

The Cleveland Report

“Randy Merritt, Send me your numbers and I'll tell you what they say.”

Christmas, 2021

“COVID vaccine mandates are necessary because the protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected. Get it?”

— — Steve Kirsch (<https://stevekirsch.substack.com/>)

In the author's research of the SARS-CoV-2 (<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>) pandemic, evidence is accruing that call into question the effectiveness of the preventive protocols adopted world-wide. This paper is but a small sample of some of the statistics now accumulated since the beginning of the pandemic. We now have sufficient patterns in measurements, world-wide, to answer basic questions as to the effectiveness of the management decisions regarding the handling of SARS-CoV-2.

Measurements. The real purpose of scientific inquiry. We have reached the point in the SARS-CoV-2 pandemic where you need no medical experts to judge how this public health episode has been handled.

The data now says it all.

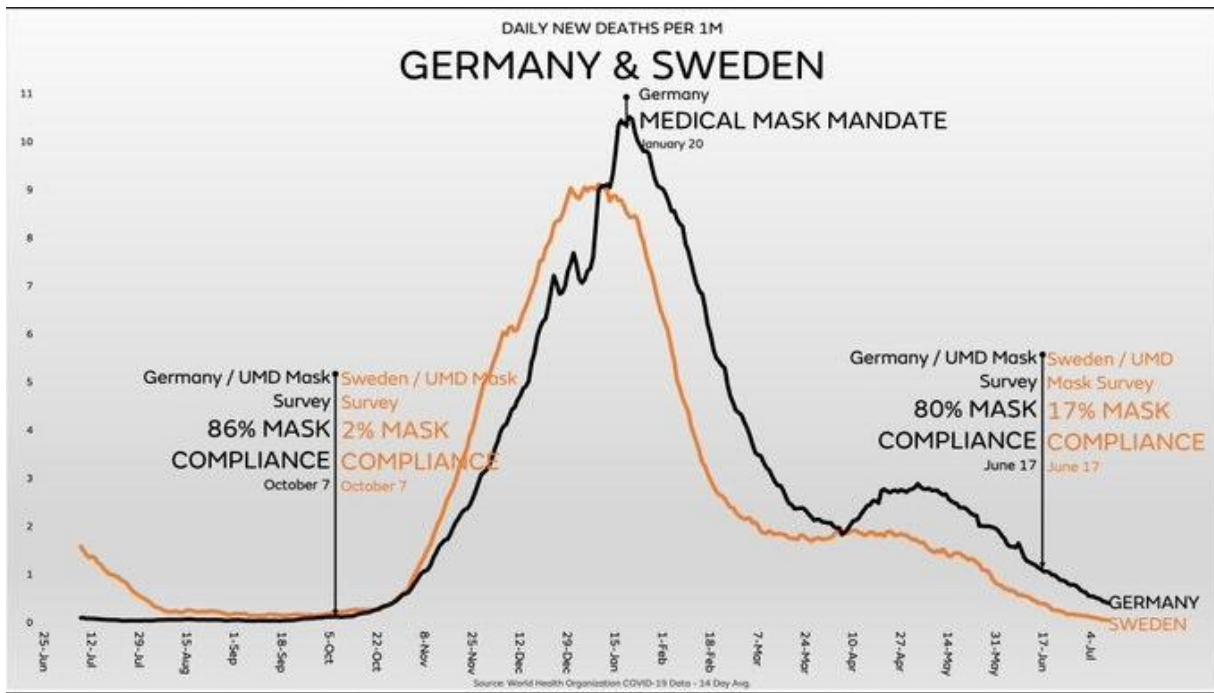
Masks, Mandates, and Lockdowns - Have They Proved Effective?

Germany versus Sweden

The World Health Organization (<https://www.who.int/>) COVID-19 14-day moving average. For twelve months starting in early July 2020, with the UMD Survey showing mask compliance in Germany versus Sweden.

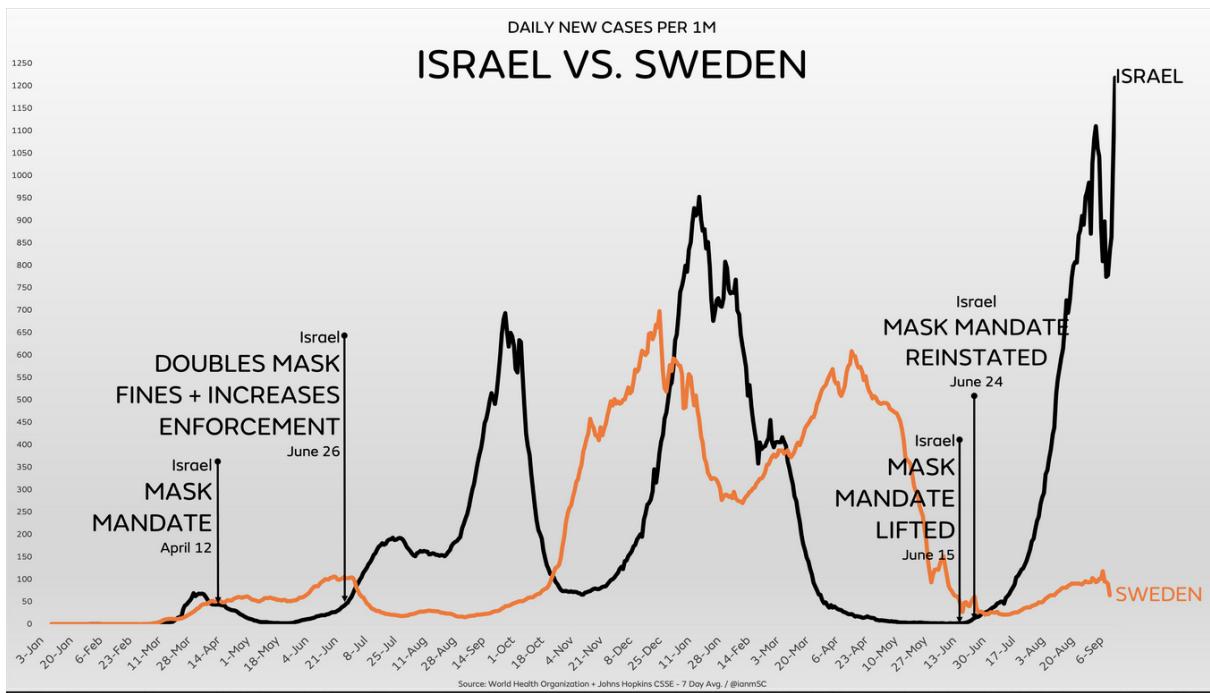
The World Health Organization. It's their numbers.

Germany, strong mask compliance with a nation-wide mask mandate imposed when deaths exceeded 10 per day. Sweden, quite the opposite, issued no mandates and allowed the citizenry to use their own judgement regarding masks and lockdowns. Quick, what's wrong with this graph? The data are the same. Can anyone explain this?



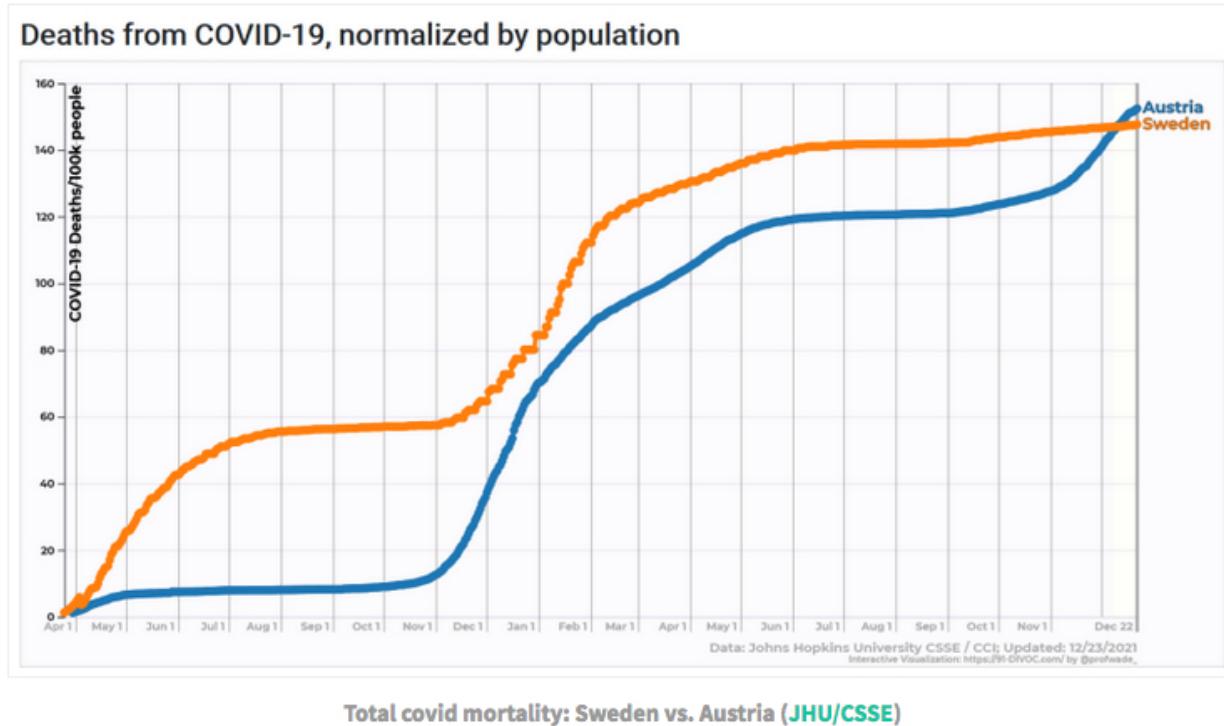
Israel versus Sweden

Israel, the standard for the most completely vaccinated country in the world with over 86% vaccinated, has now reported one of the highest levels of COVID-19 breakthrough infections in the world. Sweden? They're fine. How can this be?



Austria versus Sweden

This just in from Swiss Policy Research (<https://swprs.org/judgment-day-sweden-vindicated/>):



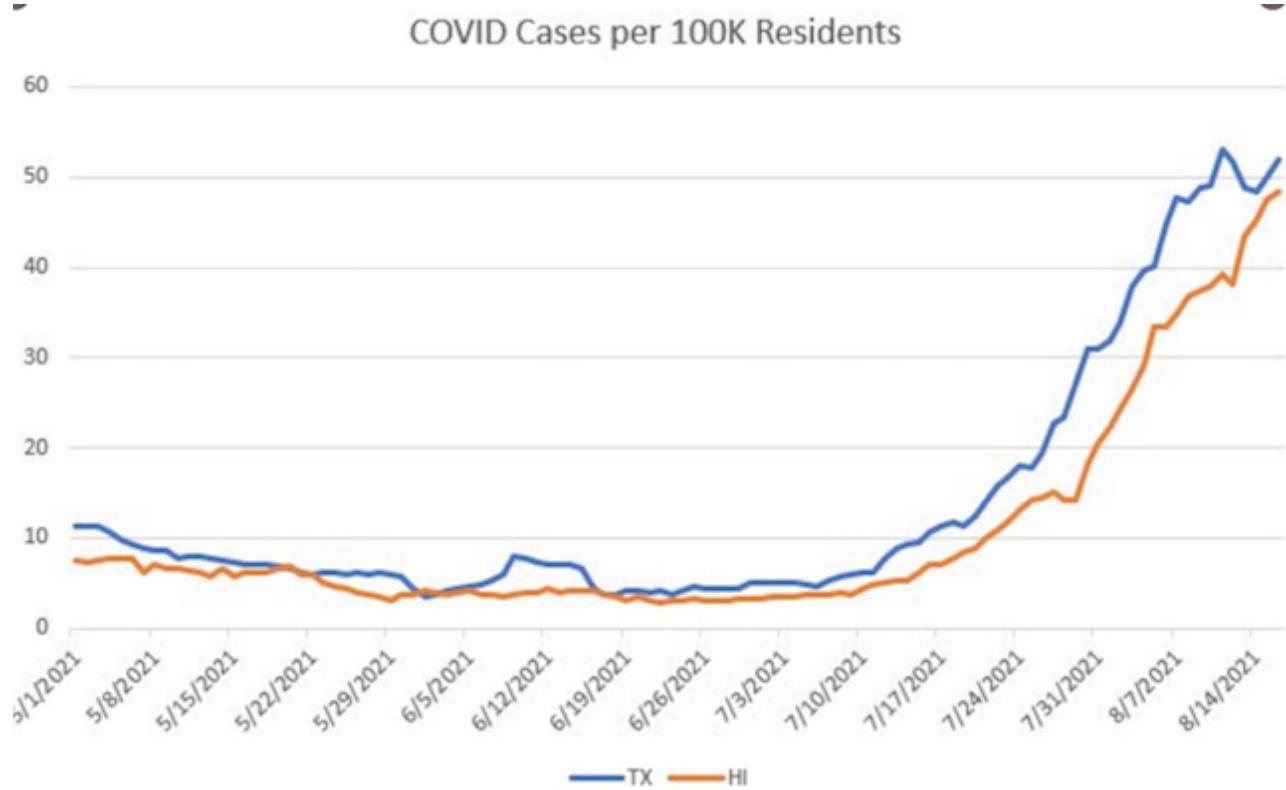
"Throughout the coronavirus pandemic, Austria has been one of the most repressive European countries, implementing several lockdowns, school closures, far-reaching mask mandates and even an N95/FFP2 mask mandate, record-setting mass PCR testing and contact tracing, as well as early "vaccine passports". Austria was also the first Western country to impose a "lockdown for the unvaccinated" and the first Western country to announce a general "vaccine mandate".

In contrast, Sweden has widely been regarded, or indeed criticized, as the least repressive Western country during the coronavirus pandemic, having imposed no lockdowns, no elementary school closures, no mask mandates, no "vaccine passport" (yet), and very limited testing and contact tracing compared to Austria and most other Western countries."

Despite their best efforts Austria now exceeds Sweden in COVID-19 related deaths. I'm still waiting for an explanation. You?

Texas versus Hawaii

Want something closer to home? Texas versus Hawaii. Hawaii, full lockdown, travel cancelled to and from the islands, and mask mandates. Texas, similar to Sweden, chose to run with voluntary compliance and no lockdowns. Results nearly identical.



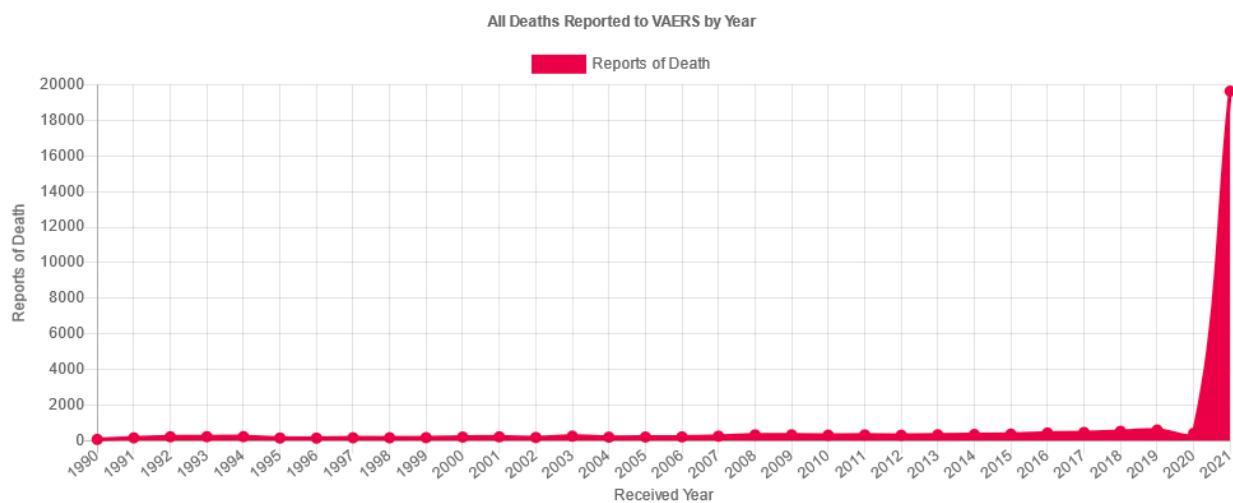
Have The COVID-19 Vaccines Proved Safe?

All Deaths Reported to VAERS by Year

And then we have VAERS (<https://vaers.hhs.gov/>). Total deaths recorded across all vaccines since the CDC started using VAERS to track adverse reactions from vaccines starting in 1990. You're looking at 31 years of world-wide data where that 2021 spike becomes statistically significant.

Detractors will say that the issue with this graph is that without knowing how many doses of each vaccine is administered each year, we cannot know how much the 2021 spike is influenced by the sheer number of people who have taken a COVID-19 vaccine. This may be true. But it still remains that as of the close of 2021 we are approaching 20,000 deaths allegedly related to the COVID-19 vaccines.

So, while this may indeed be a small percentage of all doses administered, are you ready to risk becoming one of the 20,000?



The data shown here are among the better measurements published as to the effectiveness of the preventive protocols adopted world-wide. Masks, lockdowns, social-distancing, what protocols have been recommended to-date are largely anecdotal and seem to make practical sense. So were the beliefs that the Earth was flat and that the Earth was at the center of the universe and didn't move: notice how well that worked out.

In the fields of biochemistry and medicine, warp speed simply does not apply.

- Historically, it takes 7 to 10 years to bring a safe and effective vaccine to mass market.
- Historically, when 50 deaths are reached from the introduction of a new vaccine the FDA orders a full-stop to any further injections.

Neither of these proven protocols have been followed for the SARS-CoV-2 vaccines. Why?

A couple questions of interest regarding the VAERS reports:

- How many adverse reaction reports have been collected into VAERS since inception?
- What has VAERS logged for the total deaths caused by the American vaccine program?

VAERS logs 1,458,712 adverse reaction reports across its collection of vaccines from 1990 through 2021.

VAERS logs 14,817 deaths related to its collection of vaccines from 1990 through 2021.

VAERS Data For 2021

The VAERS datasets are found to contain clearly bogus values. Regrettably, this is not all that uncommon in data analytics. Rigorous effort is typically lacking at the point of data entry to enforce entry of valid values. As such, the graphs and stats shown here are from the VAERS Dec 24 2021 dataset that has been reviewed and cleaned of entries that have been judged to contain highly questionable values.

- Patients under the age of 1 year have been removed. When did we start jabbing infants during 2021? How reliably can a symptom be diagnosed in an infant that could have been caused by a COVID vaccine? There are 5,995 COVID-19 vaccine adverse reports for children under 12 in 2021, according to VAERS.
- Patients over the age of 100 years have been removed. Patients over 100 years of age are nearing end-of-life. Why are we giving experimental unlicensed injections to people nearing end-of-life? It is not uncommon for such patients to be suffering any number of ailments from multiple sources. As with infants, how reliably can symptoms be diagnosed in a patient over 100 as having been caused by a COVID vaccine?
- Patients with over 100 days between injection and symptom have been removed. Among the clearly absurd values found in the VAERS datasets the field 'NUMDAYS' logs the number of days between an injection and the onset of reaction(s). The Dec 24 2021 release of the VAERS data shows 1,100 unique occurrences for NUMDAYS(?!). Among the more interesting values found, there are 10 reports listing adverse reactions 9 years from injection (3,288 days), 36 reports listing adverse reactions 100 years from injection (36,525 days), and the Grand Prize goes to 1 adverse reaction occurring 121 years from injection (44,224 days).

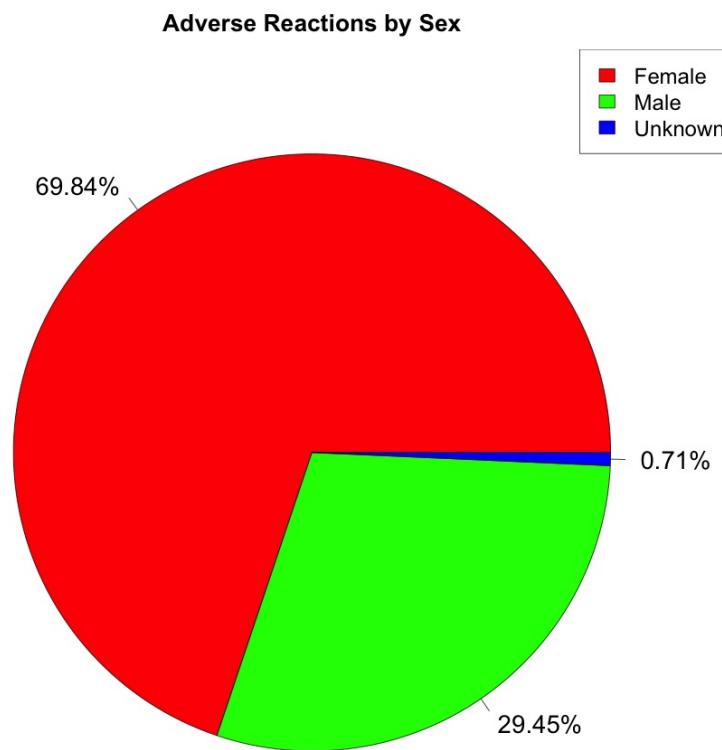
Who's entering these data?

Once clear evidence of absurd values is found in an observation there is little choice but to call the entire report into question. Such reports are removed.

A necessary first step in any data-based analysis is to explore the data supplied for its completeness and consistency. Regrettably, this is not uncommon in data analytics as the process of automation applied to the collection, organization, and representation of observations in digital form is new, and many are still grappling with the various nuances of proper data representation. So...

The stats below are from American patients between 1 and 100 years of age who have reported adverse reactions suffered within 100 days of receiving a COVID-19 injection during 2021.

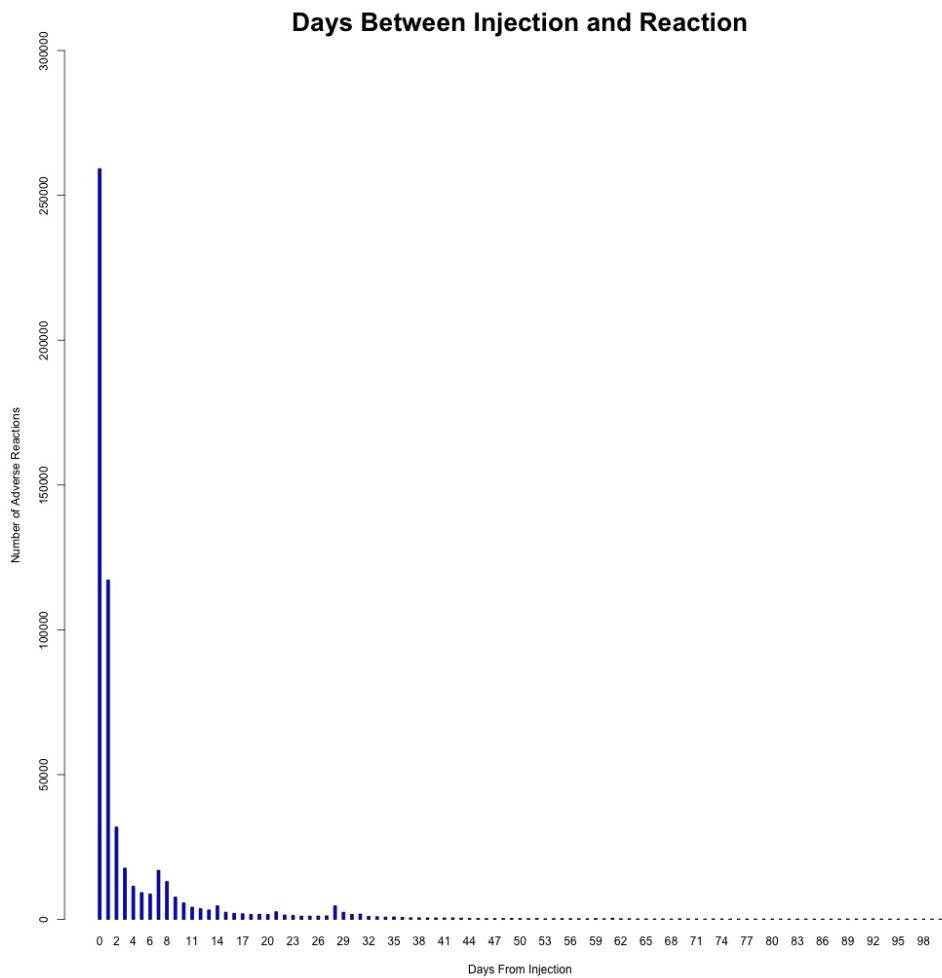
How do adverse reactions differ between men and women?



- 397,128 COVID vaccine reactions occurred in women.
- 167,434 COVID vaccine reactions occurred in men.

Women are 2.37 times more likely to experience an adverse reaction than men. Does anyone know why?

How quickly do adverse reactions occur after an injection?



VAERS logs how many days elapse between when an injection is administered and an adverse reaction occurs. Zero days means an adverse reaction occurred the same day as an injection. For 2021, VAERS logs:

- 739,949 adverse reactions across all vaccines.
- 568,590 adverse reactions within the first 100 days of receiving a COVID vaccine injection.
- 376,384 adverse reactions within 48 hours of receiving a COVID vaccine injection.
- 259,201 adverse reactions on the same day of receiving a COVID vaccine injection.

66.2% of all COVID vaccine reactions occurred within 48 hours of an injection.

- 6,357 deaths have been recorded from the COVID vaccines alone.
- 1,823 Americans died within 48 hours of a COVID vaccine injection.
- 821 Americans died on the same day of a COVID vaccine injection.

What are the odds of over 800 Americans dying the day they receive a COVID vaccine being a coincidence?

What are the historical norms for vaccine-related adverse reactions?

The CDC has been tracking adverse reactions reported against approved vaccines starting in 1990. The CDC has been supporting vaccines for SARS-CoV-2 (COVID) under Emergency Use Authorization: no COVID vaccine has been formally licensed for mass distribution. There are many reports from sources ranging from award-winning investigative reporters to top immunologists and virologists on a number of serious issues regarding the SARS-CoV-2 vaccines.

Indeed, on page 2, section 2, of the VAERS *Data Use Guide* under "Brief Description of VAERS" we find:

"The U.S. Department of Health and Human Services (DHHS) established VAERS, which is co-administered by the FDA and the CDC, to accept all reports of suspected adverse events, in all age groups, after the administration of any U.S. licensed vaccine."

The main purpose of VAERS is also stated:

"The primary purpose for maintaining the database is to serve as an early warning or signaling system for adverse events not detected during pre-market testing."

So one question that naturally arises is, can we distinguish any historical norms from the first 29 years of gathering vaccine reaction reports before we include any reaction reports related to the COVID-19 vaccines?

We choose to use the interval 1990 through 2019 for a historical baseline because we know prior to 2020 COVID-19 vaccines were not yet in use. They simply were not ready. But it wasn't certain about 2020 itself. COVID-19 vaccines were EUA cleared by the FDA in late 2020, but were any COVID-19 adverse reaction reports filed into VAERS in 2020? In the exploratory script 'CovidExplor.R' a query was run to answer this question.

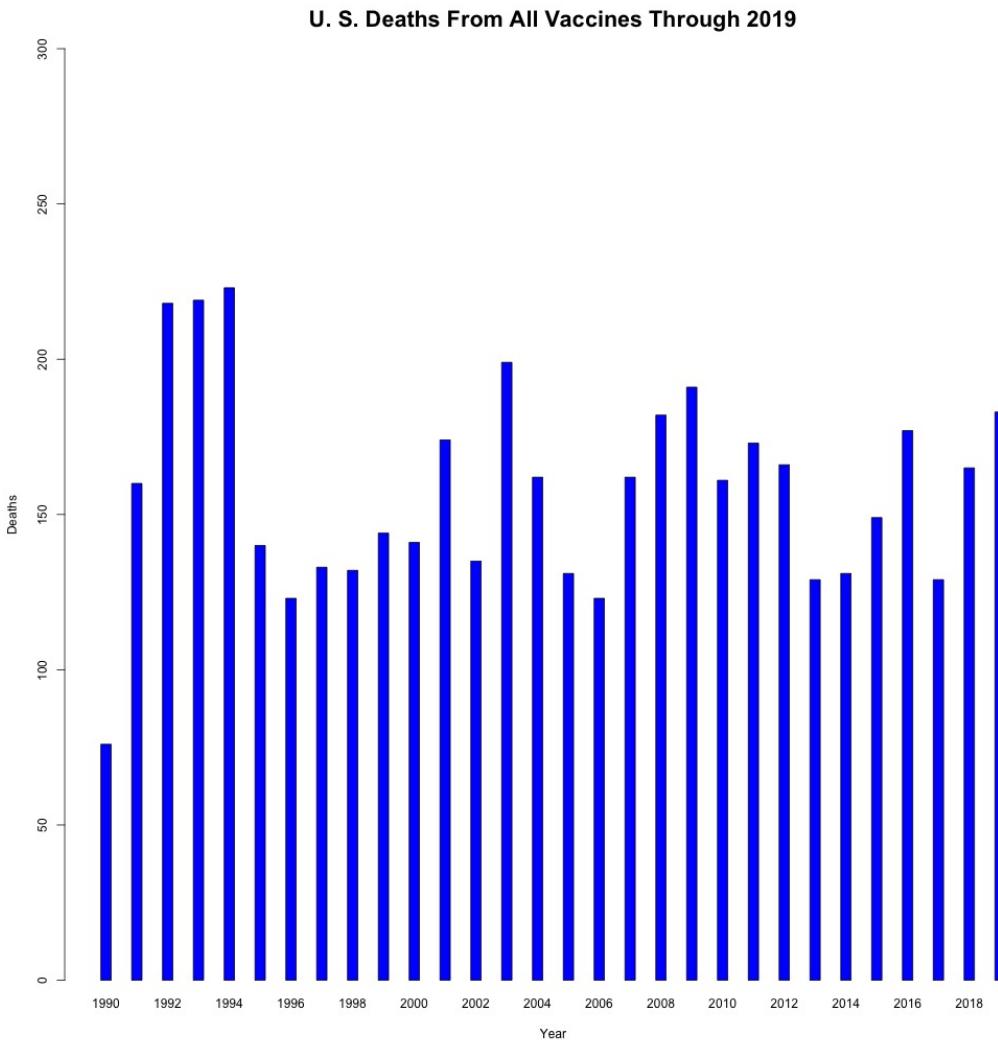
According to the 2020 VAERS dataset, 10,891 adverse reports were associated with COVID-19 vaccines administered in 2020.

Below is the R iteration that scans each VAERSDATA file for the years we know did not involve any COVID vaccines (1990 through 2019) and simply counts the number of reaction reports that registered a death possibly related to an associated vaccine.

```
totalReports <- 0
deaths <- data.frame()
for(year in 1990:2019)
{
  filename      <- paste(year,"VAERSDATA.csv",sep=' ')
  data          <- read.csv(filename, header = TRUE, stringsAsFactors = FALSE)
  totalReports  <- totalReports + nrow(data)
  annualDeathCount <- sum(data$DIED == "Y")
  deathObservation <- data.frame(year,annualDeathCount)
  deaths         <- rbind(deaths,deathObservation)
}
colnames(deaths) <- c("Year", "Count")
```

- the total number of adverse reaction reports, from 1990 through 2019, comes to 668,560.
- the total number of deaths, from 1990 through 2019, comes to 4,731.
- and the mean number of deaths per year, for 1990 through 2019, comes to 157.7.

Plotting the death counts registered across all vaccines from 1990 through 2019, we find:



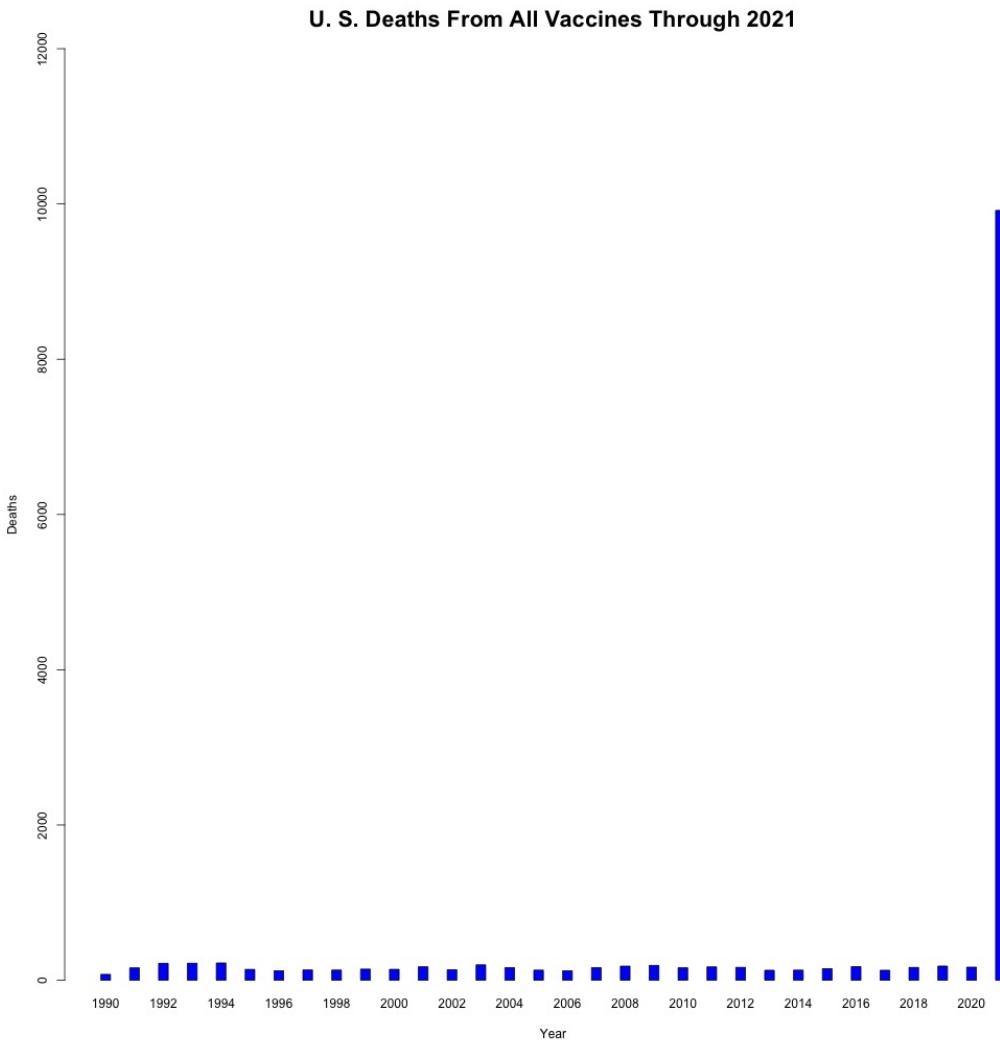
How do the COVID vaccine years relate to historical norms?

Below is the R iteration that scans each VAERSDATA file for the years that included the COVID vaccines (1990 through 2021) and counts the number of reaction reports that registered a death possibly related to an associated vaccine.

```
totalReports <- 0
deaths <- data.frame()
for(year in 1990:2021)
{
  filename      <- paste(year,"VAERSDATA.csv",sep='')
  data         <- read.csv(filename, header = TRUE, stringsAsFactors = FALSE)
  totalReports <- totalReports + nrow(data)
  annualDeathCount <- sum(data$DIED == "Y")
  deathObservation <- data.frame(year,annualDeathCount)
  deaths        <- rbind(deaths,deathObservation)
}
colnames(deaths) <- c("Year", "Count")
```

- the total number of adverse reaction reports, from 1990 through 2021, comes to 1,458,712.
 - the total number of deaths, from 1990 through 2021, comes to 14,817.
 - and the mean number of deaths per year, for 1990 through 2021, comes to 463.0312.
-

Plotting the death counts registered across all vaccines from 1990 thru 2021, we find:



Vaccine-related deaths literally exploded for calendar year 2021. The American vaccine program killed, on average, 158 Americans each year for the first 30 years. In 2021 alone, the American vaccine program killed 9,917 Americans.

$1,458,712 / 668,560 = 2.18$. More than double the adverse reactions than over the first 29 years.

$14,817 / 4,731 = 3.13$. More than triple the deaths than over the first 29 years.

$9,917 / 157.7 = 62.89$. 2021 deaths divided by the historical average yields a 62.9 multiple.

What did America do to its vaccine program that could begin to explain an over 6000% increase in deaths from vaccinations in 2021 alone?

So which vaccine was responsible for the excess deaths of 2021?

Let us return to the 2021 VAERS dataset and filter out some of the more common vaccines to see what the resultant graph looks like. We're start by returning to the construction of the 32 observations collecting death counts for each year.

```
deaths <- data.frame()
for(year in 1990:2021)
{
  filename <- paste(year, "VAERSDATA.csv", sep = '')
  DATA <- read.csv(filename, header = TRUE, stringsAsFactors = FALSE)
  DeathCount <- sum(DATA$DIED == "Y")
  deathObservation <- data.frame(year, DeathCount)
  deaths <- rbind(deaths, deathObservation)
}
colnames(deaths) <- c("Year", "Count")
```

We then input both the event reports and the corresponding vaccine table for the year 2021. We then filter out select vaccines from the vaccine table (2021VAERSVAX.csv), and semi-join the event reports of 2021 against this reduced table and replot the result to see if the 2021 spike dissapears.

We begin by removing the influenza vaccines

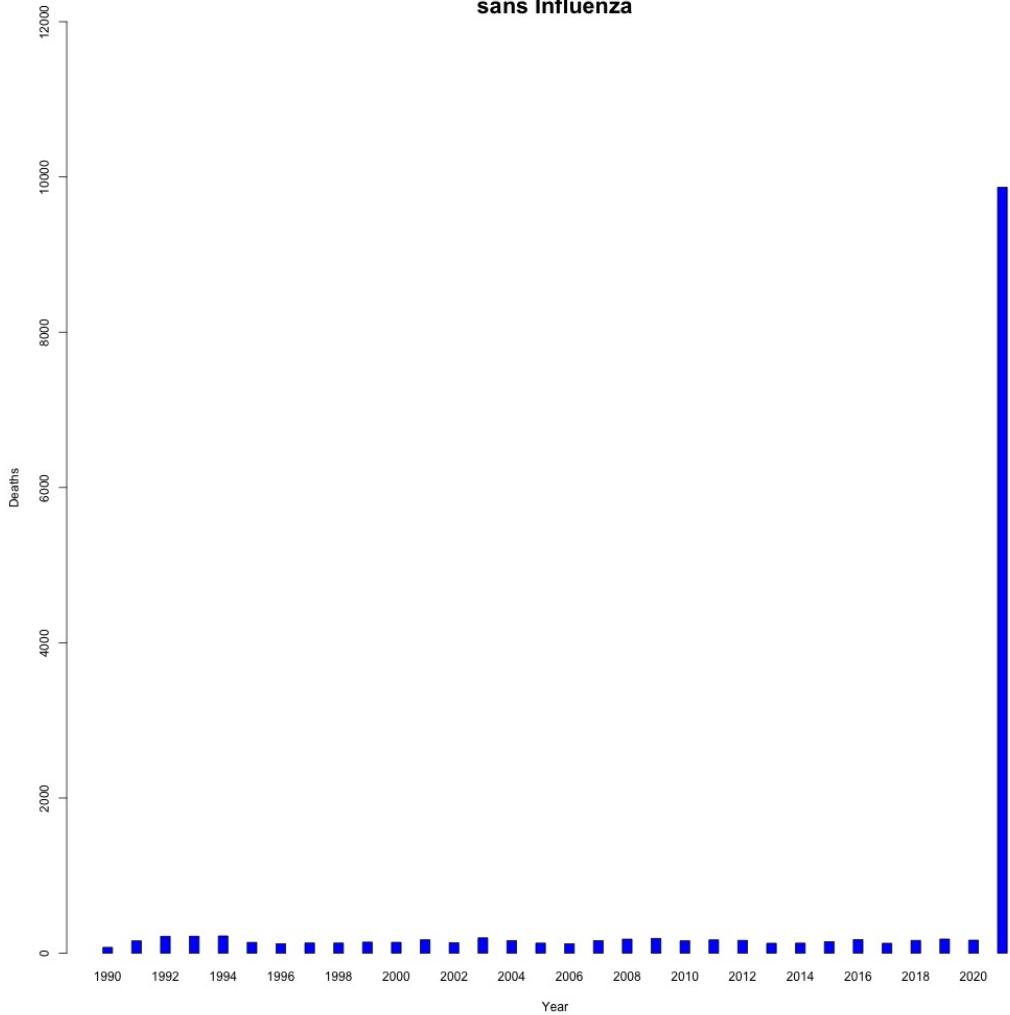
```
DATA <- read.csv("2021VAERSDATA.csv", header = TRUE, stringsAsFactors = FALSE)
VAX  <- read.csv("2021VAERSVAX.csv",   header = TRUE, stringsAsFactors = FALSE)
setDT(DATA)
setDT(VAX)
year <- 2021

# let's eliminate all Influenza vaccines
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^FLU")]
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^H5N1")]
foo <- semi_join(DATA,VAX,by="VAERS_ID")

# remove the 2021 spike...
deaths <- deaths[1:31,]
# ...and now count the deaths sans Influenza and make that the "new" 2021 entry
DeathCount <- sum(foo$DIED == "Y")
deathObservation <- data.frame(year,DeathCount)
colnames(deathObservation) <- c("Year","Count")
deaths <- rbind(deaths,deathObservation)
```

Did eliminating the influenza vaccines eliminate the 2021 spike?

**U. S. Deaths From All Vaccines Through 2021
sans Influenza**



The 2021 spike is still there. The influenza vaccines were not responsible for the spike.

We remove the diphtheria vaccines

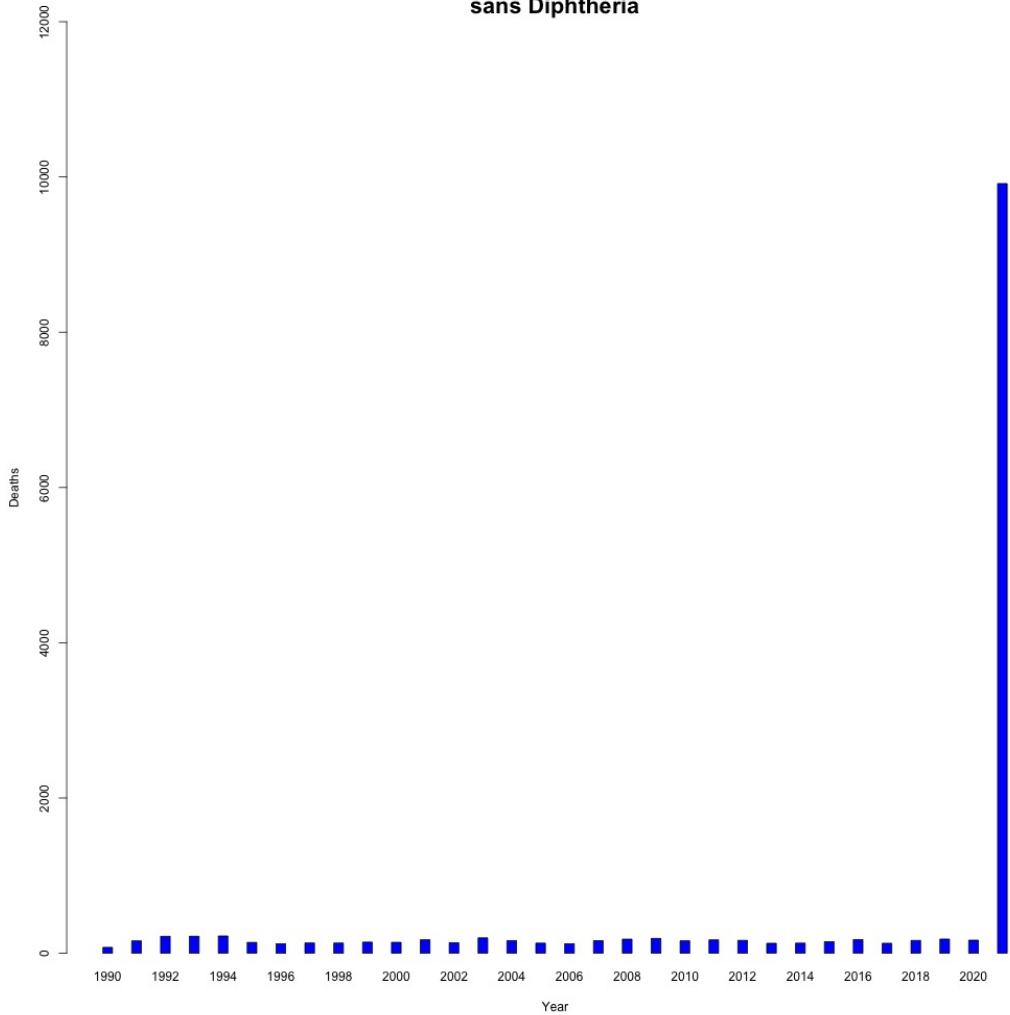
```
VAX <- read.csv("2021VAERSVAX.csv", header = TRUE, stringsAsFactors = FALSE)
setDT(VAX)

# let's remove all Diphtheria vaccines
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^DP")]
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^DT")]
foo <- semi_join(DATA,VAX,by="VAERS_ID")

# remove the 2021 spike...
deaths <- deaths[1:31,]
# ...and now count the deaths sans Diphtheria and make that the "new" 2021 entry
DeathCount <- sum(foo$DIED == "Y")
deathObservation <- data.frame(year,DeathCount)
colnames(deathObservation) <- c("Year","Count")
deaths <- rbind(deaths,deathObservation)
```

Does eliminating the diphtheria vaccines eliminate the 2021 spike?

**U. S. Deaths From All Vaccines Through 2021
sans Diphtheria**



The 2021 spike is still there. The diphtheria vaccines were not responsible for the spike.

We remove papillomavirus, meningococcal, and MMR vaccines

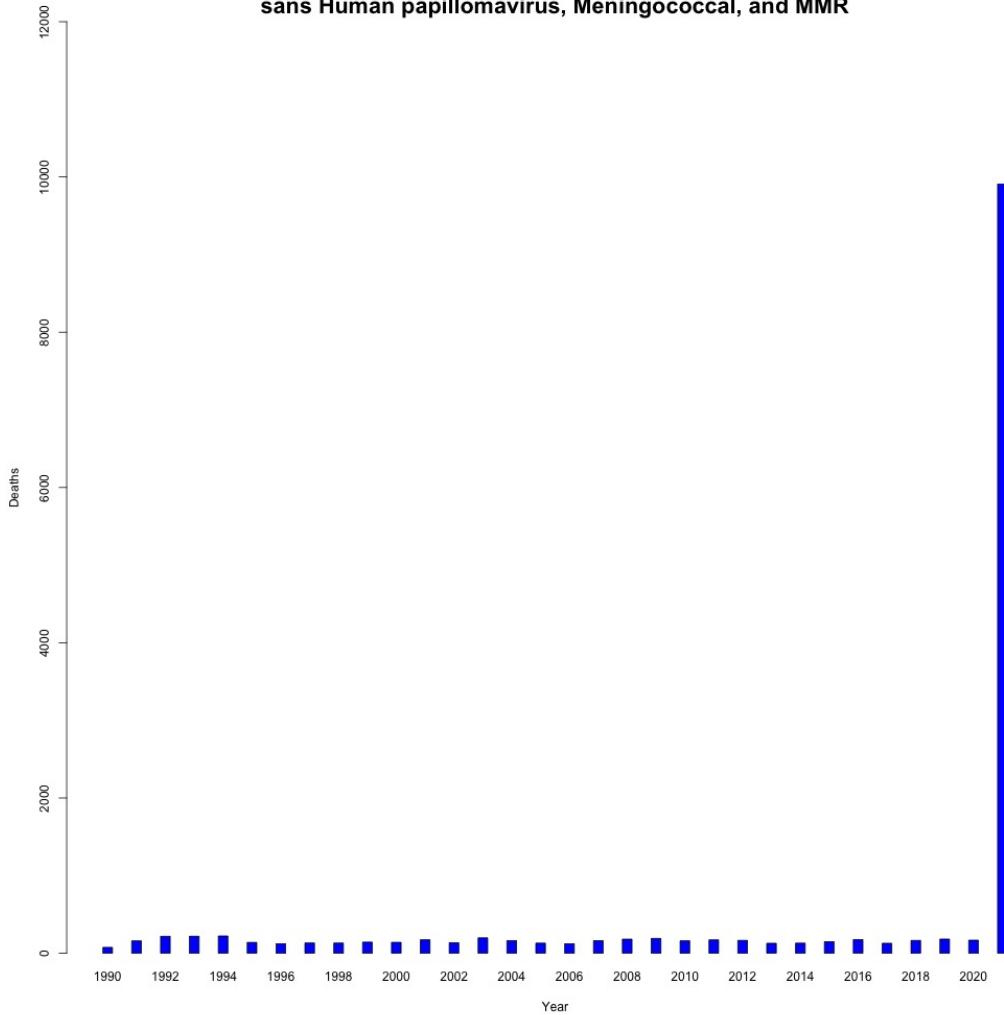
```
VAX <- read.csv("2021VAERSVAX.csv", header = TRUE, stringsAsFactors = FALSE)
setDT(VAX)

# let's remove all Human papillomavirus, Meningococcal, and MMR vaccines
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^HP")] # papillomavirus
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^ME")] # Meningococcal
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^MN")] # Meningococcal
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^MER")] # MMR
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^MM")] # MMR
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^MU")] # Mumps and rubella
foo <- semi_join(DATA,VAX,by="VAERS_ID")

# remove the 2021 spike...
deaths <- deaths[1:31,]
# ...and now count the deaths sans Diphtheria and make that the "new" 2021 entry
DeathCount <- sum(foo$DIED == "Y")
deathObservation <- data.frame(year,DeathCount)
colnames(deathObservation) <- c("Year","Count")
deaths <- rbind(deaths,deathObservation)
```

Does eliminating the these vaccine series eliminate the 2021 spike?

**U. S. Deaths From All Vaccines Through 2021
sans Human papillomavirus, Meningococcal, and MMR**



The 2021 spike is still there. None of these vaccines can be responsible for the spike.

We remove hepatitis vaccines

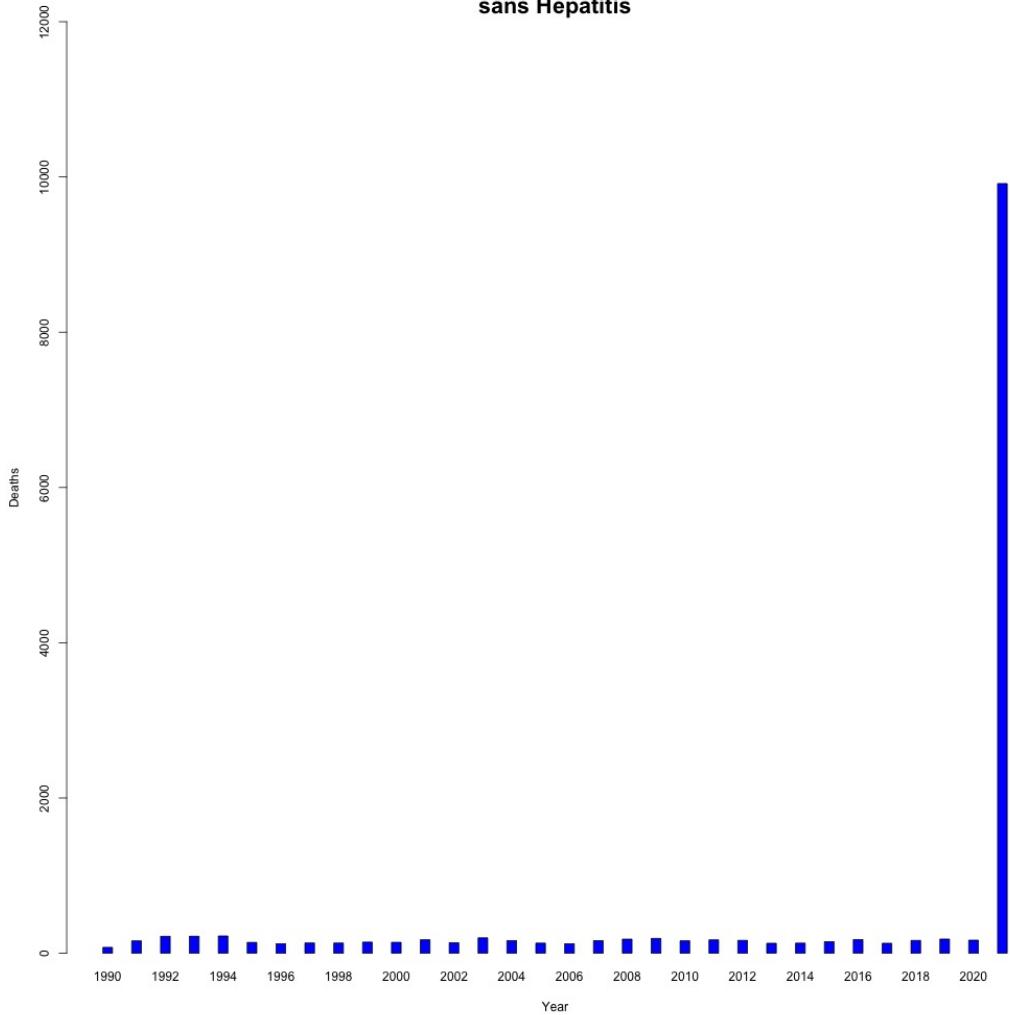
```
VAX <- read.csv("2021VAERSVAX.csv", header = TRUE, stringsAsFactors = FALSE)
setDT(VAX)

# let's remove all Hepatitis vaccines
VAX <- VAX[!str_detect(VAX$VAX_TYPE,"^HEP")]
foo <- semi_join(DATA,VAX,by="VAERS_ID")

# remove the 2021 spike...
deaths <- deaths[1:31,]
# ...and now count the deaths sans Hepatitis and make that the "new" 2021 entry
DeathCount <- sum(foo$DIED == "Y")
deathObservation <- data.frame(year,DeathCount)
colnames(deathObservation) <- c("Year","Count")
deaths <- rbind(deaths,deathObservation)
```

Did eliminating the hepatitis vaccines eliminate the 2021 spike?

**U. S. Deaths From All Vaccines Through 2021
sans Hepatitis**



The 2021 spike is still there. The hepatitis vaccines can not be responsible for the spike.

We remove COVID-19 vaccines

We've purged the entries for influenza, diphtheria, human papillomavirus, meningococcal, measles/mumps/rubella, plus the hepatitis series that all fail to remove the 2021 death spike. We still explore which vaccine(s) could be responsible for this historical spike in vaccine deaths.

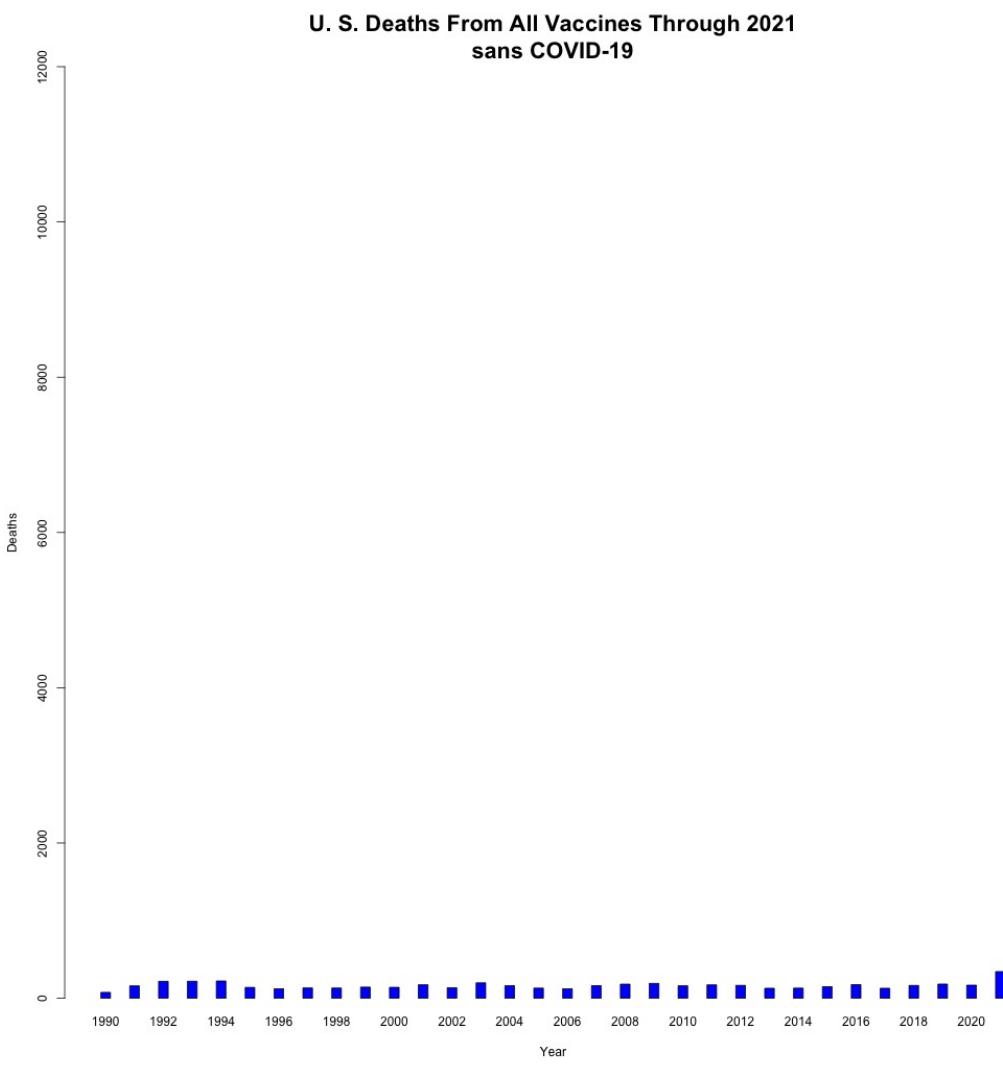
One significant addition to the American vaccine program was the introduction of the vaccines developed for the SARS-CoV-2 pandemic. Could the COVID-19 vaccines be responsible for the 2021 spike in deaths?

```
VAX <- read.csv("2021VAERSVAX.csv", header = TRUE, stringsAsFactors = FALSE)
setDT(VAX)

# let's remove all COVID vaccines
VAX <- VAX[!str_detect(VAX$VAX_TYPE, "COVID19")]
foo <- semi_join(DATA,VAX,by="VAERS_ID")

# remove the 2021 spike...
deaths <- deaths[1:31,]
# ...and now count the deaths sans Hepatitis and make that the "new" 2021 entry
DeathCount <- sum(foo$DIED == "Y")
deathObservation <- data.frame(year,DeathCount)
colnames(deathObservation) <- c("Year","Count")
deaths <- rbind(deaths,deathObservation)
```

Did eliminating the COVID-19 vaccines eliminate the 2021 spike?



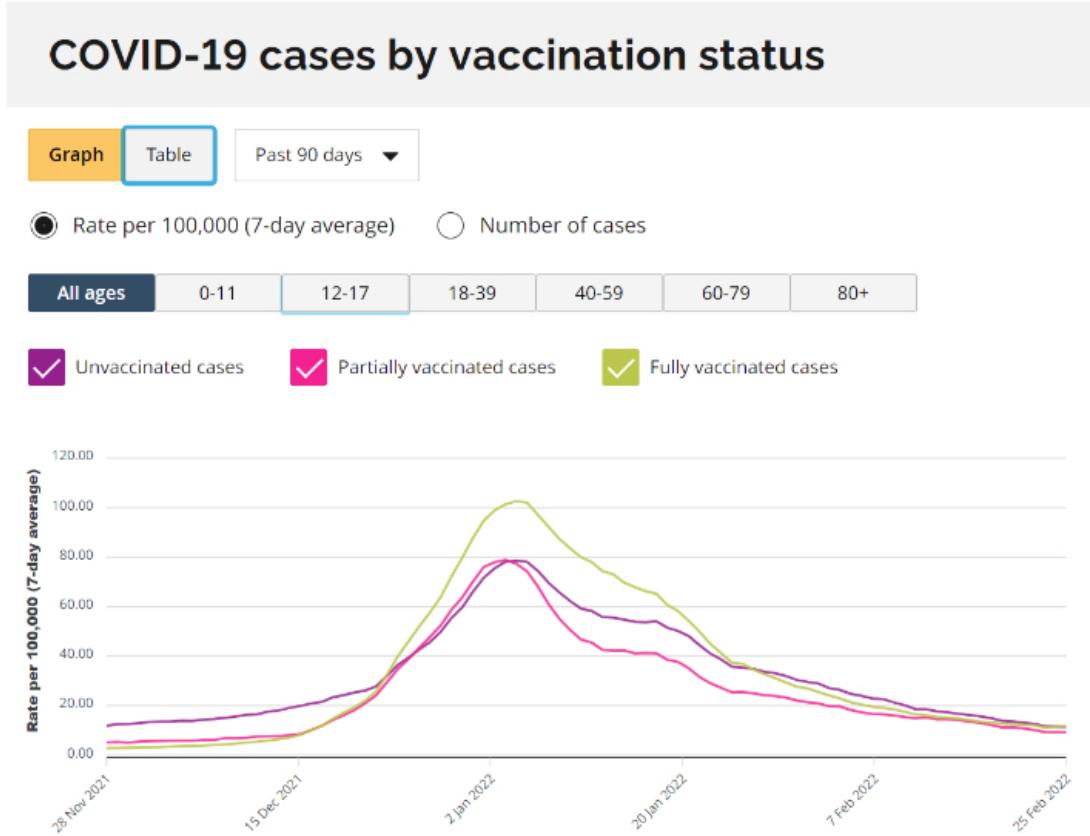
Yes, we could have posited the hypothesis that the COVID-19 vaccines were responsible for the spike in the excess deaths of 2021 and then just run the *sans COVID-19* graph to prove the hypothesis.

But we wanted to go a bit further in demonstrating that several common vaccines were clearly not responsible for the 2021 spike. Moreover this report shows is that not only was there an over 6000% increase in deaths in 2021 alone compared to the previous 30 years, but that this increase was indeed caused by the application of the COVID-19 vaccines.

Have The COVID-19 Vaccines Proved Effective? An Addendum

This paper was largely completed by Christmas 2021. It is now March 2022. We have now gone far enough into the SARS-CoV-2 vaccination program to begin to explore comparisons between those who have taken the injections and those who chose to forego them. Various sources around the world are now separating measurements according to vaccination status. There is every reason to believe more of these measurements will be forthcoming as we make our way through 2022.

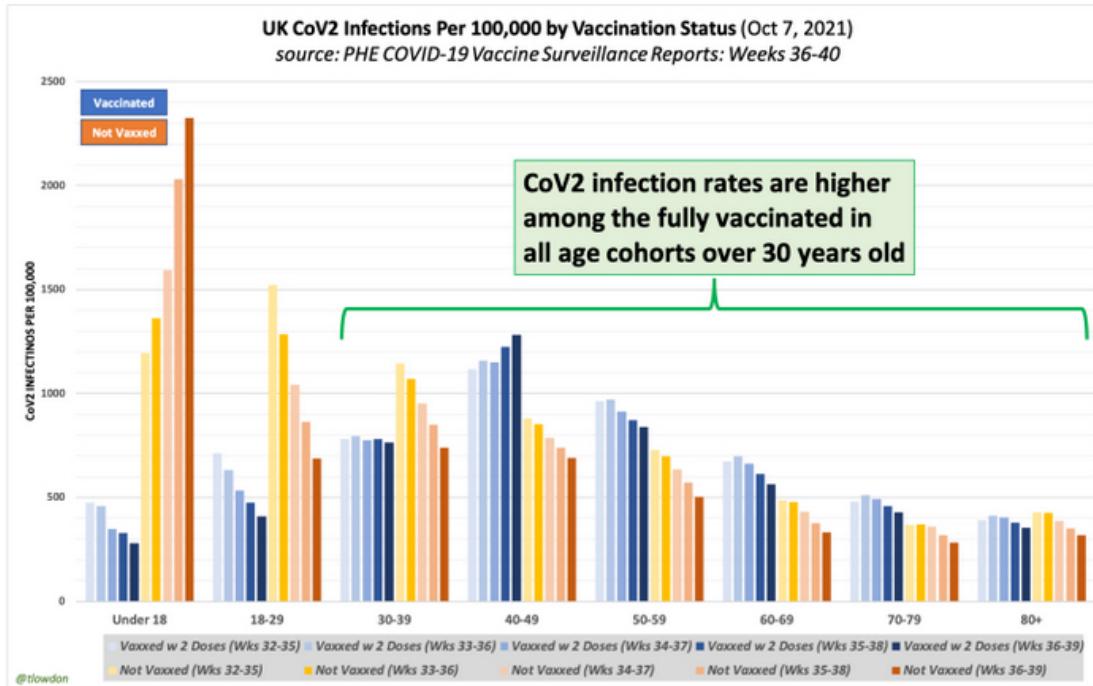
United Kingdom COVID-19 cases by vaccination status, 28 Nov 2021 to 2 March 2022:



Here we have a sustained period of comparison between those vaccinated and those not vaccinated. Note at peak the COVID-19 infection rate was running over 20,000 higher for the fully vaccinated than the partially or even fully unvaccinated.

United Kingdom Infection Rates by Vaccination Status

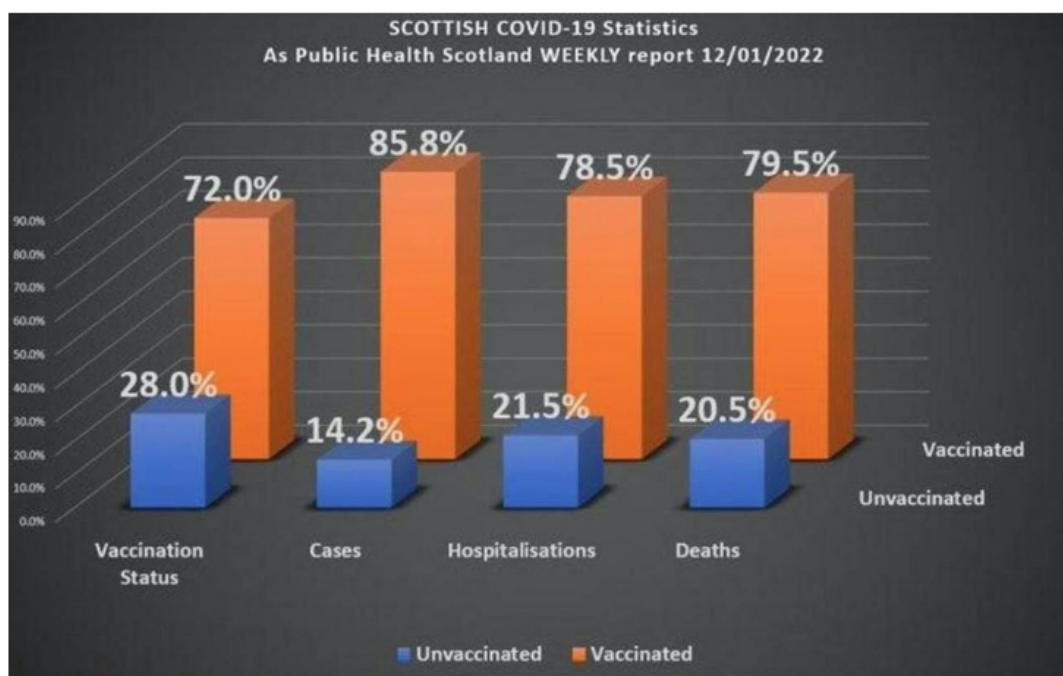
The United Kingdom Infection Rates by Vaccination Status (<https://covid19.ontario.ca/data>) report as of October 21 2021.



Across age brackets starting at 40 there is a visible difference between the vaccinated versus the unvaccinated from new cases of COVID-19. This shouldn't be a mystery to those who understand that a vaccine does not prevent you from contracting the virus. The primary purpose of vaccination is to reduce the seriousness of the symptoms should you get the virus again.

Scotland Weekly Public Health Report by Vaccination Status

The Scotland Statistics by Vaccination Status (<https://stevekirsch.substack.com/p/think-vaccines-work?r=s=r>) report as of January 12 2022.



From Scotland, their data reveals incidents of various health issues separated by vaccination status. The data from Scotland are fascinating, to say the least. Their data is literally saying that the COVID-19 vaccines are not only not effective in reducing symptoms from re-infection, their data shows the opposite: the more you get vaccinated the more likely you wind up in serious condition. Explanations anyone?

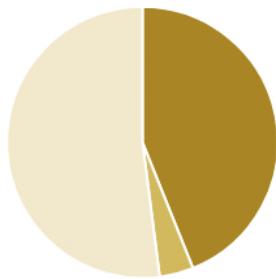
Ontario Canada Hospitalizations by Vaccination Status

The Ontario Canada Hospitalizations by Vaccination Status (<https://covid19.ontario.ca/data>) reports:

Hospitalizations by vaccination status

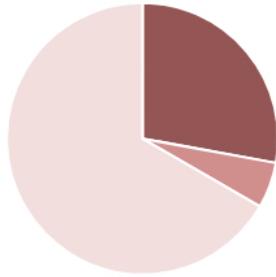
Weekend and holiday reporting: Due to incomplete weekend and holiday reporting, vaccination status data for hospital and ICU admissions is not updated on Sundays, Mondays and the day after holidays.

In ICU



Unvaccinated cases <small>?</small>	65
Partially vaccinated cases <small>?</small>	6
Fully vaccinated cases <small>?</small>	77

In hospital but not the ICU



Unvaccinated cases <small>?</small>	199
Partially vaccinated cases <small>?</small>	39
Fully vaccinated cases <small>?</small>	476

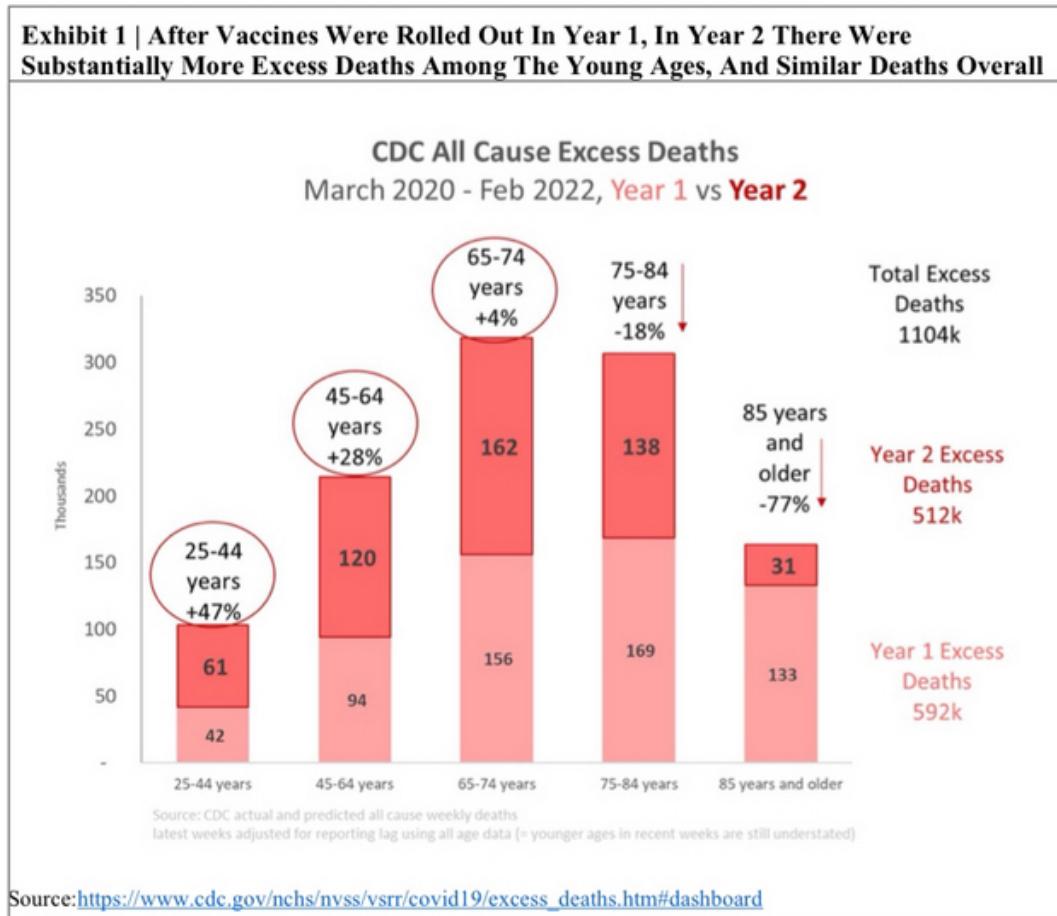
These two pie charts from Ontario Canada are equally illuminating. If the COVID-19 vaccines are truly effective, then the slices should be reversed: in the *In ICU* pie the fully vaccinated should be the 6, the partially vaccinated should be the 65, and the unvaccinated should be 77. The same proportions should hold in the *In hospital but not in the ICU* pie chart.

But that's not what we see here. Do the Canadians have this backwards? Or are these vaccines actually that harmful?

According to these pies, fully vaccinated Ontarians are 1.185 times more likely to wind up in ICU than their unvaccinated compatriots. And fully vaccinated Ontarians are 2.39 times more likely to wind up in the hospital, albeit not in intensive care, than their unvaccinated neighbors.

And the evidence just keeps coming.

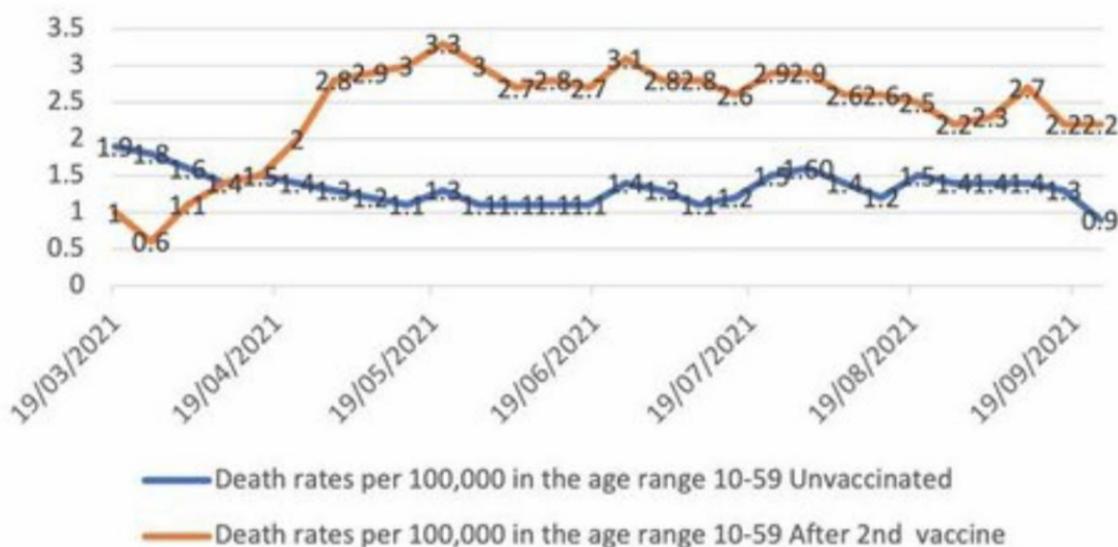
This data from the CDC coincides with the *U. S. Deaths From All Vaccines Through 2021* graph above. Someone needs to explain what happened to the U. S. vaccination process that resulted in excess deaths, particularly among age brackets where deaths are not common.



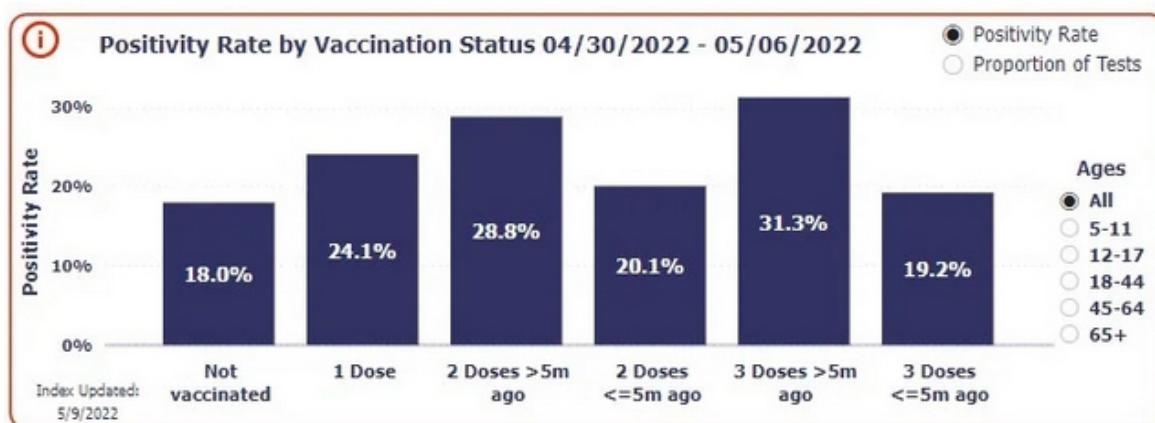
Again, breaking out the numbers by vaccination status we find an unexpected disparity between the vaccinated and the unvaccinated across a broad range of age brackets.

Death Rates 10-59 by Vaccine Status ONS Data

Published November 2021

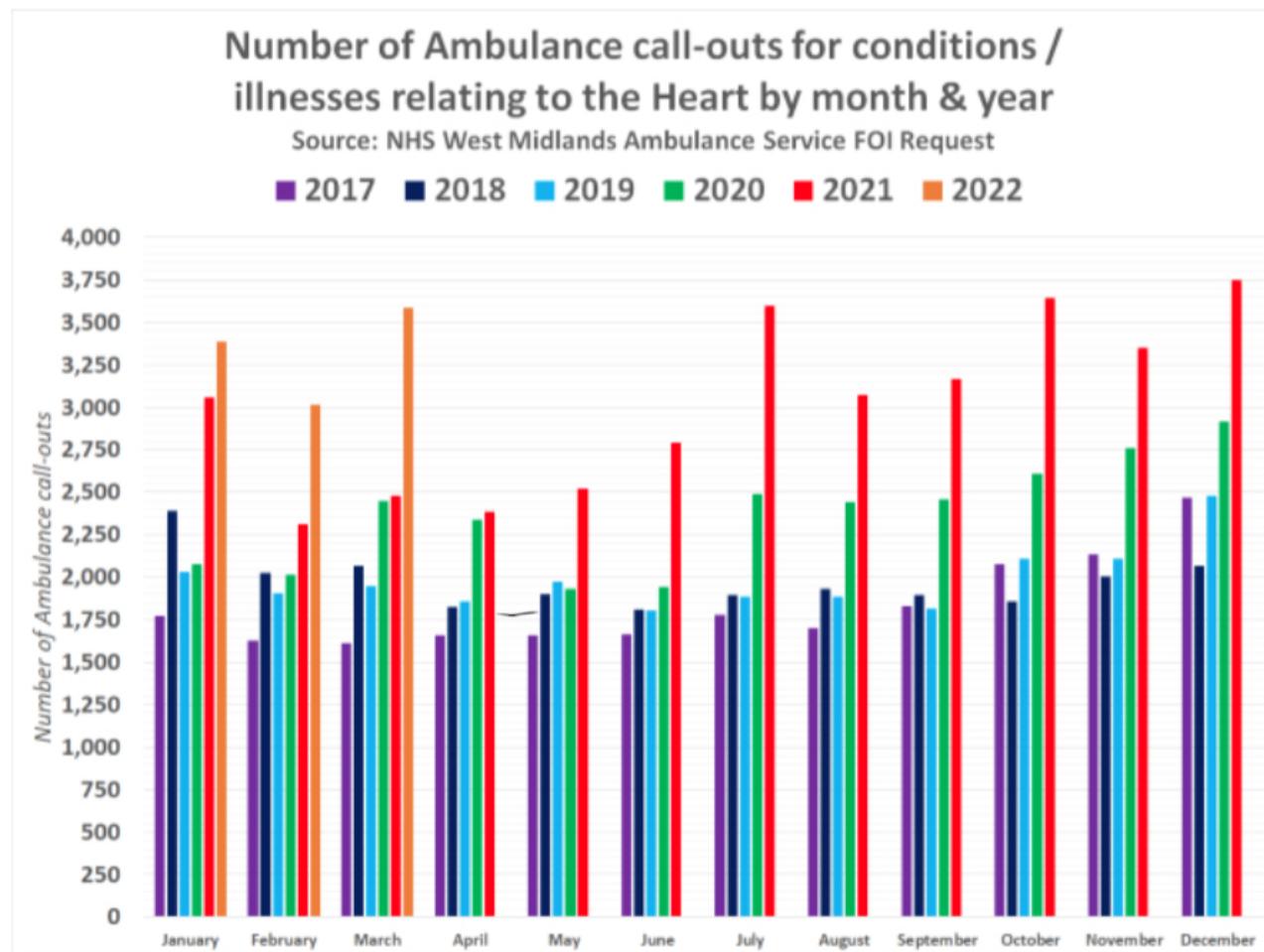


OK. How about Walgreens drug chain? Yes, they keep records tracking who's vaccinated and by how much. They do offer the vaccines, you know.



And now, it's early June 2022.

Evidence is mounting regarding higher-than-normal incidents of heart problems starting in 2021.
Ambulance calls for heart conditions from Britain's National Health Service:

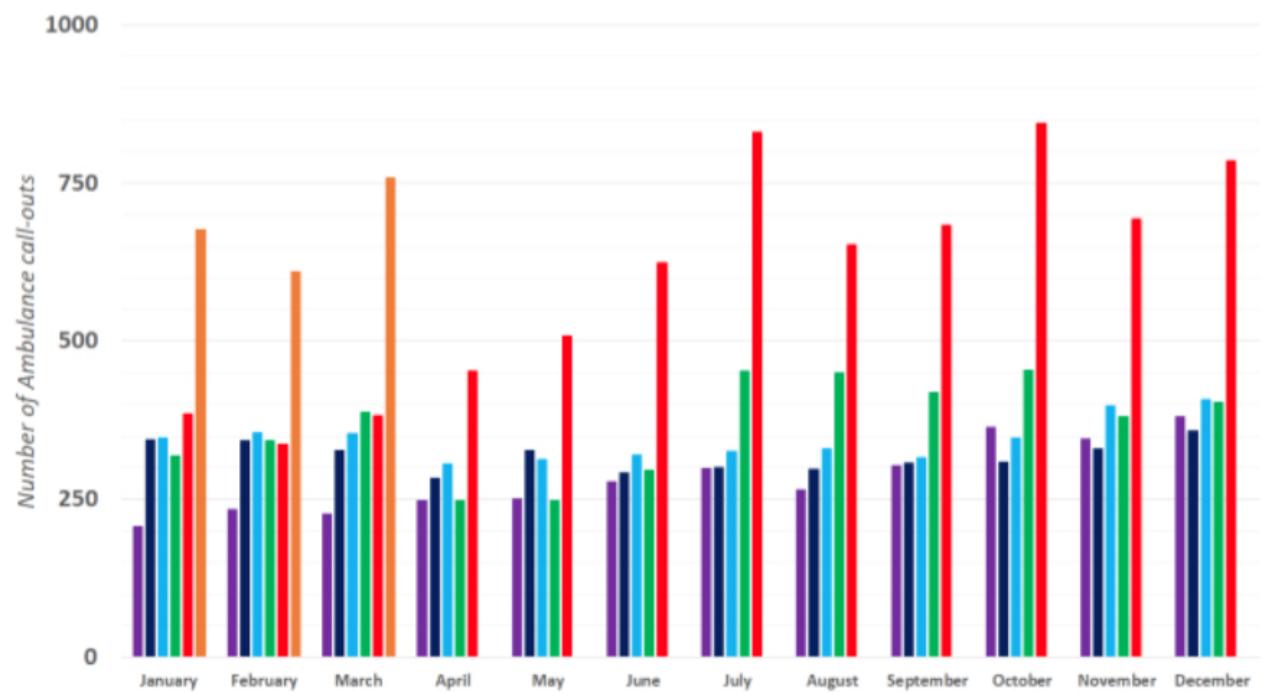


And higher-than-normal incidents of heart problems starting in 2021 for age brackets not known for having heart problems:

Number of Ambulance call-outs for conditions / illnesses relating to the Heart among people under the age of 30 by month & year

Source: NHS West Midlands Ambulance Service FOI Request

■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022



The SARS-CoV-2 era was a strange episode, to say the least.

This report has provided evidence, collected from around the world, that these "vaccines" do not do what the authorities said they would. The evidence continues to show that these injections do not prevent the spread of SARS-CoV-2, do not properly inoculate anyone to protect them from the disease and, in fact, increases the likelihood of serious injury without providing any proven benefit.

The CDC and FDA claim that the benefit of VAERS (<https://vaers.hhs.gov/>) is in the early detection of patterns that may signal significant issues with a newly released vaccine. The evidence now accrued, from multiple sources, worldwide, on significant ill-effects of the COVID-19 vaccines surely comprises enough of a "signal" to warrant an immediate shutdown of further applications until these issues can be investigated.

As of the Spring of 2022, no such directive has been announced. Why?

Early prevention best practices in therapeutics were disapproved and even condemned. Time proven protocols for clinical trials and licensing were abandoned. As of midnight 2021, the RT-PCR test lost *all* authorizations, meaning any use of the RT-PCR test during 2022 to verify a SARS-CoV-2 infection was using an unauthorized test. (see CDC Lab Alert 07/21/2021 (https://www.cdc.gov/locs/2021/07-21-2021-lab-alert-changes_cdc_rt-pcr_sars-cov-2_testing_1.html))

As of Christmas 2021, 6,357 Americans were killed by the COVID-19 vaccines, according to VAERS. This sentence can be stated unequivocally because this result, based on numbers from a database jointly managed by the FDA and CDC, can be reproduced ad infinitum.

821 Americans died the same day they received a COVID-19 injection in 2021. OK, let's assume this might be overstated (VAERS claims no causal relation should be assumed between a report and the vaccine it references). Let's throw away the 21. Just toss it. That brings us to 800. Cut the 800 in half. We are now down to 400. (completely unscientific, but let's have some fun with this) Take *that* 400 and cut *that* in half. We're down to 200. We just threw over 75% of that 821 out the window. Are you at least willing to concede a high likelihood that 200 deaths out of the 821 are actually related to a COVID-19 injection?

The Food and Drug Administration's historical protocol for new vaccines is when 50 deaths are reported against a new vaccine, the FDA orders a full stop on any further applications. 50. 50 people die from a newly released vaccine and the FDA, historically, orders a complete halt to any further injections until those deaths can be investigated.

200 is **4 times** 50. Yet the FDA has ordered no halt to these injections. Why?

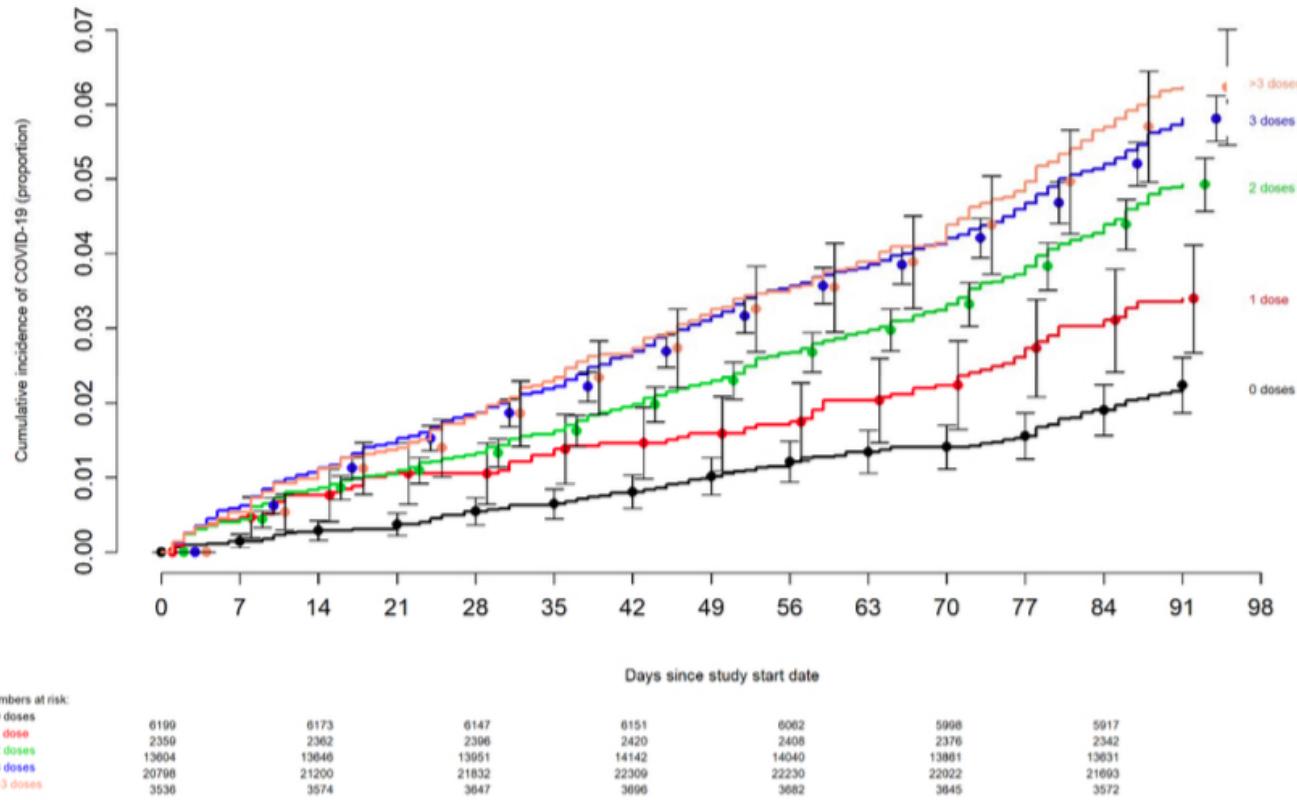
Myocarditis, pericarditis, Sudden Adult Death Syndrome, death spikes in age brackets they shouldn't see such deaths, and unusual clot formations in arteries and veins never seen before. The evidence continues to mount that calls into question the true nature of these injections. There are simply too many questions, too many issues, too many contradictions to how this episode has been handled. It should come as no surprise to the destruction of the public's trust in our government institutions *and* to the practice of medicine.

A Final Addendum

The comprehensive Cleveland Clinic Bivalent Vaccine Effectiveness study is now available, published as of December 19, 2022.

Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine, Shrestha, et.al.
(<https://www.medrxiv.org/content/10.1101/2022.12.17.22283625v1>)

This graph on p. 21 of the study is reproduced below. Please study the graph carefully.



We're done here. There is no more evidence needed. Everything you need to know regarding the COVID-19 injections is published. This Cleveland study graph shows, point blank, in your face, over-the-target, **the more COVID injections you receive, the sicker you get**. This is NOT what vaccines are supposed to do.

If you've received COVID injections — STOP. You need no further injections. If you've never taken a COVID injection — DO NOT START. They can make you sick. Really sick.

Here's an even stronger recommendation — cease ALL MEDICAL INJECTIONS. Let's cut this baby in half and end the torture. What the COVID-19 era has now taught is that you do NOT know what actually is in that syringe. And we can no longer trust the medical establishment to be straight with us regarding what's actually in there. It's not worth the risk.

The Final Word



“ONE OF THE SADDEST LESSONS OF HISTORY IS THIS: IF WE’VE BEEN BAMBOOZLED LONG ENOUGH, WE TEND TO REJECT ANY EVIDENCE OF THE BAMBOOZLE. WE’RE NO LONGER INTERESTED IN FINDING OUT THE TRUTH. THE BAMBOOZLE HAS CAPTURED US. IT’S SIMPLY TOO PAINFUL TO ACKNOWLEDGE, EVEN TO OURSELVES, THAT WE’VE BEEN TAKEN. ONCE YOU GIVE A CHARLATAN POWER OVER YOU, YOU ALMOST NEVER GET IT BACK.”

~ CARL SAGAN