

Can We Trust America's Covid-19 Vaccine Injury Statistics?

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According to the latest figures derived from the European Medicines Agency's database of **Covid-19** vaccine adverse reactions, 162,610 injurious events and 3,964 deaths have now been reported. Among the three major vaccines approved and deployed in Europe, Pfizer-Biontech's vaccine accounts for over two-thirds of reported injuries and mortalities, or 102,100 and 2,540 events respectively. Curiously, women disproportionately account for 77% of adverse events; this greater than 1:4 gender ratio is also being observed for Moderna's and AstraZeneca's vaccines. So far there seems to be no scientific explanation to account for this gender disparity.

Recently, we have been alerted that AZ's adenovirus **vaccine** is particularly worrisome. It has been less than two months since its administration in the EU commenced; already there have been over 54,000 injuries and 451 deaths registered. Consequently, many European nations, which are more committed to protecting their citizens than increasing pharmaceutical profits, have placed moratoriums on administering AZ's Covid vaccine. In the UK, over 114,000 adverse reactions from AZ's product or 4.6 reactions per 1,000 recipients have been reported.

However, the EU's vaccine injury statistics are disturbing for another reason. It seems very apparent in our review of government and institutional figures that the EU has a far more robust and accurate vaccine injury reporting system in place. Given that the US started vaccinating adults against SARS-CoV-2 before the EU, we would expect to observe the number of reported adverse effects higher or at least proportionate. However, this is not the case. Since December 14, 2020, the CDC's Vaccine Adverse Event Reporting System (VAERS) has only reported 44,606 adverse events and 2,050 deaths - a small fraction compared to Europe and where the average European citizen is generally healthier and where far fewer doses have been administered.

Consider two other anomalies. According to Oxford University's global Covid-19 vaccine tracker, as of March 27th, the US has administered over 136 million doses, which accounts for about 25 percent of all Covid-19 vaccines administered worldwide. On the other hand, the EU nations have only administered 66 million doses -- less than a half compared to the US. In addition, the US vaccination rate is now approximately 41 per 100 Americans. EU nations have individually vaccinated 17 per 100 citizens or less. Therefore, why is there such an enormous discrepancy of adverse vaccine reactions between the US and EU? The EU is reporting a 0.2 percent adverse reaction rate whereas the US is claiming only 0.03 percent, almost a ten-fold difference.

Various studies have estimated that only between 1 to 10 percent of vaccine injuries are reported in VAERS. In the past, the CDC has relied upon the conservative 10 percent estimate, which may account for the ten-fold discrepancy in adverse Covid-19 vaccine events in the EU and US. A 2011 Harvard study in collaboration with the Federal Agency for Health Care Research has estimated actual adverse event reporting may be as low as 1 percent. The study states,

"Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported."

If we assume the European Medicines Agency's statistics are relatively accurate, we would therefore expect that the actual number of US adverse reactions should be in the neighborhood of 335,000 injuries and over 8,100 deaths.

Something is very seriously amiss with this scenario.

First, we can surely agree that Covid vaccines do not hold a personal vendetta against Europeans. Nor does owning an EU passport make one more susceptible to a serious vaccine reaction.

Although anyone can report an adverse reaction to VAERS, very few Americans know it exists. The CDC notes that reporting vaccine injuries and deaths in the database is completely voluntary. Consequently, there is no requirement for a vaccine administering physician or health professional to report an injury or death. In fact, many doctors and healthcare workers are largely ignorant about VAERS' existence as is the public. Because VAERS is an extremely flawed passive surveillance system, it provides an extremely inaccurate picture for risks associated with every approved vaccine, let alone those against the SARS-CoV-2 virus. The CDC's National Immunization Program has acknowledged VAERS' glaring limitations for over 25 years, but nothing has fundamentally changed in mandating its use throughout the medical establishment. As millions of Americans are rushing to get their shots, our health officials have been relying upon "a patchwork of existing programs that they acknowledge are inadequate because of small sample size, missing critical data or other problems." Anthony Fauci and the heads of our health agencies have known for many months that these vaccines were forthcoming. However they have been utterly negligent, according to a *New York Times* article, to put in place a robust monitoring system to record adverse vaccine reactions and to undertake appropriate analysis.

VAERS has served as a highly successful propaganda tool to mask and hide actual vaccine risks instead of a reliable monitoring system. Anyone can access the database, and it is the most common resource for those who follow and report adverse vaccine reaction trends.

Yet, the CDC also relies upon other monitoring sources, notably the Vaccine Safety Datalink (VSD), a database controlled in a collaboration between the CDC and nine large managed healthcare organizations. In fact, the CDC states that it relies upon VSD "to evaluate vaccine safety issues." The Institute of Medicine ranks VSD as the best resource for conducting necessary analysis on vaccine safety and contains the electronic records of over 9 million Americans. It is also relied upon for comparing the health status of vaccinated versus

unvaccinated groups and for investigating long-term adverse vaccine risks. However, despite our tax dollars going towards the funding of VSD, the database's content is inaccessible to the public. Federal agencies have assured that its data remain the proprietary property of the private healthcare organizations to prevent it being used by independent researchers and journalists.

Given the CDC's and FDA's long history of secrecy and lack of transparency, and its long public relations arm that infiltrates every mainstream media source, it is not surprising that we never hear public service announcements notifying viewers and readership that the CDC has a system in place to report any adverse effects from Covid-vaccination. Now that the vaccines are being rolled en masse, we would expect our government to enforce due diligence to track vaccine injuries in the public interest. But we will never hear this information coming from the lips of the pharmaceutical media shills such as Sanjay Gupta and George Stephanopoulos. Not even during flu seasons when the media follows its marching orders from federal health agencies to persuade the public to roll up their sleeves.

In the meantime, the medical establishment gives lukewarm condolences towards those unfortunate to have become seriously ill or have died from the virus. But think of all the others, Fauci and his federal colleagues consistently tell us over the media waves, who have been lucky enough to be vaccinated and can return to a normal life. Just take these experimental vaccines despite the shoddy evidence to convince any objective reviewer that they prevent transmission or protect anyone from contracting the virus. Nor were they tested to determine rates of hospitalization or deaths. Yet the media makes every effort to assure us that we are being given the best information science can provide. And sadly, all this science is preferentially cherry picked to strengthen the false narrative to increase vaccination compliance. And since lockdowns, masks, social distancing and quarantining remain in place, it is near impossible to conduct any vigorous scientific study to determine how much or how little these vaccines are contributing to the rise and fall of infectious rates. Is it vaccination or all of the mandatory social restrictions that is the major contributing factor?

"The greatest enemy of knowledge," wrote renowned historian Daniel Boorstein, "is not ignorance, it is the illusion of knowledge." Today, this illusion of authoritative knowledge pervades the medical establishment and brainwashes the sleeping media. In our opinion, it is becoming a dangerous collective mental disorder. The good news is that more and more scientists, researchers and doctors within the towering medical citadel are exiting rapidly in order to publicly speak out against the litany of falsehoods, lies and corruption spewed from the orifices of the CDC, the FDA, World Health Organization and Big Pharma.



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