

Conclusions:

As a note to the reader, you may wonder why the word 'vaccine(s)' has been used with air quotes around it. This is out of reticence to call these products 'vaccines' since they do not contain attenuated virus and depend solely on a rough facsimile of the actual virus' protein spike to draw the intended immune response. Whether you can genuinely call such a spike-protein-action product a 'vaccine' is debatable. Hence, the air quotes.

The stated goal here was to address the questions of COVID-19 'vaccine' safety and harm mitigation in two separate sections based on published information in VAERS, the vaccine adverse events reporting system which is an arm of the US government going back to 1990. The safety aspect was looked at from two angles designed to provide both insight and perspective although neither are anywhere near exhaustive of the topic. Indeed, more perspective is needed for a truly balanced assessment. But the information provided here should be very concerning. One of those angles was a long view in which the overall picture of over three decades of injuries, hospitalizations and deaths was punctuated by a huge spike within a timeframe of seven months starting on December 10, 2020, the date of the COVID-19 vaccine roll out. It was during this time that a majority of the VAERS-reported deaths have taken place (since 1990). The second angle was a view of 'vaccine'-related harm since that rollout date in December. What was found in this part of the investigation is equally sobering, that the COVID-19 products dominate the picture of 'vaccine'-related suffering and death for the aforementioned seven-month period.

Harm mitigation is the section of this notebook that introduces statistical modeling using a support vector classifier. The result of this analysis is a warning to would-be 'vaccine' recipients who are in a particularly high risk category that they are not candidates for this particular intervention regardless of what they are told by politicians, the media, their employers or anyone else. The focus is on patients who have already received a shot acknowledging that this matter of COVID-19 'vaccination' has never been presented as a 'one shot deal'. The conclusion from

statistical modeling advises against coming back for more shots if you had a medical emergency or extended hospitalization after a prior shot. To put it bluntly, where the confusion matrix shows a 52% agreement between the predicted and actual outcome and that outcome is death, you might want to take a rain check.

Further Research:

There are many directions that further research can take. Here are some of them:

- 1) How do the mrna injections (Pfizer and Moderna) perform differently from the Johnson and Johnson product which administers spike protein directly?
- 2) Do the 'jabs' actually do their job?
- 3) Among the non-fatal health problems, how many subside and how many become chronic?

4) How badly under-reported are these events (see digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system)?