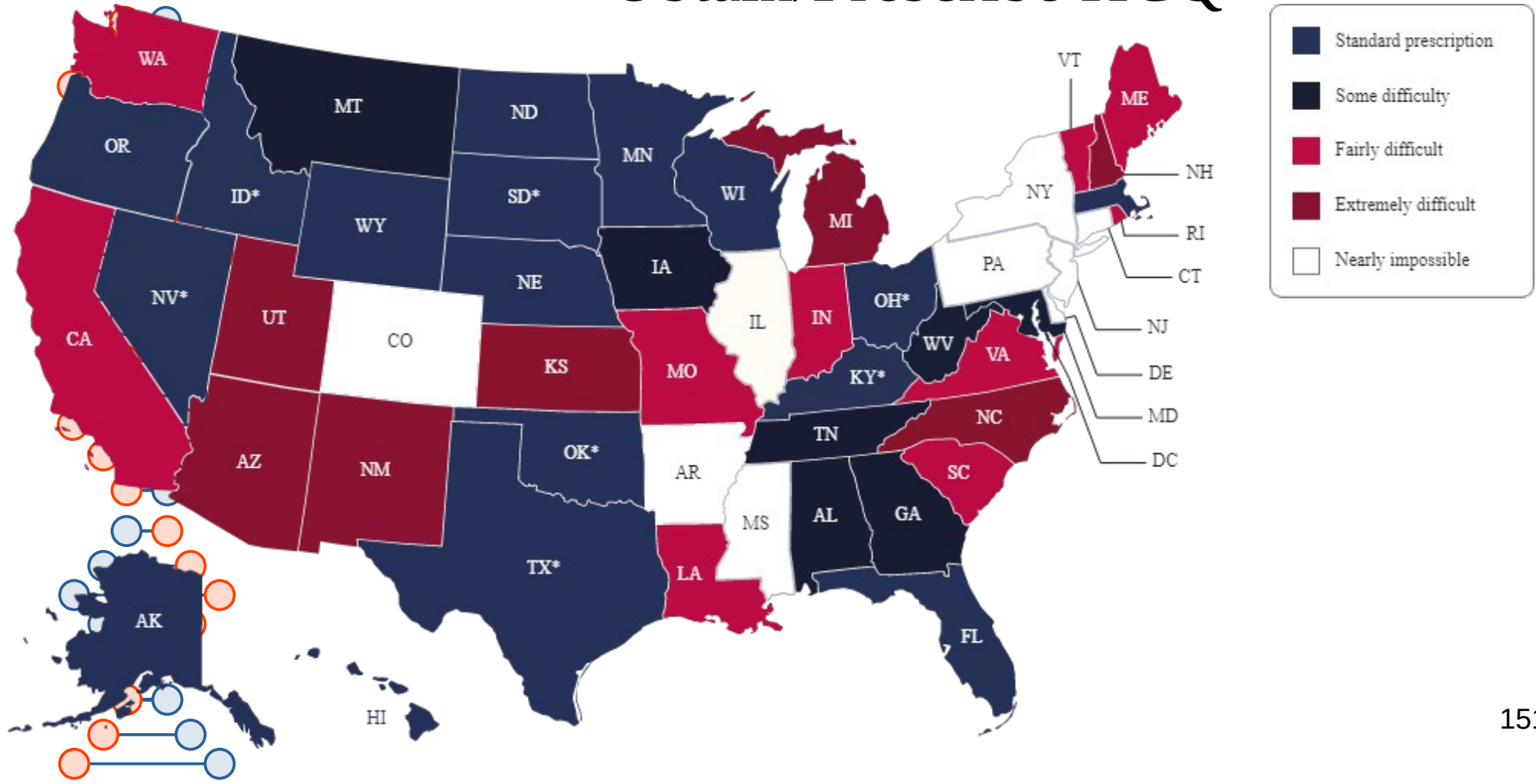
46% IMPROVEMENT IN 8 EARLY TREATMENT RCT RESULTS RR 0.54 [0.35-0.84]

20% IMPROVEMENT IN 195 LATE TREATMENT TRIALS RR 0.80 [0.76-0.86]

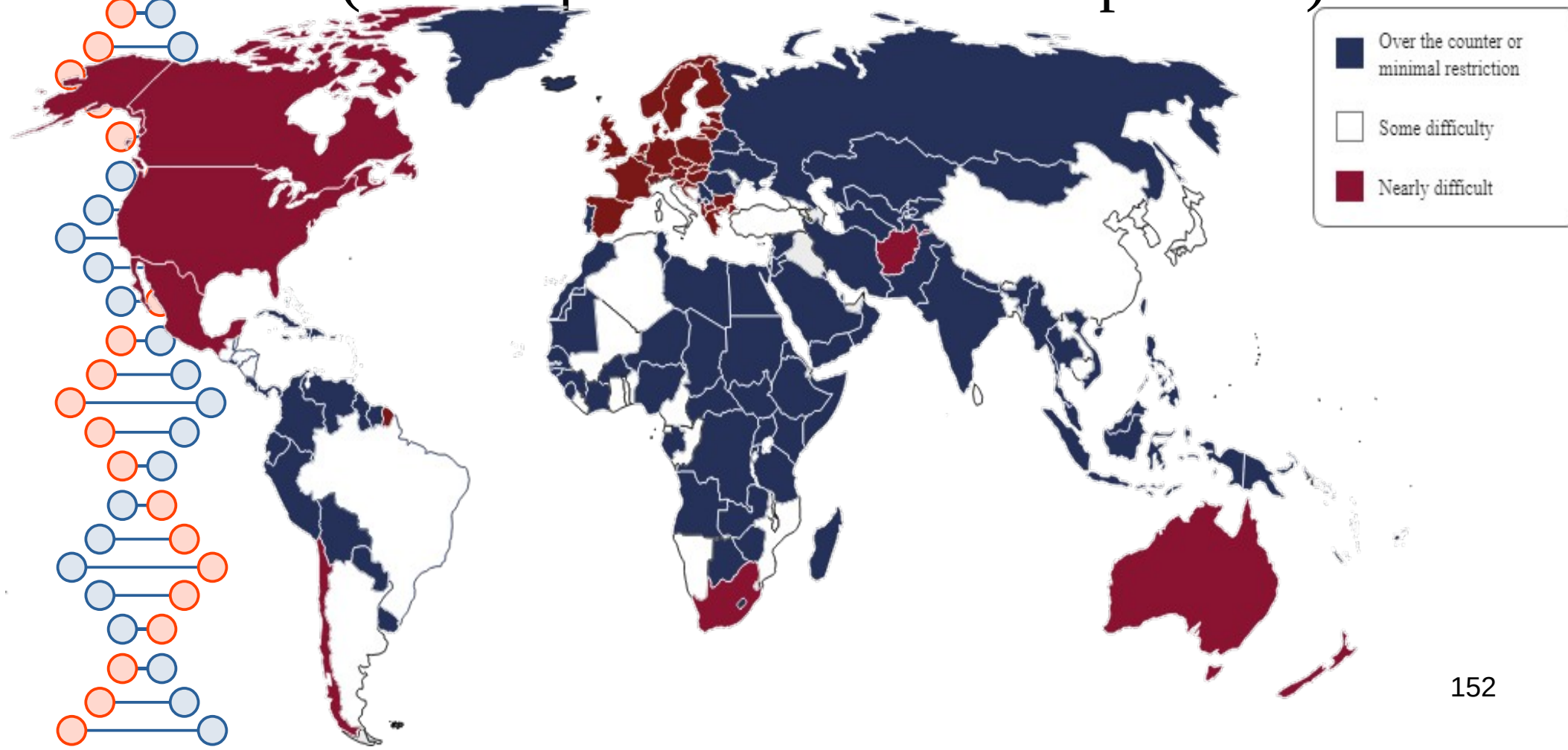
23% IMPROVEMENT IN 44 RANDOMIZED CONTROLLED TRIALS RR 0.77 [0.65-0.93]

SUMMARY OF RESULTS REPORTED IN HCQ STUDIES FOR COVID-19. 09/20/21. HCQMETA.COM

Options for U.S. Patients/Doctors to Obtain/Prescribe HCQ



World Wide Availability of HCQ (based upon law or common practice)





COVID-19 Treatment Studies for Ivermectin

Ivermectin for COVID-19

93 studies from 1,014 scientists

133,838 patients in 27 countries

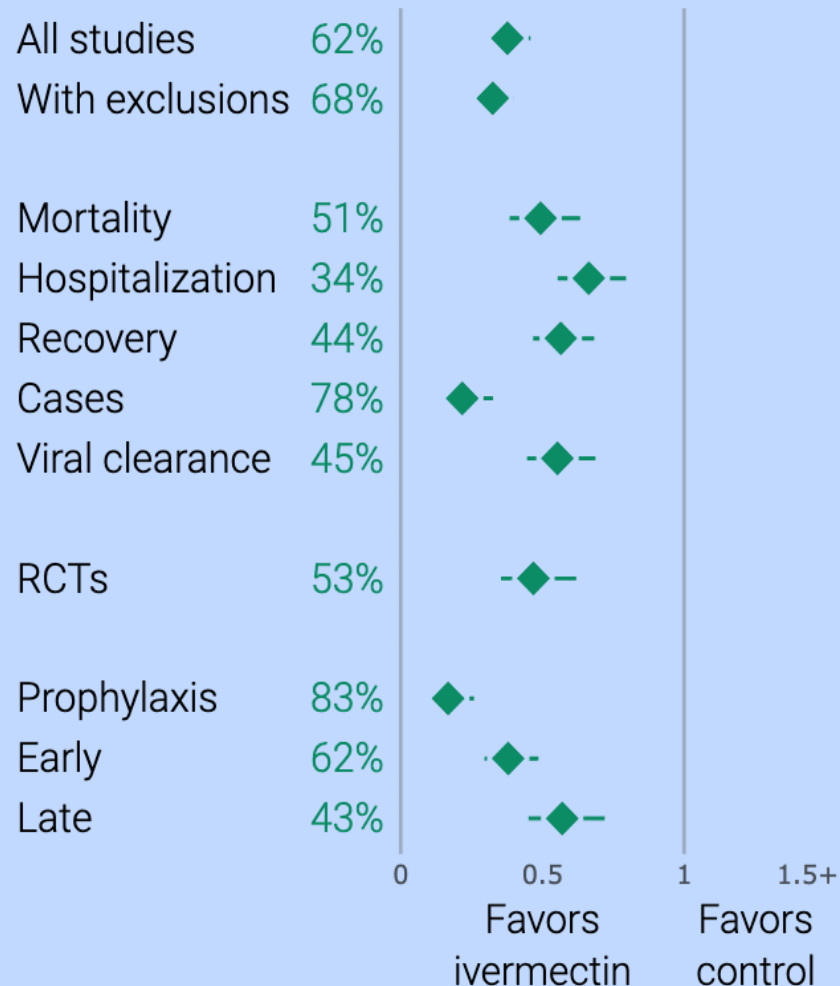
Statistically significant improvement for **mortality**, **ventilation**, **ICU**, **hospitalization**, **recovery**, **cases**, and **viral clearance**.

83%, **62%**, **43%** improvement for prophylaxis, early, and late treatment CI [74-89%], [51-70%], [28-55%]

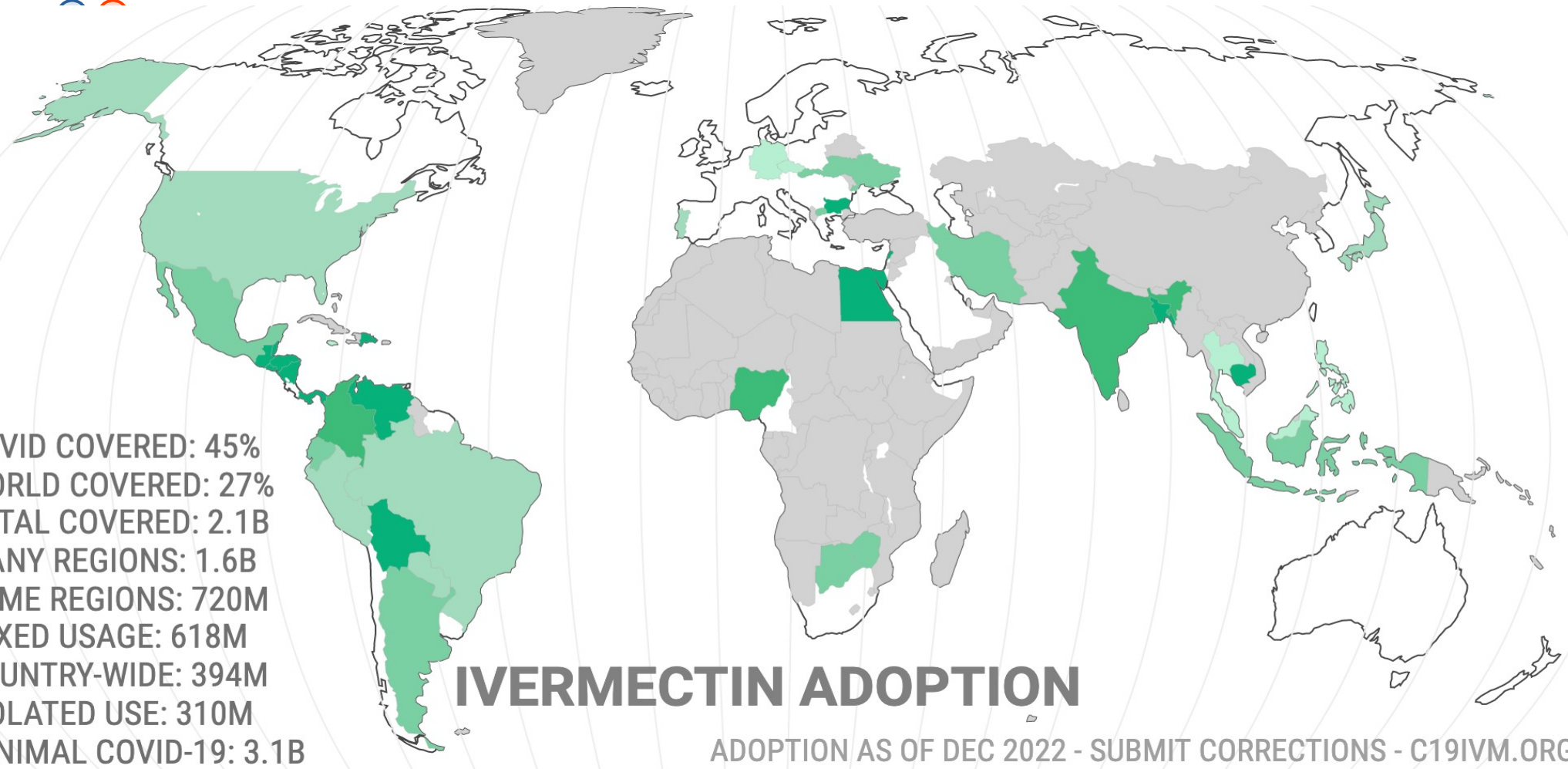
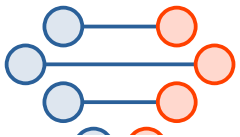
53% improvement in **43 RCTs** CI [38-65%]

51% lower **mortality** from **48** studies CI [37-62%]

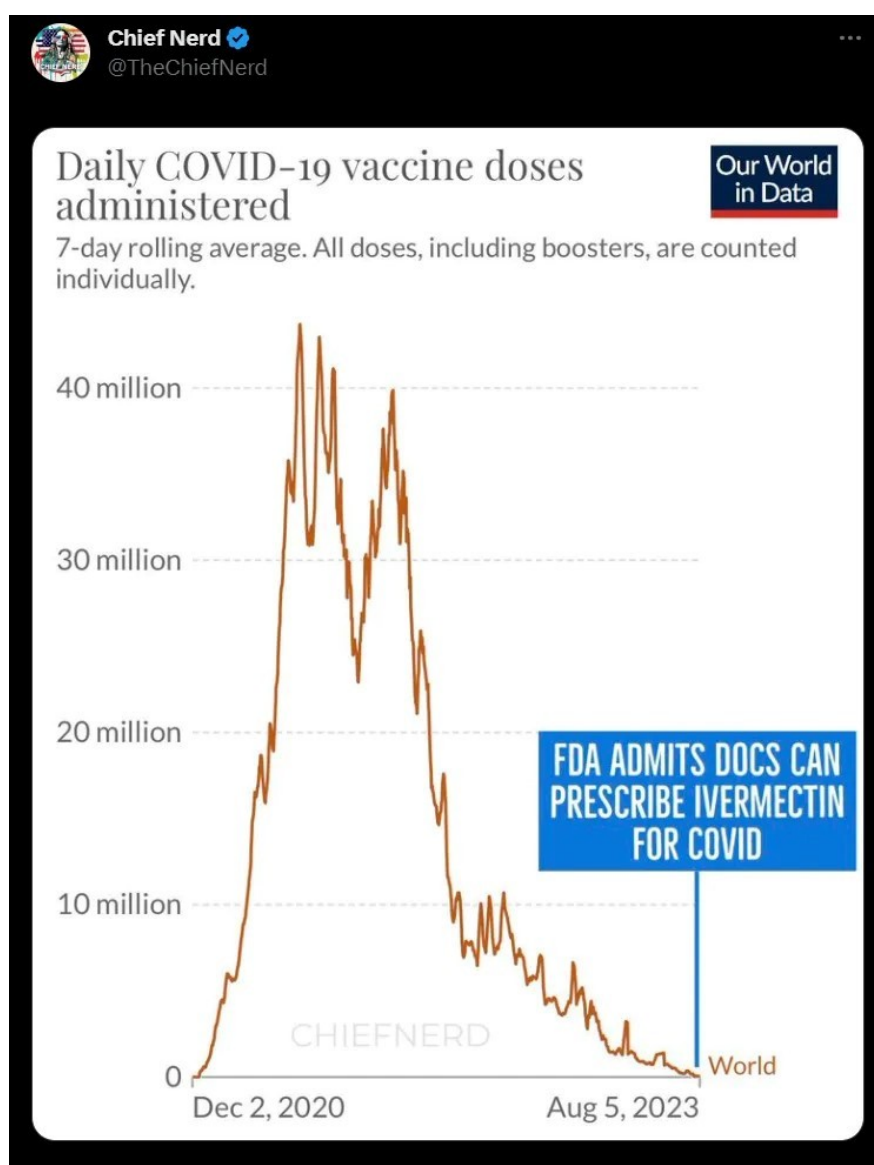
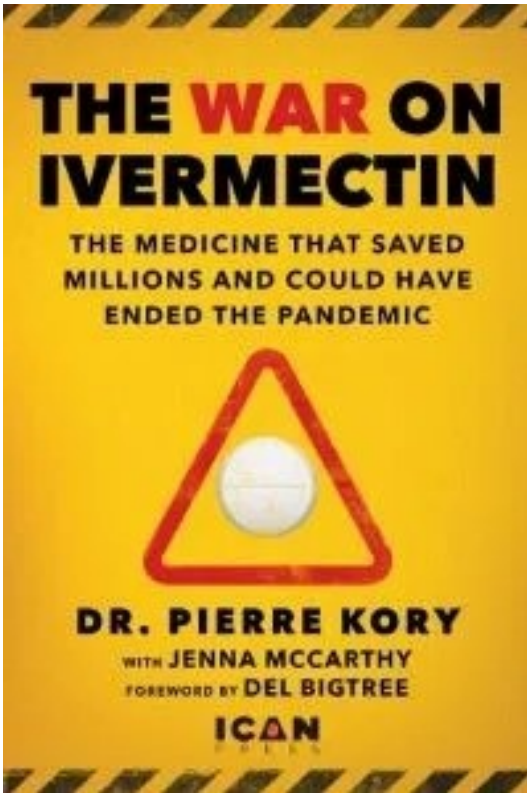
COVID-19 IVERMECTIN STUDIES. DEC 2022. C19IVM.ORG



Ivermectin Adoption



MINIMAL COVID-19	ISOLATED USE	SOME REGIONS	MIXED USAGE	MANY REGIONS	COUNTRY-WIDE
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10. Conclusions

- Ending the “pandemic”
- What we do know today
- Vaccine mandates?
- The impact of mandates
- What have we learned?
- Medical bureaucracy malfeasance
- Some good news
- How should we respond as believers?
- Recent books on Covid-19
- Some Global Summary Information



Ending the Pandemic

- The success of using Ivermectin in Uttar Pradesh
 - <https://twitter.com/i/status/1462858392297521159>
 - State in India with 240M population – Ivermectin package given to all
- Ivermectin write-up in American Journal of Therapeutics
 - Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines. American Journal of Therapeutics, 28, e434-e460, July 2021
 - <https://pubmed.ncbi.nlm.nih.gov/34469921/>
- Fact check: Ivermectin is not a proven treatment for Covid-19
 - [Article in USA Today on August 13, 2021](#)
 - Makes claim that there was no double-blind randomized trial
 - USA Today claim is without merit
 - 20+ countries use Ivermectin
- Let doctors be doctors!

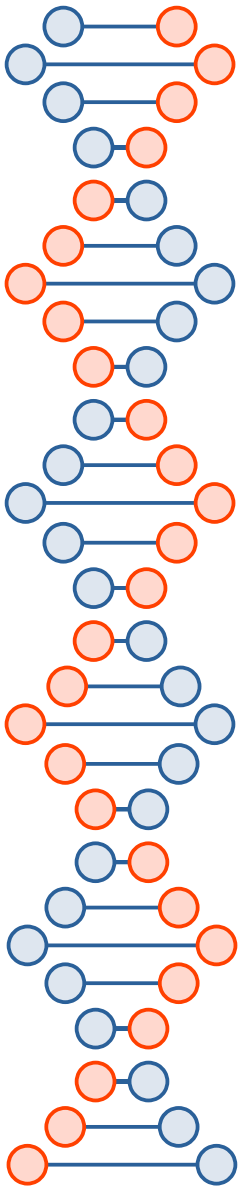


What We Do Know Today

- PCR tests don't work – too many false positives
 - Testing of healthy people is not necessary
- Cloth masks don't work & result in pathogen disease
 - Asymptomatic transmission is rare
- Covid-19 vaccines do not prevent re-infection or transmission
- Natural immunity is better than vaccine immunity
 - Do not vaccinate those who have recovered from Covid infection
- No one under the age of 30 (especially children) in good health needs a Covid vaccine
- The more you vaccinate, the greater the infection rate

What We Do Know Today – 2

- Synthetic mRNA suppresses immune system, possibly leading to cancer, blood clot, fertility issues, spontaneous abortions – Dr. Robert Malone
- Covid-19 vaccines are still experimental
 - No animal testing
 - No long term testing
- The number of vaccine deaths and injuries is unacceptable
 - More than 34K deaths & more than 1.5M injuries so far
 - VAERS numbers are 1% to 10% of the actual numbers
- Do not quarantine healthy people
- Covid vaccines lose strength of immunity at 5% per week
- Negative vaccine efficacy example in the UK



Vaccine Mandates?

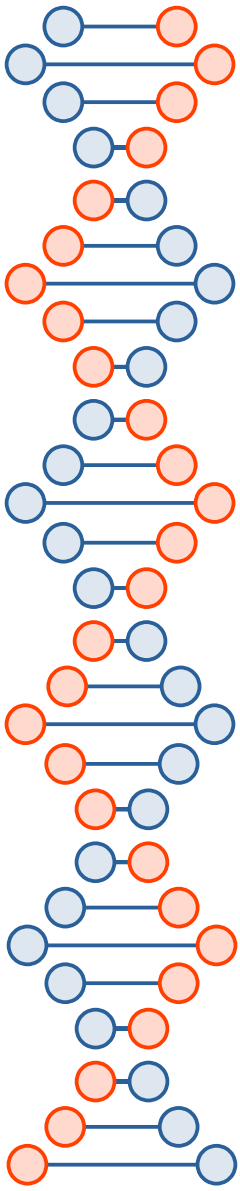
- Vaccine passports create division
- Violates the scientific evidence
 - Covid-19 vaccines neither safe nor effective
 - Vaccines do not prevent transmission or another infection
 - Natural immunity stronger than vaccine immunity
- Violates first amendment rights – medical freedom
- Violates Doctors' Hippocratic Oath – do no harm
- Violates Nuremburg Code – informed consent
- Medical & religious exemptions support?
- Let doctors treat patients with best practices



The Impact of Vaccine Mandates

- Loss of jobs by unvaccinated
 - Medical and religious exemptions?
- Staff shortages of nurses and health care workers
- Crime increase – police choose freedom from the shot
- Creation of two classes of citizens:
 - The vaccinated and the unvaccinated
- Destruction of small business, e.g. restaurants, stores
- Enrichment of the elite – large monopolies such as Amazon, Walmart, Costco, Google, etc.
- Destruction of the economy
- Loss of medical and personal freedom

What Have We Learned?

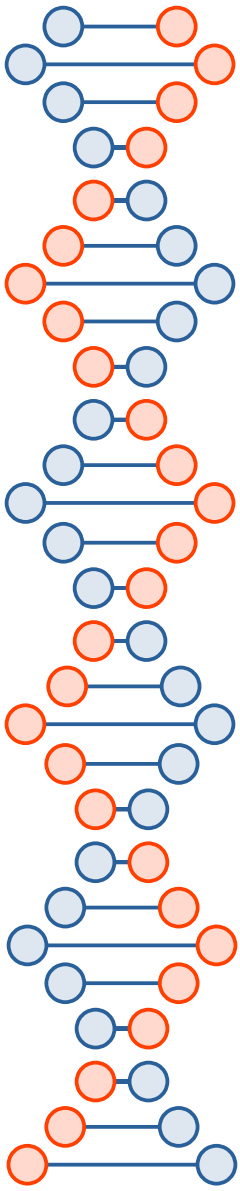


- Pfizer committed massive fraud during trials
- Pfizer, FDA knew vaccines caused immunosuppressions
- CDC and FDA hide important data
- CDC did not proactively investigate VAERS
- DOD edited medical database to hide injuries
- Opinions contrary to the official narrative are censored
- Calls to withdraw Covid vaccines ignored
- Early treatment with therapeutics prohibited
- Vaccine mandates are illegal
- Masks, PCR tests, social distancing, etc. do not work



Medical Bureaucracy Malfeasance

- Covid-19 vaccines are **NOT** “safe and effective”
- FDA, CDC, NIH, NIAID, Big Pharma corrupt – lied, covered up
- CDC now admits:
 - More than 140 million in the US now have natural immunity
 - They have zero record of naturally immune people transmitting virus
 - Natural immunity is better than vaccine immunity
 - It never monitored VAERS for Covid vaccine safety signals
- FDA and Pfizer knew COVID shot caused immunosuppression
- Immunization expert: ‘Unvaccinated people are not dangerous; vaccinated people are dangerous for others’ – AFLDS
- Remdesivir and ventilators resulted in many patient deaths
 - Enrichment of hospitals and doctor groups



Some Good News: very encouraging recent developments around vaccine tyranny

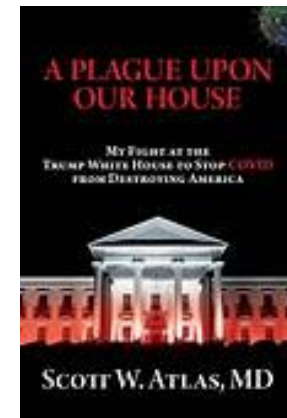
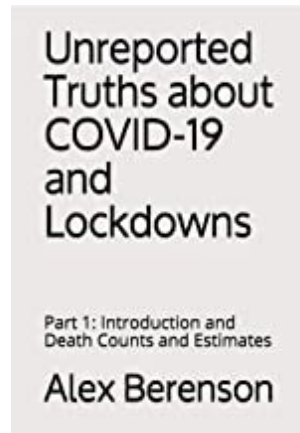
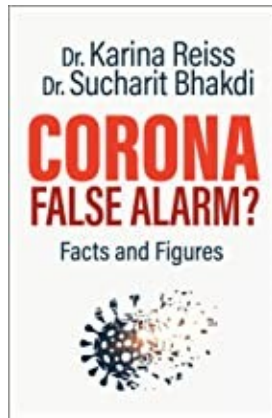
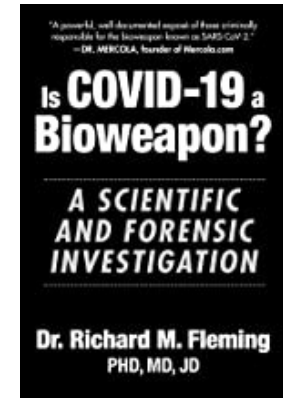
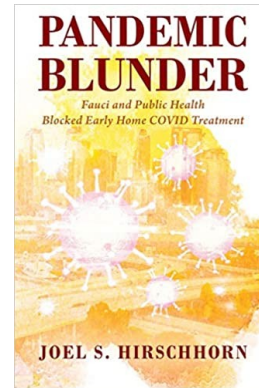
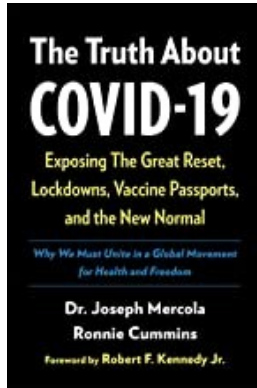
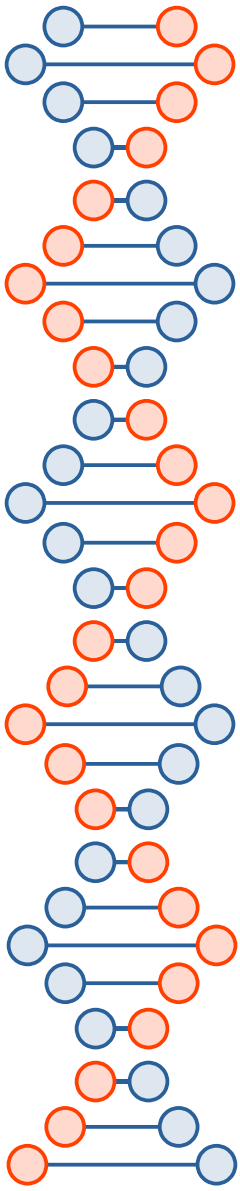
- Denmark ends all COVID restrictions, including the Vaccine Passport
- Sweden, Denmark, Finland halt vaccination for those younger than 30 [heart inflammation]
- Japan Health Minister advocates Ivermectin
- Province of Alberta ends all COVID restrictions, after failing to prove that COVID-19 has ever been isolated in human tissue
- Texas Supreme Court nullifies mask mandates in public schools
- FL Rep. Sabatini Files Bill to Ban Vaccine Mandates
- Croatia and Romania stop vaccine injections
- Norway, Singapore lift Covid restrictions
- UK drops vaccine passport ideas for the time being
- Switzerland stops use of all Pfizer vaccines



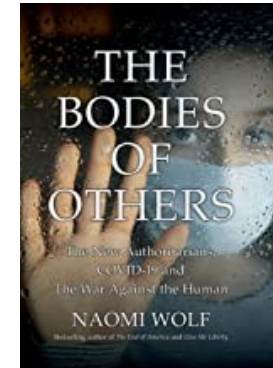
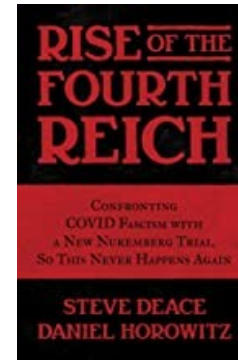
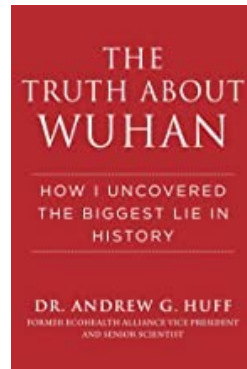
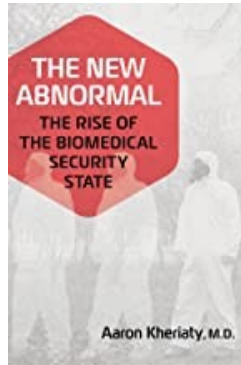
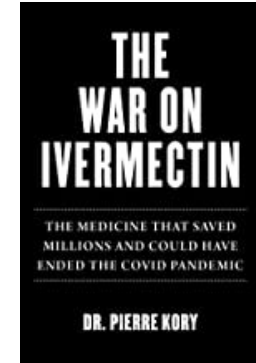
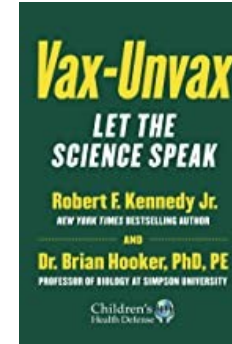
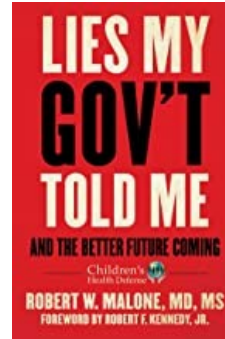
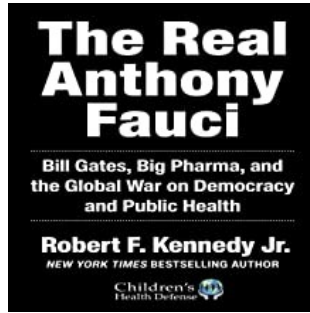
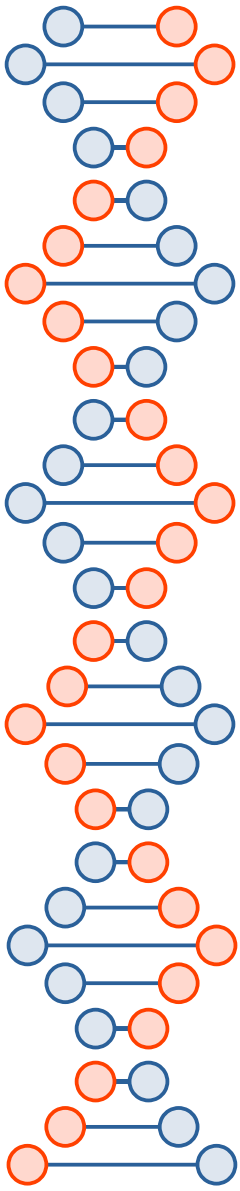
How Should We Respond As Believers?

- **Truth Changes Everything** – Dr. Jeff Myers
- Learn to discern the truth – **Matt. 24:24; 1 Th. 5:21**
- Choose freedom – **John 8:32; 1 Cor. 7:21**
- Know what you stand for – **Heb. 11; John 15:14**
- Expect persecution – **Matt. 5:10; John 15:20**
- Love One Another – **Mark 3:25; John 13:34-35**
- Do Not Fear – **Matt. 10:28; Ps. 118:6**
- God is Sovereign & in Control – **1 Tim. 6:15; Rom. 8:28**
- Share the Good News – **John 3:16; John 14:6**

Some Recent Books on COVID-19



More Recent Books on COVID-19





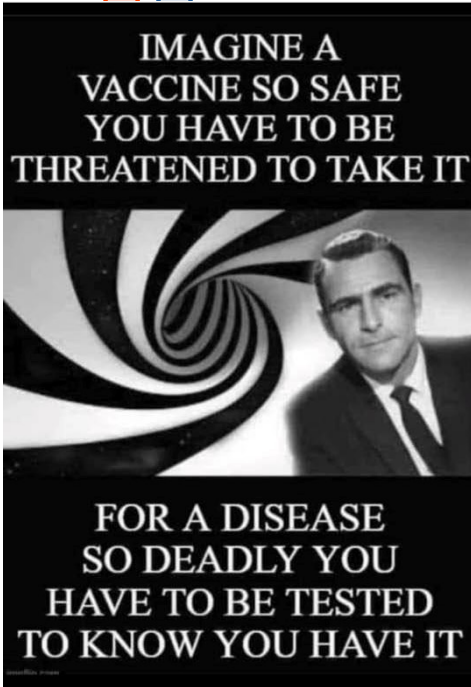
Governments have paid \$195 billion for covid vaccines which have caused 36 million deaths



Sources for Summary Information

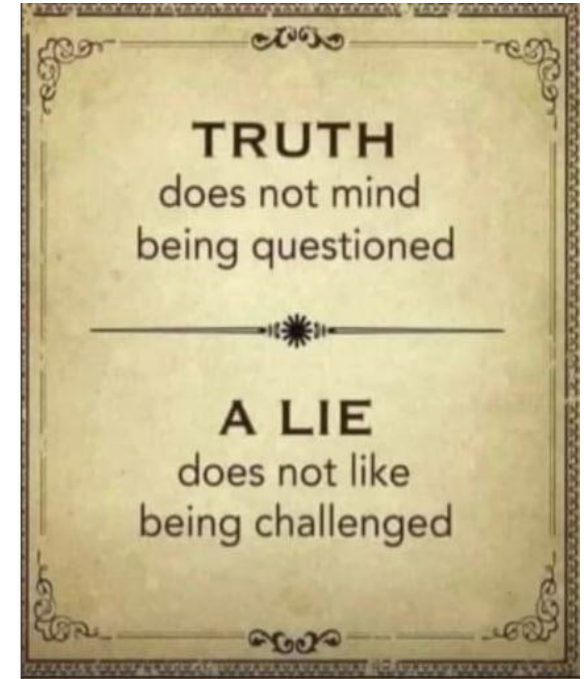
- Covid is over, and in its wake are six million avoidable deaths, 36 million “vaccine” deaths, and \$1.8 trillion down the drain for useless masks and tests, Natural News, 17 May 2023
- Post-mortem on the C19 pandemic – 6 million avoidable C19 deaths plus 36 million vaxx deaths (mostly in India from Oxford/AstraZeneca shots) = plus the odd 1.8 trillion bucks for useless masks, tests, Peter Halligan, 13 May 2023

Thanks For Your Attention



Dr. Heinz Lycklama
PhD in Nuclear Physics
heinz@osta.com
425-501-5075

Latest Reference Articles
HeinzLycklama.com/vaccines3



Of Issachar, men who had understanding of the times, to know what Israel ought to do, 200 chiefs, and all their kinsmen under their command. **1 Chronicles 12:32**